atric screening practices have been, and may still be, suboptimal in identifying personnel with a history of mental disorders (1,2). Moreover, Dr. Nevin cites an example of an enhanced predeployment program developed by Warner and colleagues (3) that increased the rigor of predeployment screening without causing substantial numbers of personnel to be disqualified for deployment. In light of possible deficiencies in current screening practices and evidence of potentially better screening paradigms, Dr. Nevin challenges our apparent reluctance to change the status quo.

However, we believe that the recommendations in our article have been misconstrued. We stated, "Any attempt to further restrict deployability of service members with psychiatric diagnoses might lead to greater avoidance of care. Therefore, tightening of current deployment policy might have severe and unintended negative consequences." Thus we have no opposition to more rigorous screening; rather, our concern lies with subsequent decisions that overly restrict deployment. We applaud the work of Warner and colleagues because it has improved the accuracy of screening without substantially restricting deployability. The latter is key, because military surveys indicate that service members worry that receipt of mental health care may limit their deployability.

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References

1. Nevin RL: Low validity of self-report in identifying recent mental health diagnosis among US service members completing Pre-Deployment Health Assessment (Pre DHA) and deployed to Afghanistan, 2007: a retrospective cohort study. BMC Public Health 9:376, 2009. DOI 10.1186/1471-2458-9-376

2. Nevin RL: Mefloquine prescriptions in the presence of contraindications: prevalence among US military personnel deployed to Afghanistan, 2007. Pharmacoepidemiology and Drug Safety 19:206–210, 2010

3. Warner CH, Appenzeller GN, Parker JR, et al: Effectiveness of mental health screening and coordination of in-theater care prior to deployment to Iraq: a cohort study. American Journal of Psychiatry 168: 378–385, 2011

Coercion in Treatment: Researchers' Perspectives

To the Editor: In her Taking Issue commentary in the May issue, Dr. LeBel (1) asserts that "the orientation of the researcher biases the study. Research findings are inherently flawed —and our understanding of coercion along with them—unless the study and the data analysis are conducted by consumers who have experienced coercion." Does Dr. LeBel really believe that research conducted by trained researchers who have not been patients coerced into treatment is flawed and therefore somehow of less value, or that research conducted by consumers is somehow unbiased?

A different perspective is offered in several related articles in the May issue. For example, the study by Link and colleagues (2) suggests that assisted outpatient treatment reduces arrest rates, and Sheehan and Burns (3) report an inverse relationship between perception of coercion and the quality of the therapeutic relationship. Perhaps Dr. LeBel's conclusions would have been more balanced had she also considered these findings. As I suggested in a letter in 2009 (4), and as Link and colleagues (2) discuss in some detail, coercion is not a categorical variable but a dimensional one. As such, it cannot be considered an all-or-nothing phenomenon. Similarly, research into this complex phenomenon, which is potentially present in all relationships, must be multifaceted and must value all relevant perspectives. Although there is certainly a need for research into coercion from a consumer perspective, we know far too little about this complex process to conclude that any research is "flawed" because the researchers are observers but not participants.

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Disclaimer

The opinions expressed are those of the author alone and do not necessarily reflect those of the Maryland Mental Hygiene Administration or Springfield Hospital.

References

1. LeBel JL: Coercion is not mental health care. Psychiatric Services 62:453, 2011

2. Link BG, Epperson MW, Perron BE, et al: Arrest outcomes associated with outpatient commitment in New York State. Psychiatric Services 62:504–508, 2011

3. Sheehan KA, Burns T: Perceived coercion and the therapeutic relationship: a neglected association? Psychiatric Services 62: 471–476, 2011

4. Roskes E: The role of coercion in public mental health practice (letter). Psychiatric Services 60:1273, 2009

In Reply: I agree with Dr. Roskes: coercion is a complex phenomenon with multiple dimensions. The question that he poses in his letter has three parts, which I address below.

Is research conducted by nonconsumers who have not experienced coercion flawed? Yes. Work in the area of emancipatory research has shed more light on the inherent power imbalance between those who conduct social inquiry and those who experience it (1). In addition, measurement bias, instrument bias, and interviewer bias are all basic challenges in conducting research (2). Research design is compromised when the construction of tools does not include the input of consumers with direct experience of coercion. Moreover, the research process itself can have an impact on outcomes. This is confirmed by the Hawthorne effect—or its corollary in physics, the Heisenberg effect—where observation affects the object of study (3). Fundamentally, all research is flawed (4).

Is research by nonconsumers of less value? No. Studies by consumers and nonconsumers are both valued.

Is research conducted by consumers unbiased? Yes and no. Consumers who have experienced coercion bring an unassailable veracity and credibility to any study. Each person's unique experience cannot be regarded as "bias" when it is first-hand knowledge of coercion. Jonathan Delman, a leading consumer advocate and consultant, recounted, "I would compare my experience of coercion to torture, with medication changes that have left me in a zombie-like state; coercion causes a sane person to feel insane or akin to