The Successful Employment of Consumers in the Public Mental Health Workforce

CALIFORNIA INSTITUTE FOR MENTAL HEALTH
Promoting Excellence in Mental Health Services

A Report from the California Institute for Mental Health

By Laura L. Mancuso, MS, CRC

June 1997

This report was made possible by funding from the California Department of Mental Health

Additional copies of this report are available from:
The California Institute for Mental Health
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Preface

The California Institute for Mental Health is pleased to present this document which covers an area of important development in the field of mental health: hiring clients of the system to work within the system. The rapidly increasing growth of this practice was clear in a survey of counties conducted by CIMH. In this survey, counties also reported a need for technical assistance to make the practice successful. This manual is one response to that need.

This manual is organized to help the reader understand many of the issues that counties experienced when integrating clients into the mental health workforce. It is not simply hiring a new employee. The issues are complex. Both consumers and non-consumer employees frequently need to reassess long held beliefs. Frequently, conflicting needs must be resolved to make integration of consumers into the mental health workforce successful. Systems also need to know how to create an environment that welcomes consumers. Careful planning is necessary to successfully manage the process.

This manual makes no pretense to be the final word on this topic. The process is continually evolving. Each program is likely to face subtle variations of many of the subjects addressed here. This manual is designed to provide the reader some insight into the issues and problems county mental health programs have faced and some of the creative and proactive solutions that have led to success.

We hope that this manual helps ease the process of hiring clients to work in the mental health system in the future, and leads to hiring more clients across the full job spectrum. We look forward to providing additional training next year on the concepts in this manual.

We would like to thank several people and organizations who made this project possible. Thank you to:

- Dr. Stephen W. Mayberg, Director, and the California State Department of Mental Health whose support and funding made this project possible.
- Jay Mahler, for his pioneering efforts client employment.
- The entire Statewide Training Plan Committee for recognizing the importance and putting this project on the list of priorities to accomplish this year.
- All the persons interviewed for this project, without your participation and insights this would have been a very slim volume!
- All the readers who provided comments on the preliminary drafts of this report, your feedback was appreciated and greatly increased the quality of this report.
- Ms. Laura Mancuso for your writing and interviewing skills, your commitment to the project and the excellence of its quality.

California Institute for Mental Health
Ed Debra, S.D., Training Director
PREFACE

on CIMH letterhead
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EXECUTIVE SUMMARY

The employment of consumers in the mental health workforce is a significant national trend today. Local mental health agencies that make a commitment to increase the percentage of consumers on their staff or employed throughout the system of care face common issues and challenges, such as: how to generate acceptance and support among existing staff for working with consumers as colleagues; where to place the positions; whether to use an existing job classification or create a new job title; whether to structure part-time or full-time positions; how to ensure that those hired will have personal experience as recipients of public mental services; where the new employees will receive mental health care; how to orient and support the new employees; and how to select advise their supervisors.

California's local mental health agencies have developed a substantial body of knowledge about pitfalls to avoid and positive actions that can increase the likelihood of success with these challenges. While no "cook book" formula is possible, a great deal of expertise now exists in these agencies. The goal of this report is to document and disseminate some of that expertise. As with any systems change initiative, trial and error will inevitably occur. But there is no reason for local mental health administrators to work in isolation on this venture.

Some major recommendations of this report are that:

- mental health directors who have pro-actively hired consumers are enthusiastic about the many benefits to their systems of care and are also frank about the significant amount of time and energy it demands;

- preparing the existing mental health workforce before pro-actively hiring consumers is a crucial and often-overlooked step;

- the best starting point may be the promotion of the local consumer movement;

- a common pitfall is inadequately defining job duties and performance expectations for employees who are also consumers;

- while creating or setting aside positions for consumers within city/county government is critical to systems change, there are compelling reasons to develop positions via contract agencies, such as greater flexibility in creating new position descriptions and setting schedules;

- there is a fine line between communicating to applicants the agency's intention to hire mental health consumers and making illegal pre-employment inquiries about disability;

- mental health agencies should consider steps to minimize the isolation experienced by some employees who are also consumers by supporting their ties to a local consumer advocacy network, offering a support group, and placing consumers together;
consumer employees should have the same access to charts as others in their job classification (based on their need to know) and sign the same oath of confidentiality;

agencies should make provisions for employees who are also consumers to continue to receive effective mental health treatment, whether through the local mental health agency or elsewhere;

supervisors should treat their consumer staff like employees, and avoid acting as counselor or therapist -- although all staff need a measure of compassion;

individuals who are effective in external consumer advocacy roles may or may not be content working inside the mental health system;

there are a variety of actions that local mental health directors can take to promote the employment of consumers in city/county and contract agency positions and to increase the involvement of consumers and family members throughout the system of care.

The report is based on two main sources of information: the findings of a brief fax survey by CIMH of local mental health directors regarding their practices in hiring and employing consumers (as of fall 1996); and approximately thirty telephone interviews with local mental health directors, other administrators, employees who are also consumers, and their supervisors. The material is presented in five main parts:

I. Background and Why Should Mental Health Agencies Hire Consumers?

II. Which Decisions Do Local Mental Health Agencies Need to Make as They Set out to Pro-actively Hire Consumers?

III. Experiences of Those Who Supervise Employees Who Are Also Consumers

IV. Experiences of Employees Who Are Also Consumers

V. Other Actions Local Mental Health Directors May Take to Increase Consumer Involvement

Each sub-section is followed by summary "action items" in a checklist. As much as possible, key information is presented in a list format:

- Suggested Topics for Staff Meetings in Preparation for the Pro-Active Hiring of Consumers (page 18)

- Some Benefits of Creating Positions Within County/City Government or Through Contract Agencies (page 25)

- Some Benefits of Part-Time or Full-Time Positions (page 26)
Some Benefits of Civil Service Positions, Extra Help Positions, or Contracting (page 27)

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Suggestions on the Format and Topics for New Employee Orientation (page 52)

Suggested Guidelines for Employee Supports and Examples of Additional Supports That May Be Offered (page 57)

Advice for Those Who Supervise Employees Who Are Also Consumers (page 68)

List of Questions A Consumer Should Ask Him/Herself Before Beginning Work in the Mental Health Field (page 71)

Examples of local mental health agency policies, job announcements, and interview questions are reprinted in the appendix. An extensive list of resources for further information -- including relevant agencies in California and elsewhere, and available documents -- is provided.

This report is also for consumers themselves - those who have already taken jobs in the mental health system and those who are considering doing so. It examines some of the challenges and satisfactions inherent in working among mental health practitioners, serving individuals with conditions similar to one's own, and broadening one's identity from consumer to staff person.

No document can capture all of the creativity and innovation occurring throughout California regarding the pro-active employment of consumers in the mental health workforce. In particular, this report focuses on the practices of city and county mental health departments, as opposed to community-based agencies. It is also limited to the pro-active recruitment of primary consumers, not family members.

Comments about its usefulness are welcomed by CIMH and the author.
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- Treat them like employees, not consumers. In other words, act like a supervisor, not a therapist.
- Strive for clear and direct communication.
- Provide adequate orientation and training.
- In general, let the employee raise the issue of reasonable accommodations, if needed.
- Consumers may be hesitant to discuss job-related problems with you.
- If you're hiring consumers into a hostile environment, be honest with them about the challenges they'll face.
- Seek the support of other supervisors of consumer employees.
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Words carry both symbolic and practical meaning. This report employs several different terms to describe the people served by California's public mental health agencies: consumers, clients, service recipients, people with psychiatric disabilities, and people with mental illnesses.

CIMH and the author acknowledge that individuals may choose other words to describe their own experiences. We do not intend to impose these choices on others.

ABOUT DUPLICATION:

This document was developed as a technical assistance aid for administrators and advocates of California's mental health agencies. It is not copyrighted. Duplication and further dissemination are encouraged. Proper citation to the source is appreciated.
PART I:

BACKGROUND
INTRODUCTION

In the closing chapter of his landmark book entitled, *How Can I Help?: Stories and Reflections on Service*, Ram Dass describes the essence of the healing relationship: "Helping out is not some special skill. It is not the domain of rare individuals. It is not confined to a single part or time of our lives. We simply heed the call of that natural caring impulse within, and follow where it leads us."

While the mental health professions have always been about helping people deal with and overcome their emotional and cognitive problems, for many decades that role was reserved for people with advanced professional training, most often including a master's or doctoral degree and professional license. The situation in mental health contrasted sharply with that in the substance abuse treatment field, where the personal experience of recovery from abuse of alcohol or other drugs has long been a respected credential.

However, a gradual shift has been underway for several decades. Self-help was identified as one of eleven major components of a comprehensive Community Support System by the National Institute of Mental Health (NIMH) in the 1980s. The National Association of State Mental Health Program Directors (NASMHPD) endorsed a position paper in 1989 recommending that "client-operated self-help and mutual support services should be available in each locality." Mainstream mental health programs now pro-actively seek to hire significant numbers of people who have been service recipients.

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3 For the full text of the 1989 NASMHPD position paper, refer to Appendix A.
As the consumer/survivor/ex-patients' rights movement gained strength in this country in the 1970s, people who had experienced psychiatric treatment began vocalizing their dissatisfaction with the status quo. In her landmark book, *On Our Own,*

Judi Chamberlin proposed "patient-controlled alternatives" to traditional mental health services. One of her central points was that needing help at times did not disqualify an individual from providing help to others. She doubted the ability of non-consumers to work in partnership with consumers without controlling them and she advocated the replacement of the existing mental health system. A core requirement of a true alternative system was the removal of distinctions between those who give and those who receive help, as in this guideline for alternative services: "Help is provided by the clients of the service to one another...The ability to give help is seen as a human attribute and not as something acquired by education or professional degree."  

While the abolishment of the mental health system is still the goal of some client-advocacy groups, the changes that have taken place in recent decades have been more gradual. Institutions like NIMH and NASMHPD advocated broad-scale efforts to add the expertise of consumers to the mental health workforce. Today, approximately 1/3 of California's local mental health authorities fund consumer-controlled programs as part of their system of care. Over 90% of counties take proactive steps to hire mental health consumers to work within their systems, and approximately 1 in 6 counties have identified consumers on their management teams. What has occurred is the gradual growth of consumer-managed services within the mental health system, rather than the dissolution of a professionally-controlled system and the construction of an entirely consumer-controlled alternative. Jay Mahler, a long-time mental health advocate and an activist for the employment of consumers in mental health programs seeks a "blended staffing" pattern at all levels of mental health service provision and administration, the goal being with a more balanced mixture of staff qualified by virtue of their academic or clinical training with those who bring their personal experience as service recipients.

The Bronzan-McCorquodale Act of 1991 specified that "the mental health system should promote the development and use of self-help groups by individuals with serious mental illness so that these groups will be available in all areas of the state." County mental health agencies have responded to the law in a variety of ways, depending on their size, overall budget, values, and politics. Some counties delved into this new challenge aggressively and whole-heartedly. For example, in Sacramento County, when the majority of the traditional functions of the county mental health agency were put out to bid, applicants were required to demonstrate that at least two staff members would be employees who are also consumers. One of the three regional support teams now operating in Sacramento County is comprised almost entirely of consumers (Human Resource Consultants), and both regions of the county have consumer-operated self-help centers that serve

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5 *On Our Own,* page 150.

approximately 1200 clients per month. San Mateo County, through the JOBS NOW project, increased the number of consumers employed throughout the system of care from 49 to 71 in just one year. Some of the smallest counties in the state, on the other hand, do not contract out any services and only have job openings infrequently. Therefore some of the smallest counties do not fund consumer-run programs or employ identified consumers.

Other revolutionary changes have been quietly taking place among local mental health agencies. State Assembly Bill 14, enacted in 1992, mandated that at least half of the members of Local Mental Health Boards/Commissions shall be consumers or family members. Not all localities have achieved this goal, but consumer and family member participation has increased significantly on Boards and Commissions. Importantly, their contributions have made many staff and administrators more aware of the valuable role consumers and family members can have in improving the quality and effectiveness of services at the local level. The Boards/Commissions have become a key vehicle for advocacy as well as a training ground for future employees.

Across the state, consumers and family members are becoming empowered and taking greater responsibility for their local mental health agencies. Priorities are shifting toward client empowerment, recovery, and a strengths-based model of care provision. Staff and administrators are coming to appreciate the important role of consumer feedback in quality improvement, the capacity of consumers for self-sufficiency, and the healing qualities of consumers as care providers. It has become empirically as well as intuitively clear that client-directed services are cost-effective. In the current fiscal environment, controlling costs is more important than ever. All of these priorities tend to promote a focus on self-help and consumers as mental health employees. Public mental health administrators now frequently speak about a "partnership" with consumers and their families.

Rather than "re-inventing the wheel" as they seek to increase the percentage of consumers in their workforces, some local mental health directors have sought consultation from their colleagues in other counties/cities perceived as more advanced. This advice can include both recommendations on how to proceed as well as warnings about common errors and pitfalls. In this way, the experience of some California agencies can benefit many others, resulting in a more rapid and effective movement toward the inclusion of mental health consumers in all aspects of the system of care.

It is in this spirit that the California Institute for Mental Health (CIMH) undertook the development of this manual. As the members of the California Mental Health Directors' Association became increasingly involved in promoting the employment of consumers in the mental health workforce, it became apparent that there was a growing need for technical assistance in this area. A 1995 study by CIMH found that 75% of local mental health authorities had hired mental health consumers, and 80% of those responding desired more assistance in doing so. In response, CIMH undertook this two-part study of the practices of California mental health agencies in hiring consumers and funding consumer-managed services.

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First, a one-page survey was distributed to all local mental health directors. Forty-four counties replied. Key findings of the brief survey are featured on pages 12 and 13.

Secondly, the author conducted almost 30 telephone interviews of local mental health directors, consumers working in local mental health agencies, or their supervisors. The selection of agencies for the interviews was based in part on the results of the 1995 CIMH survey and aimed at the following goals: 1) focusing on actions taken by local public mental health agencies, as opposed to private or contract agencies; 2) sampling counties of various sizes, and 3) including each of the broad geographic areas of the state.

Our intention was not to chronicle the practices of every local mental health authority, or to select counties through a statistical sampling method; rather, we sought to create a practical document that began to capture some of the innovation and insights that have developed throughout the state in recent years. Therefore, inclusion or exclusion in this report of certain counties or cities does not imply a judgement by CIMH or the author about the quality of their practices. Given the constraints of time and budget for the project, we merely attempted to sample the practices of localities of various sizes and geographic locations.

Finally, this report does not attempt to document the increasingly common and beneficial practice of pro-actively hiring family members. While many family members are involved in county mental health systems through their participation on mental health commissions/boards, only a small number have secured paid positions as advocates. For example, Riverside County directly employs a psychiatric social worker who is a parent as a Family Advocate, and Santa Barbara County has hired two family members through contracts with local Mental Health Associations.

The purpose of this manual is to share the collected wisdom of people who have worked to hire consumers as providers of local mental health services. It is our hope that, ultimately, this information will accelerate the hiring of consumers by local mental health agencies.
WHY SHOULD MENTAL HEALTH AGENCIES HIRE CONSUMERS?

Like any other wide-scale systems change effort, the pro-active hiring of consumers requires leadership, planning, negotiation, creativity, and risk-taking. These challenges are undertaken because, despite their short-term costs, long-term benefits will accrue to the clients, family members, and the community for whom the system of care exists. We begin this report with an examination of the benefits some counties have experienced by pro-actively hiring consumers.

The major points contained in this section are that mental health agencies should hire consumers because:

• they may be uniquely effective in engaging some hard-to-reach clients,
• the agency's effectiveness and credibility is increased when asking local businesses to provide jobs for consumers,
• they may raise the consciousness of other mental health staff,
• they may provide an invaluable conduit for quality improvement,
• they will serve as role models, and
• they may be some of the best mental health workers.

Each of these benefits is examined in further detail below.

Some of the people we serve don't trust mental health "professionals" but may be more willing to talk with a person who has been a recipient of services.

In the telephone interviews for this report, one of the most frequently noted reasons why local mental health agencies sought to pro-actively hire consumers is their unique ability to "connect" with clients who might otherwise be difficult to engage in services. Some clients are reluctant to relate to mental health staff for a variety of reasons -- including previous negative experiences with voluntary or involuntary treatment, mistrust of mental health professionals, and symptoms of mental illness or side effects of medications which may include passivity or paranoia. Consumers have unique credibility as treating professionals. While they may not know exactly what another consumer is experiencing at any given moment, they can convincingly state they understand what the other person is going through. At times when some clients most need support, they may be highly mistrustful of the intentions of a professional who hasn't "been there" him/herself, but may be willing to open up to an individual with whom they have more in common. Consumers are likely to be highly sensitive to the need to treat every client with dignity and respect, regardless of his/her symptomatology, socio-economic status, or predicament. All staff should apply the golden rule -- do unto others as you would have them do unto you -- but consumers have the distinct advantage of knowing what it feels like to be in a psychiatric crisis, for example, and of understanding what helps or doesn't help in those moments. This unshakable credibility has been embraced in the alcohol and drug treatment field for decades, where a significant proportion of staff in many programs are in recovery themselves.
Counties and cities have been striving to make their mental health workforce more diverse with respect to racial, ethnic, and cultural background. Some view the addition of consumers to an interdisciplinary team as bringing yet another dimension of diversity. Frank Compton, a Community Worker in Los Angeles, described how his personal experience as a consumer enriches the work of his Intensive Case Management team: "It gives the client and the case manager another approach with which to get at difficult situations. If another hand can get in there from a different perspective, maybe that will help the client work it out, and the situation will be worked out in their best interest." Henry Tarke, Regional Manager for San Diego Mental Health Services echoed these comments. "The case managers and social workers were very quick to see what a rich experience the consumers had, and how much they brought to the job - things that other staff might not have. They very quickly proved their worth."

Merle Charles is a Program Manager in Merced County who has 34 years of experience in public mental health. She spoke of consumers who are employed at the self-help program as "having that extra nurturing ability because of their experiences. Reaching clients is much easier and clients tend to be more trusting when they realize that the staff has been there."

Donna Nunes, Consumer Project Coordinator in Fresno County concurs. "I know what it's like walking through those doors [to the clinic] for the first time and asking for help. I know what it's like realizing, 'Hey, I can't go another day' or waking up and thinking, 'This is it. I'm killing myself today.' And when they come in and say, 'I woke up this morning and--', I say, 'Yah, OK, but how wonderful that you were able to muster the courage to come in.' 'Yah, Donna, you really think so?' 'Absolutely, that's your first step to recovery.' 'Thank you, Donna.' I say, 'Don't thank me, I've been there.' So it's good talking to somebody who really understands. There's a bonding there that only another consumer could make."

A supervisor in Los Angeles County also noted that some clients are more trusting of a fellow consumer. "He's been very effective with some of our clients who might feel a little bit uncomfortable, a little bit intimidated by our program for whatever reason. And having him there tends - not always, but in many cases - tends to relax the other consumer. Let's them know that, 'I'm among a fellow consumer who may truly understand what I'm going through.' ... I think that on occasion the consumer felt more inclined to share a problem, an issue, with a consumer than with the Case Manager."

Gale Bataille, County Mental Health Director in Solano County, expressed her views about why counties should pro-actively hire consumers: "I think that there are a number of things that consumers can do better than professional staff, such as outreach, networking, access, support, and especially reaching people who are distrustful of the more traditional mental health system."

Hiring consumers validates the agency's job development efforts in the community.

As local mental health agencies have embraced the rehabilitation approach, they have intensified their efforts to help consumers get and keep jobs. The role of the job developer is
complex: it entails reducing the stigma associated with having mental illness in the local community; developing relationships with for-profit, non-profit, and public entities who are hiring; and persuading employers to give mental health consumers the opportunity to work. Of course, many consumers seek and obtain jobs without the intervention of a job developer, or with only "behind-the-scenes" assistance from a trusted friend, family member, or staff person. But when a mental health agency appeals directly to businesses to hire service recipients, their credibility is bolstered if they lead by example. When asked by a prospective employer if people with psychiatric disabilities can really hold down jobs, mental health agencies should be able to respond unequivocally, "Yes! In fact __% [fill in the blank] of the staff in our own agency have psychiatric disabilities."

Bob Wolf, Director of Mental Health in Mendocino County, summarized his experience with this reasoning as follows: "How can we overcome the stigma and how can we sell private businesses and the general public on the idea of hiring chronically and severely mentally ill folks if we can't demonstrate that we trust them enough to hire them ourselves? It was the hypocrisy angle the most, I think, that originally got us motivated. What has kept us going is the success!.... Those who were the most adamant in their reservations about working with someone who had been a client are now the strongest advocates."

Alan Yamamoto, Deputy Director for Mental Health in Tehama County, is an advocate of supported competitive employment for mental health consumers and a member of the Shasta/Tehama/Siskiyou/Trinity BEST Network. He said simply, "We have to practice what we preach."

Having consumers in internal meetings continually raises our awareness of how our actions and attitudes affect the lives of the people we serve.

One of the most insidious aspects of mental health programs that are virtually fully staffed by people with professional training without the personal experience of mental illness is the perpetuation of an "us-them" mentality. In this setting, it's easy for staff to distance themselves, mentally and emotionally, from the people they serve. They may even tend to relieve the stress of their work life by joking about clients in a demeaning way or feel confident that they are better prepared to know what is in the client's best interest.

When former or current consumers are an integral part of the team providing or managing services, staff experience a heightened awareness of the ways in which their actions and attitudes

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8 B.E.S.T. stands for "Building the Employment Services Team." These regional groups have a common mission of supporting employment and independent living for persons with serious psychiatric disabilities. They work to expand the Department of Rehabilitation/Mental Health Cooperative Programs, broaden the availability of local technical expertise and resources, and provide advisory body input. Core membership includes consumers, family members, employers, local Dept. of Rehabilitation staff, local mental health agency staff, and service providers. For further information, contact Edie Covent at the State Department of Mental Health (619) 645-2963 or Warren Hayes at the State Department of Rehabilitation (916) 323-4345.
affect the people they serve. It is more difficult to maintain a mental barrier between oneself and one's clients when working alongside competent, effective, and compassionate staff who also happen to be consumers.

When asked why they sought to hire consumers, several local mental health directors responded with comments such as, "Because it makes every aspect of service delivery better."

Dan Souza, Assistant Director, Stanislaus County Mental Health said, "First and foremost, it raises sensitivity to clients, to things that are meaningful and really work for clients, instead of what professionals think is OK for clients. It has sensitized the whole team to be more client-oriented, more client-directed."

When asked about the benefits of hiring consumers, Fran Ruddick, Director of Mental Health in Santa Barbara County said, "Well, the whole system becomes much more alert to its prejudices, and careful about its language, and careful about its slams, and just the presence in the room of a consumer makes everyone much more aware of themselves and their philosophy in how they're approaching the consumers they're working with. I think that has a major impact....Consumers have a million stories that bring it all home."

A Los Angeles County supervisor also noted that having a consumer on the staff changed their approach to clients. "I've been a social worker a long time, and I've seen where even mental health professionals sometimes don't show that respect. It makes me flinch a little bit when I hear a rude comment or someone being critical or making fun or whatever. I think [the consumer's] presence helps to eliminate that kind of response....I can't speak for the rest of the workers, but for me, it simply heightens my sensitivity level, my awareness level. With [the consumer] here, I just have to be even more respectful about the consumers I serve.... Having a consumer on board just emphasizes to everyone -- I feel awkward even having to say it, but -- that consumers are human beings, and they have their weaknesses and strengths, just like all of us. I think it just helps us respect consumers at a higher level."

John Allen, East County Adult Services Supervisor in Contra Costa County, described the first time he brought a new employee to a local board and care facility. He hadn't expected her to disclose immediately that she, too, took psychotropic medications. "I was like, 'Don't say that!' They were like, 'Really?' It was like a non-verbal signal, and they were off. It was a very powerful connection. I felt critical of myself: She was so human with them, there was this kind of respect and affirmation that I could see the other staff didn't have. That really got to me. It was like being color blind and then seeing for moment."
If we are trying to continually improve the quality of our services, it is invaluable to have input from people who have been or are recipients of those services.

In private industry, it is common for quality improvement efforts to include a mechanism for intensive feedback from the company's customers. It is assumed that those providing the product or service are not fully aware of how they are perceived or the ways in which they are failing to achieve the consistency of quality they desire. No one on the "inside" can provide that information as directly, objectively, or credibly as can the customers.

In recent years, many mental health agencies have undertaken client satisfaction surveys to assess the quality of their services from the consumer's perspective. The assumption is that, by asking consumers what they have experienced and what they would prefer, the agency will gain information that it lacks. Understanding the consumer perspective is a significant element in the feedback loop necessary to undertake continuous quality improvement.

Although client satisfaction surveys can yield much useful information, they must be brief in order to achieve a high rate of return; therefore, they cannot address every aspect of service delivery. Further, surveys only yield information about a specific time period, and the information gathered is limited to a certain set of questions. Mental health agencies also need a more dynamic feedback mechanism. The participation of consumers on Mental Health Commissions/Advisory Boards in significant numbers provides one forum for that feedback. The development of Consumer Councils to advise Mental Health Directors, and the creation of an Office of Consumer Affairs within a local mental health agency, are other methods for ensuring that the voices of consumers are heard. Several of the counties featured in this report also include consumers on their internal Quality Improvement or Quality Assurance Committees, including the review of charts.

The hiring of consumers as agency staff is another such opportunity, one that allows consumers to influence decision-making as it occurs on a daily basis, not just at a later date when outcomes are being evaluated. Arlin Divine of Los Angeles County Department of Mental Health noted this benefit: "They're very good at spotting gaps in services, things that need to be improved and calling that to the attention of their Program Manager or the Mental Health Director."

A program director in another county found that having consumers on staff pushed the system to improve more rapidly: "They pull off your covers! Consumers don't let you get away with things, they call you on the carpet if they see things that are not appropriate...they're very good at that. But by the same token that makes life a little more complicated for supervisors and managers, because consumers see things and say, "Why did you do that?" It's beneficial, but it also makes things a little more difficult."

Donna Wigand, Mental Health Director in Contra Costa County recently hired a Consumer Project Coordinator as a full member of her management team. When asked what benefits she anticipated from hiring consumers for paid employment at all levels in her agency, she said, "Well, there are a couple of different goals that I have in doing that. One is to integrate consumers throughout the mental health system at every level, including upper level management, in order to
constantly remind staff about, "Why are you doing this? Who is the system for?" It's one thing to sit around the table every week and have these lofty management discussions about planning for this and planning for that. It's another thing when you have a consumer or ex-consumer who is a manager sitting around that table with everybody saying, 'Well, wait a minute, let's look at that.' ...Another benefit is that, when you have consumers at every level of paid employment in the system, it changes the system. It really does. It takes time, but it does ultimately change the system. And that's another goal that I have. It becomes more consumer driven, more service and customer oriented in the true sense of those words. It's more sensitive to individuals' experiences in having to move through a public mental health system and maneuver through those systems."

- Employees who are also consumers are models of recovery -- for both their clients and their colleagues.

The growing emphasis on recovery is a major milestone in the history of public mental health services. William Anthony of the Boston University Center for Psychiatric Rehabilitation refers to recovery as "the guiding vision of the mental health services system in the 1990s."9

Recovery is not the absence of symptoms; it is the purposeful re-direction of one's own life toward goals that hold personal meaning. It is developing an identity as a student, or an artist, or a spouse, or an advocate, rather than allowing one's life to be defined by the role of mental health client.

One of the benefits for mental health systems in hiring consumers is the possibility that the new hires will serve as role models in recovery. Clients who are discouraged about the course of their lives may be inspired by contact with a consumer who has not only survived but flourished.

Some of the mental health administrators interviewed for this report noted the potential benefits to non-consumer staff as well. Bob Wolf, Mental Health Director in Mendocino County, commented, "Every individual is different, of course. But as a group, the one thing that I see happening is that the staff who are so often demoralized, wondering if anything they're doing is benefitting anybody at any time -- you know, they see the revolving door, they see the people who become stabilized then become acute, then recycle through -- I think that basically the question of, 'What are we doing here anyway? Are we just spinning our wheels?' arises. It's a very reinforcing thing for them to see that someone who is or has been client is now a co-worker....It makes them feel good that we've helped somebody to the point where they can be out there and feel productive."

The Community Rehabilitation Coalition of San Mateo County (San Mateo B.E.S.T.) conducted a survey of mental health or rehabilitation agencies who had hired mental health consumers. When asked, "What are the benefits for your agency in hiring consumers?," one of the most frequent responses was that the employees served as "role models - for young consumers, for

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non-consumer staff, and for other consumers."

- **Employees who are also consumers may be among the most dedicated workers.**

  When consumers are hired to work in the mental health system, they may bring a very deep conviction about the importance of their work -- a dedication that may indeed be remarkable. Several local mental health directors have found consumers to be among their very best performers.

