<u>Welcoming Work Environments in Mental Health Agencies</u>

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Title Slide: (00:00)

Mark: So this is a presentation that Petra and I have done in partnership with a colleague of ours, Loran Kundra. And we know Loran is actually a participant in the webinar, but we likely won't be hearing from her today. And I've got to say that this is a topic that I've had the pleasure to talk with Petra and Loran about for a number of years really, about mental health issues, people with mental health issues, and mental health agencies, and I'm really excited for us to have this webinar today, for us to have done the work that we've done, and share it with you and really begin this dialogue with everybody.

Slide 1: Objectives (00:43)

Mark: Our objectives today, and again we hope to have this last about 30-40 minutes and then we will likely leave around 15 minutes for us to answer your questions, but our primary objectives today are to briefly talk about why we need, or why I think we need to talk about, creating welcoming work environments in mental health agencies. The second question we'll be directing is, "what are the experiences of non-peer specialist staff who have mental health issues in mental health agencies?" And Petra in particular will be presenting some results from a survey that she did in partnership with Loran as part of our center. And then I will be briefly reviewing some recommendations that we've developed for creating welcoming work environments for employees that have mental health issues. So, those are our three primary objectives today.

Slide 2: Acknowledgements and Disclosures (01:44)

Mark: I wanted to start off with some acknowledgements. The work that we will be talking about today has been funded by a grant to the Temple University Rehabilitation Research and Training Center on Independent Living and Community Participant by the National Institute on Disability, Independent Living, and Rehabilitation Research. As presenters we'd like to thank Jared Pryor, who again you can send a chat to if you'd like, thanking him as well, our colleagues Jared, Rick Baron, Stephany Wilson, and Katie Pizziketti. And Petra and I and Loran do not have any financial conflicts of interests or other disclosures to make regarding the contents of this presentation

Slide 3: Background – Why Discuss welcoming work environments in mental health? (02:31)

Mark: So some background on why we're interested in talking about welcoming work environments in mental health. And I guess let me start off by briefly saying what I think about in terms of welcoming work environments. That's an environment where an individual feels safe and welcomed, safe and embraced and desired in that particular setting. You can talk about lots of different types of welcoming work environments – or lots of different types of welcoming environments. You can talk about welcoming work environments, welcoming educational environments like colleges and universities, these are things that we're interested in in our center as well. You can talk about welcoming community

centers, welcoming religious centers, lots of different settings. And again the notion is that people, and in this case individuals with lived experience of mental health issues, that people feel safe and embraced and desired in that particular setting. So that's what we mean by that. One reason that we're interested in this topic is there is a lot of research suggesting that mental health provider beliefs and attitudes about people with mental illnesses appear to be no different from the general population. There have been two articles that have come out in the last ten years or so, the references are given here and at the end of this presentation, and both of them have concluded that mental health care providers, their attitudes and beliefs about people with mental health issues do not differ from those of the general population, and in some cases are even more negative. This leads us to be concerned about the experiences of people who are participants, people who are consumers of mental health services, and the kinds of messages that they get from mental health providers, as well as colleagues, both peer specialists colleagues and non-peer specialists colleagues, and their interactions with their provider peers. So that's one concern that we have. A second concern is that over the years I've had interactions with mental health providers and different agencies, and sometimes I'm surprised by the comments that these individuals make. Sometimes individuals in very high levels from different disciplines, not just one particular discipline, who say fairly negative things about their colleagues who have mental health issues. Or that there's denial that there's colleagues with mental health issues, both in peer-specialists positions and non-peer specialists positions. And these interactions have left me concerned about the experience of people with mental health issues who are working in these settings and how welcome they are, how free they are able to share their experiences with other people, and really use those experiences in providing effective services to consumers of those agencies. I've also had interactions with individuals who run training programs for mental health providers, again from different disciplines, I don't want to mention particular disciplines, and have had conversations where I've heard concerns about bringing students into academic programs where they might be providing mental health services, and concerns about an individual with a mental illness' ability to be a provider. And this also has raised a lot of concerns for me as well, in addition to concerns that it's a violation of their rights. So that's one set of anecdotes. And finally I've heard concerns from colleagues who have mental health issues, again both peer and non-peer, but non-peer in particular in this case, who have concerns about disclosing their mental health issues to their colleagues and concerns that they won't be accepted or welcomed, and that they may even be treated poorly by their colleagues. And the bottom line here is that by not fully embracing individuals with mental health issues as colleagues, as providers in the mental health system, we might be missing out on valuable experiential knowledge in non-peer support clinical services. So it's not just peer support where this can be valuable, it's also non-peer support clinical services. And my colleague Petra Kottsiper has written a very nice article describing some of the valuable experiences that can be contributed.

