

Effectively Supporting Survivors with Mental Health Disabilities

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Goals of this Webinar

1. Increase the comfort level of service providers who are working with survivors who have mental health disabilities
2. Address the complexities and barriers that may arise when working with survivors who have mental health disabilities
3. Provide strategies and resources for service providers when working with survivors who have mental health disabilities

Perceptions

“Depression”

Using the chat box, make a list of the words that come to mind (be honest).

Perceptions #2

“Schizophrenia”

Using the chat box, make a list of the words that come to mind (be honest).

What We Know

More than 57 million people in the United States (age 18 and older) have a mental health disabilities.

Over 50% of women who live with a mental illness have previously experienced some sort of trauma such as physical or sexual abuse (either during childhood or adulthood).

What We Know (continued)

Across studies of US and Canadian women receiving services for domestic violence:

- Rates of depression ranged from 17% to 72%,
- Rates of PTSD ranged from 33% to 88% (Warshaw & Barnes, 2003).

Working with Survivors with Mental Health Disabilities

Mental Illness is Invisible

- A survivor may not ask for assistance/accommodations because their disability cannot be seen.
- A provider may not offer assistance/accommodations because they cannot tell that the person has a disability.

Stigma

The survivor may not disclose their mental health disabilities to protect themselves from the stigma that is rampant in our society:

- The words we use (crazy, nuts)
- Portrayal by the media, movies, TV
- The news is quick to associate violent acts to those with mental health disabilities.

Credibility

Survivors may not disclose a mental health disability because:

- Their abuser told them that no one will believe what they say because of their diagnosis.
- Service providers, law enforcement and the courts may see the diagnosis as an indicator of the survivor's truthfulness and credibility.

Previous Negative Experiences

A survivor that disclosed their mental health disabilities in the past, may have found that they:

- Faced attitudinal barriers, stigma, and even verbal/emotional abuse.
- Received unequal treatment.
- Were excluded or otherwise discriminated against.

Negative Consequences

Survivors with mental health disabilities may also fear the negative consequences of disclosing including:

- Involvement of social services,
- Reports to children's protective services,
- Unwanted psychiatric services involvement, including forced medication conditions, and
- The impact disclosure may have on future civil and criminal court involvement

Handling Disclosures

If a disclosure is made you will need to decide what other information you need.

Using the chat box, let us know what information do you think would be useful to find out about the person's mental health disability.

Diagnosis

While a diagnosis or label may give you some information it really will not tell you anything about how a person will present or act while receiving services.

Everyone is different, so while one person with a mental health disability may not experience any limitations in their functioning, others may.

Ask Questions About Needs

- Is there anything we can do to help you while you are here?
- Don't feel that you have to tell everyone here about your mental health disability but if you feel that is best, is there anything we can do to support you in doing so?
- It can get noisy and busy around here, if you think that will be a problem for you, what can we do to help?

Ask Questions About Needs (2)

- I provided you with our medication policy, do you have any concerns about what it says? If you have any concerns about your medications or if you feel that they are not working properly, feel free to talk with one of us and we can try and help.
- I know that medications can have some side effects, like making you tired or feeling sick, if there anything we can do to help you manage these can you let us know?

Ask Questions About Needs (3)

- Sometimes we give you a lot of information, let us know if we are giving you too much at one time or ask us to write things down, or whatever you need from us.
- We can have a pretty tight schedule of activities here, if you think that maintaining this schedule will be a problem, can you let us know how we can help?
- I know that at this point you may not be aware of things you may need, I will make sure to check on you throughout your stay. But, remember you can reach out to any of us and ask for assistance.

Making Accommodations

Program's Responsibility to Make Accommodations

- Mental health conditions are considered disabilities under the Americans With Disabilities Act (ADA).
- Title III of the ADA (which applies to places of public accommodations such as shelters and other DV/SA service providers) states that individuals with disabilities are entitled to reasonable modifications to policies, practices, and procedures.

Common Functional Limitations

Some common functional limitations you might see in a survivor with a mental health disability includes limitations in:

- Executive function (i.e. attention, memory, behavior, planning and organizing)
- Stamina and fatigue (including sleeping and staying awake)
- Tolerating stress
- Erratic/Inconsistent Behavior
- Controlling anger and emotions

Medication Side Effects

The side effects of psychiatric medications may also impact functioning. Some common side effects include:

- Drowsiness and fatigue,
- Dry mouth and thirst,
- Blurred vision,
- Hand tremors,
- Slowed response time, and
- Difficulty initiating interpersonal contact.

Executive Functions

Executive functions are high-level mental processes or abilities that influence and direct more basic abilities like attention and memory.

The term executive function describes a set of cognitive abilities that include the ability to:

- Plan,
- Organize and strategize,
- Pay attention to and remember details,
- Start and stop actions, and
- Form concepts and think abstractly.
- Executive functions also keep us from behaving in inappropriate ways.

Possible Accommodations-Executive Functions

- Checklist
- Written instructions,
- Electronic organizer.
- Reminders,
- Noise canceling headsets or sound machines
- Calendars or planners

Stamina/Fatigue/Sleeping/Staying Awake

Decreased stamina, or fatigue, refers to one's inability to exert oneself over a prolonged period of time, or across a certain amount of repeated activity. Having difficulty staying awake can result from fatigue or medication.

Possible accommodation include:

- Flexible schedule,
- Periodic rest breaks,
- Separating tasks into small segments, and
- Apps for sleep/fatigue

Tolerating Stress

Stress can exacerbate the symptoms of individuals with a variety of impairments. Providers may need to look for ways to reduce stress and/or remove stressors in the environment.