  Donna Wigand of Contra Costa County said, "The non-consumer staff here have seen the consumer case managers and have been extremely impressed. To the point where I'd say that those six people [the employees who are also consumers] are truly some of the best case managers in the entire system." When asked about the benefits gained by employing consumers, Arlin Divine of Los Angeles County said, "Lessened prejudice. It has increased many people's understanding of mental illness, and the recognition that people with mental illness can work and be participating members of the community...They're very responsible, very dedicated, very pro-active, very good advocates."

  When asked what special supports she thought were needed for employees who were also consumers, Wigand said, "We don't treat them any differently from any other employee. We've very careful not to. We don't believe they're fragile. As a matter of fact, I believe they're stronger than many of my other employees....These six individuals [whom we have hired as case managers] bring this really solid belief that you can get better. Their energy is very, very positive. They really kind of exude enthusiasm for this work and a belief that people get better, much more so than my non-consumer staff. And it's very infectious! It's great!"

  Fran Ruddick of Santa Barbara County concurred: "I've experienced consumers being the best case managers in the system."

**CONCLUSION**

While moving the human resources, civil service, and mental health systems to welcome consumers into the workforce can be a time-consuming undertaking, this chapter detailed some of the potential benefits of doing so. While each agency's experiences will vary, perhaps the comments cited here will help convince those poised to take action that it is a worthwhile task.
KEY FINDINGS OF THE BRIEF SURVEY:
WHAT'S HAPPENING IN CALIFORNIA REGARDING THE
HIRING OF CONSUMERS IN THE LOCAL
MENTAL HEALTH WORKFORCE?

The bulk of this report is based on phone interviews of selected upper-level administrators, of program supervisors, and of employees who are also consumers. The attempt was made to feature a diversity of localities with respect to size and geographic region of the state. Obviously, there are many more innovative approaches and projects under way in than could be captured in a report of this scope.

In order to gain more of an overview of what's happening around the state, CIMH conducted a brief fax survey of all local mental health authorities in November 1996. The survey was faxed to each Mental Health Director twice in an effort to raise the response rate. The following 45 localities responded to the survey, and key findings are presented below.

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Have you taken steps to increase the number of consumers in the county mental health workforce?

41 yes, 4 no, 0 no answer
Have you encouraged your contract provider agencies to hire consumers?

27 yes, 13 no, 5 no answer

Note: Many smaller counties did not answer this (or responded "no") because they do not have any contract provider agencies.

Does your county mental health agency have an Office of Consumer Affairs?

3 yes, 42 no, 0 no answer

Note: Counties answering "yes" are Contra Costa, Orange, and Solano. Sacramento said "no," although there is a consumer who is part of the management team. Fresno also said "no", although there is a Consumer Project Coordinator" in a management position. Also, at the time of the survey, Los Angeles and San Diego were in the process of developing an Office of Consumer Affairs.

If "no," would you like more information on creating one?

28 yes, 12 no, 2 no answer

Is there an identified consumer among the management team of your county mental health agency?

8 yes, 37 no, 0 no answer

Note: An affirmative response may not indicate paid positions. In some smaller counties, the "management team" includes members of the Mental Health Advisory Board/Commission.

Do you contract out for services that are entirely consumer-managed?

13 yes, 32 no, 0 no answer

Note: Average amount contracted out was $137,000 annually.

SUMMARY

This brief survey portrays the employment of consumers in California's local mental health agency workforce in late 1996. The most dramatic finding is that 91% of the responding localities are already engaged in the pro-active recruitment of consumers. In addition, a majority have
encouraged or required their contract provider agencies to do so. While only seven percent have established an Office of Consumer Affairs, 67% of the others would like more information on the subject. These figures imply that the employment of mental health consumers is a significant trend within the adult services systems of care state-wide. The remainder of this report describes some of the challenges, tactics, and suggestions for the proactive hiring of consumers in the mental health workforce.
PART II:

WHICH DECISIONS DO LOCAL MENTAL HEALTH AGENCIES NEED TO MAKE AS THEY SET OUT TO PRO-ACTIVELY HIRE CONSUMERS?
This section outlines some of the steps involved in the successful employment of consumers in the mental health workforce. The title and text refer to the "proactive" hiring of consumers in acknowledgment that all businesses, large or small, for-profit or non-profit, probably employ people with mental illnesses, whether they seek to or not. Many employees choose not to disclose that they have a mental illness in order to avoid the rejection, harassment or discrimination they anticipate. In fact, the argument could be made that the mental health field draws an above-average rate of people who have encountered serious mental health problems of their own or among family members. For these reasons, it is likely that most local mental health agencies already employ consumers. Further, unless a county is routinely violating the California Fair Housing and Employment Act, the Rehabilitation Act of 1973, and the Americans with Disabilities Act, consumers can always apply and compete for any job opening in the agency. This manual addresses the increasingly common practice of pro-actively seeking to increase the percentage of consumers in the mental health workforce through changes in policy, recruitment practices, and budget appropriations.

This part is divided into three sections: preparation of the existing mental health workforce, recruitment, and policy issues such as confidentiality and dual relationships. The organization of this section is not meant to imply that these processes should occur in sequence. In fact, most counties that undertake the proactive employment of consumers tackle all three areas simultaneously.

PREPARING THE MENTAL HEALTH WORKFORCE TO WELCOME CONSUMERS AS COLLEAGUES

A fundamental step in hiring consumers is preparing your present workforce to welcome them. In recent years, the public mental health workforce has typically been asked to adapt to a variety of changes, such as: budget reductions, reduced reliance on inpatient treatment, the movement toward client-directed services, staggered shifts to provide evening/weekend coverage, increased hiring of non-licensed staff, the empowerment of client and family advocates, and managed care in a variety of forms. This much change is bound to create some stress, particularly for workers who entered the field long ago when "patients" were treated through very long-term stays in state hospitals or outpatient psychotherapy delivered in a "50-minute-hour" format.

Some staff welcome consumers as colleagues and see it as a natural extension of the shift toward rehabilitation and client-directed services. In this view, one assumes that consumers can work and can provide effective support to each other. Multi-disciplinary teams may welcome consumers as providing an important element of diversity to the team: personal experience as a recipient of services.

Other staff may be skeptical or confused by an administrative directive that consumers will be hired to provide mental health services. They may have concerns about "boundary issues" -- that is, the seeming paradox of relating to current or former consumers as both clients and colleagues. Some may even express the opinion that this "dual role" would appear to violate the code of ethics.
they are bound to follow by their professional association or licensing board. One county mental health director related the comments of a licensed clinician who vowed he would leave the room if an employee who was also a consumer started speaking about a client in a staff meeting -- he viewed it as a breach of confidentiality, despite the fact that he and the other employee had taken the same oath of confidentiality.

Some staff may feel de-valued by the hiring of consumers, since it seems to represent a "short-cut" for these individuals to gain the jobs and associated privileges that were so hard won by trained professionals through years of formal schooling, internship, and job tenure. Of course, the latter argument can be equally applied to the hiring of any para-professional staff which has increased dramatically in most counties since the implementation of the Rehabilitation Option under MediCal.

Some arguments against the hiring of consumers may focus on concern for the employee's well-being: doubts that consumers could handle the stress of working in the mental health field, fears that interacting with clients in crisis will set off their own symptoms, or the assumption that consumers can fulfill only very minor supportive roles.

Many of the consumers, supervisors, and county mental health administrators interviewed for this manual stressed the critical importance of setting aside time for staff to express and discuss their concerns about consumers as colleagues before proactive hiring commences. The most common recommendation is to begin by creating a forum in which employees can "ventilate" their fears and worries about working alongside consumers in the safety of a staff-only meeting. If the Director has already made the decision, meetings with staff should be framed as an opportunity to explore the implications of this decision to pro-actively hire consumers, rather than a debate about its merits.

Melanie Cook, Program Coordinator for the Consumer Movement and Consumer Integration in Solano County said that, "If the staff hadn't had the opportunity to vent, there would have been an undermining of the [people in the] new positions, a stress that people couldn't put their finger on or deal with. We needed to provide a safe place for staff to deal with these issues. They needed the freedom to talk in a non-politically-correct way." Melanie, a licensed MFCC and former Case Manager in the county, was assigned full-time to the development of a consumer drop-in center and, later, the hiring and support of consumer employees. She served as the administrative liaison to internal staff meetings about the impending systems change toward hiring more consumers. While she took notes on the concerns expressed, she made it clear that no one would be reprimanded for the views expressed in these meetings. In other words, she was recording notes, but not names! She related the staff's issues to the Mental Health Director, Gale Bataille, for a response. For example, when staff stated their concern that the consumers might not be able to pull their weight on the job, Melanie's response was to "talk clearly about essential functions. We made it clear to staff that the new hires would be accountable for doing their jobs or they wouldn't be kept on. Our consumers are very progressive in saying, 'We want to be responsible. We want to perform well on the job.'"
In addition to meetings and working groups, many other methods may be used to identify, acknowledge, and work through staff concerns about consumers as colleagues. For instance, the mental health agency may undertake a written survey of staff perceptions on the advantages and obstacles to hiring and employing consumers; the results create a blue-print for administrators of issues to be addressed. Focus groups may also be used to gain an overview of staff concerns.

Inadequate preparation of staff for the arrival of consumers as colleagues was the most frequently expressed regret among those interviewed. When asked about any mistakes they had made, from which others might learn, several people mentioned this as a problem. One county administrator said, "In hindsight, we really didn't take enough time to prepare the staff. It's a major adjustment for many people, and some people aren't really very flexible....In the future, one of our recommendations will be to lay the groundwork better. That seems to be the key - both for existing staff and for the prospective employees." In separate interviews, several administrators estimated that it can take as much as a year to prepare current staff for this change.

The preparation of the mental health workforce is underway in Yolo County. With input from consumers, family members, staff, administrators, and consumer consultants from other counties, five committees have been formed. They are as follows: 1) Hiring Consumer Steering Committee, which coordinates all activities; 2) Training and Curriculum Sub-Committee - developing a training module that applicants will complete prior to hiring; 3) Hiring Sub-Committee - developing job descriptions, recruitment procedures, and outreach to consumers, as well as contacting human service agencies regarding job openings for graduates of the training program; 4) Educating the Mental Health Community Sub-Committee - produces a monthly newsletter to provide factual information, updates on the progress of the hiring process, and anti-stigma information; and 5) Ethics Sub-Committee - investigating issues such as confidentiality and dual relationships. Yolo County Mental Health has set aside three part-time Mental Health Worker I positions.

Suggested topics for staff meetings in preparation for the proactive hiring of consumers might include the following:

- why mental health administration intends to pro-actively hire consumers;
- what benefits other counties or programs have experienced from doing so;
- some of the potential obstacles or pitfalls that are anticipated and possible approaches to overcoming them (rather than giving the impression that this is all "no problem" and all events will unfold flawlessly);
- the opportunity for staff to generate a list of their issues or concerns and discuss each one with their peers and managers;
- a review of policies about confidentiality, where employees who are consumers will receive mental health services, prohibitions on social relationships outside the workplace between staff and clients, and the process through which employees with disabilities request reasonable
accommodations;

- plans for recruitment, selection, and work assignments for the new hires;
- what mechanisms will be in place to resolve any problems or conflicts that arise for employees who are also consumers or for their colleagues; and
- enlisting the help of the existing staff in hiring and supporting employees who are also consumers.

Donna Wigand, Mental Health Director in Contra Costa County, noted that administrators play a significant role in setting the tone of such meetings. In discussing the successful hiring of consumers in one of the three regions of her county, she remarked, "I believe it was because of the way the tone was set from the top-down from the management and the supervisors of that region. It was like, 'OK, this is a neat thing. This is really healthy. This is something to get excited about.' So people pretty much did. I think it has everything to do with the way change is implemented, you know, and this is just one kind of change."

Another element in setting a positive tone is by hiring qualified consumers to work not only in direct service roles, but also in administrative positions. Wigand felt this was an extremely important step in demonstrating the commitment of upper management to the hiring of consumers. When asked what advice she would have for other counties regarding the preparation of the workforce to welcome consumers as colleagues she said, "I think it's just something you do. You do it, you set the example [by hiring consumers into upper management], you do it in all kinds of ways. Ultimately, people adapt to it. You can talk about it 'till the cows come home, but I think people just need to work side by side over a period of time and experience each other."

Dan Souza described agency policy in Stanislaus County which requires that clients be part of every planning, policy-making, and quality improvement committee or workgroup, even those that involve reviewing charts -- after they sign an oath of confidentiality, just like everyone else involved. The only committees they are excluded from are those involving potential litigation or the review of adverse incidents. And consumers are always present in pairs, not alone, in order to avoid isolating them and to bolster their effectiveness. When asked what actions his county was taking to prepare staff for the hiring of consumers as employment specialists on each of its newly-organized regional support teams, Souza said, "Having consumers on each planning committee is preparing staff for having consumers on staff. In the groups I've been involved with, the consumers are articulate and outspoken. This provides a different view than many staff have as a stereotype of consumers. It causes them to change their minds, be more open. That in itself is a change process."

When asked if there was any critical piece of advice that she wished she'd had earlier on about hiring consumers, Fran Ruddick of Santa Barbara County said, "Go slowly and plan, just plan, be thoughtful about it. Don't assume it's going to work because you want it to."
ACTION ITEMS:

✓ inform existing staff of your intentions and time line for pro-actively hiring consumers as colleagues

✓ acknowledge that there are probably already consumers and family members on staff, including some who have not chosen to self-identify

✓ create forums for existing staff to ventilate - that is, to frankly express their concerns about working with consumer as colleagues without fear of reprisal

✓ follow up and respond to specific concerns in a collaborative, problem-solving approach, without wavering from your commitment to pro-actively hire consumers

✓ communicate the benefits that are anticipated from increasing the percentage of consumers in the mental health workforce

✓ involve two or more consumers in all departmental planning, policy-making, and quality improvement committees

RECRUITING CONSUMERS TO FILL MENTAL HEALTH JOB OPENINGS

This section covers the steps that county mental health agencies typically engage in to pro-actively recruit consumers for job openings. Keep in mind that this is only one of many ways that local mental health directors can increase the involvement of consumers in the system of care. For example, agencies can also encourage or require their contract providers to employ consumers. They may also choose to involve consumers in internal meetings, such as policy-making or quality management committees. Part V of this report provides many examples of such actions. However, the most immediate and convincing way for local mental health agencies to advance the direct involvement of consumers in service delivery is to employ them. To borrow a colloquial saying, when local mental health agencies hire consumers, they’ve "put their money where their mouth is."

If there was one consistent theme in the interviews of Mental Health Directors and other top administrators about recruitment it was, "Get to know your County Personnel Director very well!" and educate him/her early on about the reasons why you wish to hire people known to have psychiatric disabilities. Without this underlying values base, some counties have found the inflexibility of personnel policies and the warnings of risk management or county counsel about the inadvisability of hiring consumers to be significant obstacles. On the other hand, if the Personnel Director is an ally in this endeavor, the whole process can be accelerated. Just as the mental health workforce needs time to prepare for consumers as colleagues, it might be advisable to meet with County Personnel, Risk Management, and County Counsel early on and explain why you wish to
pro-actively recruit consumers and how other counties have done it. While some attorneys and risk management specialists will cite the Americans with Disabilities Act of 1990 (ADA) as a reason to avoid hiring people known to have disabilities, the ADA provides a compelling legal reason not to discriminate against consumers in hiring. (For more ADA information, see the discussion, "Will the interview questions generate information about the personal experience of being a consumer?" later in this section.)

Some counties have benefited from examining the special hiring procedures already in place for pro-actively recruiting bilingual and/or bicultural workers. This is a useful model because it involves hiring job candidates who meet the minimum qualifications of an existing direct service position while also giving preference to those who have an additional, desired set of skills. Just as bilingual or bicultural job candidates can be given more points in an applicant rating scheme, it may be possible to give extra points to applicants with personal experience as a consumer of public mental health services. The advantage of this approach is that it places qualified consumer applicants at the front of the line for job openings without creating a separate job classification.

Local mental health agencies may be covered by city or county-wide affirmative action programs created for people with physical disabilities and now available to people with psychiatric disabilities. The San Francisco has been able to use its "Rule 15" to secure a "waiver" whereby they can hire individuals certified as disabled by the State Department of Rehabilitation for civil service positions outside of the regular eligibility lists.

ACTION ITEMS:

✔ meet with County/City Counsel, Personnel, and Risk Management as soon as possible and explain the rationale for and anticipated benefits from pro-actively hiring people known to have psychiatric disabilities

✔ examine previous experience with preferences in hiring (e.g. for cultural and/or linguistic proficiency) and consider modeling the pro-active recruitment of consumers on that process

✔ look into the availability of affirmative action initiatives that have been created to benefit people with physical disabilities

• Which mental health administrator will be assigned to manage the pro-active recruitment of consumers?

Local mental health agencies which have pro-actively hired consumers readily admit that it can be a time-consuming task. One mental health director advised, "First, acknowledge that this isn't going to happen overnight. It takes time, years even." The process also requires someone to actively pursue and monitor its progress. Many mental health directors have found it necessary to assign a full-time clinician or manager to the task.
Several consumers stated that the visible commitment to the process by the leader of the mental health system is a key ingredient in its success. It is generally advised to assign an experienced manager with easy access to the mental health director to work closely with the local consumer advocacy group to develop the positions and shape the recruitment process.

As one consumer leader put it, "Administration has to decide whether or not they're going to do it. If they say they want it, but they're too afraid of the resistance, it's not going to happen. If you're not ready to take the flack, don't do it." When asked how mental health directors can make their support palpable, she advised, "We were given a liaison who reported right to the director and carried the information back and did trouble-shooting to pave the way. She was highly dedicated to it.... It needs to be someone who's worked in the county for a long time, who knows the county politics up and down. It can't be a new recruit.... It may be a consumer, or a non-consumer who really cares, and is invested in consumers working in the system."

ACTION ITEM

✓ assign the responsibility of developing and managing the process for pro-actively hiring consumers to an internal leader

• Which job titles will be used by the employees who are also consumers?

A key decision in pro-active recruitment is whether the job title will identify the new employees as consumers. There are trade-offs in each approach. Utilizing titles such as "peer counselor" makes it immediately apparent to service recipients that they're being served by a staff member who is also a consumer. This reinforces many of the benefits of hiring consumers, such as their potential to instill hope in the clients they serve and to act as a role model in recovery. Job titles that identify staff as consumers also continually remind other staff, managers, board/commission members, and community members that the agency values the abilities of consumers to help each other. Some interviewees felt it was nonsensical to pro-actively hire consumers, but then use a generic job title that failed to acknowledge their unique capacities. Other consumers reported that they consistently disclosed their status to their clients, so it didn't really matter how their positions were labeled.

However, "peer counselor" and other, similar job titles take away the employee's freedom to choose to disclose that they are a consumer, or to do so at the optimal time in a particular working relationship. Further, depending on the rate of pay, such positions may also be viewed as inferior in status to those held by non-consumer staff. This may lead to further accentuation of the distinctions between non-consumer staff (considered "superior") and consumer staff (considered "inferior").

Fran Ruddick related the story of her attempt to create special job categories for consumers at her former position in Merced County. "There were already consumers on staff and they were really angry. They said, 'Why do you have to create a special job classification to hire consumers?' They had already been functioning in para-professional level positions without a special
classification. It was a real lesson for me.... I don't like creating special job classifications for consumers that didn't previously exist. I call them ghetto jobs. They don't put you on a career path. I think it's very difficult to get beyond the stigmatization issue with that kind of classification."

Establishing a new civil service job classification is an arduous process that may require several years of effort. Also, hiring consumers into a specially created classification can give the impression that they were not capable enough to qualify under existing standards.

Minimum qualifications of education and experience are primary considerations in targeting a particular civil service job classification for pro-active recruitment. Because the typical age of onset for the major mental illnesses (such as schizophrenia and bipolar disorder) is late adolescence or early adulthood, the formal education of mental health consumers is often interrupted. In a focused recruitment, local mental health agencies usually want the flexibility to hire people who have not acquired a Bachelor's degree, but can still make a significant contribution based on their personal experience as recipients of public mental health services and other qualifications.

San Diego County successfully created a new civil-service job classification, Community Living Aide, although it took 2 ½ years to do so. The minimum education/experience requirement can be met by "six months experience in successfully relating to mental health consumers."

Many counties have chosen to use an existing entry-level job classifications, such as Community Worker in Los Angeles County or Community Services Assistant in Riverside County. Individuals holding those positions may or may not be mental health consumers.

In order to facilitate the hiring of consumers into entry-level positions, it may be necessary to modify the types of experience that meet minimum qualifications. The position description may be modified so that, for example, years of experience as a consumer or volunteer work as a mental health advocate may be substituted for paid work experience. For specific examples of county recruitment practices that have incorporated these strategies, refer to the position descriptions and interview questions for San Diego, Riverside, and Solano Counties in Appendices B, C, and D.

ACTION ITEMS:

✔ consider the trade-offs in utilizing job titles that do/do not identify the employees as consumers

✔ review existing entry-level job classifications for minimum education and work experience

✔ consider modifying the position description of an existing job classification to enable experience as a consumer or as a mental health advocate to substitute for paid work experience
• What, exactly, will the job duties be? How will the employee's performance be evaluated? How will the new employee's job duties mesh with existing positions?

One of the most common mistakes made by local mental health agencies is hiring consumers simply to hire consumers, without thinking through exactly what their role will be, how their performance will be assessed, or how their position will relate to existing staff.

Several counties have hired consumers and assigned them, as their first task, to figure out their own job duties. Although an extraordinary employee may be capable of creating order out of such chaos, in general, this is a recipe for disaster. Without a clear job description, the employer has no way to judge the suitability of applicants. While going through all of the normal adjustments to working and adapting to a new job, the employee is likely to feel adrift. There's no way to know if he/she is performing adequately because there are no clear outcomes or expectations. Other staff who were skeptical about the capacity of consumers to do mental health work may find their doubts validated when the person flounders, which anyone would do without clear job duties. As one consumer interviewee put it, "A consumer shouldn't be hired just because they're a consumer - in any way, shape or form. That would just increase tokenism, period. The consumer needs to be valued for what they can give to the organization. If they don't have the skills to begin with and you just hire a consumer to hire a consumer, you're not doing anybody any good."

Pat Murray, Managed Care Administrator in Fresno County, has found that rigorous hiring procedures can help allay the fears of others within the bureaucracy who may be skeptical about consumers' ability to do the job. "We have probationary periods, and I'm not afraid to fire people if they don't work out. I'm also not afraid to do a lot of interviewing and screening and really look for the right person to start with." This kind of thorough recruitment is not possible without a clear position description.

ACTION ITEMS:

✓ establish a position description prior to recruitment, as with any other job opening
✓ establish a clear list of job duties and criteria for advancement from probation to permanent status
✓ don't hire someone simply because they're a consumer

• Will the consumers be employees of the county/city or a contract agency?

Most of this report is devoted to a discussion of the proactive hiring of consumers into county/city employment. Readers should keep in mind that this is not the only way to expand mental health job opportunities for consumers. Many mental health authorities have found it advantageous to allocate the funds for new positions to a community-based organization, which typically has much greater flexibility in creating new job classifications, setting wage rates, and arranging part-time
schedules. In the current anti-government political climate, some mental health authorities are simply unable to create new city/county positions for any purpose. The time frame for contracting out and recruiting consumers into community-based agencies may be much shorter overall. Unfortunately for consumers, the positions in contract provider agencies may be lower paid and have fewer benefits. But the agency’s greater flexibility can be invaluable in the development of reasonable accommodations and other supports on the job.

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**Some benefits of creating positions within county/city government**

- fully integrated into local mental health authority
- greater job security (if civil service)
- possibly higher pay
- possibly more valuable benefits (e.g. may have fewer conditions on pre-existing conditions, better mental health benefits, or lower co-pays in private health insurance benefits because county/city government employees are a larger insured group)

**Some benefits of creating positions through contract agencies**

- shorter time frame to create positions and complete recruitment
- may be the only available route to create new positions in the system of care
- more flexibility in job titles, part-time schedules, job accommodations, and other supports
- may be have more experience in hiring and employing para-professional staff

Yet another variation takes advantage of a contract agency’s flexibility while also meeting the immediate needs of the local mental health authority. Jim Broderick, Mental Health Director in Shasta County, reported establishing a part-time Consumer Services Specialist position through a local non-profit agency in order to "get around some of the barriers in the county structure. We would have had to create a new job classification, but we don’t totally know what we want yet. Once you get a county classification, you’re stuck in all of the requirements of county employment, retention, discipline. This way, the contract agency can deal with those issues, and we can really deal with what we need from the employee." The Consumer Services Specialist began at ten hours per week, but quickly increased to twenty hours per week. Further refinements in the position description are possible with significantly less effort than it would take to redefine a civil service job. The Consumer Services Specialist is part of the county’s management team. (See Appendix M for a copy of the job description used by Shasta County.)

San Mateo contracts with a community-based agency (Vocational Rehabilitation Services or "VRS") for eleven positions within county mental health, including peer counselors, clerical/administrative support, and a BEST Technician. VRS processes the payroll for these positions and also receives additional funds from the county to recruit consumer applicants and to provide job coaching and ongoing career planning for those hired. VRS also handles a six-month,
county-funded internship program for graduates of a peer counseling training class (a supported education program) who may wish to work in a variety of human service settings.

ACTION ITEM:

- consider funding positions through a contract provider agency to be placed at the county/city mental health agency

- Will the positions be part-time or full-time?

There are pro's and con's of offering full-time or part-time positions to consumers. Most existing positions in county mental health agencies are full-time, and consumers can already apply to any for which they are qualified. So most agencies, when they set out to create new positions that are particularly accessible to consumers, consider making some of them part-time. Below are some examples of the benefits of various approaches:

### Some benefits of full-time positions

- greater involvement with the day-to-day workings of the agency -- the employee who is a consumer is more fully integrated into the department
- greater availability to the clients whom the employee serves
- full private health benefits
- more likely to be financially advantageous to the consumer who may lose SSI, SSDI, MediCal and/or Medicare upon starting work because they're earning a full-time wage plus full benefits (part-time positions sometimes pay just enough to cause a discontinuation in entitlements or a significant share of cost without providing sufficient employee benefits or income to compensate for the difference)
- full-time schedules are more common, so the employee does not stand out as “different” from other staff

### Some benefits of part-time positions

- greater flexibility in schedule to accommodate the employee's medical appointments or other commitments (such as taking college classes to obtain a GED or pursue a Bachelor's or graduate degree)
- many mental health consumers do not choose to work full-time and will not apply for full-time positions
- this may be especially true for mental health consumers with concurrent physical health problems
some consumers who have not worked full-time in recent years will only apply for part-time positions, then perhaps attempt to gradually increase their work hours to full-time

- due to the above considerations, the applicant pool will be larger for part-time positions than full-time positions
- part-time paid work enables the employee who is also a consumer to continue active involvement in independent consumer advocacy organizations in the community

Jay Mahler -- currently Coordinator of the Office of Consumer Empowerment for Contra Costa County and a long-time advocate for the employment of consumers as service providers -- felt that counties should be flexible enough to hire consumers on a part-time basis, if necessary. Requiring everyone to work full-time can limit the number of people willing to take the job. "Depending on the person," he said, "that may not be realistic."

ACTION ITEM:

- weigh the considerations in offering part-time positions, full-time positions, or a mix of both

- **Will county/city government positions be civil service, extra help, or contracted?**

Another consideration in pro-actively hiring consumers is whether the positions will be civil service, extra help, or contracted.

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**Some benefits of civil service positions**

- viable long-term arrangement, whereas extra help is usually time-limited
- full benefits, including health insurance, paid medical leave, paid vacation leave, disability insurance, etc.
- health benefits provided as part of a large insured group (which may have lower co-pays, better mental health benefits, or fewer pre-existing condition clauses)
- job security
- possibly representation by a collective bargaining agreement
- more like other employees

**Some benefits of extra help positions**

- very short time frame for implementation
- flexibility to establish or switch between part-time and full-time work
more accommodating of episodic absences from work (employee is only paid for hours worked)
less imposing than civil service, less commitment required

Some benefits of contracting

- viable long-term arrangement, unlike extra help
- short time frame for implementation
- flexibility to create or switch between part-time and full-time work
- more accommodating of episodic absences from work (employee is only paid for hours worked)
- flexibility in job title, hourly rate of pay, work schedule, changes in duties, etc.