Slide 4: Background – Implications for acceptance of the peer workforce? (07:28)

Mark: The other major reason why I'm interested in this area as well, is some of you know that I've been working in the peer support area for a number of years and I'm very interested in the peer workforce and their experience as colleagues in the mental health system in various roles, important roles that they play. I've documented, and other people have documented, that there are challenges regarding the effective incorporation of the peer workforce in the mental health system. Some of these challenges are related to being brought into environments that may or may not be very welcoming of experiential knowledge of having a mental health issue. There may even be perceptions of harm associated with this

experiential knowledge and interactions with consumers within the agency. And my bottom line concern is that if the non-peer workforce, those individuals who are in non-peer roles and disciplines, such as psychiatrists, psychologists, social workers, other individuals who aren't necessarily in peer support roles, if those individuals are not accepted and embraced in a mental health system and a particular agency, then I think it's probably safe to presume that the peer workforce will not be accepted and embraced as well. So we really need to create a welcoming work environment for everyone, peer and non-peer, people in peer and non-peer roles who have experiences with mental health issues. So now I'm going to turn it over to the survey by Petra and Loran

Slide 5: Mental Health Workforce (Non-Peer) Survey (09:09)

Petra: Hi everybody, so we're switching seats here! Mark projects really nicely I hope I can match somewhat and I hope that you guys can hear me. I just wanted to tell you very briefly that what I'm about to present to you we're thinking of a little bit as a pilot data project at this point. It is also part of a larger data sent, we're actually interested in behavioral health professionals and self-disclosure of mental health more broadly. So we also had peers respond in the survey, and we also had folks respond who did not identify, self-identify, as having any sort of mental health concern. But, I am not presenting to you on that data today. So I'm just presenting to you data from our survey that is specifically from individuals, like myself, who work in professional roles and who have, either in the past or still are currently experiencing, some kind of mental health concern while they're working in the setting and who may either have disclosed, or have not disclosed. My personal interest in this topic obviously arose out of my personal experiences, and I would say that is the same for Loran if I may speak for her. And I couldn't sort of agree more strongly with Mark with regards to the strange experiences I've had when I have at times disclosed to other individuals, and have had reactions that I absolutely did not expect from individuals who are in professional situations. As well as, very supportive reactions from some other people. So, you will see some of this reflected in our data as well so let me go right to that.

Slide 6: Purpose of the Survey (11:05)

Petra: So again we wanted to find out, what exactly is out there in terms of folks that say that they have mental health problems. There are some surveys in the literature, a lot of them are from the United Kingdom actually, that sort try and look at how many people actually work in the general workforce that have mental health issues, including the quote unquote more serious mental illnesses like schizophrenia or bipolar disorder or serious depression or borderline personality disorders, that reliable data on disclosure experiences doesn't really exist, I think that it's still sort of an up and coming area of interest. Disclosure seems to be even rarer or rather, data on disclosure is even rarer on employees that work in behavioral health agencies. And some theories behind that Mark already mentioned as well, in that if there is unfortunately still a very strong "us versus them" employment in some provider agencies, and there are obviously many reasons as to why that occurs, but becoming one of "them" might blur the line for people and is very uncomfortable, that being one of the reasons. And to be more specifically interested in this round of what happens when individuals disclose where they work with other individuals that provide services for people with mental health problems. And again the last point Mark already made in his comments at the beginning of the presentation, and that is as providers, given that I'm one myself, it is unfortunate that people still hold largely negative beliefs, more so about people with psychotic disorders, probably bipolar disorders and borderline personality disorder, and that is very similar to the general population and attitudes of serious mental illnesses from the general population.

