

# THE CONSUMER/SURVIVOR MOVEMENT

Mary O'Hagan

## History

The earliest known peer run group in mental health was an advocacy group, named the Alleged Lunatic Friends' Society, established in England by John Purceval in 1845. Some peer run groups also formed in Germany in the late nineteenth century, which protested on involuntary confinement laws. In addition to this a number of individuals in the eighteenth, nineteenth and twentieth centuries publicised their protests about their treatment in autobiographies and petitions.

The most well developed peer support network was established in 1937. Alcoholics Anonymous has spread to every country and its 12 step method has been adapted for other addictions and for mental health problems. Also in 1937, an American psychiatrist called Abraham Low established Recovery Inc (now Recovery International) which uses cognitive behavioural techniques in a peer group setting. It currently supports 600 groups across North America. GROW, a 12 step program started by a priest in Australia in 1957 has also spread to many countries. These forms of peer support are all apolitical.

The consumer/survivor movement as we know it today began in the early 1970s, around the same time as the civil rights movement, the gay rights movement, the women's movement and indigenous movements. All these movements have in common the experience of oppression and the quest for self-determination. People with major mental distress have been oppressed by institutions, forced treatment and social exclusion that have condemned many to poverty, inactivity, low self-esteem, inadequate housing, isolation and exploitation. The consumer/survivor movement was political and its views were based on a critical perspective of psychiatry and society, rather than just the need to 'reform' oneself.

The consumer/survivor movement exists mainly in democratic countries. It has changed in the past 40 years from a small, unfunded, radical movement to a larger, more diverse and diffuse collection of people. The user movement originally worked independently of the mental health system on two main fronts – peer support and political action. In peer support we aimed to change ourselves and recover from our experiences. In political action we aimed to change the people and systems that affected our well-being. These days more people work inside the system than outside of it. This has multiplied the roles users and survivors can take on, but it has also created more fragmentation and compromised many people's ability to speak out.

## Philosophy

Despite their diversity and diffusion, users and survivors still share a fundamental philosophy and agree on many issues. Since the 1990s many of our views have been expressed in the recovery philosophy, which, on paper at least, is supposed to underpin both service and societal responses to people with mental distress.

This philosophy was well expressed in *Our Lives in 2014*. It states that the purpose of services and other community responses is to support people to lead their own recovery so they can regain personal power and a valued place in their family/whānau and communities.

**Personal power** happens when we have hope, self-determination and a sense of belonging.

**A valued place** happens when we are an integral part of safe, strong families; have equal access to education, employment, housing, transport and income as well as goods and services; and participate in the commercial, cultural, political, spiritual and recreational life of our communities.

**Leading our own recovery** happens when services support us to live the life we choose through:

- viewing mental distress as a challenging but fully human experience
- having zero tolerance of stigma and discrimination
- respecting our self-determination
- recognising the multiple determinants of mental distress
- providing people with a broad range of responses
- preventing coercive practices and defensive risk management
- keeping our connections with family, friends, communities and the wider society
- expecting our recovery rather than lifelong disability
- fostering our leadership in services as both service users and part of the workforce.

**Some stories of consumer/survivor activists**

John Purceval (1803-1876)

[http://en.wikipedia.org/wiki/John\\_Thomas\\_Perceval](http://en.wikipedia.org/wiki/John_Thomas_Perceval)

Elizabeth Packard (1816-1897)

[http://en.wikipedia.org/wiki/Elizabeth\\_Packard](http://en.wikipedia.org/wiki/Elizabeth_Packard)

Judi Chamberlin (1944-2010)

<http://www.power2u.org/judi-chamberlin.html>

Will Hall (1966-)

[http://en.wikipedia.org/wiki/Will\\_Hall](http://en.wikipedia.org/wiki/Will_Hall)

Rufus May (1968-)

[http://en.wikipedia.org/wiki/Rufus\\_May](http://en.wikipedia.org/wiki/Rufus_May)

**More information**

Barnes, Marian (2002) 'Taking over the asylum', paper for the Critical Psychiatry Network Conference, Birmingham, 26 April 2002. <http://www.critpsynet.freeuk.com/Barnes.htm>.

'Consumer/survivor/ex-patient movement', *Wikipedia*.

[http://en.wikipedia.org/wiki/Consumer/Survivor/Ex-Patient\\_Movement](http://en.wikipedia.org/wiki/Consumer/Survivor/Ex-Patient_Movement) (last modified 13 June 2008).

'Psychiatric survivor movement history', *MindFreedom*. <http://www.mindfreedom.org/kb/act/movement-history>.

Mental Health Commission (2004) *Our Lives in 2014: A recovery vision from people with experience of mental illness for the second mental health plan*. Wellington: Health and Disability Commission.

[www.hdc.org.nz/publications](http://www.hdc.org.nz/publications) (other publications /mental health resources)

Mad Pride

[http://en.wikipedia.org/wiki/Mad\\_Pride](http://en.wikipedia.org/wiki/Mad_Pride)