

#NAMIcon16

Professionals with Lived Experience of Mental Illness

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Introduction and Welcome

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Introduction and Welcome

- Mental illness strikes all walks of life
- Full integration into society is possible
- All of the presenters have lived experience
- Although this is not unusual, few professionals are open about it



Psychology Licensure

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State psychology licensure questions about mental illness and compliance with the Americans with Disabilities Act

- Boyd, J. E., Graunke, B., Frese, F. J., Jones, J. T. R., Adkins, J. W., Bassman, R. (in press,. *American Journal of Orthopsychiatry*).
- Many states screen out applicants with psychiatric histories - including psychologists, physicians, and lawyers.



What motivates licensing boards?

State licensing boards have obligations

- To protect the public from impaired professionals
- To protect the rights of applicants



What if we are not impaired?

- Competently functioning professionals who have or have had a mental health diagnosis or are being treated for a mental health condition should not be screened out of the profession



Data Analysis

- A review of case law shows applicable precedents from discrimination among physicians and lawyers but not, to date, among psychologists.
- We examined psychology licensure application materials from all 50 states and the District of Columbia



Timeframes covered by mental health questions in state psychology applications for initial licensure

Question	State
None	AL, CT, DC, DE, HI, ID, KS, LA, MA, MI, MN, MS, NE, NV, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, VA, WV, WY
Current	AZ, CA, IA, IL, IN, MD, ME, NJ, TX, UT, VT, WA, WI
Past 5 years	AK, CO, FL, KY, MO
Indefinite	AR, GA, MT, NH

Example questions

- Current
- Past 5 years
- Indefinite



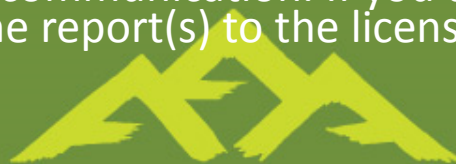
Example questions - Current

- CA: Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public?
- VT: Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? If “Yes,” you must have your health care provider submit a detailed statement explaining how you are able to practice safely.



Example questions – Current (WA)

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation. “Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.
- If you answered yes to question 1, explain:
- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.
- Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued. The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.



Example questions – Past 5 years

- AK: Are you now, or within the past five years have you experienced, been diagnosed with, or been treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression), or any other mental or emotional illness?



Example questions – Past 5 years

- CO: In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice psychotherapy safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? If YES, give dates of onset, description of condition, description of treatment, name and address of health service provider, and current status of condition. Attach a letter from your current or most recent health care provider stating that you are able to practice with skill and safety to clients.



Example questions - Indefinite

- AR: Have you ever had employment(s), work assignment(s), volunteer posting(s), job duties, and/or job duty locations terminated, suspended, and/or altered due to any of the following: Substance Abuse, Mental Impairment, Sexual Misconduct
- MT: Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.



Example questions - Indefinite

- NH: If you have ever been treated for drug or alcohol addiction or abuse, or have ever been hospitalized for any mental or emotional illness, then attach a separate sheet, including details of the treatment, current treatment, and effects of treatment.



Conclusions

- Some states include language that might screen out professionals with lived experience who are currently functioning competently.
- For comparison, we reviewed a sample of licensure applications for physicians and lawyers and found a similar pattern.



Example professionals

- Study authors (5 psychologists and 1 law professor)
- 75% of providers in an anonymous survey (Harris, Leskela, Hoffman-Konn, in press)
- Others identified in publications (see Carey, 2011; Deegan, 1997; Frese, 2015; Frese, Knight, & Saks, 2009; Hinshaw, 2009; Jamison, 1995)



Recommendations

- Either do not ask about mental illness at all, or limit questions narrowly to current impairment
- Confidentiality by all state boards of mental health information



Self Disclosure & Communities of Support

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Mental Health Lived Experience Community of Practice

- Members
 - About 75 Mental Healthcare Professionals
 - Working in the Veterans Health Administration
 - Personal Lived Experience with Mental Illness
- Goals
 - Support
 - Advocacy
 - Education



Tips from the group

- Based on multiple group discussions
- Consensus statement in progress



Tips for Self Disclosure: General Considerations

- Context & How Much You Share
 - Sometimes Less is More
 - Sometimes More is More
- Timing
 - Allow People to Get to Know the Whole You First
- Sharing as a Healthcare Provider to a Patient
 - Only to Benefit the Patient (if at all)
- Healthy Boundaries - Know Your Limits
 - Your Comfort With Self Disclosure in General
 - Your Comfort when Working with People who Have a Similar Lived Experience



Tips for Self Disclosure: Specific Strategies

- Informal Opportunities
 - Incidentally say “us” or “we.”
 - Model non-stigmatizing ways of discussing the experiences and behaviors of people who are living with mental illness.
 - Speak to colleagues you know well who may not realize they’re perpetuating stigma.
 - Point out strengths.
- Formal Opportunities
 - Tell your story as part of a training on stigma.
 - Disclose that you speak from both a professional and personal perspective.
 - Participate in activities and belong to organizations for consumers.
 - Disclose to trainees in a way that models professionalism.