Attitudes towards depression and anxiety disorders have changed somewhat over the last ten years, but they have remained largely unchanged for some of these other disorders.

Slide 7: Same Description N = 69 (13:13)

Petra: So, quickly about our sample we were left with 69 respondents who identified with have a mental health concern or more than one mental health concern who were in some type of behavioral health setting. Our sample was largely female 42 respondents, and again we solicited respondents so these individuals respondent to email invitations that came through the collaborative mail out. Also there was a lot of snowballing effect to other channels and social media sites, we ended up with 42 women 7 males. We had about 20 people who did not get to the end of the survey and didn't fill out their demographic information, so we don't know what their genders were. We had a lot of the Caucasian sample 43 people identified as white or Caucasian and only very few minorities participated in the survey. So we in the future hope to do more surveys like this and have a more representative sample. The age of the sample was around 40 years with a pretty wide standardization with the youngest participant being 20 or 21 and the oldest participant was 65. 64 out of 69 people said they had received outpatient treatment 20 were receiving it in the past and 44 were receiving it currently. 42 individuals said that they were currently on medication for some type of psychiatric concern and about 30 of the 69 people have had inpatient hospitalizations, and again we had a very wide range there with people have from 2-3 hospitalizations, and a few people having 10,11, 12 to 20 hospitalizations. The mean amount for the folks that were hospitalized was 4.6 hospitalizations

Slide: 8 Sample Description (N=69) (15:18)

Petra: Who did we have? We had no psychiatrists respond which was really sad, we also hope that will change in the future and I'm also sad that we only had 2 psychologists respond, we had one RN who specifically specified as a psychiatric nurse, 27 mental health professionals these folks were people with LPC, Social Work, Marriage and Family Counseling, 1 D& A counselor, 5 case managers, and then we had 3 Allied Health Professionals and the 11 other were agency directors and members, etc., etc.

As you can see the majority of the sample also recorded having Anxiety/PTSD/OCD issues and major depression. 15 individuals had bipolar disorder, 6 individuals reported having borderline personality disorder, and then there were a variety of other disorders, numerous individuals indicated that they had more than one problem. There was one individual who identified having schizophrenia or other type of psychotic illness. So you have to keep this data in mind as we're going through the next couple of slides, again I don't think this is a largely representative sample but it gives some good first impressions I think, but also some misleading impressions.

Slide: 9 Disclosure at the workplace N=50 (16:59)

Petra: So how many of these folks have actually disclosed at the workplace? This actually surprised me 50 of the 69 people actually said that they did, and here's who they disclosed to, they disclosed to co-workers in which 38 people said yup they had disclosed to co-workers, 34 people said that they had disclosed to supervisors, and only 15 people said they had disclosed to their HR department. Again people could have indicated that they had disclosed to both co-workers and supervisors, and these could be multiple responses from the same person across the categories. 50 people disclosed and I found that somewhat surprising actually.

Slide 10: Disclosure Experiences (17:47)

Petra: The disclosure experiences also surprised me a little bit it was largely positive. About 17 people said that their disclosure to their coworkers was positive, however given the sample size it is a bit smaller given that not everyone answered these questions. Seven people also said that they had a really negative experience, and given that it's a relatively small sample that is still a reasonable amount of people who had a bad experience. 8 people had a very bad experience with their supervisor, 20 people however had a good experience. With HR where you necessarily shouldn't have a bad experience, 3 people had a bad experience, 4 neutral, and 7 people had a positive experience, and 6 people said that they didn't disclose to that department. So that's how that stood out, it's very interesting it's kind of more positive than I expected again keep in mind who is represented from the sample, what illnesses they may or may not have disclosed, etc., etc.

Slide 11: Disclosure Benefits (18:57)

Petra: So we asked folks a ton of questions, we may have asked them slightly too many questions, so I'm just going to give you a brief overview of some of the things that we asked. So we asked them; why did you disclose? What are the benefits of disclosure? Besides getting an accommodation or something. We asked did you feel supported after you disclosed? Most of them said yes they felt supported by their coworker or supervisor. Interestingly enough with mutual disclosure, 13 people expressed disclosure with their coworkers but not their supervisors. So they must have felt that there was some type of issue whatever that may have been for them with that specific person. Apparently there was some type of reciprocal disclosure with that person who was a coworker. That's very fascinating and I would love to know more about this. Apparently 9 supervisors gave a reciprocal disclosure or something. Not surprisingly it did not occur in the HR departments.

