

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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