Some further discussion of the civil service hiring process is warranted. Although the details vary across localities, most civil service systems have rigid hiring procedures which were originally created to avoid nepotism and other forms of favoritism in public employment. While such procedures may be quite effective in achieving that objective, they can also serve as impediments to innovative plans such as the pro-active hiring of consumers. Some of the potential barriers include:

- criteria for screening in/out job applications that eliminates applicants with brief employment histories
- minimum qualifications for certain work experience, education, or licensure
- mandatory written and/or oral examinations
- rigid selection procedures that prohibit hiring supervisors from considering applicants who are not among the top finishers in such examinations (usually the ten highest ranking applicants)
- mandatory pre-employment medical examinations
- a lengthy, labor-intensive process for establishing a new job classification, including researching the pay, duties and other factors of similar positions in other counties and an extensive justification for the new classification

California's local mental health authorities have found many creative ways to work within the civil service system. For example:

- adding wording to a job announcement or job application emphasizing that paid or volunteer work can help the applicant meet the minimum qualifications
• inviting mental health consumers to send their applications to the mental health agency for pre-screening and supportive feedback prior to submission to the central personnel office

• inviting interested applicants to public meetings at which personnel staff describe the steps in the application process, common errors that lead to rejection of applications, and general guidelines for successful applications

• modifying existing job classifications to allow years of experience as a consumer, family member, or advocate to help the applicant meet the minimum qualifications

• re-allocating funds from higher paid licensed positions to multiple full-time or part-time positions requiring only a high school diploma/GED or bachelor's degree

• submitting updated questions for the standard written or oral examinations that measure the extent to which applicants understand the clients' experience of the mental health system, client advocacy, consumer empowerment, or other job-related skill areas

• preparing consumer applicants, in general, for optimal test-taking (e.g. avoiding common mistakes such as mis-aligned question and answer sheets, spending too much time on the most difficult questions, arriving at the last minute which increases test anxiety, etc.)

• negotiating an alternate testing method as an accommodation during the hiring process for an applicant with a disability

• alerting the examining physician that the mental health agency seeks to hire people with psychiatric disabilities

• modifying an existing job classification rather than creating a new one

• delving into the process of creating a new job classification so that civil service positions will be available in future years, while pursuing additional short-term strategies (such as hiring consumers through contract agencies)

ACTION ITEMS:

✔ determine whether the county/city government positions will be civil service, extra help, or contracted positions

✔ if issuing civil service job classifications, consider expanding the number of ways by which applicants can meet the minimum qualifications, revising test questions, preparing the physician who performs medical screening, and embarking on the development of new civil service classifications
• How will you make consumers learn of the job openings and application deadline?

The routine posting of county job openings in government buildings and local newspapers is probably insufficient to generate a large number of consumer applicants. If consumers have been actively involved in the process, news that the county has job openings will probably spread quickly among consumer advocates. However, the county may want to make a special effort to inform consumers who are not regularly involved in advocacy organizations or departmental committees.

In addition to the formal job announcement distributed by the County Personnel Department, the mental health agency may wish to prepare an eye-catching flyer for broad distribution in drop-in centers, clubhouses, residential programs, homeless shelters, 12-step groups, job clubs, clinics, state Department of Rehabilitation offices, and other places frequented by mental health consumers. Notices may also be published in newsletters distributed by the mental health agency, the local consumer network, and/or local chapter of the Alliance for the Mentally Ill (AMI).

In addition to distributing written materials about the job openings, it may be useful to plan informational meetings for potential applicants in each region of the county. Such meetings can serve a number of purposes, such as: 1) stimulating interest in the job openings; 2) describing the application process, selection criteria, and job duties; 3) providing examples of how wages may impact eligibility for SSI, SSDI, MediCal, Medicare, food stamps, Section 8 housing certificates, etc., in order to help clients assess whether or not they would benefit financially from taking the job; 4) providing assistance with the application process; and 5) responding to questions from potential applicants in a face-to-face dialogue.

Pursuing a number of these strategies at once can generate significant interest in the openings. When four part-time Mental Health Assistant positions were funded in Santa Barbara County, the Department of Mental Health mailed a copy of the job announcement to each person in its client database, including a notice about informational meetings to occur in each of three regions of the county. The announcement included a "special note" that "people with a history of serious and persistent mental illness and who have been served by a public mental health system are encouraged to apply." A total of 130 people applied for the positions, most of whom identified themselves as consumers.

ACTION ITEMS:

✔️ in addition to the standard county job posting, prepare a catchy flyer to announce the openings and application deadline

✔️ distribute the flyer through the independent consumer advocacy organization in your community

✔️ spread the word though the local consumer network or Alliance for the Mentally Ill (AMI) group
enlist the support of Care Coordinators and Vocational Rehabilitation Counselors to share the flyers with their clients

post copies of the flyers in clinic waiting rooms, clubhouses, consumer drop-in centers, residential programs, etc.

stage informational meetings in each region of the county for potential applicants

offer "benefits coaching" to potential applicants who need more information about how wages would impact their entitlements

mail a copy of the job announcement to all adult services clients

• Will consumers and/or family members serve on the interview panel?

The composition of the interview panel -- an important hurdle in securing a civil service position -- can affect the likelihood that consumers will be hired. Some agencies have chosen to include consumers and family members on the interview panel for every clinical job opening, not just those for which consumers are being pro-actively recruited. This is a powerful way to send a message to all staff and applicants that the opinions of consumers and family members count.

This is a particularly good idea when large numbers of consumers are applying for the job. It may help put the applicants at ease. It also indicates to applicants, from the very earliest contact with the department, that consumers are an active part of decision-making.

Consumers and family members may be particularly adept at discerning a potential staff member's willingness to work collaboratively with clients and the important people in their lives. Ask them to suggest potential interview questions that will reveal the applicant's understanding of client-directed services and receptivity to pro-active family involvement.

When including consumers and family members on interview panels, take the time to adequately orient them to the task. For example, call a meeting prior to the first interview and review the position announcement, minimum qualifications, and any guidelines on which additional questions may be asked. If they do not have personal experience in hiring, they may not know that certain questions are illegal during a job interview, such as asking a person's age or marital status. In exchange -- as in any assignment in which consumers or family members are assisting the department in carrying out its duties -- consider furnishing a stipend or honoraria to compensate them for their time and travel expenses.

ACTION ITEMS:

- involve consumers and family members on interview panels
gather their input on desirable interview questions
prepare them adequately for the responsibility of interviewing

- **Will the interview questions generate information about the personal experience of being a mental health consumer?**

  When local mental health agencies attempt to pro-actively hire consumers, they may encounter barriers associated with the Americans with Disabilities Act (ADA), the federal civil rights law intended to *promote* the employment of people with disabilities. In drafting the ADA, legislators relied on court precedents concluding that virtually any question asked in the pre-employment phase will most likely be used to determine which applicant is hired. For example, when companies used job applications that elicited a comprehensive list of physical or mental ailments the applicant had experienced, that information was typically used to *screen out* people with disabilities.

  In order to equalize the competition for jobs, the ADA prohibits employers from asking applicants, before an offer is made, if they have a disability. Clearly, the ADA’s intent is to prevent discrimination against people with disabilities. The law and its accompanying regulations simply do not address the situation in which the employer’s knowledge that an applicant has a disability is used to give him or her *preference* in hiring.\(^\text{10}\) The only exception is a rather narrow statement that employers may invite voluntary self-identification of individuals with disabilities in order to fulfill their affirmative action obligations under Section 503 of the Rehabilitation Act of 1973.\(^\text{11}\)

  The U.S. Equal Employment Opportunity Commission (EEOC), the agency responsible for regulating and enforcing the ADA’s employment provisions, published additional guidance on pre-employment disability-related inquiries in 1995. This document indicates that employers:

  "*may invite applicants to voluntarily self-identify for purposes of the employer’s affirmative action program if...the employer is voluntarily using the information to*

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\(^{10}\) The relevant part of the ADA statute is Section 103(c)(2) & (3), found at 42 United States Code 12112. The regulations are found at 29 Code of Federal Regulations Part 1630.13. They state that the employer "**shall not conduct a medical examination or make inquiries of a job applicant as to whether such applicant is an individual with a disability or as to the nature of severity of such a disability.**" The only exception is after the top candidate has been selected and extended a "conditional offer of employment," subject to the results of a "pre-employment medical examination." The scope of such an examination is not limited, but the applicant may only be denied employment on the basis of a requirement that is "job-related and consistent with business necessity."

\(^{11}\) See Appendix to 29 Code of Federal Regulations - Section 1603.14(a) - Pre-Employment Inquiry.
benefit individuals with disabilities. However, the employer must also "state clearly on any written questionnaire, or state clearly orally (if no written questionnaire is used), that the information requested is used solely in connection with its affirmative action obligations or efforts; and state clearly that the information is being requested on a voluntary basis, that it will be kept confidential in accordance with the ADA, that the refusal to provide it will not subject the applicant to any adverse treatment, and that it will be used only in accordance with the ADA. In order to ensure that the self-identification information is kept confidential, the information must be on a form that is kept separate from the application."^{12}

In short, this commentary by the E.E.O.C. creates an opening for local mental health authorities to invite applicants to identify themselves as mental health consumers if the information will be used to promote the hiring of people with disabilities as part of a voluntary affirmative action program. However, it does not allow an employer to require all applicants to reveal whether they have a psychiatric disability. As with all disability-related information, such disclosure must be kept confidential and all written notes must be stored securely (e.g. in a locked file cabinet, and separate from the general personnel record).^{13} Readers should keep in mind, however, that courts may differ with EEOC enforcement guidance, which does not carry the force of law. To the author's knowledge, no court has ruled on whether the ADA prohibits employers from asking applicants if they have mental illness in order to promote the hiring of mental health consumers.

As with other legal matters, local mental health directors have turned to their agency's attorneys for advice. However, the resulting recommendations have varied from area to area. Some have been told that they may not give preference to consumers because this could be perceived as discriminating against non-disabled applicants. Others have determined that if the job entails providing peer support to other consumers, then being a consumer is a legitimate occupational qualification. Some mental health agencies have proceeded without legal advice.

Given this web of uncertainties, as well as the distinct characteristics of each agency's hiring process, local mental health authorities have found unique ways to work within the local hiring practices so as to pro-actively recruit consumers. A list of the approaches used by several counties appears in the table on the next few pages.^{14}

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^{12} "ADA Enforcement Guidance: Pre-employment Disability-Related Questions and Medical Examinations," pages 12-13. This document is available from the EEOC Publications Center, 800-669-3362 (voice) and 800-800-3302 (TDD).

^{13} For further information on the ADA's confidentiality requirements, see pages 21 to 23 of the ADA Enforcement Guidance referenced above.

^{14} Caution: The presentation of a hiring practice in this report does not imply that it is free of liability! In other words, just because another county or city has done it, doesn't mean that it's legal. Seek legal advice before beginning a recruitment.
ACTION ITEMS:

- review hiring practices for disability-related inquiries, including position announcement, job application forms, interview protocols, and reference check procedures
- ensure that any questions about the applicant's disability are voluntary
- protect the confidentiality of disability-related information
- seek legal counsel to ensure that hiring practices do not violate the Americans with Disabilities Act

EXAMPLES OF PRO-ACTIVE RECRUITMENT STRATEGIES USED BY SOME CALIFORNIA COUNTIES

CONTRA COSTA COUNTY: four civil service Community Support Worker positions initially (although about a dozen individuals have been employed in total), plus Coordinator of the Office of Consumer Empowerment position created in 1996 to be part of the County Mental Health management team

- began by convening a steering committee comprised of consumers, family members, staff, administrators, and contract agency providers to plan how to pro-actively hire mental health consumers

- this group evolved into committees with responsibility for outreach, curriculum development, funding, and job development

- received technical assistance (from University of San Francisco) to help identify potential concerns and benefits among providers about hiring consumers and to develop plans for hiring consumers into positions at the major contract agencies

- utilized an existing, entry-level civil service job classification

- funded the development of the O.F.F.I.C.E. training program (Office For Family Involvement and Client Empowerment) through Mental Health Consumer Concerns of Contra Costa County - OFFICE is a six to twelve week curriculum with consumer, family member and clinician instructors offered through a local community college to consumers who might want to work in the mental health field

- limited admission to the OFFICE program to current or former clients of the mental health system (see the criteria in the current OFFICE application form in Appendix E) - e.g. the application asks:
- What is the nature of your experience as a current or past client of the mental health system?
- During the past 10 years, had you attended or participated in any of the following? Give dates when attended:
  - Day Programs
  - Self-help Groups
  - Trainings
  - Other treatment programs

- required applicants for the job openings to be graduates of the OFFICE training program
- as part of OFFICE, potential employees developed "crisis plans" specifying how and by whom they would like to be supported if they go into crisis (see Appendix F for the crisis plan worksheets)

LOS ANGELES COUNTY: seven civil service Community Worker positions (part-time and full-time) and an Office of Consumer Affairs under development

- designed and delivered a semester-long course open to anyone (but tailored to consumers) who might want to be employed by the county as a Community Worker - 20 people completed the course - seven were hired by the L.A. Department of Mental Health, six were hired by non-profit mental health agencies, and several others became volunteers
- the county utilized the existing, entry-level civil service job classification of "Community Worker" which did not require education beyond high school
- allowed employee to determine if he/she wished to work part- or full-time; however, benefits are only available to employees who work 30 hours per week or more
- arranged for Personnel to consider volunteer work as valid work experience
- publicized the availability of the job openings through the consumer advocacy network
- asked interested parties to submit their applications to the Community Support Division of the Department of Mental Health, where they were screened for meeting the minimum qualifications - applicants not meeting the minimum qualifications were contacted to find out if they had any volunteer or other additional experience that was not noted
- created Advocates for Employment, a support and problem-solving group for professionals interested in consumer employment and the Consumer Employment Support Group for consumer employees - the two groups sometimes meet jointly
• in early 1997, created an Office of Consumer Affairs with two positions (Director and Assistant Director)

• in addition, a number of consumers serve on internal departmental committees

MENDOCINO COUNTY

• planning to recruit for 4 entry-level, civil service, direct service positions in the next fiscal year

• previously pro-actively recruited consumers for a Driver Aide position by posting the job announcement selectively and relying on the standard Mental Health Commission definition of “consumer”

SACRAMENTO COUNTY - 101 consumers in paid positions throughout the adult system of care, including a Consumer Advocate/Liaison serving on the county's executive management team

• in 1987-88, created a consumer-operated drop-in program - the Consumer Self-Help Center now operates two regional drop-in centers as well as the county's Office of Patients' Rights

• in 1990, the County received a Community Support Program demonstration grant from the National Institute for Mental Health - under the grant:  
  - eight consumers were hired to work in the county case management service program  
  - three courses were offered at the local community college during the summer/fall semester of 1990 to provide training to mental health consumers who were interested in employment in the mental health system - 23 consumers graduated from the program  
  - of these, approximately 20 were placed in paid or volunteer positions working in the mental health system, including eight people in paid positions within the case management program

• in 1992, the county established a planning committee (comprised of consumers, family members, and mental health providers) to develop a plan for restructuring adult services - the plan specified that mental health consumers should be pro-actively hired by all agencies in the adult system of care

• Sacramento Network of Mental Health Clients successfully advocated for the creation of a county-wide Consumer Advocate/Liaison, which began in mid-1995 - the position is now placed at the Mental Health Association of Sacramento County and the Consumer Advocate/Liaison serves on the Executive Management Team of the Sacramento County Division of Mental Health - the position was originally half-time and is now full-time

• the county utilized an existing job classification to pro-actively employ two consumers in entry-level, civil service positions
• there are currently 101 consumers employed within county mental health, the Regional Support Teams, self-help centers, and the Transitional Living and Community Services agency (which provides housing support services), as follows:

- 4 paid positions at El Hogar
  - one in administration, 2 Program Support Specialists, and one other
  - plus an additional 5 consumers in volunteer positions
- 16 paid positions at Human Resources Consultants, Inc.
  - two in management, eight Service Coordinators, 1 service provider, 5 clerical/data entry positions
  - plus an additional 10 consumers in volunteer positions
- 57 paid positions at Turning Point
  - in administration: 1 management position, 1 clerical/support
  - in the Turning Point ISA (Integrated Services Agency): two in management, six paraprofessionals, and 35 paid interns in career exploration programs
  - in the crisis residential program: two in management, one professional, seven paraprofessional, and one in clerical support
  - in the regional support team: 1 clerical support position
- 3 paid positions at Visions
- 10 paid positions at the Consumer Self-Help Centers
  - one in administration
  - two in the north county center and two in the south county center
  - four in Patients' Rights
  - one in Outreach
  - note: the agency employs 11 people, ten of whom are consumers
  - plus an additional 16 consumers are paid a monthly stipend as part of an internship program
- 8 paid positions at Transitional Living and Community Services
  - seven service providers
  - one maintenance position
- 3 positions in county mental health - two direct service positions and one Consumer Advocate/Liaison, which is contracted through the Mental Health Association of Sacramento County

SANTA BARBARA COUNTY - five part-time, civil service Mental Health Assistant positions

• in 1992, hired a consumer leader as the Self-Help and Advocacy Coordinator (the first position of its kind in the state) who started self-help groups in each region of the county

• sent Coordinator and non-staff consumers to Alternatives '94 (a nation-wide, consumer-run conference)
developed a "Task Force on Consumer Hires" comprised of consumers, county staff and managers to make recommendations to the county mental health director on the job development, recruitment, policy changes, orientation and support of employees who are also consumers

• hired consumer leaders from other counties (Contra Costa and Solano) to assist with the development of the local independent consumer advocacy organization and consult to the task force

• utilized an existing, entry-level civil service job classification

• budgeted for half-time positions with pro-rated benefits

• indicated on the job announcement that "people with a history of serious and persistent mental illness and who have been served by a public mental health system are encouraged to apply" (in order to clarify that they were not looking for individuals who had minor mental health difficulties)

• mailed the job announcement to every client with an active case in the MIS system

• held community meetings to present information, respond to questions about the openings, and describe how the wages would affect a client on SSI and/or SSDI

• updated the required written civil service examination

• asked interview questions that would elicit familiarity with the experience of mental health consumers

• gave "points" to applicants who met all other criteria and demonstrated extraordinary empathy by virtue of having been consumers of public mental health services

SOLANO COUNTY - three full-time civil service Mental Health Counselor positions and one Consumer Affairs Liaison

• county mental health director re-assigned a licensed clinician to be the "Consumer Integration Coordinator" - first task was to facilitate the process of contracting with the local mental health consumer organization (Helping Hands) to run a consumer self-help center - clinician first served as director of the program, then worked herself out of a job

• next assignment was development of paid positions in county mental health

• established the CoPro Committee (CoPro stands for Consumer-Provider), which split off into "Paving the Way" sub-committee and Training sub-committee - each committee/sub-committee
included at least two consumers, one family member, one direct service staff member, one supervisor, and one administrator

• developed (through the OFFICE program of Mental Health Consumer Concerns) an eight-week training course at the community college for consumers to educate them about self-help, advocacy, and the consumer movement, and also to help them assess whether they wanted to work in the mental health field - 20 consumers completed the course

• secured an amendment to the duties and minimum qualifications for the existing entry-and journey-level Mental Health Counselor position through the county Department of Human Resources (see Appendix D)

• added the following to the list of "typical duties": 1) providing peer counseling and self-help services to Mental Health consumers as appropriate; assisting clients through the counseling process to develop self-advocacy, communication and empowerment skills; providing information and education to consumers on self-help services and activities.

• expanded the qualification standard of six months (entry) or one year (journey) of mental health counseling experience by adding "Experience as a Mental Health consumers is required."

• created a Supplemental Questionnaire to accompany the application form that inquired about the applicant's experience as a mental health consumer

• developed interview questions that addressed the applicant's potential change in role from consumer to provider

• Consumer Integration Coordinator continues to attend weekly support group meetings of the consumers who have been hired

STANISLAUS COUNTY - Peer Recovery Stipend Program (see Appendix G for program announcement, Board letter, and county contract with interns)

• has augmented its dual diagnosis services with extensive use of Peer Recovery Counselors - they provide peer support based on a 12-step model, including the promotion of recovery from mental illness and/or substance use disorders, as well as adjustment to community life following hospitalization

• the Peer Recovery Counselors are consumers who sign a formal agreement to volunteer for six months in exchange for a stipend of $65/month and up to $35/month of expense reimbursement, structured training, and weekly supervision

• the program was originally proposed by the local Peer Advocacy Network, which is closely involved in recruiting and screening applicants
• the county had eight of the positions at the time of the interview and was seeking funds to expand the program to 28, including two Peer Recovery Counselors assigned to each regional mental health team

• **Where in the mental health system will the position(s) be assigned?**

The decision about where to place employees who are also consumers will be determined by the mental health agency’s overall systems design or re-design goals. However, the consumers, supervisors, and administrators interviewed for this report identified several overall considerations.

- **Assign consumers to the areas in which they are most likely to be welcomed.** After engaging in a process to help prepare the existing mental health workforce, it may become apparent that certain regions or workgroups within the city or county are more or less enthusiastic about consumers as colleagues. Administrators should consider assigning the new employees where they are most likely to be welcomed. While an argument could be made that they should be placed among staff who are most skeptical about the value of consumer employees, this would seem to place an inordinate burden for systems change on the new employees.

- **When filling more than one position, consider placing consumers together.** Entering the workforce as a minority, of any sort, can be intimidating and stressful -- whether one is the first woman in a male-dominated profession, the first African American administrator in a otherwise Anglo management team, or the first identified consumer in a workforce of licensed clinicians. The newcomers experience a heightened level of scrutiny, as though all eyes are on their every move,...which may very well be true! They feel as though their performance represents the abilities of everyone in their minority group, which is an incredible burden for someone already experiencing the stresses associated with being new to a job. And they may feel isolated from their colleagues, from whom they differ in at least this one respect.

In many instances, local mental health agencies lack the funds to create more than one position at a time. This is particularly true for smaller counties. However, this principle may be useful for assigning consumers to committees or projects. Susie Frank, Program Director of the Consumer Self-Help Center in Solano County said, "When we go to planning meetings within the county we always have two. Always two consumers going to every meeting. They need each other. There’s no way one person can do it alone."

This can certainly be true of consumers who enter a workforce dominated by non-consumer staff. While it may seem logical to place consumers one to a team, this may be less advantageous than placing pairs of consumers within the same workgroup. It affords the opportunity for those employees to support each other and may lessen their sense of isolation. They may be more likely to speak up against out-dated modes of thinking or acting, which is, after all, one of many reasons they can make mental health systems better.
Adequately define the consumer employee's job duties. Several counties reported having hired consumers because they thought it was the right thing to do -- before they determined what the employee's duties would be. They created a position and job title, hired a consumer who had been an active advocate, then asked the employee to determine what role he/she could play. This approach affords a great degree of flexibility to both the mental health agency and the employee, it also has many disadvantages. For instance, the lack of clarity about job duties can create confusion for everyone involved and may ultimately endanger the employee's chances for success on the job.

One county related the experience of having hired someone because they were "caught up in the energy of hiring a consumer without figuring out what they were going to do" then leaving it up to the new employee to define his job duties, which was never really accomplished. "There was a lack of guidelines, a lack of parameters. Any time you allow someone to come up with their own job description, it's not necessarily going to be what you want them to do! It's going to be what their interests are, what their strengths are, whatever. We always get in trouble when we do that."

Ideally, the local mental health agency will have researched the need for employees who are also consumers sufficiently to prepare a comprehensive job description. As a last resort, agencies that have not yet ascertained how a consumer affairs liaison might best serve the mental health community, for instance, might consider creating an initial position description that directs the employee to undertake a series of steps to assess local needs and propose a set of long-term duties for his/her position within a specific time frame (e.g. six to twelve months).

Assign the new hires to work under the direction of your best supervisors. At most agencies, certain supervisors are known for their fair-mindedness, ready willingness to give positive feedback, and supportiveness of their staff. Further, people who really enjoy supervising are likely to be better at it. In reviewing lists of job accommodations for workers with psychiatric disabilities, a common reaction is, "Well, most of those are just sound management principles."

Given that incoming employees who are identified consumers are likely to have a unique set of challenges on the job, it may be wise to assign them to the most skilled supervisors. Of course, it's also extremely important to select supervisors who enthusiastically embrace the notion of consumers as colleagues. Many consumers have reported that the support and guidance they did or did not receive from their supervisors made all the difference in their success on the job.

Pro-actively develop positions for consumers throughout the system of care. While the central focus of this report is the creation of positions within county mental health agencies, local mental health directors may also choose to expand consumer employment by recommending or requiring that their contract agencies do the same. Most private agencies can modify their position descriptions more rapidly than public entities, for example, to enable consumers to substitute years of experience as a recipient of public mental health services for some of the required work experience. Given the increasing political popularity of "shrinking government," agency administrators may find it easier to create new positions via contracts than through the expansion of the local government payroll. Further, the growth of peer support services, consumer internships, and
paid consumer participation on critical committees throughout the system of care will increase the supply of qualified consumers for city/county positions and provide a foundation for the acceptance, promotion, and success of consumers as colleagues. (See Part V of this report for Other Actions Local Mental Health Directors May Take to Increase Consumer Involvement.)

ACTION ITEMS:

- place consumers where they are most likely to be accepted
- consider placing identified consumers together in pairs, rather than alone on teams or workgroups
- be sure that the job duties are clear before hiring and inform employees as to how their performance will be measured
- increase opportunities for meaningful client involvement throughout the system of care

Will there be opportunities for advancement for the consumers who are hired?

While the use of entry-level positions provides the greatest flexibility in hiring consumers, it also typically provides low pay. This can be problematic for consumers who earn just enough to lose their entitlements without garnering enough new income or benefits to make up the difference. Further, many consumers do not want to be hired into "dead-end" jobs. If they perform well on the job, they want promotions just like other employees.

This is a common pitfall of creating special "consumer jobs." Often, there is no career path to more advanced and more highly compensated positions. The ADA bolsters this complaint, as its regulations prohibit employers from adopting "a separate track of job promotion or progression for employees with disabilities based on a presumption that employees with disabilities are uninterested in, or incapable of, performing particular jobs." It would clearly be illegal to routinely channel all applicants who are known to be consumers into certain job classifications, rather than encouraging their application to any position for which they are qualified.

Among counties who utilize existing civil service, direct care job classifications, there is usually some opportunity for advancement (e.g. from Human Service Worker I to Human Service Worker II) as employees accumulate multiple years of experience on the job. However, further advancement typically requires a Bachelor's degree, or even a Master's degree and professional

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15 See the appendix to 29 Code of Federal Regulations Section 1630.5, "Limiting, Segregating, and Classifying", Interpretive Guidance on Title I of the Americans with Disabilities Act.
license. This may become a problem in the future as more and more consumers are hired into entry-level positions, excel in them, but are unable to advance in pay or status unless they return to school.

Some counties have educational support programs for employees, in which they work part-time, attend school part-time, and receive tuition assistance. In exchange, they usually have to commit to continue working for the county for a certain number of years after graduation. Needless to say, these programs will be of interest to consumers who desire further education and advancement in the mental health field.

ACTION ITEMS:

✔ consider whether the positions designated for the proactive recruitment of consumers provide opportunities for advancement

✔ ensure that the career path is at least comparable to that of other entry-level staff

POLICY QUESTIONS: CONFIDENTIALITY AND DUAL RELATIONSHIPS

This section of the report covers policy issues that arise when county mental health agencies pro-actively hire consumers, such as confidentiality and dual relationships. These issues were addressed briefly in the earlier section of this report on "Preparing the Mental Health Workforce to Welcome Consumers as Colleagues."

While concerns about boundary issues surfaced in each of the counties interviewed, it is interesting to note that none of them had experienced violations of confidentiality by an employee who was also a consumer or adverse incidents resulting from dual relationships other than fears on the part of existing staff. A few counties had revised their policies, but most had not.

• Will the new employees do charting? Will they have access to charts?

When introduced to the idea of consumers as providers of services, many staff express reservations about their having access to charts. The most commonly raised concerns are that they might "browse" through the charts of their friends or otherwise violate confidentiality protocols. To other staff, it may simply seem incongruous to have charts available to people who are, after all, clients of the system.

Upon closer inspection, however, this issue usually vanishes. All staff, when first hired, must be fully oriented to their duty to protect the confidentiality of clients. This is also true of employees who are consumers. All staff -- whether consumer or non-consumer -- sign an oath of confidentiality. The argument could be made that consumer employees are even more likely to take this
responsibility seriously at all times since they have the personal experience of entrusting personal information to mental health clinicians.

When asked if the consumers who were hired in Los Angeles County had access to charts, Arlin Divine said, "Oh yes, just the same as any of the other Community Workers. Although that has been a big issue in some areas. The fears were that they would reveal what was in the chart to the client, or use the information in some inappropriate way. That never happened, but there was a lot of fear about it. Some staff didn't want them to have access to charts."

The decision about whether employees who are also consumers will do charting should depend on their role. They should do charting if it is customary for individuals in their job classification to do so. The only common exception is that those involved in self-help activities or groups modeled on 12-step programs usually do not record this service provision in client charts, as the groups are based on the principle that all participants are peers to one another; to have one member taking notes and charting others' comments would seem to violate the equality -- and, in some cases, anonymity -- that is assumed by the participants.