Petra: Accommodations were discussed or thought with very few people in the sample. I will talk a little more about this later. Normalization is one of the biggest benefits that was endorsed in being able to "come out" to their co-worker. Again for someone like me who has experienced some problems in the past it was extremely important to be able to tell the people that I was working with what was going on with me, because the cost of hiding seemed so high that the normalization of being able to say what's going on with me and receiving support was vastly important. You probably know or you do not know that the literature writes about a very similar coming out process as individuals who are gay or lesbian ,whose "hidden" identities are continuously hidden at a cost to them, which could be your health, mental health, work performance, etc, etc. That wasn't surprising to me to see normalization as really important benefit to individuals. A lot of people also said it gave them the opportunity to address stigma within their own agency and that was something that I brought up earlier. I can't tell you enough and I'm sure you have all had this experience, of sitting with the treatment team where you are, and you know people are making comments that come out of frustration that are very hurtful and stigmatizing. And you're sitting there and kind of thinking "wow this is interesting, and it didn't ever occur to you that one of us might have been or might fall into the same diagnostic pattern of the person that you're talking about". So battling stigma was something that several individuals noted. And then 4 people said that they had expressed or had no benefits from their disclosure.

Slide 12: Disclosure Problems (22:27)

So then we were also interested in asking if there were any problems that you experienced as part of your disclosure, and that of course only applied to the people who actually said that they disclosed, so the N here is still kind of small. And I'm going to read to you from the bottom now since not all of that was able to print, 2 people had fear of job loss that occurred apparently after they had disclosed, 6 people said that they had experienced or they were afraid of a loss of responsibility, negative impact on possible promotion was another category that was endorsed by 5 people, having sort of social distancing being avoided or looked at differently, that apparently occurred to 4 people that had disclosed. That is definitely something that once happened to me as well because god forbid that when you have to disclose you are questioned or you have a bipolar disorder, and you're having an especially exuberant or happy day and before you know it you're in a manic episode which you quite possibly may be not you're just in a good mood, but then there is definitely that fear that you're being seen through that lens by your co-workers of that person with a mental health illness. It is clear that several people who have disclosed have had similar experiences. 7 people said that the person they disclosed to needed a lot more education specifically about psychiatric illness or condition that they had disclosed, 4 people said that their information was shared to other people against their will, so kind of gossiping type of stuff. 8 people said that all types of miscommunication occurred after they had disclosed that effected their job, and then 28 people said that they experienced no significant problems as a result of their disclosure, which that is actually encouraging to see.

Slide 13: Disclosure Regrets (24:30)

Petra: Of the 43 people who answered the question if you regretted your disclosure, 4 people said that they absolutely did. One person lost their job, other people said that they received micro aggression, and that they felt harassed or bullied. And again 4 people out of 50 people is not a vast number but it's almost 10% and of course that unfortunate that it occurred to those individuals.

Slide 14: Accommodation Info

Petra: We asked people how much they knew about academic accommodations that might exist for their varying conditions, and that looks like what we know from grad school or from any type of school that provides a class about these varying conditions. I would say there is definitely room for improvement from all of us. The majority of people said they were moderately familiar with accommodations but there still appears to be quite a need for education. A lot of agencies still don't seem to be very familiar with the idea that as somebody with a mental health issue if you request accommodations and then what those accommodations could possibly be was the next thing to perplex these folks. Only three people of this entire sample said that they requested accommodation at their current job, and 15 people said that they did not request them because they did not need them. And that was interesting and there was a verifying response a bunch of people who didn't ask for a variety of reasons they didn't know who, they didn't know how, they were afraid of retaliation or some kind of negative impact on their position or promotional opportunities. And some other people said that they didn't need them currently which was the same thing for me, I mean some mental issues are episodic and you may not need accommodations if you're not in an episode with whatever type of mental health condition you are dealing with.

