

# IL-NET

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## Empowering Persons with Psychiatric Disabilities: The Role of the Peer Model of CILs

*Prejudice, Fears, and Discrimination: “Stigma”*

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# Language and Cultural Competence

- People with lived experience in mental health systems often have strong feelings about their relationship to those systems.
  - Some are fine being called patient, consumer, or client
  - Others consider themselves survivors or ex-patients
- Because treatment has been associated with coercion and trauma for many, terms become very important.

# Involuntary Treatment

- Centers are often familiar with one type of involuntary treatment: People institutionalized due to need for services and lack of choices
  - This type of involuntary treatment occurs with all types of disability
  - Since *Olmstead*, states are required to provide community choices as counterpart to institutional services
  - Connecting consumer up with community services allows consumer to get out of institution
- Another type of involuntary treatment occurs when legal process is used to institutionalize a person or compel treatment
  - This primarily occurs for people with psychiatric disability

# Involuntary Treatment, cont'd.

- Consumers have constitutional right to choose or decline treatment
  - Recognized by US Supreme Court since 1970s
  - The state may override that right if:
    - The state proves by clear and convincing evidence that the individual exhibits behavior that is a danger to themselves or others and
    - A court order must be received for more than a short (e.g. 72 hour) detention.
    - The treatment must take place in the least restrictive setting possible.

## Involuntary Treatment, cont'd. 2

- Statutory scheme differs from state-to-state
  - Some states allow commitment when “gravely disabled”
- All states allow commitment to a locked psychiatric ward.
  - Treatment must generally be offered to involuntary patients
  - Patients may decline “treatment” unless incompetent
  - Restraint or seclusion is regulated – only allowed to ensure the physical safety of the individual or others

## Involuntary Treatment, cont'd. 3

- Most states allow outpatient commitment as well.
- The Veteran's Administration may hold a veteran for "treatment" under similar conditions.
- Use of Advance Directives is tricky in mental health.

# How Can CILs Serve People with Psychiatric Disability?

- Information & Referral (I&R)
- IL Skills Training
  - WRAP Planning (Wellness Recovery Action Plan)
  - Wellness Management & Recovery
- Advocacy
- Peer Support
- Other IL Services

# How Can CILs Serve People with Psychiatric Disability? cont'd.

- Nearly 40 percent of workers would not tell their managers that they have a mental health problem.
  - However, approximately half of those surveyed report they would help a co-worker if the worker has a mental health concern.
- Staff competence
  - How to work with emotional consumer
    - Be patient and Listen
    - Look for solutions to the problems presented, and
    - Acknowledge the legitimacy of that person's feelings
  - Emotional CPR or E-CPR (Connecting, emPowering, and Revitalizing)

# How Can CILs Serve People with Psychiatric Disability? cont'd. 2

- Addressing attitudes has been the subject of study
  - People have protested purveyors of negative attitudes but that may result in increasing negative views
  - Providing information about people diagnosed with psychiatric disability can improve attitudes
  - Contact with real people also improves attitudes
- Address behavior
  - Confront those who discriminate based on disability
  - Use equal rights laws to make those who discriminate pay

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