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Oral presentation

Implications of outpatient commitment and perceived coercion for stigma, quality of life and social functioning

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Background

Policies and practices which deal with people who deviate from norms have relevance to the production of stigma – they can induce, minimize or block it. We address stigma consequences of the use of coercion in mental health.

Methods

We empirically examine two perspectives on need for and consequences of coercion in the context of outpatient commitment. The "Mandated Treatment Engagement Hypothesis" tests whether treatment engagement when coerced aides in symptom reduction and leads to improvements in perceived stigma and its consequences. In this hypothesis symptoms drive consequences. The "Coercion to Stigma Hypothesis" examines whether coercion has negative effects on stigmatization, quality of life, social functioning, disengagement from treatment and symptoms. In this hypothesis, coercion drives consequences. We use longitudinal data on 184 people with severe mental illnesses.

Results

We find support for both hypotheses but for only some and different outcomes. "Mandated Treatment Engagement Hypothesis" is supported by findings indicating that psychotic symptoms affect illness-related social functioning and outpatient commitment is associated with better functioning. But psychotic symptoms are not significantly related to either stigma or quality of life. "Coercion to Stigma Hypothesis" is supported by results indicating that feeling coerced induces subsequent stigma and compromises quality of life. But feeling coerced has no bearing on symptoms or illness related social functioning and assignment to outpatient commitment does not appear to have negative effects and may have some positive ones.

Conclusion

These analyses speak to the role of policy in inducing stigma and understanding the sources of stigma in efforts to exert social control.