Slide 15: Why did respondents not disclose? (26:53)

Petra: So why did people not disclose? So we asked those 19 key people in our sample that said that they didn't disclose why they didn't disclose and this is what they said. 1 person said that they had a promotion concern, eleven people as I just said were very worried that if they disclosed that they would be viewed personally or their work would be viewed differently as a result of their disclosure, so confidence questions that are often raised for individuals with mental health concerns even if people are not in an extreme episode of their illness. Distance was a concern that 2 people had, info being shared with others 8 folks were concerned about that, 10 people said it was nobody else's business to disclose since they didn't need accommodations. Organizational culture and climate, not having a climate where they feel welcomed as a person who has a mental health problem in a professional position was endorsed by 3 people, it's not relevant to my current situation was 12 people, and 5 people gave a variety of other reasons.

Slide 16: Sample Qualitative Responses: Disclosure decision, what helps? (28:10)

Petra: So we asked folks what we thought would help them to make their disclosure decisions. So what could organizations do specifically to aide this disclosure? Folks said that they would disclose when they thought that it was appropriate and when they thought it would be beneficial to another individual, coworker, or even a client. They felt that if folks had a better understanding what mental health issues were that would ease their disclosure, if you're working in a mental health field also you would expect an answer like this maybe from another type of employer. But here folks were saying that apparently some of their coworkers didn't have a very good understanding experientially at least what folks were going through with their mental health issues. They would be more likely to disclose if that information were actually confidential if the person ops to do that, if their position or reputation were to not be threatened as a result of their disclosure, some said they would only disclose if they were legally required to disclose such as a licenser. Which one person actually wrote about having be a huge problem for them. If they needed accommodations, or they thought that they needed some assistance because their mental health condition were impacting their actual work performance.

Slide 17: Sample Qualitative Reponses- What can your agency do to make you feel more comfortable disclosing? (29:54)

Petra: So what can you do as a provider agency to make folks feel more at ease with disclosing. One of the biggest themes that came out of that was to address work place culture, in a sense it's kind of like we have a recovery transformation going on in the United States and we talk about recovery and recovery oriented environments, but we don't talk about that for our staff, we talk about that for our clients. So folks were pretty much saying well " Well hey it would be great if it was also the case for us, if we could work well enough that there was inclusion and being somewhat more open about these things and welcomed."

So folks said that it would be helpful to them to post or publish policy regarding disclosure and accommodations, they said an agency could be more supportive by having supervisors that trained and have them being more supportive and interactive with staff. Have agencies really work on wellness initiatives not just for their clients but also for their staff, and to address just the topic to begin with. There are hopes that work in professional positions that have had experiences with cancer, mental health issues, with diabetes and just talk about these things more openly in regards to mental health issues, just as we do today about cancer.

Slide 18: Sample Qualitative continued (31:34)

Petra: Folks suggested that agencies have an awareness day, to really change language practices and change the language of "us vs. them, clients can ask them staff about more information about mental health issues in the workplace, non-judgmental communication, not practicing stigma themselves and that comes back to the point that Mark was addressing earlier on, creating welcoming spaces and that might even be practices/ activities that staff can decompress, being aware of language and the power of language, and also be explicit about the value of the lived experience. And just as an anecdote the other day as I'm on a unit merrily going about my business I overhear a grouping one by a mental health pack a morning group where they basically hold meetings, as a pack is grouping into his own experiences with his own depression, which is not something you usually hear actually where I work or have ever worked. And in the most compassionate terms trying to motivate the client community so early in the morning. I pulled him aside later to talk to him and had the most interesting conversation about this. And I saw the clients be fairly riveted mind you it was a very unusual experience, but it was definitely impacted those individuals in a different way.

Slide 19: Self Disclosure Trainings Requested (33:19)

Petra: Here are some of the self disclosure trainings that we thought could be provided. Folks wanted more about, the one that was most requested as you can see here 39 respondents said they wanted more information on the ADA, followed by hey how do we deal with functional limitations and stress as somebody with a mental health issue, followed by lectures or seminars or workshops on professionals in recovery: how many are there?, when is our competency maybe threatened, which at times may occur and how can we take a week off, or how do we call out and say hey I need a week off to go to the hospital, and conversations about risks, boundaries, and ethics as well, and you can see the other areas of help.