**ACTION ITEMS**

☑ orient new hires to their duty to uphold confidentiality and require them to sign an oath of confidentiality using the same procedure, whether they are consumers or non-consumers

☑ require charting by employees who are also consumers if it is customary for others in their job classification

☑ avoid charting on self-help or 12-step activities

• **How will the confidentiality of consumers who become employees be protected?**

The issue of protecting the confidentiality of employees who were formerly (or continue to be) consumers of the mental health agency where they work was mentioned in several interviews. This topic is closely related to the question of where such employees will receive their mental health care (addressed next, below). The agency's course of action will vary depending on the preferences of the employee him/herself, the agency's medical records practices, and where the consumer is assigned within the system of care. Employees who have identified themselves as current or former recipients of service in the agency where they now work should be consulted directly regarding any needed protections.

Several counties reported the standard practice of sequestering the charts of employees. None of them had instituted this policy after a problematic incident; rather, each of them sequestered charts as a precautionary measure any time an employee, an employee's close relative, or the relative of a well-known figure in the local community (e.g. the child of a member of the Board of Supervisors)
required public mental health care. In general, only the physician and Care Coordinator directly providing service to the employee were given access to the chart.

One county reported an elaborate arrangement whereby such charts were maintained under pseudonyms such as "Jane Doe"; only the Executive Secretary of the Mental Health Director maintained the list matchings client numbers with actual names. This occasionally presented problems when the individual later needed his/her medical records transmitted to another care provider, since the chart had never been maintained in the individual's real name.

One county reported limiting access to the charts of other group therapy members by consumer employees who continued to take part in the same groups at the mental health center.

Another county reported having removed the names of employees from master client lists that were widely distributed to care coordination teams. The lists previously indicated the clients' names, identification numbers, and DSM-IV diagnostic codes.

One mental health director described her aversion to the practice of providing care, including psychotropic medications, to "our own" without keeping medical records. She felt strongly that any care being provided to employees or anyone else should be charted in full compliance with normal procedures.

ACTION ITEMS:

✔ consider sequestering the charts of employees who are current or former recipients of services

✔ contemplate other ways in which the confidentiality of employees who are also consumers could be compromised in your county and take appropriate steps to prevent problems

• Where will the new employees receive mental health services?

A central issue with respect to "dual relationships" is where employees who continue to need mental health treatment will receive services. If the employee has previously received or currently receives care in another county, or through private health insurance, this is less of a concern. However, most local mental health authorities seek to hire consumers who have the personal experience of receiving public mental health services, especially in the county/city where they will be employed. Applicants who have been served in other counties or in private systems are less familiar with the challenges faced by the agency's clients in trying to obtain care. Local non-profit organizations may also prefer to hire people who have been served by the agency. Human Resource Consultants, Inc. of Sacramento County has developed a sequence of positions, from volunteer to intern to regular paid employee, that encourages service recipients to become employees.
If the positions used for pro-actively hiring consumers are full-time, permanent positions, then the employees will generally have access to private insurance for mental health care. This will often prove to be adequate. Employees can be encouraged to transfer their care as soon as possible to a privately-insured provider.

However, as managed care companies take steps to reduce costs, mental health benefits are often severely restricted. New employees who utilize outpatient treatment may find that their insurance only covers 20 visits per year, rather than the more frequent contact they are accustomed to. Also, the providers of mental health services in the private sector may be uninterested in or otherwise lack familiarity with the treatment of individuals with serious mental illnesses.

Further, individuals hired into part-time positions may not receive any health benefits, or may not be able to afford the monthly premiums associated with them. By making good use of the Social Security Work Incentives, some clients may be able to work part-time, maintain their eligibility for MediCal, and continue to receive public mental health services.

Starting a new job is widely recognized as a stressful life event, and as such would be an inopportune moment to switch to a new mental health care provider(s). Because of the serious nature of their illnesses, inadequate private health benefits, or an interest in maintaining therapeutic relationships, employees who are also consumers may wish to continue to receive services from the county/city.

The difficulty in being an employee and a client of a mental health agency at the same time is one of "dual relationships" - i.e. at some moments, the employee and his/her colleagues interact as peers, but at other moments they are in a service provider/service recipient relationship. In earlier decades, mental health agencies avoided this role confusion by prohibiting clients from working for the agency. However, as more agencies have learned about the benefits of hiring consumers, they have been pushed to resolve this dilemma in other ways.

Some agencies have tried to create rules separating the client role from the staff role by physical proximity. For example, they may forbid clients from working and receiving services in the same clinic. This is generally more successful in densely populated areas, where the distance between clinics is minimal. For example, Tina Tong-Yee of San Francisco County Mental Health reported that they can typically assign new employees who are also consumers to work in another clinic, enabling them to maintain long-standing relationships with their own care providers. She said, "In general, we try to move job placements, not treatment."

But this may not be an option in more rural areas where the next clinic may be far away, with no public transportation available. Smaller regions are likely to have only one clinic within reach. If the employee is full-time and is receiving full health benefits, he or she may obtain adequate service through private health insurance, providing there is adequate local expertise. Another possible solution is to work out an exchange with a neighboring county so that employees who need mental health care can receive it there.
Pat Murray related Fresno County’s experiences with such rules: "First we made a rule that you couldn’t work for us unless you had been out of treatment for six months. But we found that doesn’t work because some of our people need medication support for the rest of their lives. Also, some of our people [i.e. employees who are also consumers] can handle from an adult stance the situation of working in the same building that their clinician might be working in. So the second rule we made and abandoned was that you couldn’t work in the same work area that your clinician was in. But now we’ve decided to do it on a case-by-case basis. And we’ve dropped a lot of our rules. In [one employee’s] case, she can handle being, on some days, in the same building with her therapist. But not everybody could handle that."

Donna Nunes has been a client of Fresno County Mental Health for about fifteen years, and is now their Consumer Project Coordinator. She took an office in the same clinic as the two therapists she continued to see. (The therapists have since retired). She also continues to attend women’s group therapy at the clinic. Prior to accepting the position, she asked her therapists and the other consumers in her group if it would pose problems for them; none of them were concerned about it.

Other consumers reported negative experiences with receiving care where they were employed. One was simultaneously involved in overseeing the contract for, and being treated by, the same agency. The arrangement did not seem problematic at first, but eventually political events interfered with the physician-client relationship. As symptoms intensified, the interviewee said, “I purposefully would not go see this psychiatrist for a medication change because I could no longer trust him.... During that time I thought, ‘Oh, I can trust this doctor’.... But in hindsight, I disagree. He’s a person first, and he has all of his own insecurities, especially given the political climate. I was naive.” Eventually the consumer resorted to seeing another psychiatrist for prescriptions as a professional courtesy (i.e., "off the record").

Another consumer said, “I’ve never worked where I got my mental health services, but I’ve watched other people go through it, and it’s really awful. At this peer counseling program, they would hire people, and people would be absolutely rude to them and bait them, and the non-client staff wouldn’t accept them. I just think it’s a bad idea. I think you ought to get services at another facility. It’s just difficult. Both the clients and the staff have a hard time switching roles.”

In a consultation to a California mental health agency, Dan Fisher, MD -- a well-known consumer and psychiatrist with the National Empowerment Center -- cautioned against arrangements for employees to receive medical services where they are employed. Fisher is the Medical Director at a mental health clinic in Massachusetts. Some of the people he treats have become employed there. He has, on occasion, found the dual roles of treating physician and peer to be incompatible; in this case, he recommends that the individual seek psychiatric care elsewhere. He has also been asked -- and refused -- to provide information about the content of peer support meetings to the supervisor of a group member who went into crisis.

Some of the consumers interviewed for this report noted more tangential role conflicts which were not troublesome. For example, one consumer reported that he was employed at the same
program where his brother currently receives services. His agency also serves a person he became friends with when they were in the hospital together. Neither of these relationships has been problematic.

The greatest risk in not resolving the issue of where employees will receive ongoing mental health care is that they will be disadvantaged by getting inadequate care -- just when they are starting a new job. Local mental health authorities should have policies and procedures documenting their approach to resolving the issue of whether employees may receive care from the agency where they work, including both inpatient and outpatient care. The most prudent policy may be one that outlines the underlying considerations and agency values, then outlines a process of joint decision-making between the employee and a designated agency representative on a case-by-case basis. Consumers will have different preferences for treatment arrangements depending on many factors, such as their prior treatment experiences, the culture of the service provider and its workforce, the geographic distance between treatment settings, and the cost to the employee of private health insurance. There is clearly no "one-size-fits-all" solution to this dilemma.

ACTION ITEMS:

- make continued mental health care accessible to the new employees - through employee benefits, through an exchange with a neighboring county, or through the hiring agency
- seek to avoid interruptions in the continuity of mental health care/provider at the time that an individual is hired
- consider whether absolute prohibitions on continued treatment by the hiring agency are truly necessary or could be allowed under certain circumstances
- involve staff, managers and consumers in establishing policy guidelines for application on a case-by-case basis
- create as many options as possible regarding treatment choices since successful resolution of problems will be accomplished on a case-by-case basis

- How does agency policy limit relationships outside the workplace between staff and clients?

Mental health agencies typically have very clear rules prohibiting social, sexual, or financial relationships between staff and clients. Situations were easy to evaluate when staff delivered outpatient treatment in their offices and clients were not welcomed as staff.

Over time, however, the lines between staff and clients have evolved and gradually become less distinct. Staff routinely meet with clients in their homes; staff and clients may participate in social events together (e.g. holiday parties or evening social events associated with conferences,
etc.); and staff are encouraged to self-disclose, as appropriate, and form genuinely caring relationships with their clients. As more and more consumers are hired to provide mental health services, the roles become even more blended. Employees may previously have received services from individuals who are now their co-workers. Employees may wish to or need to continue to receive services from the county/city mental health agency even after they are hired. Alternatively, they may be able to receive outpatient mental health care through another provider, but may still need to use the county/city inpatient unit for episodic hospitalizations.

In short, the policies and procedures on the books may no longer be relevant or sufficient to present-day situations. The underlying values are still vital: that employees should never abuse the power imbalance inherent in the staff-client relationship. But the boundaries may need to be re-defined.

Some local mental health agencies have attempted to create rules to separate the client role from the staff role in time. For example, they may forbid clients to apply for jobs until they have been out of treatment for at least six months. Or they may forbid social, sexual, or financial relationships between staff and clients who have been served within the past one or two years. (Most licensed clinicians are forbidden by their code of ethics from engaging in such relationships for at least two years after the therapeutic relationship is terminated). Some counties forbid them forever. But these local rules may be difficult to enforce because many people with serious mental illness continue to use outpatient treatment and/or medications indefinitely.

Here's an example of the dilemma: a consumer is hired as a part-time Community Service Worker and continues to receive services from the county. Can other staff engage in social or sexual relationships with him or her? Can the employee who is also a consumer maintain social or sexual relationships with other clients that pre-date the commencement of employment? If the answer to both of these questions is no, then who is left for the employee who is also a consumer to socialize with? Only people with no affiliation to the mental health field?

Santa Barbara County formed a Task Force on Consumer Hires to investigate options and generate recommendations for recruitment, orientation, and policies. The task force included managers, line staff, and consumer advocates. They set out to create new policies to deal with employees who are also consumers. Upon examination, however, they found that the changes to the code of ethics needed to apply equally to all staff. Also, by considering various "what-if" scenarios, they ended up documenting the underlying principles and largely relegating the application of the policy to a case-by-case analysis. For example, the procedure on sexual relations is as follows:

In order to protect the department's clients from abuse associated with the imbalance of power between clients and staff, staff may neither initiate nor maintain romantic and/or sexual relationships with clients the department presently serves, nor those recently closed within the past two years. Employees recently hired with prior such relationships must promptly report these to their manager, who will work with the Clinical Deputy, for case by case resolution. Resolution will be guided by County
Counsel and the Department Director's discretion. *Staff are expected to exercise good judgement and to act in the best interest of the clients at all times.*

This policy, then, sets a general guideline, but allows for exceptions with proper review. (Refer to Appendix H for a copy of the full Santa Barbara policy.)

Inevitably, the employee who is also a consumer is left to apply such principles in daily life as situations arise. Each person will determine his/her own boundaries.

Donna Nunes of Fresno is adamant that she would never stop socializing with the consumers she knew for years before becoming a county employee. But she acknowledges that the clients she has met recently through her job probably view her differently.

"There's no way that I would ever say to a consumer who I have been friends with in the past that, because of my job position, I wouldn't go to a craft fair or something with them. I would never sacrifice a consumer for this job, ever.... Donna, you have been my friend for ten years in group and all of a sudden you took this job and now you can't go to a craft fair with me?"

However, there is a clearly a difference for Donna between consumers she became friends with prior to taking the job and people she first meets through her professional role with the county. "The women that I see every week in therapy, you bond totally differently than you do at a professional level. In my group therapy, I'm a consumer. Those are lasting friendships that I've made. I don't see them at a professional level. Even though they are consumers, it's different. But the consumers in the support groups I run now...it would be different. If they invited me, like, 'Donna, I'm going to have a baptism, I would love for you to come,' of course I would. I would never refuse them. Or if I couldn't attend, I would send a card or something. But would I say, 'I want you to come to my home?' No, never. No, I wouldn't do that.... A few of the consumers who are having some real bad times, they have my pager number and they can call me on weekends and I'll call them back any time. I've been told that's above and beyond the call of duty. But I know what it's like being alone on a Saturday night. If they page me, I call them. I'll do that. But to say, 'Hey, come on over and hang out!'", no, no, not at all...Probably the professional part of me comes out in that." Donna likened it to the boundaries she maintained earlier in her life as a business owner. At that time, she would go out to dinner with her staff, and she invited all of them to her home for a Christmas gathering each year, but she would not otherwise have them to her home or develop friendships with them. "I can take that way back to when I had my business. I always kept a professional relationship with my staff in the sense that it's very difficult to own a business, have them as employees, and have them as personal friends. Because you never know when you need to lay off or reprimand.... Then you're crossing too many lines... They can become very confused."

Donna draws distinctions between friendships that were established with other consumers prior to taking the job and relationships with clients she meets in her professional role. In developing policies about relationships outside the workplace, agencies often do the same. For example, they may forbid the development of social relationships between staff and agency clients; however,
exceptions may be made if a social relationship precedes the employee's hire date and the employee or client can be re-assigned to avoid a professional care-giving relationship between them.

Some private, non-profit agencies have been pro-actively hiring consumers for many years. Contact with CASRA (California Association of Social Rehabilitation Agencies) and its member agencies was the central factor in motivating at least one county mental health director to seek to hire more consumers. Policies on social interactions among clients and staff from two non-profit agencies -- Stepping Out of Santa Cruz and The Village ISA of Long Beach -- can be found in Appendices I & J.

**ACTION ITEMS:**

✓ brainstorm possible dual role situations in social relationships between staff and clients

✓ keep in mind that incoming employees may have established social, sexual, or financial relationships with other consumers

✓ differentiate between consumer-consumer relationships that existed prior to the employment situation from those that are initiated in the context of a professional helping relationship

✓ involve staff, managers and consumers in establishing policy guidelines and principles for application on a case-by-case basis

• **How will the new employees be oriented?**

One of the most frequent complaints from the consumers I interviewed was an inadequate orientation after they were hired. In most cases this was simply a reflection of the minimal guidance given to any new employee. But as mental health agencies hire more people for their life experience -- as opposed to professional training -- they will need to develop more rigorous new employee orientation programs. This is true for both consumer and non-consumer staff. For example, some agencies have found that strong initiative and a "whatever it takes" attitude is more important than extensive graduate level education for positions that involve assisting clients in securing jobs, housing, social relationships, and greater community involvement. Unlike licensed clinicians who have typically logged 2,000 to 3,000 supervised hours in the field, many new hires need a basic orientation to the mental health field, as well as their own agency. Larger agencies may find it necessary to conduct a new employee orientation class several times per year.

Tina Wooton is the Consumer Advocate/Liaison for Sacramento County. She said her county "is very progressive because they do hire consumer employees. Just guessing, I would say Sacramento probably has the most consumers hired in the state - or at least in the central region. Many consumers are grateful for their jobs. Many consumers have also expressed to me that the employers don't care about their consumer employees, and/or consumers need more support...From my personal experience and based on input from consumers, our county is progressive, but it could
take a look at providing information to consumer employees at orientation such as ADA information (like reasonable accommodations), support groups outside of the workplace, and information and availability of job clubs, job coaches, etc."

Comments by both consumers and supervisors highlighted the need for additional information and guidance on charting. Learning to record events in the particular format demanded for reimbursement, and developing a mechanism for efficient and timely charting were problematic. Others mentioned a desire for more training on psychopharmacology, listening skills, or time management. Learning how to set priorities on a weekly or daily basis, maintain a manageable workload, and leave work behind mentally at quitting time were also concerns.

Clarity of job duties is another important element of new employee orientation. As one consumer put it, "It would have helped me if I had been told, 'OK, these are your job duties. In the morning, you do this. In the afternoon, you do this. And we expect this much out of you, and these are the things that have to happen. Things like that.'" The draft recommendations of the Central Valley System of Care Sub-Committee document on "Work Relationships -- Consumers in the Workplace" also frequently mentions the need for clear communication about job duties and performance standards.

The involvement of a supervisor who is caring, experienced, and responsive can be an excellent source of support and information. As mentioned earlier, consumers often cited a supportive supervisor as a critical element in their success on the job; likewise, those who felt their supervisors didn't have time for them or were ambivalent about consumers as employees were distinctly disadvantaged.

Some agencies have found it helpful to arrange formal mentoring relationships for new employees, in addition to regular supervisory sessions, whereby a more senior employee is available to answer questions and offer advice. This can be productive if the mentor is enthusiastic about consumers as colleagues, and if she/he has time available for this additional duty.

There are pro's and con's to creating special orientation classes for employees who are also consumers. The positive aspect is the opportunity for consumers on staff to meet and get to know one another, and to talk directly about issues associated with their dual identities. However, holding a separate training session for employees who are consumers may reinforce the notion among other staff that they are not as capable or prepared for the job. Further, some consumers may choose not to disclose on the job, and would not attend. The best approach may be to establish a mandatory orientation class for all new employees. Some of the topics may be a review for more experienced incoming staff, but they can also contribute their expertise to the classroom discussion.

Suggestions on the format of a new employee orientation class:

- blend orientation classes with on-the-job training - in other words, if you put an adult in a classroom for the first five days on the job, he/she will not retain
as much information as if the five days are staggered over several weeks of months

- alternate classroom training and experiential learning
- consider video-taping the training class for use by new employees who have to wait for the next training cycle or in case trainees can't be present

- training team should include:
  - consumers
  - family members
  - professionals
  - ... and guest speakers as needed

- non-staff trainers should be paid

- give trainees a certificate of completion

- invite mentors to some or all of the training

- ask each trainer to furnish his/her phone number for follow-up questions by trainees

Examples of topics for a new employee orientation class:

- overview of the mental health system
  - vision and mission of the local system of care
  - values and principles of effective helping
  - philosophy of client-directed services
  - outcome measures currently in use
  - "big picture" overview of local mental health agency sources of revenue and expenditures
  - structure of the county/city government and how the agency fits in
  - role of the local Mental Health Advisory Board/Commission
  - state and national trends (including the consumer movement)

- hiring of consumers by mental health agencies
  - benefits to the system, to systems change efforts, to clients, to other staff, and to those hired
  - obstacles
  - role conflicts that may arise
employee benefits and responsibilities
- access to the Employee Assistance Program
- orientation to the policies and procedures manual
- review of critical policies, e.g.
  - code of ethics/conduct
  - limits on social relationships with clients and other boundary issues
  - conflict of interest
  - options for mental health treatment for employees
  - prohibition against sexual harassment in the workplace
  - medical leave
- civil service rules (as applicable)
- duties of civil service employees in a disaster
- orientation to the local union(s) (as applicable)
- performance reviews
- probationary period

introduction to Patients' Rights laws, local policies and procedures and local resources
- overview of staff responsibilities regarding representative payees, conservatorships, and other patients' rights issues
- overview of clinical staff's legal responsibilities for reporting suspected abuse of children or elders, and for Tarasoff warning
- duty to protect confidentiality and obtaining waivers of confidentiality
- review of various types of "holds" and criteria for each and appeals process
- access to one's own medical record

practical information needed to get the job done
- charting procedures and techniques, codes, progress notes
- guidelines for safety in transporting clients
- handling crises
- list of who to consult with on various types of questions
- quality improvement/utilization review practices

supports and personal concerns
- description of mentor relationship
- supervision
- overview of the ADA and internal procedure for requesting accommodations

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16 For a general introduction to the ADA's employment provisions, see "Mental Health Consumers in the Workforce: How the ADA Protects You Against Discrimination in the
- health and other benefits
- PASS plans

- variety of current theories of "what is mental illness?" and how it comes about, including non-traditional views

- working collaboratively with family members in client care
  - how family members can augment professional supports
  - common concerns of family members
  - common concerns of clients about the involvement of family members
  - how to respect client confidentiality and still involve family members
  - local supports and resources for families of people with serious mental illness

- overview of psychiatric assessment and diagnosis, with an introduction to the DSM-IV

- medications
  - overview of the main categories of psychotropic medications and common side effects
  - interactions of psychotropic medications with street drugs
  - the role of non-physician staff in medication monitoring
  - promoting good communication between clients and physicians about medications

- theories of and local resources for serving people with dual disorders (mental illness and substance abuse)

- theories of and local resources for supported employment, education, and housing

- working as a team member

- experiential learning such as visits to community programs, accompanying homeless outreach workers, or job shadowing

Workplace" available from the Bazelon Center for Mental Health Law, 1101 15th St, NW, Suite 1212, Washington, DC 20005, 202-467-5730 (phone) & 202-467-4232 (TDD) or "Case Studies on Reasonable Accommodations for Workers with Psychiatric Disabilities," available from Liz Cheyne at the California Department of Mental Health, 1600 9th Street, Room 250, Sacramento, CA 95814, 916-657-0290 (voice) or 916-654-1732 (fax).
• overview of Social Security benefits and how they are affected by wages

ACTION ITEMS:

- establish (or augment) a new employee orientation program to account for increased hiring of staff who are selected on the basis of life experience rather than prior work in the mental health field
- assign supportive and accessible supervisors and/or mentors
- orient new employees to their specific job duties, expectations for job performance, and how performance will be evaluated

• What ongoing supports will be offered to the employees who are consumers?

In addition to the stresses associated with being new on a job, incoming employees who are also consumers may have additional burdens. Their psychiatric disability is likely to be a long-term health condition which requires them to take good care of themselves and make adjustments in how they manage their illnesses during times of increased stress. Statistically, there is an above average likelihood that they will have concurrent physical health problems, which may be exacerbated by long hours on the job. Finally, they may face overt or covert hostility from non-consumer staff who are ambivalent or even hostile about consumers as colleagues.

For these reasons, it is important to think about what supports will be available to the new hires. This is not to say that all consumers will need special supports. Indeed, the many consumers who have been working in our local mental health systems for years without disclosing have not secured any particular assistance. And any supports which are offered should be strictly voluntary, not mandatory. It would be unethical -- and possibly illegal -- to single out staff who are consumers and require them to engage in a segregated support group or accept closer monitoring of their work performance.

Susie Frank is the Program Director of the Consumer Self-Help Center in Solano County. She recommends that continued involvement by the employee in the independent consumer organization in the community is a vital support and critical to avoiding "co-optation" of the consumer employee by the mental health system. If a local mental health system wishes to hire consumers, Susie suggests that their first step should be the nurturing of an independent consumer advocacy organization. For example, county or contract agency staff can call the first meeting then fade away as consumers leaders begin to surface. Counties can offer training in peer counseling skills, fund the participation of local consumers in state-wide or national consumer advocacy conferences, pay for local consumers to visit well-established consumer-managed programs, or bring experienced consumer leaders in to speak to consumers wherever they gather (e.g. at a clubhouse, day treatment center, or residential program). County funds can serve as the seed money that
motivates consumers to organize self-help or advocacy activities. In all of these ways, local mental health authorities can accelerate the growth of the consumer movement which will ultimately provide a base of support for employees who are also consumers.

In addition to promoting the growth of the local consumer movement, mental health agencies may arrange numerous supports for employees who are also consumers. The ideas listed below were generated by a group of consumers, staff members, and managers in a consultation by Jay Mahler (representing Mental Health Consumer Concerns of Contra Costa County) in preparation for the proactive recruitment of consumers.

Suggested guidelines for employee supports:

- Seek a balance between making supports accessible/available and imposing supports or expecting that individual consumer employees will need supports.

- All supports should be chosen by the employee and should be provided in a non-intrusive way. For example, the following list is far-ranging and it is not expected that all employees who are consumers will want all of these supports.

- Further, there is some limit to how many accommodations/supports can be provided without interfering with the functioning of the mental health system.

Example of additional supports that may be offered:

- weekly supervision

- on-the-job mentoring

- support from a job coach (possibly paid for by D.R.)

- support from a therapist

- identify an ombuds-person who can answer questions by new staff or direct them to the appropriate resource

- assistance in securing treatment
  - request DR funding for transportation to treatment
  - using Social Security Work Incentives (e.g. documenting Impairment-Related Work Expenses)
  - county transports person to treatment at another location

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opportunity to meet with an informed person about benefits

ongoing training in topics such as:
- peer counseling skills
- crisis support
- empowerment
- new approaches to helping
- managed care
- recovery

discussion of/skill building in handling job stress

pursue C.O.D. (Career Opportunities Development) Grants from the State Department of Rehabilitation (D.R.) to pay for initial or ongoing orientation, training and/or support - e.g. use a C.O.D. grant to pay for four extra hours per week for ongoing training

flexible schedule or other support for going back to school

job sharing

allowing the employee to start part-time and gradually increase his/her work hours or return to work part-time after a medical leave

flex-time to accommodate medical appointments, child care, or elder care

development of a crisis/accommodation/personal support plan

network with consumers who are already employed at the agency

develop a peer support/self-help group for consumers working for the city/county mental health agency or contract provider agencies

support group for new employees (including both consumers and non-consumers)

network with consumers who are employed in other counties/cities

arrange a "forum" or training for all staff on the history and philosophy of the consumer movement

arrange a "forum" for consumer and non-consumer staff to discuss the changes brought about by increasing the number of consumers in the workforce
- initiate an ongoing empowerment group for staff (including both consumers & non-consumers)

- arrange for frequent communication among those who are serving as mentors or support people

- ongoing training for consumer employees about their leadership role, acting as an advocate and role modeling

- prepare other consumers to fill in if the consumer employee can't work
  - use on-call staff
  - train consumers as interns so that they are prepared to step in
  - use C.O.D. funds to pay for their training or service
  - pursue On-the-Job Training funds from D.R.

- furnish technology (e.g. e-mail) to support communication among consumer employees and between consumer employees and their support people

The cost of recruiting employees is significant. Local mental health agencies have an interest in promoting the success of each new hire for many reasons: to promote continuity of care for clients; to avoid the personal trauma of the loss of a job; to prevent the need for a further investment of staff time and money in recruitment, selection, and orientation. Many of the supports listed above would be helpful to any staff members, whether or not they are consumers. However, public mental health agencies have limited budgets and may only be able to offer supports that will "make or break" an employment situation. Pursuing even one or two support strategies can have a positive effect. Several counties reported that simple steps like initiating a confidential, monthly support group for employees who are also consumers made a big difference in reducing the sense of isolation that consumers may experience in the mental health workforce.

ACTION ITEMS:

✔ promote the success of employees who are also consumers by offering supports and ongoing training

✔ ensure that participation is always voluntary

✔ assume that there are consumers in the workforce who have not previously disclosed (e.g. distribute the announcement of a new monthly support group for employees who are also consumers agency-wide, not just to identified consumers)

✔ create forums in which all employees can discuss the changes that occur as more consumers are hired

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CONCLUSION

Dual relationship issues are often cited as barriers to the proactive employment of consumers in the mental health workforce. But agencies that have thoughtfully considered potential or actual situations have readily developed workable solutions. Iron-clad prohibitions against clients working for the agency where they receive care or developing social relationships with staff members are no longer adequate to address the myriad combinations of identities and roles that arise in the modern mental health workplace. The written record of solutions to these dilemmas through published literature and agency examples is growing each year. An excellent example is the article by Laurie Curtis and Martha Hodge entitled, "Old Standards, New Dilemmas: Ethics and Boundaries in Community Support Services" which is reprinted in Appendix K with permission from the Psychiatric Rehabilitation Journal.
PART III:

EXPERIENCES OF
THOSE WHO SUPERVISE
EMPLOYEES WHO ARE ALSO CONSUMERS

I have to remember that my job is a partnership. I have to grow and cannot function in the same old mind-set when there is a consumer working alongside me. I do not treat the consumer with kid gloves. I have always to remember one thing: a consumer's experience is more difficult than being in the work force. - Merle Charles, Program Manager, Friendship Center, Merced County
This section presents recommendations for supervisors of consumer employees.\textsuperscript{17} It contains advice from people with direct supervisory experience as well as employees themselves.

