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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