Slide 20: Creating Welcoming Mental Health Work Environments (34:09)

Petra: Well those are some of our findings and I hope that gives you some idea about what folks are dealing with, and I'm going to turn it over to Mark.

Mark: Alright, thank you Petra. First of all I see, remember that you can enter your questions or comments, questions can go in the Q & A screen, just type them in down there and click send, and you can also chat with other people during the talk, and I see we have one comment or one question from somebody.

Can we get a reference list of modifications for the article that both the presenters presented in their slides? And we there is actually a slide at the very end of this presentation that lists all the references. We will be able to get these slides to you, I think we will be emailing them out to everybody, but if you want them sooner than that, you can send me a email at msalzer@temple.edu, I just put that in the chat box, so you can see my email address and you can write me directly. So I wanted to thank Petra and Loran for doing that survey, very informative. Really, we believe it's probably one of the first, if not the first, pilot survey on this particular topic that we think is important. There were some findings we were surprised by, some that were really confirmed some of the things we were thinking about as well. So it's really a very exciting area. What we've done in partnership with this survey is I worked with a colleague, Lora Welder, who is with us here at the Temple University Rehabilitation Research and Training Center,

and we also call ourselves the Temple University Collaborative on Community Inclusion of adults with psychiatric disabilities, to develop a document where we provide recommendations for fully embracing and supporting clinical staff with mental illnesses. And you can see that here, this is the cover. You can also see the website where this is located, another thing you could do is just go to Google, type in "Temple University creating welcoming mental health work environments" or something like that and it will pop up.

Slide 21: Vision Statement (36:34)

Mark: What I wanted to do is very briefly go through some of the recommendations that we came up with. And again these are just suggestions, things for you and your organizations to be thinking about that you could do that we think would be positive contributions to creating a welcoming work environment for everyone, really. And the first one is creating a vision statement. And basically this is a vision statement where the agency articulates that we are an agency that supports everybody who experiences disabilities, people with differences, and specifically mentioning staff, both in peer roles and those in non-peer roles who are here. Having this statement being that "you are welcome here, we will do what we can to provide a great work environment for you." This is actually based on something that we did, we funded with Bazelon Center for Mental Health Law. They created a model policy for colleges and universities, a statement that they would make saying that they welcome and embrace students with mental health issues. This is something that could really be a model for an agency to use and I would be happy to help put you in contact with that document is well. So the first thing you could do is create a vision statement.

Slide 22: Strengthening the Foundation of a Welcoming Work Environment (37:58)

Mark: A second thing, set of things you could do is a number of activities that strengthen the foundation of the work environment. The first thing is to develop a better understanding of what are the issues in your agency. You could conduct a staff survey asking about peoples experiences themselves with mental health issues, what are their experiences, what types of diagnoses, what types of medications, maybe. Just to get a sense of who is working in your agency and what experiences and value and uniqueness they bring to your agency. So the idea here isn't to do a deficit oriented survey or something like that, it's to find out what are the uniquenesses and skills that are present here. There could be focus groups or key informant consultations with people asking about experiences, what's going on in the agency, is this an issue here. As well as conducting a risk assessment, are there specific programs that are being offered that generate a high degree of destress for all staff, let alone individuals with mental health issues? And this could exacerbate pre-existing issues or just create general distress for any employee that could also lead to burnout. So just developing an understanding of what's going on in your agency could be important. The other thing is making sure your agency is providing the basic mental health supports for their staff, be that a health plan, looking at pharmacy benefits to make sure it's appropriate, and obviously making sure that you have an employee assistance program and that your staff know about and are encouraged to use it. That could be an amazing resource for people, again for people who have experience with being diagnosed, and those who haven't been diagnosed, but are experiencing some type of mental health distress, that could be very valuable.