Being assigned to supervise new employees who are identified as consumers can be both exciting and worrisome. Other supervisors, administrators, and staff are likely to be watching to see if the employment of consumers in the mental health workforce is a viable concept.

In listening to the employees, supervisors, and administrators whom I interviewed in the development of this report, a number of apparent contradictions surfaced. On the one hand, consumers said they should not be held to a higher standard, nor expected to be "super-man" or "super-woman." For the most part, they simply ask to be treated like any other employee.

However, several interviewees (including some consumers) stated that the first few people hired should be very "solid," highly assertive, unquestionably competent, or a "sure thing." After all, if the early experiments in the hiring of consumers in a local area are unsuccessful, skeptics will use this as evidence that the whole idea was ill-advised.

One supervisor put it this way: "It's like the movie where Jackie Robinson goes into the majors. You pick somebody who is unimpeachable, however painful that kind of decision is about internalized prejudices, etc. If you don't do that kind of thing, you don't get it through. You're only going to change people's minds by having some kind of experience to counterpose it. What happened in the first few instances here is that you confirmed everybody's prejudices that this was wacky, goofy, and done as a "P.C." [political correctness] kind of thing."

Another issue is that consumers are being recruited specifically \textit{because} they have been recipients of service. Yet this should never be the \textit{only} reason an individual is hired. Not all consumers are well-suited to work in mental health. Further, individuals who are highly successful as an advocate working \textit{against} the system may not be satisfied spending 20 to 40 hours per week working \textit{within} the system. One supervisor described how she had hired someone but "his anger toward the system really got in the way of him being effective.... If you're an employee of the mental health department then you've agreed -- or at least acknowledged -- that there are certain policies and procedures we have to live by, like not bad-mouthing the organization for which you work.... The anger, unfortunately, prevented some of these folks from seeing the big picture and looking beyond their personal feelings to the ultimate goal, which is to employ consumers and to have them very

\textsuperscript{17} A very significant source of information for supervisors will become available in mid-1997. The California Mental Health Directors' Association assigned special projects to the regional Adult/Older Adult System of Care sub-committees. The Central Valley sub-committee was asked to develop guidelines on the employment of consumers in mental health agencies. Their discussions, involving representatives of 18 counties, have been distilled into written document called, "Work Relationships -- Consumers in the Workplace" (draft title). Contact Debbie DiNoto of Fresno County Mental Health or the California Mental Health Directors' Association for a copy of the guidelines.
much a part of planning and managing the programs." Another supervisor recommended selecting consumers who had some "...emotional distance. There are people who have digested their own psychiatric experiences...Some people can reflect on it from a greater distance; others are still too close to it."

Another interviewee said that consumers need to be very assertive to succeed as an employee of the mental health system. "Lots of times the service providers want to hire people who are not assertive, thinking they'll be more controllable. It's quite possible someone who's not so assertive will fail. It's a set-up for failure. What I'd like to have happen is for everyone in the system to know that we know when that's happening! When they hire someone who's not assertive because they figure they'll have more control over that person. It can be really devastating to the person. It's co-optation."

In short, there are few hard and fast rules about selecting and supervising employees who are consumers. This may be construed as yet another way that this task is no different from other supervisory responsibilities. Frank Compton, a Community Worker in Los Angeles said, "Each consumer has a whole different set of abilities. If they fit the job, then things are wonderful. But if they don't, then it's just like any other job; it's not going to work." As mentioned earlier in the section on recruitment, a clear position description and explicit markers of satisfactory job performance makes it easier to select and supervise employees fairly and consistently.

This following section presents the insights and recommendations of several employees who are also consumers, as well as individuals with experience as their supervisors.

- **Treat them like employees, not consumers. In other words, act like a supervisor, not a therapist.**

The advice most frequently expressed by the supervisors interviewed for this study was to consistently treat the workers who are also consumers as employees, not clients. This was also a consistent message of the Central Valley Adult/Older Adult System of Care Sub-Committee. They concluded that even if the supervisor is a trained clinician, he/she should never treat employees as if they were his/her clients.

When a supervisory issue arises, the first question to ask oneself is, "What would I do in this situation for any employee?", followed by, "Is there a good reason to handle this situation any differently?" There may be good cause to break from common practice in order to accommodate an employee's disability. But don't assume that's necessary.

When asked what she'd learned about effectively supervising employees who are consumers, Pat Murray, Managed Care Administrator in Fresno County, said, "I treat them like employees, that's one of the basic rules. This person has been deemed competent to handle this situation. We are not going to give him or her special treatment." If problems arise, she said, "I would treat any employee who was having difficulty in their personal life the same way....I treat them like employees, but with compassion."
A specific example of this tenet is the granting of time off from work for medical reasons. Supervisors noticed that some consumers became very concerned about losing their jobs when they needed to take medical leave. Employers should be careful to treat employees with psychiatric disabilities in the same manner as those who need to be away from work for cancer treatment, heart attacks, surgery, etc. In order to avoid misunderstandings, all employees should be fully oriented to the agency's policy on medical leave (sick time), additional unpaid leave, and how long a job will be held for an employee who is away from work for medical reasons. The Family and Medical Leave Act (F.M.L.A.) requires covered employers to grant up to 12 weeks of unpaid leave per calendar year, continue paying into health benefits during that time, and restore the employee to the same job or a similar job upon his/her return. Of course, employers may choose to grant additional leave (paid or unpaid) to an employee as a reasonable accommodation...just be consistent in how you treat your employees! Keep in mind that agency practice, particularly if it is more generous than agency policy, becomes precedent-setting and should be adhered to equally for physical or mental health problems.

Crises can occur in employee's lives that prompt the supervisor to become more closely involved. John Allen, Adult Services Supervisor in the East County region of Contra Costa County, supervises a number of employees who are also consumers. All of his staff talk to him about personal issues at one time or another, and he's also open with them about what's going on in his own life. But occasionally he's felt that an employee needed more support than he could give. "Sometimes I would say, 'I really think you need to work with somebody on this stuff, and it's not me. It's got to be somebody else.'"

- **Strive for clear and direct communication.**

Another overall recommendation for supervisors from the Central Valley Adult/Older Adult System of Care Sub-Committee was to strive for clear and direct communication. For example, if the supervisor observes a problem with the employee's performance, the committee encourages supervisors to be honest and let that person know how they can do better. Consumers want to know what expectations, skills, and strengths are necessary to do a good job. Both the supervisor and employee need to listen carefully and ask for clarification as needed. Misconceptions can arise and persist in supervisory relationships until they are addressed directly.

- **Provide adequate orientation and training.**

As counties hire more unlicensed staff, they need to augment the orientation and training of new employees. When an individual goes through the formal training, internship hours, and examinations necessary to acquire a professional license, he or she develops a basic familiarity with the operations of mental health services. Consumers who are hired into paraprofessional positions may be highly knowledgeable about the client perspective on services, but largely unaware of staff

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18 For more information on the Family and Medical Leave Act, contact the U.S. Department of Labor at (800) 959-FMLA or visit their web site at http://www.dol.gov.
practices, charting procedures, other psychiatric diagnoses, other psychotropic medications, conflict of interest, dealing with one's own positive or negative feelings in client relationships, or the organization of the county bureaucracy, etc. Consumers without a lot of previous work experience (mental health or otherwise) may need to acquire the basic skills of relating to other workers and to the supervisor, refusing inappropriate or excessive work assignments, prioritizing multiple demands, or pacing oneself so as to avoid burn-out.

Many local mental health agencies provide only a cursory orientation for new employees. The "sink or swim" approach may be sufficient for experienced workers, but inadequate for entry-level employees. And, as the county advances its implementation of client-directed services, it becomes increasingly important to orient all new employees to the agency mission, values and service philosophy. Academic training programs too rarely orient mental health staff to the value of employing consumers as service providers, so all new employees should be informed of the agency's commitment and beliefs in this regard. Keep in mind that clerical and support staff (not only clinicians) have substantial contact with clients, family members, and the public and are frequently the community's first point of contact with a mental health agency. They may also play a significant role in orienting new employees and can make life easier or harder for incoming staff.

Several counties have established "mentor" relationships between employees who are consumers and staff with more experience on the job. Many consumers have found this to be helpful, particularly if they have a lot of questions and are concerned about demanding too much of their supervisor's time. However, the choice of mentors is important. It should be someone who welcomes the assignment, who is a natural teacher, who can make the time available to meet with a new staff person, and who supports the hiring of qualified mental health consumers.

Further, all employees should be fully oriented to the agency's policies and procedures regarding confidentiality, dual relationships, medical leave, and requesting reasonable accommodations. These topics are not only of interest to employees who happen to be consumers; indeed, any employee could experience a disability during his/her job tenure.

(For a more lengthy discussion of new employee orientation refer to Part II of this report.)

- **In general, let the employee raise the issue of reasonable accommodations, if needed.**

Another major point of discussion at the Central Valley Adult/Older Adult System of Care Committee has been the issue of requesting reasonable accommodations. Debbie DiNoto of Fresno County reported the general recommendation that consumers prefer to be the ones to bring up the issue of accommodation. Of course, if a supervisor observes an employee having difficulty performing job duties, he/she may approach the employee with this information. But don't assume that the difficulty is necessarily disability-related or that it requires an accommodation. This position is consistent with the tenets of the Americans with Disabilities Act (ADA). Under the ADA's employment provisions, it is generally up to the individual with a disability to request an accommodation.
Consumers may be hesitant to discuss job-related problems with you.

Two of the supervisors interviewed noted some frustration that their employees who are also consumers were hesitant to discuss job-related problems. When asked what was most challenging about supervising employees who are also consumers, a Program Manager noted their "not wanting to be very open with me about things....The most challenging thing has been trying to get them to be very honest and forthright with me so that we can deal with some of the issues at a level that's going to accomplish something.... It's real hard to know what's going on sometimes."

Another supervisor noted his employee's reluctance: "I think he wants to do such a good job that he actually tends not to let me know if something's bothering him or somebody's gotten on his nerves. He's a little bit reluctant to open up in that way."

If consumers are hired into highly visible positions, (for example, a pilot program to test the effectiveness of consumers as employees), the pressure they face to perform may be immense. Their actions may represent the performance of all consumers in their colleague's eyes. They may also be intimidated by the probationary period, in which an employee can be dismissed without cause, and not want to appear to the supervisor as if things are going badly.

As discussed earlier, one of the reasons why local mental health directors choose to proactively hire consumers is because they are likely to be acutely aware of whether clients are being treated in a sensitive and/or ethical manner, and because they may be more likely to speak up when they observe an incident in which a client appears to be treated poorly. However, upon bringing this incident to his/her supervisor, the employee who is also a consumer may be blamed -- more or less overtly -- by his/her colleagues for "causing trouble." In essence, consumers are hired because they can accelerate systems change, which occurs when specific instances of inadequate care are noted and corrected. But others in the system may have the tendency to "blame the messenger" -- in this case, the employee who is also a consumer. The next time an incident arises, the employees may be loathe to have the supervisor intervene, lest there be a backlash.

For this reason, supervisors should be very explicit in gaining the permission of the employee who first alerts him/her to a suspected problem. If it is not a gross violation of ethics or practice standards, the supervisor may simply advise the employee on how to intervene him/herself, or attempt to find a way to respond without setting the employee up to be blamed. If this attempt is not successful, the employees may avoid frankly discussing such problems with their supervisor in the future.

Of course, if a gross violation of ethics or practice standards has occurred, or there is a risk of harm to somebody, the supervisor must intervene immediately. But often the discussions will be about more subtle acts of disrespect or callousness toward clients. Fran Ruddick reflected on her experience in supervising consumers directly in Merced County: "Sometimes they asked me to take action in response to a concern or an incident, and other times, they asked me not to. And if it wasn't a matter of a total ethical issue, I would respect their wish and let them handle it."
If you're hiring consumers into a hostile environment, be honest with them about the challenges they'll face.

If the mental health agency has taken the time to thoughtfully and effectively prepare its workforce for an influx of employees who are also consumers, this will considerably lessen the burden on the new employees. However, the consumers are likely to encounter resistance or hostility at some point during their employment.

Some of the supervisors interviewed for this report felt strongly that potential employees should be informed of these risks. Pat Murray of Fresno County said, "I suggest being real honest with them about the prejudice they're facing, because I don't want them to think that we betrayed them by not telling them everything they needed to be prepared for. ...I don't believe in secrets and I don't believe in blind-siding people, so that's another piece of advice: Let people know ahead of time what's happening, especially a consumer who is adjusting to a very difficult situation, because we want them to be successful."

Mary Carley, Program Director of O.F.F.I.C.E. (Office for Family Involvement and Client Empowerment, a program of Mental Health Consumer Concerns of Contra Costa County, Inc.), warned: "The people who get hired into these positions, especially the vanguard positions, had better be tough!" She related the example of a staff person who refused to allow employees who were also consumers to participate in team meetings, citing confidentiality as an obstacle. In this instance, the new employee insisted that he/she was bound to the same oath of confidentiality as any other staff member, and held firm. It worked. The implication of this vignette is that consumers who will personally confront resistance from other staff on a day-to-day basis need to be confident and assertive.

Seek the support of other supervisors of consumer employees.

Just as with any supervisory specialization, it can be helpful for those who oversee employees who are also consumers to confer with each other. The Department of Mental Health in Los Angeles County, for example, formed an organization of supervisors interested in promoting the employment of consumers in the mental health system, called Advocates for Employment. Together with the local organization of employees who are also consumers, (called the Consumer Employment Support Group), they have developed recommendations entitled, "When Mental Health Consumers Become Mental Health Employees." The document, provided in Appendix L, contains two parts: 1) Recommendations for Managers and Supervisors, and 2) Recommendations for New Employees.

Ask consumers what they need or want in a supervisor.

As with any other systems change effort, the employment of consumers will be most successful when it is guided by the needs and wants of the consumers themselves. If supervision is not going well, ask the employee for a frank discussion of what you each need from the working relationship and, perhaps, are not getting.

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Other overall recommendations for supervisors, based on the opinions of those interviewed for this report, are presented below.


ADVICE FOR THOSE WHO SUPERVISE EMPLOYEES WHO ARE ALSO CONSUMERS

■ Treat the employee like an employee, not like a consumer.

■ Don't lower your expectations for employees who are consumers. Expect them to perform and to take responsibility for their actions.

■ However, don't expect consumers to be super-men or super-women! Don't set a higher or different standard because they're consumers.

■ Part of your job is making sure that the needs of the agency are being met, so don't be afraid to do that.

■ There is traditionally a dependency in the client-staff relationship. Don't let that develop in the supervisory relationship. Nip it in the bud.

■ Don't be afraid to refer an employee to professional counseling if he/she starts to bring too many mental health problems into work-related discussions.

■ Give consumers real jobs, not make-work.

■ Avoid creating segregated direct service job classifications for consumers; they begin jobs in an inferior position with such job titles.

■ Keep in mind that employees may have physical disabilities which are not apparent, in addition to psychiatric disabilities (e.g. diabetes, seizure disorders, fibromyalgia, heart disease, etc.).

■ If an employee asks for job accommodations, handle the request in a business-like manner, and respond promptly. Long delays feel like the rejection of a request.

■ When you need to reprimand an employee, give the criticism in the way that you'd like to receive it. Try to do it in a way that enables him/her to hear the criticism and make fewer mistakes in the future, rather than putting him/her on the defensive. Be as constructive as possible.
- If possible, provide all of your staff with individual -- not group -- supervision. If that's impossible, give new employees individual supervisory sessions while they're on probation.

- Don't attribute all of an employee's actions or behaviors to mental illness. Don't jump to the conclusion that he/she is decompensating if stressed out. Sometimes employees -- including consumers -- just get stressed out.

- Get formal training in management skills if you've never had it.

- Provide adequate orientation for new employees. Don't put them in the job to "sink or swim." For example, provide a list of job duties and orientation on whom to contact with various categories of questions while new on the job.

- Have an open door policy and encourage your employees to have an open dialogue with you when problems occur. Listen.

- Consider initiating a mutual support group for employees who are current or former consumers. Take steps to protect the confidentiality of those who participate, and be clear that their involvement is optional. For example, announce the group to all staff, so that employees who have not previously self-identified as mental health consumers will have the opportunity to join.

CONCLUSION

Most of the recommendations offered in this section about the supervision of employees who are also consumers are based on sound management practices, compassion, and common sense. Supervisors are challenged to find the right balance between treating consumers as other employees and being flexible enough to accommodate special needs as they may arise. All of the supervisors interviewed for this report were enthusiastic about the experience. Merle Charles of Merced County said, "In some ways it's more rewarding to supervise consumers than non-consumers. I see that there is a genuine appreciation for life and helping others." In other words, stick with it! Supervising employees who are consumers may be difficult at times, but it can also be very rewarding.
PART IV:

EXPERIENCES OF EMPLOYEES WHO ARE ALSO CONSUMERS

"I think everyone who's hired as a consumer is treated differently because they are consumers. I don't think there's any way to get around it." - Anonymous
It is natural that individuals who have been treated in public mental health systems may become interested in working there. People are often attracted to the careers to which they have the most exposure, and those who have spent years in treatment have come in contact with dozens of psychiatrists, psychologists, nurses, social workers, psychiatric technicians, counselors, and other helping professionals. Some former clients choose to enter the field in order to give back the help they received. Others aim to improve a system that they find dysfunctional. There may be more pragmatic reasons, as well. Having gotten off-track in his career development due to his mental illness, one interviewee said, "After my last break, I figured out that I was playing in a playing field where I was disadvantaged. So I wanted to select an area where I was advantaged, where my mental illness gave me a head start. Obviously, the mental health field was where having a mental illness was an asset."

Consumers and non-consumers who work in mental health readily admit that their jobs are not easy. They are often frustrated by inadequate resources, the slow pace of change within bureaucracies, and the day-to-day stress of serving people whose lives are significantly disrupted by mental illness. One consumer who had left her position with a county said, "Some folks just have no idea what the job is going to take from them." Others described being exhausted by their work and spending weekends recuperating, in preparation to report to work again on Monday morning. But all of them found deep satisfaction in being able to help others and in applying their personal experience as a consumer of services in constructive and meaningful ways. Tina Wooton of Sacramento County said, "My personal experience with work has been empowering. Because of my job, I have more confidence and self-respect. I feel I have reached a goal in life - for example, being on the County Mental Health executive management team (administration). I always knew I had the skills, but this is the first time I've been able to utilize them."

Interestingly, virtually all of the consumers interviewed for this report first became involved as a provider of service on a volunteer basis. Volunteer work may be a viable way to test out one's interest in working in the mental health field. To further explore whether a job or career in mental health is right for you, consider the following questions.

LIST OF QUESTIONS
A CONSUMER SHOULD ASK HIM/HERSELF
BEFORE BEGINNING WORK
IN THE MENTAL HEALTH FIELD

- Do I want to spend my working hours immersed in public mental health issues?

- Will this position actually leave me better off financially, after considering the impact of wages on SSI, SSDI, MediCal (including share of cost), Medicare, food stamps, Section 8 Voucher, AFDC, etc.?
- Do I choose to work part-time or full-time?

- Am I prepared, physically and emotionally, to work full-time? What current activities will I have to give up in order to do so?

- Do I have or can I arrange the transportation, clothing, and other resources I need to work?

- Can I commute easily from home to my new job? Do I need to move?

- What is my motivation for going into this kind of work? Can I sustain this motivation without frequent positive reinforcement?

- Do I have enough distance from my own experience as a client to work constructively within the system?

- Do I have a sound plan for managing the symptoms of my mental illness? If taking medications...Do I have a psychiatrist I can work with cooperatively if I feel medication changes are needed or side effects are interfering with my ability to work?

- Where will I get mental health treatment after I start this job?

- How will I know if I am starting to experience heightened symptoms? Who do I wish to have intervene if this happens on the job? What action will I take if this happens on the job? Do I have a crisis plan?

- Am I strong enough to handle resistance on the part of non-consumer staff to my being there? Can I handle a work environment where not everyone's glad I'm there?

- How strong is my support system as I undertake a new and challenging job?

- Do I have contact with a network of consumers who can help me sustain my consumer identity and not be co-opted on the job?

- What activities can I build in to my life to relieve the stress associated with working? What activities will I take part in during you non-working hours to get my mind off of mental health issues for a change?

- Aside from being a consumer, do I have the ability to do the specific tasks of this job?
Do I understand exactly what I'm being asked to do? If not, ask for clarification.

There are a variety of pro's and con's to working in the field as a current or former service recipient. The San Mateo Community Rehabilitation Coalition conducted a survey in December 1996 of consumers employed in local mental health facilities. The respondents identified the following challenges and rewards:

Question: What DIFFICULTIES, if any, do you experience on the job?

Answers (from most frequent to least frequent):
- None.
- Stress.
- Not knowing how to do parts of the job.
- Need to learn to be more assertive.
- Need to set boundaries.
- Need to learn computer skills.
- Have to deal with other physical problems.
- Dealing with difficult consumers.
- Not feeling accepted/appreciated.
- Dealing with difficult situations.
- Focusing.
- Not enough time.
- Learning while on the job.
- Supervisor had not understanding of mental illness.
- No vacations.

Question: What is FULFILLING about your job?

Answers (from most frequent to least frequent):
- Working with people/consumers.
- Helping people/consumers.
- Giving something back, making a contribution, sharing experience & knowledge.
- Co-worker involvement and interaction.
- Seeing growth and progress develop from my work.
- Positive feedback from boss & consumers, personal growth, more self-esteem, feel appreciated.
- Enjoy working with staff.
- Flexible duties & hours.
- Earning money.

- Will you tell the clients you serve that you are a consumer?

Most of the consumers interviewed for this report were very open about being a consumer on the job. However, they generally waited until the appropriate time to discuss this aspect of their life experience with their clients. Pat Gallagher of Ventura County, an Instructor/Counselor at a residential program said, "The thing that's really important to me is the ability to disclose about my illness, especially in a mental health setting, because my point of view is unique, it's different. And unless I can give the benefit of my experience in my professional capacity, it's almost intolerable for me to work in mental health. It feels very false. It's like being black and pretending you're white! I don't know how to describe it. I've tried to have professional jobs without identifying and I feel like I'm living a lie! It's like I can't be who I really am. And when that happens, I'm not happy and I feel extremely isolated, and I think it leads to a lot of misunderstanding because my point of view is different."

When asked how often she discloses to her clients that she too is a consumer, Pat said: "Well, that's really interesting. I used to have this big thing about it, like when you first come out of the closet you over-disclose. I think I went through that during graduate school, and everybody knew everything! And over the past two years, I haven't disclosed unless I felt it would be helpful at that particular moment to the client. I don't automatically disclose to the client, I don't have that feeling anymore. If it's going to be a permanent relationship, or an enduring, lasting relationship, like a co-worker, I'll disclose, or feel like I have to. But if it's someone who's just passing through, or someone I'm working with professionally, I only disclose when I feel it's appropriate. So the percentage of times? I would say, right now in the [program where she works], I'd say only 1 out of 4 residents know."

Frank Compton, a Community Worker in L.A. County has developed a sense of when it is advisable to disclose. When asked if he tells his clients that he's a consumer, Compton said, "I let circumstances dictate that. Overall, yes, I have pretty much....One of the conditions of our types of services is to establish an ongoing relationship with the client so that we can get a better idea as to how we can help them....Part of that is letting them get to know us... In those types of discussions you can pretty much get a sense for where the clients are on that point without actually bringing it up... We work with the highest utilizers of hospital services in L.A. County. We want to work with them at their level, establish a trust that they can work with, not try to put things onto them, instead just see what they can or can't manage. So I don't wear it [my consumer identity] on my sleeve, but if the situation dictates it, or I can be of service, then I will go ahead and wear it on my sleeve, as the need be!"

Donna Nunes, Consumer Project Coordinator in Fresno County usually discloses to other consumers as soon as she meets them. "I start off by saying who I am and 'The most important part
of me, to you, is that I too am a mental health consumer and I am also employed full-time by Fresno County Mental Health. I let them know that I'd be more than happy to answer any questions they have about me. I tell them that I'm not going to lie and say it was easy, because it wasn't. I mean, I've been a mental health consumer for close to 15 years."

"It was imperative that they know that I am a mental health consumer. For me, it was the only way that it would work....Secrecy, not telling the truth, hiding things were very much a part of my life and now being a healthy recovered mental health consumer, no way would I ever do that. No, I'm proud of who I am and I think for me to be able to tell other consumers, "I'm Donna Nunes, I too have a mental illness and I call it recovery. I too was on all sort of medications...but now I can work 8 hours a day...I'm not their poster child, by any means, but I am an example."

- **Will you discuss your psychiatric disability with your colleagues?**

  Consumers taking positions entitled, "Peer Counselor" or "Consumer Liaison" don't really have a choice about disclosure. In responding to a pro-active recruitment of consumers for standard job classifications (such as "Mental Health Worker"), it may be to the applicant's benefit to disclose that he/she is a consumer. However, once on the job, employees choose to be more or less open about their personal experiences as a recipient of mental health services.

  In order to gain the insights of people identified as consumers in the mental health workforce, the consumers interviewed for this report were necessarily those who had disclosed on the job. Needless to say, there are staff in mental health agencies with personal and/or familial experiences of mental illness who have not disclosed. Their voices are not represented in this report, nor are their reasons for choosing not to disclose.

  Each of the consumers interviewed for this report recognized that the choice about disclosure is a highly personal, individual one. But many of them had strong reasons for having chosen to disclose.

  Pat Gallagher, for instance, said, "I will discuss my disability with sympathetic colleagues. There are some who don't want to relate to me personally so, of course, I don't discuss my problems in any great detail with them. But other colleagues, particularly friends, I will talk to freely."

  Mary Carley of Contra Costa's OFFICE Program, feels strongly that consumers should disclose on the job. "Let's face it here. We're not people who are going to work without mental illness. Let's be real here. Whether we call it a mental illness or a spiritual experience, there's something going on that I need to be able to take care of...If you're coming into a position that's specifically open to consumers, then you're already identified as a consumer, and you don't have to be in the closet about it. I've seen bad things happen when someone's having symptoms; they're trying to hide it, but everybody knows what's happening....We've found that if you start having symptoms and someone can say, 'Hey, you're having symptoms. What's on your crisis plan?'; they can follow it, even if they're in the beginning of the altered state."
• How will you handle the expectation, on the part of your colleagues, that you represent all "consumers"?

When a new employee is identified as a consumer in the workforce, they may be asked for their opinion on a variety of matters. The intent is good, but the effect can sometimes feel like tokenism. Obviously, no single individual can represent the views of all mental health consumers, no more than a single family member, staff member, or administrator can represent the diverse opinions of those groups. One's own experience of mental illness may be very different than others. For example, people who have had extensive careers prior to developing mental illness may have a very different life experience than someone who started in treatment during their teens.

Pat Gallagher has found this frustrating. She said, "It's kind of like being the token. You're in there, and professionals are asking you, 'What's the consumer point of view on this? What's the consumer point of view on that?' But...there's a problem in that you can't really speak for everyone, because you are an individual. But I will say this: I think that in places where I've worked, I have had a tremendous impact on individual staff, and some of the clients, and it's been good."

Another consumer shared this perspective: "There are a few of us [consumer employees] who are called upon to talk at everything, everywhere...there are times when I feel used because of it...being a token kind of thing. I don't think the intent is necessarily to use us, but at times it takes away from doing my regular job."

As much as possible, consumers who have secured paid positions within local mental health agencies should strive to serve as the conduit for input from and the catalyst for involvement of many consumers. When asked to serve on a committee, an employee who is also a consumer might suggest that other consumers should join him or her and receive a stipend for their service. It may be easiest for the agency to repeatedly invite the participation of their employee who is a consumer, but the employee can help prepare other consumers to contribute to meetings, workgroups, and task forces. Surveys of client opinions, preferences, and satisfaction with services can also help to bring forward the voices of many consumers. When employees who are also consumers work consistently to involve their peers in the operation of the mental health agency, their effect is broadened and the burden of representing "the consumer opinion" is alleviated.

• How will you moderate your expectations for yourself?

When asked what was most challenging about working in the mental health field, most of the consumers interviewed for this report commented on the overwhelming amount of work to be done, and the difficulty in accepting that one can't do more. This may spring from a very deep commitment to helping other consumers and a strong desire to make a difference. It may also result from the incredible pressure of seeming to represent all consumers in the eyes of one's colleagues.

Donna Nunes said, "The most challenging thing is to be able to make all of the meetings and be there on time and learning to prioritize. Learning that there is no way I am going to be able to do
everything that is required of me so I have to learn how to prioritize my time... You learn that you can rely on other people to bring you back information because there's no way you can be everywhere. That bothered me tremendously in the beginning. Part of me needs to be able to do everything and do it all well. I've had to learn that there's no way I can... Because I'm a mental health consumer, it's like I needed to prove that I was very bit as capable as everyone else."