Tips for Self Disclosure: Self Care

- Disclosure can be Stressful
 - Sharing Personal Information
 - Judgement (Real and Assumed) by Peers and Others
 - Admiration by Others
- Self Care is Especially Important
 - Leading Up to a Planned Disclosure
 - Following Any Disclosure
 - When Disclosure Triggers Symptom Increase
- Self Care May Include
 - Generally Good Health Behaviors
 - Consultation with Colleagues & Peers
 - Consultation with Your Therapist



The Stability Network

Cameron Stout JD

Mediator
and

Stability Leader, The Stability Network





THE
STABILITY
NETWORK

*Living proof you can thrive with a
mental health condition*

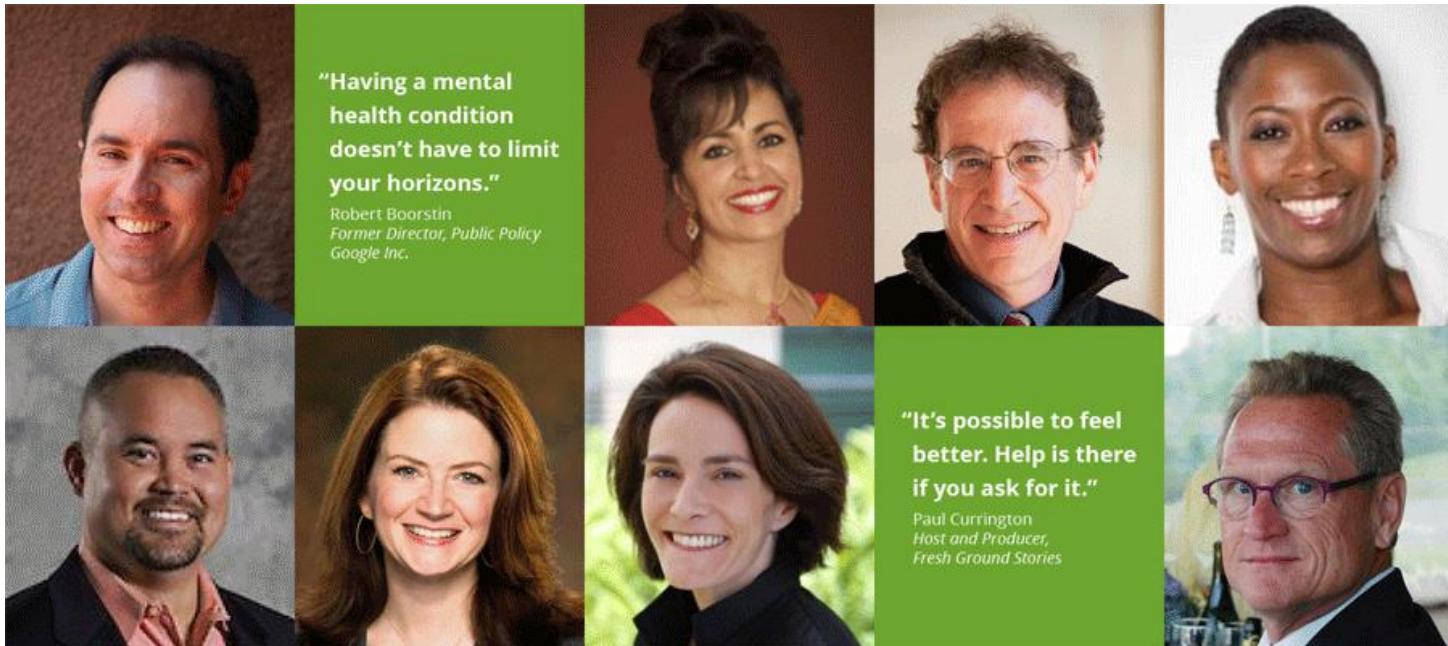


What is the Stability Network?