Slide 23: Welcoming Management Strategies (40:00)

Mark: Another set of strategies have to do with creating more welcoming, you know these are welcoming strategies, we're calling them. The first is developing a wellness committee. We spend a lot of time, thankfully, talking about wellness for people that we work with in agencies and services. Why not talk about creating wellness initiatives for all the staff? Including talking about mental health wellness, not just have it be about smoking or weight loss or cardiovascular activities, let's talk about the stress that all of us feel at times in our work environments and how can you create a better environment. There are some recommendations in here for human resources staff in particular, helping them as they bring people, as they on board people into agencies, making sure that they're aware of mental health issues and are discussing accommodations and other information about all disabilities or all issues or impairments, but also mental health issues and doing it in a way that's welcoming and encouraging and not necessarily discriminatory or assuming that people don't have issues in those areas. You could have policies, written policies, saying that mental health issues or other impairments won't be attended to or thought about when making promotion decisions or when making termination decisions. And also talking about sick leave and disability leave, and I think that's a main reference to this, making sure people know that it not only applies to physical health issues, but mental health issues as well, and both are incredibly important to all of us.

Slide 24: Welcoming Management Strategies Continued (41:50)

Mark: Another set of strategies are creating an open atmosphere where people can talk about mental health issues and do it in a way where there isn't a tremendous amount of fear and discrimination that people have concerns about. Insuring that people are aware of the reasonable accommodations, those are some important results that Petra and Loran found, and we found them in other research that we've been involved with, that people in different settings aren't aware of the accommodations and their rights being in those environments, and that's incredibly important. There really is a need to obviously maintain confidentiality when somebody does disclose, so there really shouldn't be this gossiping, and I think some of the preliminary data that Petra and Loran obtained suggests that this doesn't happen very often, but it's certainly something we should all be sensitive to, that maintaining confidentiality is important.

Slide 25: Practices and Programs (42:50)

Mark: Practices and programs that could be implemented, there could be specific training for supervisors around distress in general among staff that are working in various programs, including being sensitive to mental health issues that people might experience and how we could help support those individuals and what kind of conversations are appropriate to have. In some ways it's almost thinking about mental health first aid within the mental health agency itself, to make sure that people feel safe and secure and there's an appropriate response. Making sure that people are sensitive to communications, like Petra was talking about, that we don't talk about people with mental health issues that we're working with in derogatory ways. Because the colleague that you're talking with may have a personal experience, or their family member, or their spouse, or their son and daughter. And we all need to be sensitive to these kinds of things. Creating opportunities for staff to collaborative on various activities that promote wellness and support of one another. So, within the peer specialist movement and peer specialist workforce, there's a lot of conversation about peer staff, people who are in peer roles, gathering together and talking together about their experiences working in agencies and programs. There's no reason why all staff can't come together and do that and really support one

another. Peer support is applicable in a lot of different types of settings. So, there are a number of different things that could be done in an agency to create a welcoming environment.

Slide 26: Implementation and Evaluation (44:35)

Mark: I would encourage you to take a look at this document. It doesn't provide thorough details on how to implement each of these recommendations, partly because Loran and I recognize that each setting is different, and we couldn't possibly say everything that you could do to make this happen. But we encourage you to take a look at it and think about it.

Slide 27: References (45:04)

Mark: Here are the references that we have for this presentation, and again we're happy to send this Powerpoint to you and maybe even help you receive some of these documents as well. So we do have a couple of questions. So let me go through them now.

We have a question from Larry R: "Is there pushback to the peer professional term? For instance, as a person with a mental health diagnosis, are they just always destined to be peers and nothing else?"

So let me just talk about my observations and my experience with the term. The first thing is, a lot of people are using lots of different terms for the roles that peer specialists are in. I have heard some people say that they don't like the peer professional term because it outs them automatically with everybody else that they come in contact with and they don't have control I guess over their disclosure, they don't control who they disclose to or who they don't, because it's the name of their role. And I know other people who fully embrace it and don't have those concerns, so I would say that there's a lot of different reactions to that term. The other part of your question is, and I think this is the second part, is are they always destined to be peers and nothing else, and I don't know if this is a comment on career ladders or not. If people who work in peer roles, some actually have gone on to get additional training, I know people who become social workers who have gotten their MSWs and work in other non-peer professional roles within mental health agencies. So people are doing a lot of different things and hopefully maintaining their peer-ness even in those new roles as therapists or case managers or other types of things. But there is a general concern about career ladders for peers. Petra do you have anything you want to add?