Jay Mahler of Contra Costa County proposed that employees who are also consumers can help local mental health agencies prioritize the avalanche of work that sometimes overwhelms administrators. Staff, including consumers who are hired, may find themselves running from meeting to meeting, just trying to keep up. However, consumers can help the agency focus on the activities that will truly make a difference in clients' lives. We all need to ask: Which of these projects will really have an impact on the clients who need help? Who really needs to be at this meeting? If we don't have time to do everything, which task should come first?

Setting one's own priorities and finding meaning in work was a common theme among the consumers interviewed for this report. Frank Compton of Los Angeles County said, "When I first started here, I wasn't sure I was making a difference. Because you expect so much out of yourself, and you care, and stuff like that. But after a while, you start letting go, and letting people do for themselves, and realizing that's what's going to make the difference."

Another consumer with both physical and psychiatric impairments said, "The challenging stuff for me is in managing my disabilities and pacing myself."

- **Are you prepared to serve people who have a similar condition to your own?**

For the most part, the consumers interviewed for this report indicated that their own experience of mental illness and public mental health treatment was a unique strength on the job. A few people also reported that there were certain areas of work that were painfully familiar for them. For instance, a Mental Health Worker said, "I've had flashbacks of the abuse that I went through as a consumer because of the things that are brought up in staff meetings. I literally had to walk out of staff meetings because I couldn't sit and hear it anymore."

Similarly, another consumer reported that she would not advocate for clients during hearings on involuntary commitment. "That would be just too triggering for me. I wouldn't even attempt it."

Donna Nunes said, "It's very hard for me to work directly with children with serious emotional disturbance. It just hits too close to home. I'm not strong enough yet and I know that. I attend meetings there and I walk through and it's very painful when I see those children. For now, I'm working with families who have children in our system. Eventually I believe that I'll be able to work with kids too, but I'm not there yet."

Pat Gallagher described one experience in which a client's symptoms were eerily familiar. "He was decompensating, and his delusions were just like mine when I decompensate....I just
couldn't tell what was his stuff, what was my stuff, what was true. He was saying things that I had only thought, and believed....That's the toughest part. Having to deal with someone whose decompensation is very similar, and trying to keep any kind of boundaries up.... It just scared me to death. And there was no one I could talk to about it, because you don't talk about this kind of stuff to your co-workers.... But it doesn't happen very often. And I think I have to be in a prodromal stage myself for it to really get to me. I'm very vulnerable then."

Several consumers also reported that they needed to expand their view of the experience of mental health consumers beyond their own. While it can be misleading to talk about consumers in terms of their diagnoses, several consumers who had bipolar disorder said they hadn't realized, before they took their jobs, how different the experiences of some consumers with schizophrenia were. They had to learn that their experience of the mental health system was just that - their own experience, and to remain open to learning about the varying experiences of other consumers.

Frank Compton expressed this view: "Now as to being a consumer and working with consumers, one of the experiences that's very strange is to go back to a facility where I once spent time and got services from, and to go there to help somebody else. That's been quite an experience. It's really been an eye-opener. When I was ill, I had my narrow view of what's going on, and now to work with so many different people who have different symptoms, and learning just how broad the whole area is, and how blurred the line is from one individual's symptoms to another's, and the degrees and all of that. That's really been something that I had to keep on my toes constantly."

One should not assume that having been a consumer is sufficient preparation for any job. At a minimum, new employees need to learn the specific tasks and policies of each workplace. However, once they are up to speed, consumers are likely to bring an unusual depth of commitment and a refreshing perspective.

• **Are you prepared for the stresses associated with working full-time?**

Earlier sections of this report, written for administrators and others involved in the pro-active recruitment of consumers, addressed the pro's and con's of designing part-time vs. full-time positions. Those comments will not be repeated here.

While most of the interview questions for this report focused on the mental or emotional stresses associated with taking a job in the mental health field, several of the consumers I interviewed commented on the physical demands of their positions. In particular, people who had not recently worked full-time found it exhausting to be on the move all day. Others found their free time to be dramatically reduced, and often full of errands. Some even found that they had substantially less time to devote to friendships.

People with concurrent physical and mental disabilities may find it particularly strenuous to work full-time. However, they may find it helpful to start work part-time and gradually increase their hours.
• How will you handle the role shift from consumer to staff member?

One aspect of the role change from consumer to consumer employee that can be stressful is the reaction of other consumers. One County Mental Health Director told the story of the first consumer they had pro-actively hired. He worked as a Driver for the county and performed very well. At the end of his probationary period, the county offered him a permanent position, but he refused. He said that the change in roles was very difficult for him, that his friends were treating him as if he’d sold out, as if he’d gone over to the "other side."

A consumer interviewed for this report said, "There are limits I've had to put on relationships because of my position...clients who are friends. My personal relationships have had to be limited because here I was, their confidant, and they needed me for everything. I was advocating for them a lot before I was even hired and now I'm doing this for a living, and I can only hear so much....I've had people calling me through the night, at 2:00 in the morning, and I had to say, 'No more.' I had to turn off my phone. If I hadn't disclosed that I was a consumer, I don't think it would have mattered. The kind of work I'm doing would still require me to set those limits and some of my friends I'm not as close with 'cause I can't take care of everybody. I've had to make that shift personally and there have been times when people have wanted to confide in me certain things, and I've had to say, 'Go to your therapist or call another advocate.' I've had to be professional in that sense -- I'm not going to cross certain boundaries. It's been a big change....I've had to say, 'You're going to have to try to get help some other way,' in order to preserve myself. But this is nothing unusual for anyone in this field. Like a doctor going to a party and somebody asks for a diagnosis or help with their physical ailments. It's the same kind of thing; you set your limits. That makes it a shift for the people you've related to for so long in that care-giving way."

More or less overt rejection by co-workers can also be very discouraging and stressful. A consumer related this experience in a prior job: "I don't think I was accepted very well. The image that I can describe to you is that I'm sitting in the middle and there's a person in front of me and in back of me. They're trying to talk over [me] to one another. It's like they kind of sense that there's this object in the way; they try to talk over that person to one another."

Another consumer found most co-workers to be supportive, with a few exceptions. "At one point, someone made a comment about medication that sort of concerned me -- something like, 'Are you taking the right amount of medication?' or something like that. But for the most part, they've been extremely accepting of me, extremely impressed with my work, extremely supportive. I mean, there have been several times that I've wanted to quit, but because of the support I get from the other staff, it helped me through it."

One person said she feels well accepted by her colleagues - e.g. they go out to lunch together - but because she is in a part-time, temporary position without benefits, she often can't afford to attend formal functions or holiday parties.
When asked how fully she feels accepted by her colleagues on the job, Donna Nunes of Fresno County said, "I would say probably about 95%...and the other 5% is because I don't know every one of them."

There may also be a conflict between one's role as an advocate and one's responsibilities as a departmental employee. One consumer said, "There are time when I have to bite my tongue because I am representing the department and I may not agree with certain things. I'll even pray before I go to a presentation, 'Please help me find the right words.' I am fairly articulate and careful. But at times, you sort of see somebody's face and it's like, 'OK, what did I say wrong?' Like at a recent presentation where my boss was. Actually, she was thinking about something I had done at the office."

Some consumers who have taken jobs in mental health field find that they no longer belong entirely in either group. Consumers may see them as having "sold out" or "co-opted" yet staff still view them as a "client." One interviewee described the conflict between identifying with clients and identifying with staff as "a real hard tension." Some staff colleagues and fellow consumers will be unaffected by this role duality, while others may be quite rejecting. Each consumer must find his or her own path through this dilemma of working in the mental health field.

CONCLUSION

While there are many challenges inherent in taking a mental health job, every consumer interviewed for this report also expressed their delight at being able to make a difference in other consumers' lives. They consistently related how this feedback nourishes their motivation to continue in the field, despite the many challenges.

As more consumers become employed in the mental health field, they are sharing their experiences through writing and professional speaking. (See the list of "Resources for Further Information" at the end of this report for a list of some available documents). A speaker at the 1996 State-wide Adult System of Care Conference presented the following analysis of the barriers and benefits of being a consumer who is employed by a mental health agency.

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Barriers and problems that can be encountered by consumer co-workers:

- **Alienation**- This may arise from feeling "different" from others on the job. Oftentimes, we actually have a different educational or professional background from our non-consumer colleagues.

- **Stigma, ignorance, and insensitivity** - As the stresses of the occupation take their toll, we become less tolerant of oppositional behavior. As a result, our behavior can become ignorant and insensitive towards those we serve. Staff may be heard making cynical comments about the difficulty of working with a particular client.
Consumer co-worker mistakes may be attributed to inexperience or rationalized as part of their illness. The tolerance of consumer co-workers will be tested to keep the ignorance and insensitivity at bay. Consumer co-workers will need to speak up or become part of the ignorance and insensitivity of the system.

- **Social isolation** - One must be cautious in after-hours interactions with clients of the agency. Any advice, suggestions, or services provided after hours with adverse effects on the client involved could be detrimental to the service provider and carry liability for the agency. This liability factor can create a hesitancy to interact with fellow consumers off the job, thereby limiting sources and opportunities for social interaction.

- **Difficulty advancing into other positions** - Consumer co-workers can find themselves pigeon-holed into subordinate positions as aides or assistants to professional line staff. The contributions and abilities of consumer co-workers must be viewed as invaluable to the behavioral health system. Opportunities for advancement with increasing independence and responsibility must be made available with a built-in consideration of the consumer's ability to compete in the open job market.

**Benefits of being a consumer co-worker in the field of behavioral health:**

- **Education and knowledge gained** - The experience of being a consumer co-worker in the field of behavioral health is highly educational. For instance, one learns the principles of social work practice on the job. Social workers assist clients to make choices about their lives; it involves working with people's strengths and promoting a client-driven system.

- **Greater self-awareness** - Consumer co-workers are better able to manage their own illnesses due to the education and training received on the latest developments in the behavioral health field.

- **Satisfaction of knowing you are helping others** - Work in the behavioral health field affords the satisfaction of knowing that you are helping others. The greatest reward is seeing clients gain a greater awareness of their illness and utilize services to improve the quality of their lives. This gratification makes the difficulty of the occupation worthwhile.

- **Recognizing and overcoming one's own limitations** - As consumer co-workers, our analytical abilities are challenged on a daily basis. By facing these challenges, we use our judgement to make critical decisions. When correct decisions are made, we overcome our limitations and growth occurs.
- **Self-esteem** - The display of faith and trust by our employer to handle the responsibility bestowed upon us enhances self-esteem. Being entrusted to make critical decisions also promotes confidence.

- **Work experience** - Through on-the-job training, one learns a great deal about behavioral health issues and consumer activism. Consumer co-workers can improve their employability and climb the ladder to positions of greater responsibility, independence, and compensation.

One of the consumers interviewed for this report echoed these sentiments in an eloquent statement: "The most rewarding thing is when people tell me that I've made a difference with them. I mean, I'm brought to tears when I hear somebody come up to me and thank me for being of support to them. That's what keeps me going -- I can feel that I make a difference, even if it's just one person.

Donna Nunes of Fresno County also expressed this sentiment. "When I start a group and...they won't look me in the eye or they can barely say their names...and then all of a sudden about six weeks later, when we do introductions, those same ones who could barely speak then, not only do they sit up straight, they hold their head erect and are able to say, 'My name is Jose' whatever or 'Mary' whatever and still be proud of who they are. I've seen it happen time and time again...It's wonderful to see them being proud of who they are because so many have been beaten down over the years."
PART V:

OTHER ACTIONS LOCAL MENTAL HEALTH DIRECTORS MAY TAKE TO INCREASE CONSUMER INVOLVEMENT
Even counties/cities that are not prepared to move ahead immediately with hiring consumers can take steps to lay the foundation for future action. For example, Susie Frank, Executive Director of the Consumer Self-Help Center in Solano County, recommends that local mental health authorities invest energy and money into the growth of the local consumer movement, which helps prepare both the consumers and the mental health system for pro-active hiring. She cautions against moving ahead with hiring prior to the development of a local consumer advocacy group, as those who are hired can end up isolated and co-opted by the system. Several consumer leaders interviewed for this report also concurred. Actions taken by the local mental health agency may be as rigorous as publishing a Request for Proposals (RFP) for a consumer drop-in center, or as informal as initiating a brown-bag lunch series with agency staff and administrators. The method used by each city/county will vary depending on the size and geographic density of the area, the stage of evolution of the local consumer movement, and available funding.

Below are some examples of action steps by local mental health authorities to help prepare the consumers and staff in their area for the hiring of consumers.

- arrange a "Consumer Speaks" conference, planned and conducted by local consumers, to inform service providers and family members about consumers' perspectives
- issue a letter from the Local Mental Health Director to consumers, family members, contract providers, and county staff stating her/his enthusiastic support for growth of the local consumer movement, discussion group, peer counseling program, or Consumer Speaks conference, etc.
- create volunteer and/or stipend opportunities for consumers to offer self-help and advocacy activities
- develop a peer counseling training program
- offer individual counseling sessions on how wages affect eligibility for entitlements and how the Social Security Work Incentives might help preserve them, to enable clients to make more informed choices about work
- offer "benefits coaching" to consumers who may wish to pursue work in the mental health field but are concerned about the potential loss of entitlements
- create "internships" in the mental health agency with funds for expense reimbursement and stipends below the monthly threshold for wages that will affect SSI or SSDI payments

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19 Volunteer work can be an important entre into the mental health field: Nearly all of the consumers interviewed for this report began working in the mental health field as volunteers. Also, unpaid work can help consumers accumulate the experience needed to qualify for paid positions.
• actively work to prepare consumers to fill the vacancies on your Mental Health Board or Commission -- including, but not limited to, those designated only for consumers

• launch an ongoing discussion group to begin to break down the barriers among consumers, family members, and mental health service providers and provide or fund transportation to the meetings

• invite consumers to participate in all internal planning and policy-making committees, including Quality Improvement and Managed Care

• invite the Chair of the Mental Health Board/Commission (who may be a consumer or family member) to join management team meetings

• schedule monthly meetings in the community for consumers or family members to speak directly to the Mental Health Director about their issues, concerns, and hopes for the mental health system

• send consumers, family members, and staff together to conferences on public mental health issues

• send upper-level administrators, managers, supervisors, line staff and consumer advocates to consumer-run events such as the Alternatives Conference\footnote{This conference is held annually by one of the national consumer technical assistance centers, either the National Empowerment Center (1-800-POWER-2-U) or the National Mental Health Consumer Self-Help Clearinghouse (1-800-553-4539).}

• fund consumer-run self-help or advocacy programs through an existing contract provider

• contract out the Patients' Rights Advocacy function to a consumer-run agency with experience in this realm

• encourage or require your contract providers to hire consumers

• encourage or require your contract providers to appoint at least two consumers to their governing boards

• pro-actively hire consumers into any open position for which they qualify, such as Driver or Clerical Worker

• add the statement that "mental health consumers are encouraged to apply" to all job announcements
- include consumers and family members on the interview panels for all job openings

- through attrition, convert positions for senior licensed clinicians into several part-time or full-time entry-level positions for consumers

- if you don't have the budget or open positions to pro-actively hire consumers now, plan for it in next year's budget
CONCLUSION

The pro-active employment of consumers in the mental health workforce is a major step in the evolution toward client-directed services. This report documents its profound effects for local mental health administrators, employees who are also consumers, and their supervisors.

While the change process is sometimes challenging for everyone involved, it can also be revitalizing. Working alongside mental health consumers has the potential to reawaken the caring, wonder, and human connection that initially attracted many professionals to the mental health field in the first place. As we become increasingly pre-occupied with documentation, spreadsheets, and political threats to our budgets, the presence of consumers in the mental health workforce has the capacity to remind everyone -- both explicitly and implicitly -- about the underlying reason our jobs, agencies, and systems of care exist at all.

When we break down the barriers that separate us from people who have different life experiences, we are both enriched. Henry Tarke of San Diego County said, "When I first started in this field, it was definitely 'us v. them.' That's how I started as a clinician; that's what I was taught at school. But along the way, there was a change. I don't know how you capture that, what makes for that change. Maybe that's what you're trying to do in this report. I can't put my finger on why I changed, but I know I did."

When consumers are fully integrated in direct service, supervisory, and administrative roles in a mental health agency, it is virtually impossible to sustain an 'us v. them' mentality. We are then empowered, as Ram Dass said, to "heed the call of that natural caring impulse within, and follow where it leads us."
RESOURCES FOR FURTHER INFORMATION
RESOURCES FOR FURTHER INFORMATION


Beso, S.W. and Mahler, J. "Benefits and Challenges in Using Consumer Staff in Supported Housing Services." Psychiatric Services (formerly Hospital & Community Psychiatry), May 1993, Volume 44, Number 5, pp. 490-491.

B.E.S.T. Networks (Building the Employment Services Teams). Edie Covent, California Department of Mental Health (619) 645-2963 or Warren Hayes, California Department of Rehabilitation (916) 323-4345.

California Network of Mental Health Clients, (800) 626-7447.

California Department of Fair Employment and Housing, (800) 884-1684.

California Association of Social Rehabilitation Agencies (CASRA), (510) 229-2300.

California Institute for Mental Health (CIMH), 1119 K Street, Sacramento, CA 95814, (916) 556-3480.

California Department of Mental Health, Consumer Relations Liaison, Office of the Director, (916) 654-2309.


Center for Psychiatric Rehabilitation, Boston University, 930 Commonwealth Avenue, Boston, Massachusetts, 02215, (617) 353-3550.

Central Valley Adult/Older Adult System of Care Sub-Committee, California Mental Health Directors' Association (CMHDA). This sub-committee was asked by CMHDA to develop guidelines for the employment of consumers. Representatives from the 18 Central Valley counties.
have been deliberating for 18 months, and expect to publish their "Work Relationships -- Consumers in the Workplace" in Summer 1997. Their document was not ready for distribution at the time that this report went to press. Contact: Debbie DiNoto, Fresno County Health Services Agency, Mental Health Department, PO Box 11867, Fresno, CA 93775, (209) 453-3819.


"Compliance Guide to the Family and Medical Leave Act" available from the U.S. Department of Labor at (800) 959-FMLA or through their web site at http://www.dol.gov.


Deegan, P. "Recovering Our Sense of Value After Being Labeled 'Mentally Ill.'" Originally presented as a speech in 1993 and available from the National Empowerment Center, 20 Ballard Street, Lawrence, Massachusetts, 01843, phone 1-800-POWER-2-U.


Fisher, D.B. "A New Vision of Healing: A Reasonable Accommodation for Consumer/Survivors Working as Mental Health Providers." Available from the National Empowerment Center, 20 Ballard Street, Lawrence, Massachusetts, 01843, phone 1-800-POWER-2-U.

Ford, L. H. Providing Employment Support for People with Long-Term Mental Illness: Choices, Resources and Practical Strategies, for sale by Paul Brookes Publishing Co., PO Box 10624, Baltimore, MD 21285-0624, 800-638-3773.


**The Journal of the California Alliance for the Mentally Ill, Volume 6, Number 3: Self-Help.** Available from The California Alliance for the Mentally Ill, 1111 Howe Avenue, Suite 475, Sacramento, CA 95825, (916) 567-0163.


Mancuso, L. "Case Studies on Reasonable Accommodations for Workers with Psychiatric Disabilities" and "People with Psychiatric Disabilities, Employment, and the ADA: Turning Policy Into Practice - Report from the CMHS ADA Roundtable" by Laura Mancuso. Single copies available at no charge from Liz Cheyne, California Department of Mental Health, 1600 9th Street, Room 250, Sacramento, CA 95814, phone (916) 657-0290 or fax (916) 654-1732.

**Matrix Research Institute/University of Pennsylvania Research & Training Center on Vocational Rehabilitation and Mental Illness, 6008 Wayne Avenue, Philadelphia, Pennsylvania, 19144, voice (215) 438-8200 & TDD (215) 438-1506.**


National Empowerment Center, 20 Ballard Street, Lawrence, MA 01843, (800) POWER-2-U.

National Research & Training Center on Psychiatric Disability, University of Illinois at Chicago, 104 S. Michigan Avenue, Suite 900, Chicago, IL 60603-5901, (312) 422-8180.


OFFICE (Office For Family Involvement and Client Empowerment), Mental Health Consumer Concerns, 716 Alhambra Avenue, Martinez, CA 94553, (510) 646-4220.

Pacific Disability & Business Technical Assistance Center, 2618 Shattuck Avenue, Suite 301, Berkeley, CA 94704, 800-949-4232 (voice or TDD).

Protection & Advocacy, Inc. (PAI), 100 Howe Avenue, Suite #185 North, Sacramento, CA 95825, (800) 776-5746.

Peavey, D. "Ethical Dilemmas of the Consumer/Professional." Original research by Dorothy L. Peavey, MSW, 101 East 9th Avenue, #3A, Anchorage, AK 99501, (907) 277-3817.


Shafer, M., Middaugh, A., Rubin, M., and Jones, R. Best Practices in the Vocational Rehabilitation of Persons with Serious Mental Illness, for sale by the Community Rehabilitation
Division, Department of Family & Community Medicine, The University of Arizona, 816 E. University Blvd., Tucson, AZ 85775-2418, (602) 792-3542.


Stroul, Beth. Community Support Systems For Persons with Long-Term Mental Illness: Questions and Answers. Published in 1988 by the Community Support Program, National Institute of Mental Health, 5600 Fishers Lane, Rockville, MD, 20857.

Superior Counties Adult System of Care Sub-Committee, CMHDA. This sub-committee was asked in 1995 to prepare a report on reasonable accommodations for workers with psychiatric disabilities. Available from the California Mental Health Director's Association, 1119 K Street, 2nd Floor, Sacramento, CA 95814, (916) 556-3480.


APPENDICES
LIST OF APPENDICES

Appendix A

NASMHPD (National Association of State Mental Health Program Directors) Position Paper on Consumer Contributions to Mental Health Service Delivery Systems. Contact: Bruce Emery, Director, National Technical Assistance Center, NASMHPD, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333.

Appendix B

County of San Diego, Community Living Aide position announcement and supplemental questionnaire. Contact: Henry Tarke, Central Regional Manager, San Diego County Mental Health, (619) 692-8750.

Appendix C

Riverside County Position Announcement and Pre-Interview Questionnaire for Community Services Assistant. Contact: Larry Ogilvie, Program Chief, Riverside County Department of Mental Health, (909) 358-4511.

Appendix D

Solano County job announcement, supplemental questionnaire, and interview questions. Contact: Melanie Cook, Program Coordinator, Consumer Movement and Integration, Solano County Mental Health Division, (707) 421-4840.

Appendix E

Application form for OFFICE (Office For Family Involvement and Client Empowerment) Training Program, Contra Costa County. Contact: Mary Carley, Program Director, Office for Family Involvement and Client Empowerment, (510) 646-4220.

Appendix F

The Warning Signs Checklist, Warning Signs Rating Sheet, and Emergency Plan worksheets are reprinted with permission from the Symptom Management Module Patient Workbook, "Innovations in Skills Training for the Seriously Mentally Ill: The UCLA Social and Independent Living Skills Modules," Innovations and Research Volume 2, Number 2, 1993, pp. 43-60. For additional information on the UCLA Skill Training Modules, contact: Dissemination Coordinator, Psychiatric Rehabilitation Consultants, PO Box 6022, Camarillo, CA 93011-6022, phone (805) 484-5663, fax (805) 389-2593.
Appendix G

Stanislaus County Peer Recovery Stipend Program description, Board letter, and county contract with interns. Contact: Dan Souza, Assistant Director, Stanislaus County Mental Health, (209) 525-6225.

Appendix H

Santa Barbara County Policies and Procedures on Ethical, Professional, Responsible and Productive Staff Conduct. Contact: Teresa Boulette, Deputy Director for Clinical Services, (805) 681-5220.

Appendix I


Appendix J

Professional Ethical Standards and Policy from The Village Integrated Service Agency, Mental Health Association (MHA) of Los Angeles County. Contact: David Pilon, Ph.D., The Village, 456 Elm Avenue, Long Beach, CA 90802, (562) 437-6717.

The first two pages are an internal staff memo entitled, "MHA Professional Ethical Standards: Essential Points." The third page, entitled, "MHALA Agency Ethics Policy Regarding Staff/Member Relationships" is an excerpt from the Mental Health Association of Los Angeles County Policies and Procedures manual.

Appendix K


Appendix L

"When Mental Health Consumers Become Mental Health Employees: Recommendations for Managers and Supervisors, and Recommendations for New Employees." By the Advocates for Employment & Consumers in Supported Employment Group of the Los Angeles County Department of Mental Health. Contact: Arlin Divine, Community Support/Homeless Division, (213) 738-4991.

Appendix M

Job Description for Consumer Services Specialist hired through provider agency in Shasta County. Contact: James Broderick, Director, Shasta County Mental Health Services, (916) 225-5900.
National Association of
State Mental Health Program Directors
66 Canal Center Plaza, Suite 302, Alexandria, VA 22314 (703) 739-9333 Fax (703) 548-9517

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Executive Director

Noel A. Mazade, Ph.D.
Executive Director
NASMHPD
Research Institute, Inc.

NASMHPD POSITION PAPER
ON CONSUMER CONTRIBUTIONS TO
MENTAL HEALTH SERVICE DELIVERY SYSTEMS

The National Association of State Mental Health Program Directors (NASMHPD) recognizes that former mental patients/mental health consumers have a unique contribution to make to the improvement of the quality of mental health services in many arenas of the service delivery system. The significance of their unique contributions stems from expertise they have gained as recipients of mental health services, in addition to whatever formal education and credentials they may have.

Their contribution should be valued and sought in areas of program development, policy formation, program evaluation, quality assurance, system designs, education of mental health service providers, and the provision of direct services (as employees of the provider system). Therefore, expatients/consumers should be included in meaningful numbers in all of these activities. In order to maximize their potential contributions, their involvement should be supported in ways that promote dignity, respect, acceptance, integration, and choice. Support provided should include whatever financial, educational, or social assistance is required to enable their participation.

Additionally, client-operated self-help and mutual support services should be available in each locality as alternatives and adjuncts to existing mental health service delivery systems. State financial support should be provided to ensure their viability and independence.

- Developed by an Ad Hoc Committee on Consumer/Expatient Involvement meeting in Cambridge, Massachusetts, February 23, 1989.

- Approved by Executive Committee of Human Resource Division of NASMHPD on June 13, 1989, for consideration by the full membership of the NASMHPD Human Resource Division for action at its annual meeting in October, 1989, in Omaha, Nebraska.

- Approved by NASMHPD Board 12/12/89, and by Membership on 12/13/89 at Winter Commissioners/Directors meeting.
COMMUNITY LIVING AIDE

EXAMINATION NO. 17215C

Biweekly Salary: $540.80 - $657.60  Annual Salary: $14,060 - $17,097

APPLICATIONS MUST BE RECEIVED BY
5:00 P.M. ON FRIDAY, APRIL 12, 1996

Applications may be filed by mail (FAX NOT ACCEPTED) or in person at the Department of Human Resources.

EMPLOYMENT OPPORTUNITY

The County of San Diego Department of Health Services is seeking qualified applicants for Community Living Aide. Typical duties include transporting mental health consumers to appointments, meetings, hospital appointments or other activities; obtaining information from consumer; identifying problems; recommending available resources; assisting mental health consumers with daily activities; and observing consumers' behavior patterns and reporting progress to supervisor. The employment list created by this examination will be used to fill vacancies that occur during the next twelve (12) months.

EVALUATION AND SELECTION FACTORS

The main factors to be considered include general knowledge of mental health illnesses, behaviors and treatments; principles of interviewing to acquire information; and basic mathematics. Also to be considered are skills to assist mental health patients with daily activities; collect information on behalf of consumers; establish and maintain an effective rapport and credibility with consumers and consumer groups; and communicate effectively in oral form and compose readable written work.

EMPLOYMENT STANDARDS

EDUCATION/EXPERIENCE: Education, training and/or experience which clearly demonstrate possession of the knowledge and skills stated above. Examples of such a requirement include: Six (6) months experience in successfully relating to mental health consumers.

LICENSE: A valid California Class C driver's license is required at time of appointment. Employees in this class may be required to use their personal vehicle.

WORKING: Incumbents will be exposed to mental health clients and persons from various socio-economic backgrounds who may be hostile or violent or have contagious diseases.

THE EXAMINATION

The examination will consist of an objective evaluation of the training, experience, and/or education of each applicant meeting the minimum qualifications. This evaluation will be based on information contained in the employment application and supplemental application as related to the published evaluation and selection factors. Applicants will be ranked on the employment list based on the scores received during the rating of the application. MINIMUM GRADE REQUIRED, 70.

The provisions of this bulletin do not constitute an express or implied contract. Any provision contained in this bulletin may be modified or revoked. Acceptance of an application does not necessarily mean qualification for the final employment list.