Possible accommodations include:

- Apps for anxiety and stress
- Counseling/therapy
- Using relaxation techniques
- Flexible scheduling
- Modified break schedules
- Sound machines
- Support animals

Erratic/Inconsistent Behavior

Erratic/inconsistent behavior is behavior that is unpredictable, or may be considered irregular or illogical for the situation, or not keeping with the standards of behavior for a given set of circumstances.

Under the ADA, service providers can expect the same standard of behavior from all service users, even those with disabilities. However, the provider would be required to consider accommodations that would help the survivor with a disability meet the behavior or conduct standard.

Possible Accommodations- Erratic/Inconsistent Behavior

- Apps for control of anger and emotions
- Counseling/therapy
- Offering disability awareness/etiquette training to staff and other service users
- Habit monitoring to build awareness and control of behavior
- Reminders,
- Periodic rest breaks
- Sound machines/noise canceling headsets
- Providing a private area
- Flexible schedule
- Support animal

Controlling Anger and Emotions

Strong anger and emotional responses can be a symptom of a wide range of disabilities and medical conditions, and can be the result of certain medicine regimens. Therefore, service providers may need to help alleviate triggers and provide solutions to keep these responses at bay.

Possible accommodations include:

- Apps for control of anger and emotions
- Counseling/therapy
- Relaxation and other techniques
- Flexible schedule
- Sound machines
- Offering disability awareness/etiquette training to staff and other service users

Safety Considerations

Things to Remember

1. People with mental health disabilities are more likely to be victimized than to be violent.
2. The abuse and its aftermath may exacerbate a mental health disability.
3. Erratic behavior is not a choice, it is part of the person's disability.

Prepare

Consider engaging in conversation with the survivors and asking questions like:

- What are situations that are particularly difficult for you or make you feel unsafe or upset?
- What signs do you notice when you are beginning to feel stressed and out of control?
- If you are anxious or angry and those feelings are getting so intense they may be impacting your safety or another person's safety, how would you prefer that staff members assist you?

Prepare (2)

- What has been particularly helpful to you in the past when you had a difficult time with your thoughts and/or feelings?
- What has not been particularly helpful to you in the past when you had a difficult time?
- Is there a person who has been helpful to you when you were overwhelmed or distressed? Would you like to call that person if you get distressed here? Do you have that telephone number? Would you give us written consent to call this person if you are in great distress and we cannot seem to help?

Prepare (3)

- Have you noticed any triggers that you associate with being anxious or angry? If so, what are these triggers?
- What has not been particularly helpful to you in the past when you had a difficult time?
- Do you have coping strategies to deal with difficult memories? Group living can trigger difficult memories especially if you were ever hospitalized for mental illness or have been in treatment for substance addiction. Are there any situations that might trigger difficult memories for you here? Let us know if there are ways we can offer emotional support to you during your stay.

The National Center on Domestic Violence, Trauma & Mental Health

Crisis Response-Ten Essential Values

- 1) Avoiding harm
- 2) Person-centered
- 3) Shared responsibility
- 4) Addressing
- 5) Personal safety
- 6) Based on strengths
- 7) The whole person
- 8) The person as a credible source
- 9) Recovery, resilience & natural supports
- 10) Prevention

US Substance Abuse and Mental Health Services Administration (SAMHSA)

Suicidal Thoughts and Actions

Remember that any talk of suicide should always be taken seriously.

Most people who attempt suicide have given some warning—but this isn't always the case.

If someone has attempted suicide before, the risk is even greater.

Responding to Suicide Crisis

If you're concerned someone is thinking about suicide, don't be afraid to talk to them about it. Start the conversation. Focus on being understanding, caring and nonjudgmental, saying something like:

- “You are not alone. I’m here for you”
- “I may not be able to understand exactly how you feel, but I care about you and want to help”
- “I’m concerned about you and I want you to know there is help available to get you through this”
- “You are important to me; we will get through this together”

Collaborate

Mental Health & Disability Programs

Mental health and disability programs can ensure they are identifying people who are experiencing abuse by:

- Asking questions on a regular basis
- Being aware of the domestic and sexual violence programs in their community
- Training staff about the dynamics of abuse and prevalence of abuse within the disability community;
- Provide information on domestic and sexual violence for service users and staff,
- Making a plan for disclosures, and
- Providing a safe environment for disclosure.

Domestic and Sexual Violence Programs

Domestic and sexual violence programs can ensure they are identifying people who have mental health disabilities:

- Provide staff training on disability awareness/training,
- Asking questions on a regular basis
- Being aware of the mental health programs in your community
- Providing a safe environment for disclosure.
- Provide information on mental illness for service users and staff.

Form a Collaboration

- Get together with other programs,
- Learn about what you each do and how to make referrals,
- Serve on each other's boards,
- Provide in-service training to one another,
- Stock up on each other's brochures,
- Share resources, and
- Apply for funding together.

Final Thought

Collaboration means that we all do what we do best...we just do it together!



Resources

The National Center on Domestic Violence, Trauma & Mental Health

<http://www.nationalcenterdvtraumamh.org/>

Domestic Violence & Mental Health Collaboration Project

<https://endgv.org/projects/domestic-violence-mental-health-collaboration-project/>

National Alliance on Mental Illness (NAMI) <https://www.nami.org>

Bazelon Center for Mental Health Law <http://www.bazelon.org/>

Job Accommodation Network (JAN) <https://askjan.org/>

Top 25 Best Mental Health Apps <https://www.psychom.net/25-best-mental-health-apps>

Questions?



Contact

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Survey

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