Petra (47:25): Just for folks who are professionals, and traditional roles with mental health issues have coined the term "Pro-consumer." That's sort of a professional and consumer, not a professional consumer. And I think it depends, it depends on what you're kind of thinking your role is in an agency. I could see myself using that term sometimes, when I want to be more of an advocate and I want to change things and I want to combat stigma. I can also understand the folks that answered our survey that kind of said, "Well, I don't think it's relevant, I'm not having any issues right now. Why should I disclose that?" Just as well as maybe you want to not disclose the fact that you have cancer. It might be something that's very private to you and I think we differ on that as individuals. I think I at times fall a little bit more into the disclosure realm, especially if I think that we have a role to play there in combatting stigma, but that's my personal opinion.

Mark (48:30): And we have some comments that are related to what we were just talked about. Stacey thank you for sharing your experience with the title "Peer full health coach" and some concerns that there is some stigma to the term peer, and I definitely understand that and it's not always clear to me

whether or not peer needs to be in the title or job descriptions or not. And I do know people differ about that issue but thank you for sharing.

Lisa writes: "How can leaders, supervisors, balance being supportive and open with not pushing people to disclose. I think supervisors of some organizations are worried they are in touchy legal territory."

That is correct. First of all, we're not giving any legal advice or human resource advice. You definitely need to talk to people within your organizations. As a department chair here at Temple University I'm very cautious how I talk to people who work with me, faculty, but also students. We talk about our interactions with students that we do need to be careful about our comments. But, we can also still be open and create a welcoming environment so people feel comfortable in sharing whatever they want to share. But the primary thing is that I do not probe, I do not make suggestions, I do not say "It seems that you're depressed or anxious," I don't label I don't do things like that. So, and we certainly also can't push people to disclose, but we can certainly say, "Just letting you know about the resources we have available here, is there anything I can do?" We don't say "You need to go get them" or whatever, because people do have choice, they have control over their disclosure. So you're absolutely right and all of us should really be aware of our agencies' policies and practices regarding this, but there's a difference between creating a welcoming environment that allows people to disclose, and forcing people to disclose.

Petra (50:55): Yeah so again, and I think I would add at a very concrete level seeing if the agency has a workshop on individuals in recovery at their organization or agency. The Renfrew Center which is a specific eating disorder place did something very interesting, actually I think here in Philadelphia. Where a bunch of people who actually worked in management came out to each other at first, and then began to think about how we can benefit our organization. They actually did workshops with their staff not just on their own experience but on how their own experiences affected their work and how they fill their professional roles. That of course is an extreme example there are many supervisors who do not have lived experience and that's ok, and I think sometimes I take that approach and advise other students, and like Mark I don't pry or poke, but I do ask "Are you ok?", "You can talk to me.", "You can talk to other people. ", it's a safe environment. I remember there was a research initiative at the University going on in the old days where there were workshops for domestic violence based on mental health now. So maybe that's something that we need to have in our HR departments or maybe there needs to be a wellness person hired for organizations that can be on site, and that's just not a weird you know employee position. Or maybe just somebody that you can talk to confidentially you know that's part time at an organization. So we can talk and think out options and start to grapple with some of the things here, but additionally culture is a big thing.

Mark: So the last question we appear to have, and I'm aware of the time and don't want to take us over. Do you have to disclose your mental health status? And the answer is absolutely not. And in some cases as we saw from some of the data that Petra presented some people have very good concerns about not disclosing. It's not illegal to not disclose there are some benefits but there is definitely some downsides to disclosure. And the idea here that I think we're trying to communicate is creating a work environment and strategies and policies where people feel even more comfortable to disclose if they want to. Where they feel that the environment will support them and they'll get what they need to be even more effective employees and more effective staff. So no you do not have to disclose your mental health status.

So I've got 2:59 ET we didn't want to keep you longer than an hour, we appreciate we had about 98-99 people at one point, so we're thankful for your interest. Please send us any questions or comments that you might have to both of us, and again we hope to be able to get you this PowerPoint. If you or your organization is interested in talking to us further about these issues please just feel free to contact us. Alright thank you very much and I hope you all have a great rest of your day.

Petra: Thanks guys, bye.

End (54:17).