Please contact Keith Bailes (619) 531-5123 to make arrangements to accommodate disabled persons' participation in this examination.

CLASS NO. 4910 (3-26-96) K. Bailes
Application DHR 1 and SAF

AN EQUAL OPPORTUNITY EMPLOYER

COMMUNITY LIVING AIDE
This supplemental application form is part of the application for employment and must be submitted with the general County employment application by the filing deadline.

Please respond completely and accurately to each item on this form. Your responses to Sections I. - III. must be printed in ink or typed on 8-1/2" x 11" sheets of paper and attached to this form. On each attached sheet of paper, write your full name, social security number, the position title and the examination number listed above. Your responses must be numbered to correspond to the Sections listed below. Resumes, letter of reference, transcripts, certificates of achievement, etc. will not be used in the evaluation process unless specifically requested in the examination announcement.

Section I. Qualifications

A. Do you have 6 months experience in successfully relating to mental health consumers?
   □ Yes       □ No

   If answer is "No", you do not meet the qualifications for this position and your application will not be considered.

   If answer is "Yes", please complete Section I.B. and C. this information will be evaluated to determine your eligibility to compete in the examination process.

B. Name the Mental Health Services or Social Services Program(s) where mental health experience was obtained. Include the entire name of the agency with whom this experience was obtained.

   Please describe your experience that qualifies you for the position of Community Living Aide. Identify your role and responsibilities as a volunteer, school intern, paid employee, consumer, etc.

Section II.

List any coursework or formal workshops in human behavior you have completed. Specify course/workshop title, name of educational institution, date taken (i.e. From - To), and number of units/hours.

Section III.

Community Living Aides assigned to Mental Health Services will work with consumers of mental health services. Consumers have been diagnosed as having one or more chronic mental disorders in the DSM IV (Diagnostic and Statistical Manual of Mental Disorders), often including substance abuse/addiction.

A. Describe your experience in understanding and relating to the issues and concerns of mental health consumers. In your response, specify techniques that you have used in supporting and assisting consumers.

B. Describe your experience in interviewing and observing the behavior of mental health consumers. In your response, specify the types of questions you have asked and observations you have made to better determine their mental, social and physical needs.
RIVERSIDE COUNTY PERSONNEL DEPARTMENT
INVITES APPLICATIONS FOR

COMBINED RECRUITMENT
COMMUNITY SERVICES ASSISTANT/
SOCIAL SERVICES ASSISTANT
JOB CODE: 57726-05

AN EQUAL EMPLOYMENT-AFFIRMATIVE ACTION EMPLOYER M/F/D/V

SALARY (approximate monthly)
COMMUNITY SERVICES ASSISTANT: $1551 to $1922
SOCIAL SERVICES ASSISTANT: $1662 to $2059

RECRUITMENT INFORMATION
This recruitment is being conducted to establish an eligible list which may be used to fill all future vacancies until March 10, 1998.

POSITION INFORMATION
Community Services Assistants assist professional staff by performing liaison functions between program assignments and clients; obtain background information, refer clients to various county and community services and transport clients to appointments or other functions.

Social Services Assistants provide routine social services which include supportive counseling, placement services, training, basic assessment and resource referral. May make home visits, instruct clients on appropriate methods of home management, child care, basic health and nutrition needs.

MINIMUM QUALIFICATIONS

Community Services Assistant: Option I: Experience: Six months of experience that involved public contact.

Option II: Education: 9 semester or 12 quarter units of coursework in behavioral or social sciences from a recognized college.

Social Services Assistant: Option I: Six months of experience as a Community Services Assistant with the Riverside County Department of Public Social Services or Department of Mental Health.

Option II: One year of full-time experience performing, client directed services in either a social services, health care, or mental health agency/organization.

Option III: Completion of 15 semester or 24 quarter units of coursework from a recognized college in psychology, sociology, social welfare, social/human services, or other behavioral sciences.

All Classes and All Options: License: Possession of a valid California Driver's License may be required for some positions.

Desirable Qualification: Bilingual ability in the English and Spanish languages is desirable.

SELECTION PROCEDURE
A written examination will be administered on Monday, March 10, 1997 in Indio and Friday, March 7, 1997 in Riverside. Approximately one week prior to this date, eligible candidates will be notified by mail of the exam time and location. The following topics will be covered: Interviewing Techniques, Public Contact, Map Reading, Human Services Concepts, Office Operations.

FINAL FILING DATE: 5:00 p.m., WEDNESDAY, FEBRUARY 5, 1997

NOTE: IN ADDITION TO THE STANDARD COUNTY APPLICATION, A SUPPLEMENTAL FORM AND SCANNABLE APPLICATION ARE REQUIRED.

IMPORTANT! Read the back of this bulletin for additional application and employment information.
SUPPLEMENTAL FORM
COMBINED RECRUITMENT
COMMUNITY SERVICES ASSISTANT
SOCIAL SERVICES ASSISTANT
JOB CODE: 57726-05

Social Security Number: __________________________

Name: __________________________________________ Date: __________________________

Address: ______________________________________ Phone: ( ) _____________________ (work or message)

______________________________________________ ( ) _____________________________ (home)

This form will be used in conjunction with the screening of your application. It is intended to allow you to more fully present your qualifications for the above position. A resume will not be accepted in lieu of the supplemental form.

1. Driver's License: Class_____ State_____ Number____________________ Date Expires_______

2. Describe your experience performing client directed services. For each position in which you gained this experience, provide job title, employer, dates when the duties were performed (from mo/yr to mo/yr), and a description of your duties.

3. List college coursework you have completed in psychology, sociology, social welfare, social/human services, or other behavioral sciences.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Sem.</th>
<th>Qtr.</th>
<th>Hours</th>
<th>Name of College</th>
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COMMUNITY SERVICES ASSISTANT

DEFINITION

Under direct supervision, assists professional staff by performing a variety of routine support services; acts as liaison between departmental staff, the community and clients; and does other work as assigned.

CLASS CHARACTERISTICS

Incumbents in this class are responsible for assisting professional staff by carrying out a variety of routine supportive functions, depending on their assignment; Community Services Assistants are responsible for performing liaison functions between the program which they are assigned to, the community and clients; obtaining important information about client background and tracking services provided on a case-by-case or group basis; identifying client needs and assisting in meeting needs through referral to various County services that are available; the incumbent reports to the supervisor in the branch or unit assigned.

EXAMPLES OF DUTIES

Provides basic information about departmental and program services, helping the community and/or clients understand policies and procedures; establishes effective lines of communication between the department, community and/or clients, provides feedback, verbally and in writing to appropriate professional staff members regarding community, and/or client response to program services; conducts formal and informal meetings to provide information to individuals regarding problems involved in daily living and/or job search; interviews clients to gather basic information; logs appropriate case related information, such as individuals contacted, services provided, and/or resources utilized; supervises the behavior and conduct of minors in various situations; assists clients in completing necessary forms and paperwork; monitors and reports to professional staff on client progress and adherence to rules of established agreements; monitors and reports to professional staff on client responses and interactions during approved family visitations; identifies and reports problem situations to professional staff; logs appropriate case-related information and progress reports; schedules appointments for services; refers clients to other agencies when appropriate; coordinates and/or provides necessary transportation to clients; assists professional staff by making home visits; makes computer inquiries and does record and/or background checks on clients; initiates and composes routine correspondence; compiles a variety of narrative and statistical reports; locates, receives, obtains and/or files court dockets; prepares list of dockets not received; reviews register of action; tracks cases on a monthly basis to remind professional staff of cases needing progress reports; maintains and updates files.

MINIMUM QUALIFICATIONS

License: A valid California driver's license may be required of some positions.
COMMUNITY SERVICES ASSISTANT (CONT'D)

OPTION I

Experience: Six months of experience that involved public contact.

OPTION II

Education: 9 semester or 12 quarter units of coursework in behavioral or social sciences from a recognized college.

Knowledge of: the basic needs and problems of disadvantaged groups and various other groups such as the elderly; multi-cultural and ethnic differences.

Ability to: learn the basic principles of various human services programs; understand the cultural and social factors affecting behavior patterns; effectively communicate social, cultural, and behavioral facts to professional staff and community members; communicate effectively and establish and maintain good relations with a wide range of social and ethnic groups; obtain and record accurate information.

Est 9/74
Rev 3/85
Rev 6/91
Rev 2/94; JB
Rev 6/94; JB
CONSUMER AFFAIRS LIAISON
Final Interview Questions
November 6, 1996

Interviewers: Gale Bataille. Mental Health Director
Punkie Nelson. Quality Improvement Manager
Wendy Walker Davis, State Department of Mental Health

1) Please describe your experience and education/training which prepares you for the role of Consumer Affairs Liaison. Include any experience in providing services to mental health clients (this may include volunteer experience.)

2) What is your experience in the mental health consumers’ empowerment movement? From your perspective, what are the goals of this “movement?”

3) Please give some examples of how a Consumer Affairs Liaison might contribute to improving the county mental health system for consumers?

4) Tell us about an experience you had in dealing with conflict in a work situation. What was the conflict and how was it addressed? (A)What did you learn about how you handle conflict? What would you do differently in the future?

5) An important duty of the Consumer Affairs Liaison is to function as the “complaint and grievance coordinator” for mental health services. How would you handle the following situation? What issues would you be concerned about?

A friend of yours in the consumer movement files a written complaint that her case manager is unwilling to support her in finding an apartment until she is involved in dual track groups (groups to support society and recovery) for at least four months. She also complains to you about this situation during a consumer movement meeting. In your own experience, this case manager sometimes seems to follow his own agenda rather than client goals. How would you handle your friend’s complaint during the consumer meeting? What would you say about your own feelings about this case manager? What issues does this bring up for you in your role?
6) If you were asked to set up a series of educational workshops for parents and significant others of clients, how would you approach this task? What are some possible topics for the trainings?

7) Please describe your problem solving skills and approach. What other skills do you have that make you the best candidate for this job?

8) This concludes our formal questions. Is there anything you would like to add or questions that you would like to ask?
COUNTY OF SOLANO
AN EQUAL OPPORTUNITY EMPLOYER
Women, minorities and persons with disabilities are encouraged to apply

ANNOUNCES AN EXAMINATION FOR:
MENTAL HEALTH COUNSELOR
(Mental Health Consumer Experience Required)

APPROXIMATE ANNUAL SALARY: $23,531 - $28,603

Job Code: 96-43310/001

FINAL FILING DATE: MAY 22, 1996

THE POSITION: Incumbents provide technical level support counseling and rehabilitative treatment services to clients with major mental disorders requiring intensive and/or long term treatment to maintain the capacity for self-care and independent living. Incumbents are assigned to work in either a child, adolescent or adult day treatment center. The current vacancy is in either the County’s Adult Day Treatment Center or Continuous Treatment Team in Fairfield.

TYPICAL DUTIES: Typical duties include: Counseling individuals/families and groups to enhance mental and emotional stability, level of social functioning and independent living using a variety of support counseling modalities and social rehabilitation techniques; referring clients to available therapeutic, social service and medical resources, when appropriate; performing crisis intervention when necessary which may include physical restraint of clients; interviewing clients, family and other involved parties to evaluate clients' needs and assess clients' condition; observing and reporting clients' behavior; opening cases and establishing case files; explaining procedures and client rights and responsibilities; assisting in the development and implementation of treatment plans; transporting clients when necessary; planning and implementing recreational, educational and socialization activities to enhance clients' social skills and ability to function in the community; preparing a variety of narrative and statistical reports; documenting case files; providing peer counseling and self-help services to Mental Health consumers as appropriate; assisting clients through the counseling process to develop self advocacy, communication and empowerment skills; providing information and education to consumers on Self-Help services and activities. Other duties may include leading the work of others and/or assisting in the training of personnel; and assisting in facility maintenance.

QUALIFICATION GUIDELINES: Typical qualifying experience would be a minimum of one (1) year full time professional mental health counseling experience involving the counseling of emotionally/mentally disturbed clients in a mental health treatment program. Experience as a Mental Health consumer and the ability to provide peer/self-help counseling is required.

SPECIAL REQUIREMENTS: Possession of or ability to obtain a valid Class C California driver's license is required. Independent travel is required. Selectees for employment must, as a condition for employment, sign a statement agreeing to comply with Section 11166 of the California Penal Code relating to child abuse reporting. Candidates for some positions may be required to pass a background investigation. Some positions may require bilingual skills.

THE EXAMINATION: Applicants meeting Qualifications Guidelines requirements will have their applications evaluated by a Screening Committee on approximately June 6, 1996. Candidates scoring at least 70% will be placed on the Eligible List and may be invited to a hiring interview with the Department of Health and Social Services according to rank on the Eligible List. Notification will be made by mail at each step in the examination process.

TO APPLY: Resumes are encouraged, but are not accepted in lieu of an Official Application. Applicants must file a completed Official Application and a completed Supplemental Questionnaire with the Solano County Department of Human Resources, 580 Texas Street, Fairfield, CA 94533 by 5:00 PM on the Final Filing Date. 24 Hour JOB LINE; (707) 421-6174. EOE/AA.
SUPPLEMENTAL QUESTIONNAIRE

MENTAL HEALTH COUNSELOR - JOURNEY
(Mental Health Consumer Experience Required)

NAME: _______________________________ DATE: __________

This Supplemental Questionnaire will be used to help determine your qualifications for this position, whether you continue in the recruitment process and will be used to determine your placement on the Eligible List. Be sure to answer the questions thoroughly and completely.

Describe your experience in the following areas; **INCLUDE DURATION OF DUTIES FOR EACH ANSWER**:

1. Counseling emotionally/mentally ill clients;

2. Experience as a Mental Health consumer;

3. Peer counseling;

4. Mental Health consumer Self-Help Movement and Self-Help Advocacy Services
5. Participating in, and knowledge of, the following areas as they relate to substance abuse, crisis intervention and forensic related services:
   
a. Treatment planning;
   
b. Accessing community resources;
   
c. Models of service delivery;

6. Organizing and providing group recreational activities to fellow Mental Health consumers

7. Writing narrative reports such as Incident Reports, Progress Reports, etc.;
Interview Questions
Mental Health Counselor--Journey
Mental Health Consumer Experience

1. Please describe why you are interested in this job and what experience you have working
   with chronically mentally ill individual. Be sure to mention experience you have providing
   peer counseling services and/or participating in the Consumer Mental Health Movement.

2. By coming into this position you will be changing you role from a consumer to a
   consumer/provider. What challenges will this present for you? What support would you
   want from the team, your supervisor, and/or peers?

3. What challenges do you feel you will face as the one of the first persons in a designated
   consumer provider position? How do you feel you will deal with these issues?

4. Part of this job involves referring consumers to services and agencies in the community--
   what community resources are you familiar with and how would you familiarize yourself
   with other potential referral resources?

5. What signs and symptoms would you look for to determine if a person is imminently
   suicidal? How would you proceed if you felt someone was at risk for harming themselves?

6. How will your consumer experience be of benefit to the consumers you work with in the
   system? How will it be of benefit to the treatment team?

7. Have you had past negative experiences with a mental health system that might affect your
   work here?

8. Imagine that you are involved in a team meeting and the psychiatrist begins to discuss a case.
   As they are talking you realize that they are talking about someone you know. Some things
   are said that you know are not accurate--how would you deal with this situation? What, if
   anything, would you say to the person you know whose case is being discussed?

9. You have been assigned to assist a consumer in learning how to use public transportation
   because they want to get a job and do not have other means of transportation. When you
   arrive at their home, the consumer says that they don’t want to get on the bus because they
   are afraid of being attacked and all the busses are monitored by aliens. How would you
   proceed?

10. What is an example of a work situation, paid or volunteer, that you feel you have handled
    particularly well? What is an example of a situation that you wish you would have handled
    better?

11. Is there anything else you would like to add? Do you have any questions for us?
COUNTY OF SOLANO
AN EQUAL OPPORTUNITY EMPLOYER
Women, minorities and persons with disabilities
are encouraged to apply

ANNOUNCES AN EXAMINATION FOR:
Mental Health Counselor (Entry)
(Mental Health Consumer Experience Required)

APPROXIMATE ANNUAL SALARY: $19,998 - $24,308

FINAL FILING DATE: 5:00 PM, MAY 15, 1996.

THE POSITION: The incumbent will be responsible for assisting in providing social rehabilitative treatment services in the Solano County Health and Social Services Department’s Mental Health Division in Fairfield and/or Vallejo. Incumbents perform technical work of limited scope, difficulty and complexity such as support counseling and promoting consumer self-help. Incumbents are expected to acquire greater independence and demonstrate possession of and competency in knowledge and abilities for promotion to Mental Health Counselor.

TYPICAL DUTIES: Typical duties include: Interviewing clients, family members and other involved parties to evaluate client's needs; participating in individual group/counseling to enhance mental and emotional stability, level of social functioning and independent living; participating in treatment planning and case management; organizing and leading group recreational activities; writing reports; providing peer counseling and self-help services to Mental Health consumers, as appropriate; assisting clients in the counseling process to develop self advocacy, communication and empowerment skills; providing information to consumers on Self-Help services and activities and the consumer Self-Help movement. Other duties may include working as part of a team.

QUALIFICATION GUIDELINES: Typical qualifying experience would be six (6) months Mental Health experience involving counseling of emotionally/mentally ill clients in a mental health treatment program or facility which demonstrates possession of and competency in requisite knowledge and abilities. Experience as a Mental Health consumer is also required.

KNOWLEDGE/ABILITIES: Considerable knowledge of the problems and needs of mentally and emotionally disturbed individuals; the purpose and objectives of community mental health programs. Working knowledge of interviewing support counseling and social rehabilitation methods and techniques used with mental health clients; psychiatric terminology; medications commonly prescribed psychiatric patients;

SPECIAL REQUIREMENTS: Possession of or ability to obtain a valid Class C California driver's license is required. Some positions in this class may require Mental Health consumer experience and the ability to provide peer/self-help counseling.

SUPPLEMENTAL INFORMATION: Independent travel is required. Positions in this class may require bilingual skills. Selectees for employment must, as a condition of employment, sign a statement agreeing to comply with Section 11166 of the California Penal Code relating to child abuse reporting. Child abuse candidates for some positions may be required to pass a background investigation. Some positions may require working weekends and after normal working hours.

THE EXAMINATION: Applicants meeting Qualifications Guidelines requirements will have their applications evaluated by a Screening Committee on approximately May 23, 1996. Candidates scoring at least 70% will have their name placed on the Eligible List and may be invited to a hiring interview with the Department of Health and Social Services according to rank on the Eligible List. Notification will be made by mail at each step in the examination process.

TO APPLY: Resumes are encouraged, but are not accepted in lieu of an Official Application. Applicants must file a completed Official Application and a completed Supplemental Questionnaire with the Solano County Department of Human Resources, 580 Texas Street, Fairfield, CA 94533. 24 Hour JOB LINE; (707) 421-6174.

Solano County does not fax application materials or accept faxed applications. The eligible list established as a result of this recruitment will be valid for a period of 12 months and will expire without further notification. It is the applicant's responsibility to ensure his/her application is received in the Solano County Department of Human Resources by 5:00 P.M. on the final filing date.
SUPPLEMENTAL QUESTIONNAIRE

MENTAL HEALTH COUNSELOR - ENTRY
(Mental Health Consumer Experience Required)

NAME: ____________________________  DATE: __________

This Supplemental Questionnaire will be used to help determine your qualifications for this position, whether you continue in the recruitment process and will be used to determine your placement on the Eligible List. Be sure to answer the questions thoroughly and completely.

Describe your experience in the following areas:

1. Counseling emotionally/mentally ill clients;

2. Experience as a Mental Health consumer;

3. Peer counseling;

4. Mental Health consumer Self-Help Movement and Self-Help Advocacy Services
5. Participating in, and knowledge of, the following areas as they relate to substance abuse, crisis intervention and forensic related services:

   a. Treatment planning;

   b. Accessing community resources;

   c. Models of service delivery;

6. Organizing and providing group recreational activities to fellow Mental Health consumers

7. Writing narrative reports such as Incident or Progress Reports;
Interview Questions
Mental Health Counselor--Journey
Mental Health Consumer Experience

1. Please describe why you are interested in this job and what experience you have working with chronically mentally ill individual. Be sure to mention experience you have providing peer counseling services and/or participating in the Consumer Mental Health Movement.

2. By coming into this position you will be changing you role from a consumer to a consumer/provider. What challenges will this present for you? What support would you want from the team, your supervisor, and/or peers?

3. What challenges do you feel you will face as the one of the first persons in a designated consumer provider position? How do you feel you will deal with these issues?

4. Part of this job involves referring consumers to services and agencies in the community—what community resources are you familiar with and how would you familiarize yourself with other potential referral resources?

5. What signs and symptoms would you look for to determine if a person is imminently suicidal? How would you proceed if you felt someone was at risk for harming themselves?

6. How will your consumer experience be of benefit to the consumers you work with in the system? How will it be of benefit to the treatment team?

7. Have you had past negative experiences with a mental health system that might affect your work here?

8. Imagine that you are involved in a team meeting and the psychiatrist begins to discuss a case. As they are talking you realize that they are talking about someone you know. Some things are said that you know are not accurate—how would you deal with this situation? What, if anything, would you say to the person you know whose case is being discussed?

9. You have been assigned to assist a consumer in learning how to use public transportation because they want to get a job and do not have other means of transportation. When you arrive at their home, the consumer says that they don’t want to get on the bus because they are afraid of being attacked and all the busses are monitored by aliens. How would you proceed?

10. What is an example of a work situation, paid or volunteer, that you feel you have handled particularly well? What is an example of a situation that you wish you would have handled better?

11. Is there anything else you would like to add? Do you have any questions for us?
Second Interview

Mental Health Counselor Entry

By coming into this position you will be changing your role from a consumer to a consumer/provider. What challenges will this present for you? How will you deal with these issues? What support would you want from the team/your supervisor/consumer peer?

All of your co workers are gone or in groups, you receive a phone call from a family member of a consumer who you know well. You are unsure if a consent to release information is currently signed, and the chart is not available. The caller wants to share information about the consumer with you; talk with their family member, and discuss how the person is doing in treatment. What will you do? What is a reasonable response?

Why do you want this job?
COUNTY OF SOLANO

AN EQUAL OPPORTUNITY EMPLOYER
Women, minorities and persons with disabilities are encouraged to apply

ANNOUNCES AN EXAMINATION FOR:

CONSUMER AFFAIRS LIAISON
(Mental Health Consumer Experience Required)

APPROXIMATE ANNUAL SALARY: $26,260 - $31,920 (JOB CODE 96-43323/001)

FINAL FILING DATE: 5:00 PM, JULY 26, 1996.

THE POSITION: The incumbent will be responsible for providing technical assistance and liaison between the consumers of mental health services and the County Mental Health Division in Fairfield. It is characterized by the responsibility for seeking consumer involvement and participation in planning and service delivery, coordinating consumer complaints and grievances, and the processing and resolution of issues of concern.

TYPICAL DUTIES: Typical duties include: Meeting with a variety of community groups, consumer organizations, committees, advisory boards and County supervisory staff; acting as the department liaison to consumer organizations and mental health staff; arranging and providing for training related to consumer mental health issues and self-help services for internal staff, consumers and family members; reviewing and making recommendations on current and future policies regarding mental health services; developing grievance procedures; performing peer/self-help services; maintaining current information regarding consumer movement organizations, including membership, as required; assisting the Quality Assurance Manager regarding complaints and conducting investigations; performing related duties, as required.

QUALIFICATION GUIDELINES: Typical qualifying experience would be a Bachelor's Degree or equivalent course work in Psychology or Sociology or other closely related field of education which demonstrates possession of and competency in requisite knowledge and abilities, AND two years experience working with mental health programs on a city, county, state or national level. One year of this experience must have been with a mental health consumer organization, self-help or peer support service. This position also requires experience as a mental health consumer (user).

KNOWLEDGE/ABILITIES: General knowledge of the theories, principles and practices of Psychology, Sociology and/or Human Services and Mental Health legislation and an understanding of consumer empowerment. Knowledge of individual and group behavior related to mental health, mental illness or other psychological and sociological related dynamics. Ability to conduct investigations of problem areas and objectively analyze information; develop and write clear and concise reports on key issues related to a particular complaint or problem area; evaluate effectiveness of program operations; evaluate and provide recommendations for implementation of policies and/or programs within the scope of duties; deal with a variety of individuals and groups; communicate orally with individuals and large groups.

SPECIAL REQUIREMENTS: Possession of or ability to obtain a valid Class C California driver's license may be required. Independent travel is required.

THE EXAMINATION: Applicants meeting Qualification Guidelines requirements will have their applications evaluated by a Screening Committee. The most qualified candidates will be invited to appear before an Oral Board Panel on approximately August 22, 1996. Candidates scoring at least 70% will have their names placed on the Eligible List and may be invited to a hiring interview with the Department of Health and Social Services according to rank on the Eligible List. Notification will be made by mail at each step in the examination process.

TO APPLY: Resumes are encouraged, but are not accepted in lieu of an Official Application. Applicants must file a completed Official Application and a completed Supplemental Application with the Solano County Department of Human Resources, 580 Texas Street, Fairfield, CA 94533. 24 Hour JOB LINE; (707) 421-6174. EOE/AA.

**********************
Solano County does not fax application materials or accept faxed applications. The eligible list established as a result of this recruitment will be valid for a period of 12 months and will expire without further notification. It is the applicant’s responsibility to ensure higher application is received in the Solano County Department of Human Resources by 5:00 P.M. on the final filing date.
CONSUMER AFFAIRS LIAISON
Duty Statement and Initial Tasks

Primary day to day supervisor is the Mental Health Quality Improvement Manager. Also, meets as needed (generally twice a month) with the Mental Health Director regarding specific projects or concerns.

Duties: General duties are described in the Consumer Affairs Liaison Classification (attached). The following are specific job duties that will have priority within the first year of working in this position.

1. Acts as Mental Health Services consumer affairs liaison to consumer organizations and mental health staff. This function includes identifying issues and needs of consumers/consumer organizations and conveying these issues/needs to mental health management.

- attend meetings of consumer organizations including but not limited to: Helping Hands, Solano Alliance for the Mentally Ill, the Solano Parent Network.

- attends and may facilitate consumer affairs planning meetings including:
  - County Consumer Liaison Meeting/ Consumer Advisory Committee (monthly)
  - Consumer as Provider (“Co-Pro”) planning meetings

- attend Mental Health Board meetings (monthly)

- attend other Division meetings as appropriate including:
  - Quality Improvement Committee (monthly)
  - Managed Care Steering Committee (quarterly)
  - SOCCO - Adult System of Care Planning (monthly)
  - Childrens System of Care Coordinating Committee (quarterly)

2. Functions as member of the Mental Health Administrative Team and provides “consumer perspective” regarding program and administrative priorities and concerns.

3. Functions as the Mental Health Services Grievance Coordinator including:
   - assists with implementation of Complaint and Grievance policy and procedures;
   - assists with staff training re: complaint policy and procedures
   - provides recommendations for revisions/improvements to procedures.

See attached Grievance Coordinator memo for additional duties as Grievance Coordinator.

Note: the implementation of the complaint/grievance system is a top priority.

4. In consultation with Melanie Cook, Consumer Affairs Coordinator, develop and set priorities
SUPPLEMENTAL QUESTIONNAIRE

CONSUMER AFFAIRS LIAISON
(Consumer Experience Required)

NAME:____________________________________ DATE:________________

This Supplemental Questionnaire will be used to help determine your qualifications for this position, whether you continue in the recruitment process. Be sure to answer the questions thoroughly and completely. Additional pages may be used.

Describe your experience relevant to this position in the following areas:

1. Experience working with mental health programs in a city, county, state or national level
   (Include duration of work, agency employed by, and specific responsibilities);

2. Experience as mental health consumer (user) and describe the mental health consumer organizations, self-help or peer support service you utilized. (Include duration of experience).

3. Do you have a Bachelor's degree in Psychology, Sociology or closely related field? yes____ no ____ If not, do you have course work equivalent to a Bachelor's Degree in another closely related field? If so, list specific course work you have completed, including where and when you achieved it.
for the following types of training programs:

(a) Preparing direct consumers for effective participation in Mental Health and Department planning and program development activities. Training topics might include: orientation to mental health system, mental health managed care, how to participate effectively in meetings, etc...

(b) Educational seminar which could be provided to parents and significant others of psychiatrically disabled adults. Topics might include: orientation to mental health services, how to provide support as a parent/significant other, medications and their effects, personal crisis management plans, the effects of drugs/alcohol on persons with psychiatric disabilities...