We are a growing coalition of **more than 70 people** in the workforce in **20+ cities** nationwide who are:

- Successfully managing our own mental health conditions
- Publicly speaking out and sharing our stories
- Serving as a resource to others

We are.... *business people, professors, authors, lawyers, consultants, government leaders, non-profit executives, providers and more, speaking out collectively and individually*



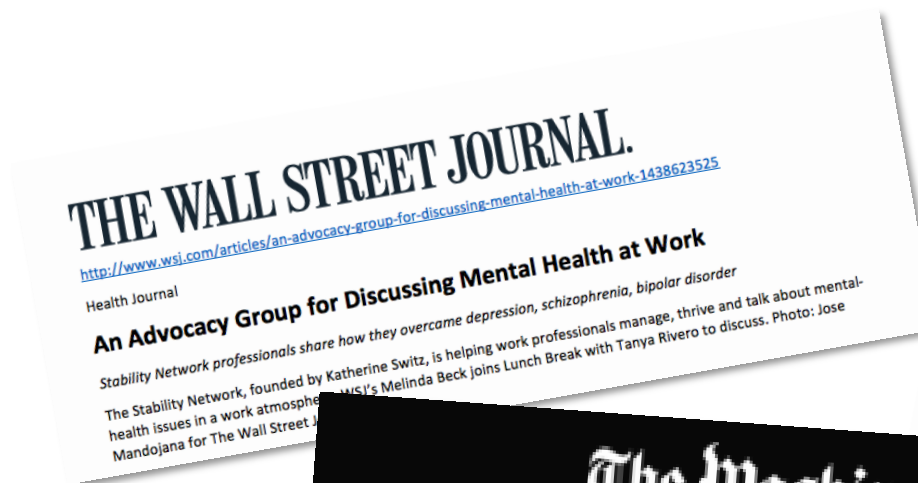
We Have Dedicated Ourselves to...

- Breaking down stereotypes and eradicating the prejudice, fear and shame that surround mental health conditions
- Raising awareness that recovery is not only possible – it is probable
- Inspiring hope and encouraging others who share our conditions to seek and receive the care they need
- Creating a supportive, welcoming community

How the Network Supports Leaders

- Provides support and tools to help leaders magnify their individual impact
- Offers mechanisms for collective engagement... *the power of many voices*
- Creates networking opportunities for leaders to come together and support each other

Gaining Traction: *The Stability Network in the News*





My Story

Fighting through
Major Depression
and Alcoholism

*“ Religion is lived by people who are
afraid of hell.*

*Spirituality is lived by people who
have been through hell. ”*

Breathing Underwater, Richard Rohr

My Early Battle

Listening to Prozac

My Exercise Cure



Lurking Demons

“The Paxil Fade”

Dad’s Suicide



Late 2012:

The Wheels Come Off...

***The Grey Sludge of
Apathy and Despair***



Suburban Comfort *replaced by* A Cell-like Room

Electro-Convulsive Therapy



The “Jungle” on Forest



My Work and Ongoing Recovery

- New caregivers
- New meds
- Learning to push back against stigma and shame
- Camaraderie with “My People”
- Back on the bike!

Where I am Today



“Then they lay basking in the sun with the delight of...people that, after being long ill and bedridden, wake one day to find that they are unexpectedly well and the day is again full of promise.”

J.R.R. Tolkien, *The Fellowship of the Ring*

Relevant Statistics on the Legal Profession

- **28%** of attorneys struggle with diagnosable depression
- **One in three** is a “Problem Drinker”



www.nationallawjournal.com/id=1202748754010/Drinking-is-a-Problem-for-1-in-3-Lawyers-Study-Finds

Ethical Obligations in the Attorney *“Mental Impairment”* Context

- Foster a civilized firm culture
- Build a strong mentoring system
- Institute basic MH/SA training
- Retain a consultant on mental health in the law firm workplace
- Create a safe, confidential form
- Arrange for lawyers to get help without fear

Recommended Reading and TED Talks

- Andrew Solomon, *The Noonday Demon* and *Far From the Tree*
- Elyn Saks, *The Center Cannot Hold*
- Eric Greitens, *Resilience*
- Jordan Metzl, *The Exercise Cure*
- Richard Rohr, *Breathing Underwater*
- Ross Szabo, *Beyond Happy Faces*

Discussion

- How can we help professions be more welcoming to and inclusive of those with lived experience?
- Under what circumstances would you like a professional to disclose lived experience to you?
- Other comments?



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Thank You!