(c) Consumer empowerment and rehabilitation seminars/courses in coordination with Helping Hands. We might offer this course through the Solano Community College and would build on the framework of the “consumer as provider” course offered by the MHCC Office Program in the Spring of 1994. Topics might include: how to be your own advocate, developing a personal support and crisis plan, symptom reduction and coping, conflict management, peer support, understanding the mental health system, etc. . . .
SELECTION INTERVIEW DOCUMENTATION

DEPARTMENT: Mental Health  POSITION TITLE: Consumer Affairs Liaison
INTERVIEWER(S): Melanie Cook

DATE SUBMITTED: _______________ INTERVIEW DATE(S): __________
TIME: ______ LOCATION: 1735 ENTERPRISE DR., BLDG 3, FAIRFIELD

STANDARD SELECTION INTERVIEW QUESTIONS:

1.) What is your understanding and involvement in the Mental Health Consumer Empowerment Movement?

2.) Tell us about your experience in working with Mental Health Consumers (i.e. delivering either mental health or peer counseling services)

3.) Situational question: An irate mental health consumer comes to you the Consumer Affairs Liaison and states that she was treated very poorly if not abusively by a mental health provider at one of the clinics. She also states that she plans to take legal action against this provider. How might you go about dealing with this situation?

4.) Please describe a situation (in a business or professional setting) in which there was conflict among staff and where you were involved in resolving it. How did you attempt to resolve the conflict? What other approaches might have been helpful?

5.) In the past, five clients have given you either written or verbal complaints about a specific doctor. All of these complaints are currently resolved to the consumers' satisfaction. Another consumer comes to you today and wants to make a written complaint about this same Doctor. How might you proceed to deal with this sixth complaint of the same doctor?

6.) The father of one of the county's consumers comes to you with a subpoena from his attorney to release the consumer's medical records to him.
   a) What do you do?
   b) When do you have authority to release medical information to anyone?
7.) A consumer comes to you and requests transportation from you to his doctor’s appointment. You are willing and have the time to take him. You later find out that his case manager disagrees with transporting the consumer to this appointment.

   a) What might you do to deal with this situation?

   b) If both you and the clinician ended up disagreeing, how might you go about resolving this conflict?

8.) What are some of your personal strengths and weakness as they pertain to this job?

9.) Describe your experience writing reports and/or grievance reports. Describe experience in developing consumer empowerment or outreach services for direct consumers and families.
2/26/97

TO: Laura Mancuso

FROM: Mary Carley

RE: Crisis plan information

ENC.: Warning Sign Checklist (2 pages)
Warning Signs Rating Sheet (2 pages)
Emergency Plan (2 pages)

Please note: The Warning Signs Checklist and Rating Sheet process is necessary to prepare a personalized emergency/crisis plan.

Consumer/survivors may want to de-medicalize this and create their own process. In any case, people get a chance to look at the way they choose to take care of themselves in an emergency or crisis situation. I hope this helps.

Please give my phone number to anyone who might have questions - (510) 234-1980.
O.F.F.I.C.E.

APPLICATION PACKET FOR

Mental Health Service Provider Training

A Training for Mental Health Clients

GENERAL INFORMATION ABOUT THE TRAINING

The Mental Health Service Provider Training is an intensive 12-week training and support program developed and sponsored by Contra Costa County Mental Health and the Office for Family Involvement & Client Empowerment (O.F.F.I.C.E.). The training is for mental health clients who desire to work as volunteer or paid mental health service provider.

PLEASE, NOTE:

1. Completion of this training will not guarantee employment. Graduates gain valuable understanding of Community Support Worker position, Mental Health System and develop a better understanding of their next steps in ongoing process of improving the quality of their lives. Graduation from Training meets the requirements for application for Community Support Worker for CCC.

2. O.F.F.I.C.E. does not have the ability to provide the intensive levels of supports necessary for those people who are currently actively using drugs or alcohol. Therefore, we can only accept those students who have been clean and sober for at least six months, if applicable.

Paid and volunteer mental health service providers will work in county and private mental health programs providing needed services to other mental health clients such as peer support in substance abuse issues, living skills training, benefits advocacy, assistance with appointments and housing, and many other needed services. In addition, on-going peer support will be provided to assist with helping each trainee to be as successful as possible.

If you or someone you know is interested in training, volunteering, or working as a service provider, or if you would like to attend and participate in the training as a way of learning valuable skills and investigating your options for paid or volunteer work, then please read on.

DIRECTIONS FOR APPLICATION

Pick up applications at the CCC Mental Health locations & Contract Agencies
For more information, please call Mary Carley (510)234-1980, 24 hours a day

Mail completed applications to: Attn. Mary Carley, Mental Health Consumer Concerns, 716 Alhambra Ave., Martinez, CA 94553

Applications must be received by FEBRUARY 18, 1997

PLEASE DUPLICATE AND DISTRIBUTE COPIES OF THIS APPLICATION
O.F.F.I.C.E.

APPLICATION PACKET FOR
Mental Health Service Provider Training
A Training for Mental Health Clients
Page 2

• Please, complete this application yourself
• Please, print or write LEGIBLY IN YOUR OWN HANDWRITING. If you need assistance, please, call Mary Carley (510)234-1980
• Use additional paper if necessary and indicate which questions you are answering
• Answer all questions as completely as possible
• Application must be received at M.H.C.C. by FEBRUARY 18, 1997

First Name ____________________________ Last Name ____________________________
Address ________________________________________________________________
City ____________________________ Zip Code ____________________________
Home Phone ____________________________ Day Phone ____________________________ Message Phone ____________________________
Date of Birth ____________________________ Social security Number ____________________________
Your living situation (Board & Care Home, With Family, Rent an Apartment, Etc.)

How long have you lived at this address? ______________________________________
Is this address a Shelter or other non-permanent or temporary living situation?
YES ________ NO ________
CA Driver License Number ____________________________ If you don’t have a current valid California driver license number are you interested in assistance in obtaining one? ____________________________
If no California driver license number - California ID Number ____________________________
Last Grade in school Completed (or any other training) ____________________________

Ethnic Background
African American ______ Hispanic ______ Native American ______
Pacific Islander ______ Asian ______ Caucasian ______
Other, please identify ____________________________

Have you ever received public or private mental health services in Contra Costa County? ______
If yes, where and when? ____________________________

In what regions of Contra Costa County are you willing to work or volunteer?
West ______ Central ______ East ______
1. What is the nature of your experience as a current or past client of the mental health system? (Please, provide as much details as possible)

2. During the past 10 years have you attended or participated in any of the following? Give dates when attended.
   Day programs _____ If yes, give names of programs and when attended.

   Self help Groups:

   Trainings:

   Other treatment programs:

3. Why are you interested in the Mental Health Service Provider Training?

4. Describe your future work or volunteer interests.
5. What is your work history for the past five years? Please, include volunteer jobs. Also indicate relevant work experience going back further than five years.

6. Have you received assistance from the following programs? Indicate when, and if you are a current client of these programs.

   General Assistance (GA) .................................................................
   Supplemental Security Income (SSI) ..............................................
   Social Security Disability (SSDI) ..................................................
   Aid to Families with Dependent Children (AFDC) ............................
   Food Stamps ..............................................................................
   Housing Subsidy ........................................................................
   Supported Housing Assistance ....................................................
   State Disability (SPI) ..................................................................
   Vocational Rehabilitation .............................................................
   Other ............................................................................................

7. What language(s) do you speak other than English?

8. What experiences do you have in living or working with people of other cultures?

9. What experiences have you had in helping others (friends, family, work, volunteer, etc.) with emotional or mental health problems?
10. Please, identify two references who we can contact about your participation in this program. These references can be family members, friends, therapists, case managers, employers, etc.

#1 name

day phone __________________________ eve phone __________________________
relationship __________________________

#2 name

day phone __________________________ eve phone __________________________
relationship __________________________

11. Is there anything else that you want us to know about yourself in relation to this training and the volunteer and paid job opportunities?

12. If for any reason you do not participate in this training are you interested in the future trainings?

YES _____ NO _____

Please, sign your application __________________________ Date __________________________

Mail or deliver this application to:
Attn. Mary Carley
Mental health Consumer Concerns, Inc.
716 Alhambra Ave., Martinez, Calif. 94553

For more information or assistance, please call Mary Carley (510)234-1980, 24 hours a day

Applications must be returned by FEBRUARY 18, 1997
### Warning Signs Checklist

**SKILL AREA 1: Identifying Warning Signs of Relapse**

The trainer will help you choose the correct response to each of the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely</th>
<th>Just Before I Get Sick</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have no interest in doing things.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I have no interest in the way I look or dress.</td>
<td></td>
<td></td>
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<tr>
<td>3. I feel discouraged about the future.</td>
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<tr>
<td>4. I have trouble concentrating or thinking straight.</td>
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<tr>
<td>5. My thoughts go so fast I can't keep up with them.</td>
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<tr>
<td>6. I feel distant from friends and family.</td>
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<tr>
<td>7. Religion is very meaningful to me.</td>
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<tr>
<td>8. I have trouble making everyday decisions.</td>
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<tr>
<td>9. I am bothered by thoughts I can't get rid of.</td>
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<tr>
<td>10. I have trouble sleeping.</td>
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</tr>
<tr>
<td>11. I seldom see my friends.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12. I feel bad for no reason.</td>
<td></td>
<td></td>
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<tr>
<td>13. I feel tense and nervous.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14. I feel depressed or worthless.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I have trouble remembering things.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I eat very little.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. I have trouble getting along with family members or friends.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I feel people are making fun of me; they laugh and talk about me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I don't enjoy things.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. I feel too excited.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. I talk in ways that don't make sense to others.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. I have bad dreams.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. I am too aggressive or pushy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. I feel angry about little things.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. I have thoughts of hurting or killing myself.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rarely</td>
<td>Just Before I Get Sick</td>
<td>Frequently</td>
</tr>
<tr>
<td>---</td>
<td>--------</td>
<td>------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>26.</td>
<td>I have frequent aches or pains.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>27.</td>
<td>I have fears of going crazy.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>28.</td>
<td>I have thoughts of hurting or killing others.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>29.</td>
<td>I drink a lot of alcohol or use a lot of drugs.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>30.</td>
<td>I think that parts of my body are changing or somehow are different.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>31.</td>
<td>I feel that my surroundings are strange or unreal.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>32.</td>
<td>I sleep a lot.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>33.</td>
<td>People tell me I look or act different.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>34.</td>
<td>I am preoccupied with sexual thoughts.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>35.</td>
<td>I get into a lot of arguments.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>36.</td>
<td>I feel frightened in situations that used to feel comfortable.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>37.</td>
<td>I lose weight.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>38.</td>
<td>I gain weight.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>39.</td>
<td>I feel that others don't care about me.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>40.</td>
<td>I feel that others are trying to hurt me or make me ill.</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>41.</td>
<td>I experience feelings or sensations other than the ones listed above.</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

If you experience other sensations or feelings, please describe them:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Name_________________________________________  Month______________________________

**Warning Signs Rating Sheet**

1. On the left, write your personal warning signs from the form *Severity of Warning Signs*.

2. Each day, rate your warning signs by choosing the word or words that most nearly describe the severity—*severe, moderate, mild* or *not present*. Then completely fill in the box that is in line with the word(s) and under the current day of the month.

<table>
<thead>
<tr>
<th>Warning Sign/Severity</th>
<th>Days of the Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</td>
</tr>
<tr>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td></td>
</tr>
<tr>
<td>Not present</td>
<td></td>
</tr>
</tbody>
</table>

2.  

3.  

4.  

Symptom Management Module 43
PEER RECOVERY VOLUNTEER PROGRAM

Intention of the Program:

Being an effective caregiver goes beyond mere technique or skill development; it comes from developing and committing oneself to working with people. Through structured learning, support and supervision, this program is designed to enhance the growth of persons who work as caregivers or see working with others in their future. Our commitment is making recovery available and assisting those who request it.

Promises of the Program

- Develop a clear understanding of your role as a caregiver.
- Develop confidence and skills as a group facilitator.
- Be trained and practiced in the use and delivery of the Self Help Group Model.
- Develop your own style as a group facilitator.
- Develop an understanding of your own boundaries and personal issues, and use them effectively when supporting others.

Participant Commitment

- Commit six months to the volunteer program and participate in weekly 1-1/2 hour support and supervision meetings.
- Assist in the development or support through co-leading a self help recovery group in the community.
- Participate in a minimum of one community event sponsored by or designed for mental health clients.
- Agree to not miss more than six of the scheduled weekly supervision meeting.
## Severity of Warning Signs

**SKILL AREA 1: Identifying Warning Signs of Relapse**

Write your personal warning signs on the left side of this sheet. Then, your trainer or co-trainer will help you, assisted by your supporters, to define the severity levels of your warning signs and write the definitions on the right side of the sheet.

<table>
<thead>
<tr>
<th>Warning Sign</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Severe is ____________________________</td>
</tr>
<tr>
<td></td>
<td>Moderate is __________________________</td>
</tr>
<tr>
<td></td>
<td>Mild is ______________________________</td>
</tr>
<tr>
<td>2.</td>
<td>Severe is ____________________________</td>
</tr>
<tr>
<td></td>
<td>Moderate is __________________________</td>
</tr>
<tr>
<td></td>
<td>Mild is ______________________________</td>
</tr>
<tr>
<td>3.</td>
<td>Severe is ____________________________</td>
</tr>
<tr>
<td></td>
<td>Moderate is __________________________</td>
</tr>
<tr>
<td></td>
<td>Mild is ______________________________</td>
</tr>
<tr>
<td>4.</td>
<td>Severe is ____________________________</td>
</tr>
<tr>
<td></td>
<td>Moderate is __________________________</td>
</tr>
<tr>
<td></td>
<td>Mild is ______________________________</td>
</tr>
</tbody>
</table>
Emergency Plan

Step 1  Review *Warning Signs Rating Sheet* with support persons to determine whether a health-care provider should be notified.

<table>
<thead>
<tr>
<th>NAMES OF SUPPORT PERSONS</th>
<th>TELEPHONE NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If support persons are not available, go to Step 2.

Step 2  Contact a health-care provider to determine whether the doctor should be notified.

<table>
<thead>
<tr>
<th>NAMES OF HEALTH-CARE PROVIDERS</th>
<th>TELEPHONE NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If health-care providers are not available, go to Step 3.

Step 3  Contact doctor to determine whether a clinic visit is necessary.

<table>
<thead>
<tr>
<th>NAMES OF DOCTORS</th>
<th>TELEPHONE NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
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If doctors are not available, go to Step 4.

Step 4  Go directly to clinic and ask to see a doctor or someone who can do an immediate evaluation.

<table>
<thead>
<tr>
<th>NAMES OF CLINICS</th>
<th>TELEPHONE NUMBERS</th>
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If clinic is closed, go to Step 5.

Step 5  Go directly to a hospital emergency room and ask to see a doctor who is familiar with psychiatric symptoms.

<table>
<thead>
<tr>
<th>NAMES OF HOSPITAL EMERGENCY ROOMS</th>
<th>TELEPHONE NUMBERS</th>
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Name ____________________________________

Endorsed by:
Agreement Signer __________
Doctor __________
### Personal Warning Signs

- 
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- 

### Persistent Symptoms and Coping Techniques

<table>
<thead>
<tr>
<th>Persistent Symptom</th>
<th>Coping Techniques</th>
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<tr>
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<td>a)</td>
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### Current Prescriptions

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<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
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</table>

Doctor's Name: __________________________ Phone No. __________________________

Doctor's Signature: __________________________ Date: __________________________
THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: MENTAL HEALTH

Urgent Routine

CEO Concurs with Recommendation YES NO

(information attached)

BOARD AGENDA # B-11

AGENDA DATE March 21, 1995

4/5 Vote Required YES NO

SUBJECT: APPROVAL OF A MENTAL HEALTH CLIENT INTERNSHIP PROGRAM

STAFF RECOMMENDATIONS:

1. APPROVAL OF THE IMPLEMENTATION OF A MENTAL HEALTH CLIENT INTERNSHIP PROGRAM

2. AUTHORIZE THE MENTAL HEALTH DIRECTOR TO SIGN SIX-MONTH AGREEMENTS WITH INDIVIDUAL MENTAL HEALTH CLIENTS

FISCAL IMPACT: Estimated costs for the current fiscal year are projected to be $3,000. This will allow for agreement with ten individuals at a maximum of $100 per month for three months. Funds are currently allocated in the Mental Health budget.

BOARD ACTION

On motion of Supervisor Paul, Seconded by Supervisor Mayfield, and approved by the following vote,

Ayes: Supervisors: Paul, Mayfield, and Chairman Caruso

Noes: Supervisors: 

Excused or Absent: Supervisors: Bloom and Simon

Abstaining: Supervisor: 

1) X Approved as recommended
2) ______ Denied
3) ______ Approved as amended

Motion: 
DISCUSSION: The Department has, for many years, utilized clients and former clients in various programs and counseling centers. The commitment shown by these individuals and the quality of services they have provided has been instrumental in increasing the Department's efficiency.

In December 1994, the Department received a proposal from the Peer Advocacy Network, a self-help organization of current and former clients of the mental health system involved in all aspects of Department programming. The proposal requested the Department institute a reimbursement program to help offset costs incurred by members related to their efforts. They indicate that without some way of mitigating their expenses, the amount of time they spend would need to be reduced. Most of these individuals are on disability programs for mental illness and continued reductions have made it difficult to make ends meet. Clients also cite "self-worth" and "being honored" as examples of why the program is important to them. The Department believes their arguments to be true and would not wish to see a reduction in an extremely valuable program.

In addition to the benefits the Department receives, the clients are gaining from this experience by their increased ability to contribute and function in a workplace environment. In effect, the work performed by these individuals is a form of pre-vocational training. This benefits both the consumer and the Department. Because of this mutual need, we are requesting-formal approval of a Mental Health Client Internship Program which provides both vocational training and resources as well as financial reimbursement for a number of clients within the Mental Health system.

Client interns will sign a six-month agreement to participate in a structured and supervised program. The agreement may be renewed and is not limited to six months. Interns will be reimbursed at the rate of $65 per month for miscellaneous expenses which do not have to itemized or documented. In addition, they may receive up to $35 per month for other itemized expenses related to working, such as mileage, clothing, meals and supplies. These amounts were identified to enhance each participant's personal monthly income without jeopardizing their Supplemental Security Income (SSI).

The importance of utilizing clients in planning, providing, and evaluating mental health services has received increasing recognition throughout the Mental Health field. The Department intends to participate in this model by increasing consumer participation through the Client Internship Program.
The implementation of this program will create a procedural way for clients to participate in the Mental Health system. It allows for the continuation of consumers as vital partners in the development and operation of program and allows clients with limited resources (generally SSI) to help offset the costs associated with working. This movement also has tremendous potential with regard to the successful outcome of treatment of other consumers.

**POLICY ISSUE:**
The Client Internship Program will provide reimbursement for services in a structured pre-vocational training arrangement which benefits both the County and the intern.

**STAFFING IMPACT:**
Staff members are currently utilizing clients. If unavailable, it will create further demands on staffing needs.
STANISLAUS COUNTY
MENTAL HEALTH DEPARTMENT

INTERNSHIP/STIPEND CONTRACT

This Agreement is made and entered into in the City of Modesto, State of California, by and between the Mental Health Department, hereinafter referred to as "DEPARTMENT", and ________________, hereinafter referred to as "INTERN", upon the following considerations:

WHEREAS, DEPARTMENT wishes to provide vocational training and financial reimbursement to clients who want to plan, provide, and evaluate mental health services through the Client Internship Program; and
WHEREAS, INTERN wishes to participate in a six month Internship designed to provide pre-vocational training and financial reimbursement.

NOW, THEREFORE, it is agreed as follows:

1. Responsibilities of Department

1.1 Provide a structured and supervised program of six months' duration.
1.2 Provide weekly education or supervision meetings throughout the six month program.
1.3 Evaluate each intern at the end of the first thirty (30) days, which is considered a probationary period, to determine if the Internship is acceptable to both parties. Following the evaluation, to notify, in writing, each intern of his or her probationary status, or termination from the Internship.
1.4 Provide each intern with one or more additional six month programs, if the intern requests it.
1.5 Reimburse each intern for expenses incurred as a result of participating in the Internship Program, up to $35 per month, for mileage, clothing, supplies, educational material, and other related costs. Other related costs must be approved in advance by the Intern's supervisor.
1.6 Reimburse each intern $65 per month, once a month, for participating in the Internship Program.
1.7 Provide trainings related to each Internship, including Cardio-Pulmonary Resuscitation.
1.8 Provide adequate work space, ongoing supervision, evaluation and training.

2. Responsibilities of Intern

2.1 Participate in a structured and supervised six-month Internship
Program.

2.2 Participate in an Internship Orientation designed to provide each intern with an overview of the responsibilities of the Internship.

2.3 Participate in weekly education or supervision meetings throughout the six month program.

2.4 Participate in trainings, as requested.

2.5 Work within the scope of services identified by the Mental Health Department.

2.6 Submit original receipts for reimbursement by the fifth working day of each month, using a Blue Claim form.

2.7 Report reimbursements to all relevant government agencies (i.e., Social Security, Internal Revenue Service, etc.).

2.8 Perform work to the best of the Intern's ability, including reporting to work on time; if unable to report to work, calling the supervisor; accepting training and supervision; maintaining confidentiality; and observing Department rules and policies.

3. This Agreement may be cancelled at any time, by either party.

4. This Agreement begins ________ and continues through _________.

_________________________________  ______________________________
Name                                       Department Staff Supervisor

_________________________________  ______________________________
Date                                       Date
Purpose: To ensure that the conduct of all of the department’s staff is ethical, professional, responsible and productive. Such conduct is an essential component of sensitive, client-directed, high-quality care.

Policy: It is the policy of Santa Barbara County Mental Health Services that staff adhere to the following code of conduct.

All employees will be required to read and sign this policy during the first week of hire and yearly.

Reference: Employees with licenses/certificates are referred to their own professional ethical codes, scopes of license and other State Board regulations which are hereby incorporated by reference. Staff are also referenced to the Department’s protocols: Workplace Safety; Sexual Harassment (to be included for yearly reading and signature).

Procedures:
A. Ethical Conduct Ethical conduct is required of all licensed and unlicensed clinical and support staff. This policy is generated by the absolute need to protect the client from potential abuse stemming from the power imbalance inherent in the staff/client relationship. Ethical conduct requirements are based on the individual staff’s particular professional code of ethics (when licensed/credentialed) and/or the following code which MHS employees are expected to follow, whichever is more stringent:

- Sexual Relations In order to protect the department’s clients from abuse associated with the imbalance of power between clients and staff, staff may neither initiate nor maintain romantic and/or sexual relationships with neither clients the department presently serves, nor those recently closed within the past two years. Employees recently hired with prior such relationships must promptly report these to their manager, who will work with the Clinical Deputy, for case by case resolution. Resolution will be guided by County Counsel and the Department Director’s direction. Staff are expected to exercise good judgement and to act in the best interest of clients at all times.
- **Alcohol/Drugs** Staff may neither accept from nor offer alcohol/drugs to the department's clients during working hours and should exercise good judgment in their contact with clients after hours to avoid unprofessional conduct problems. If there is any question as to professional and ethical behavior in after-hours contacts with consumers, staff should err on the side of caution. *Staff may neither come to work, nor return from breaks/meals under the influence of alcohol and/or illegal drugs.*

- **Intimidating/Harassing/Threatening Conduct** Staff may *not* intimidate, harass or threaten others in the workplace. Shouting, temper outbursts and other offensive behavior will not be tolerated from any staff member (see Sexual Harassment/Workplace Safety protocols).

- **Confidentiality** In order to protect the privacy and confidentiality of our clients, confidentiality requirements will be maintained. All staff will sign an oath of confidentiality. Revealing client information to other clients, persons or agencies without the client's authorization is prohibited. During emergencies, the staff's best clinical judgment intended to serve the needs of the client will prevail.

- **Business/Social Relationships with Clients** In order to protect the department's clients from abuse associated with the imbalance of power between clients and staff, the department staff is prohibited from initiating and/or maintaining business or social relationships with the department's clients. Recently hired staff with prior such relationships are *required* to promptly report these to their manager for a case by case resolution.

- **Accepting Gifts from Clients** Only inexpensive gifts may be accepted from clients. All other gifts must be discussed with the manager for a case by case resolution.

- **Vulgar Language** All staff are prohibited from cursing, and/or using vulgar language in the workplace.

- **Racial/Sexist/Offensive “Joking”** Staff are required to practice gender, age, cultural and personal sensitivity and avoid jokes and references, which may be perceived to be offensive by the recipient of the joke or reference, pertaining to culture, race, gender, sexual orientation, age, size or impairment.

- **Literature/Posters/Office Decor** which is likely to offend clients, staff or the public is prohibited. Revealing pictures, calendars; hate group literature and symbols; religious articles, pictures and or statues; or other objects which are likely to offend or which are simply not appropriate to a professional health care worksite are to be avoided.
B. Professional Dress The department’s professional health care milieu as well as the need to assist with and manage assaultive client behavior requires:

- Clean, unwrinkled, undamaged clothing;
- Clothing which is not overly casual (no shorts or sweats) or inconsistent with a professional health care milieu;
- Clothing which is not overly short, tight, revealing or inconsistent with a professional health care milieu;
- Shoes which are functional, clean, in good repair and appropriate for a professional health care milieu;
- Hair which is clean and styled in a way which won’t interfere with the staff’s work;
- Jewelry which does not interfere with the staff’s work and will not injure the worker or client in violent situations;
- Hygiene, grooming and dental care which presents the staff member in a clean, non-offensive manner.

C. Responsible Conduct Responsible conduct is expected of all staff. The following is required:

- **Be on Time** for work and scheduled meetings and trainings. Arrive back to work from lunch and breaks on time.

- **Notify Manager When Ill** Staff must call worksite to notify manager/co-workers when ill and not able to come to work, no later than 1 hour after the time that the worker was expected to report to work. When more than 3 days off are needed due to illness, an MD note stating diagnosis and expected date of return to work must be submitted to the manager.

- **Vacation plans** must be discussed (in a timely fashion) with, and approved by, the manager; approval of such is dependent upon coverage and needs of department.

- **Prompt notification to the manager and team** of all client accidents, incidents, drug use, risks, medical issues or other problems requiring immediate attention is required.

- **Task completion** is expected for all tasks assigned. Prompt team or manager notification of problems preventing task completion is expected.

- **Responsibility for the client’s welfare** is expected of all our staff. Doing what is reasonable to assist the client, obtain team assistance and following through on promised action is expected.

- **County/Department property** may not be used for personal reasons by any staff. Telephones, copiers, FAX machines, computers, County cars and worktime may only be used for legitimate County business.
- **Staff (employee/client) dual roles** are, in general, to be avoided. Department staff who require mental health services will be assisted to receive such care outside of the department. When such needed care is not available outside of the department, the manager and Clinical Deputy will consider each situation on an individual basis.

- **Needed ADA accommodations** (see separate policy, entitled *ADA Accommodations*).

D. **Productive, high quality work** is expected of all staff. Each staffperson will be evaluated as to the quality and quantity of work produced as well as the other expectations delineated in this protocol.

*(Staff who fail to adhere to these requirements will be subject to disciplinary action in accordance with Civil Service regulations. Additionally, reports to staff’s licensing boards may be required.)*
<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>PROHIBITED</th>
<th>NOT PROHIBITED</th>
<th>RECOMMENDATION</th>
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<tbody>
<tr>
<td>Sexual Contact</td>
<td>X</td>
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<tr>
<td>Physical Contact Or Behavior Which Could Be Construed As Sexually Oriented</td>
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<tr>
<td>Giving Client A Massage</td>
<td>X</td>
<td></td>
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<tr>
<td>Giving Client A Hug</td>
<td></td>
<td>X</td>
<td>BUT Since Hugging Can Be Misconstrued, It Should Be Done With Great Discretion</td>
</tr>
<tr>
<td>Asking Client Out For A Date</td>
<td>X</td>
<td></td>
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<tr>
<td>Personal Financial Transactions With Client (including payment for services or goods)</td>
<td>X</td>
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<tr>
<td>Loaning Client Money</td>
<td>X</td>
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<tr>
<td>The Component Paying Client For Services</td>
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<td>X</td>
<td>On Approval Of Component Director</td>
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<tr>
<td>Staff Sharing With Client Information About Personal Life</td>
<td>X</td>
<td></td>
<td>Should Be Done With Discretion - Consult With Supervisor</td>
</tr>
<tr>
<td>After Work Contact With Clients</td>
<td>X</td>
<td></td>
<td>Discouraged In Most Cases Except For Consumer Staff - Consult With Superv</td>
</tr>
<tr>
<td>Staff Giving Out Personal Phone Number To Client</td>
<td>X</td>
<td></td>
<td>Discouraged In Most Cases Except For Consumer Staff</td>
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<tr>
<td>Giving Client A Ride Home (after work hours)</td>
<td>X</td>
<td></td>
<td>Should Not Occur On A Regular Basis</td>
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<tr>
<td>Accepting Gifts From Clients</td>
<td>X</td>
<td></td>
<td>Discouraged In Most Cases Except For Small, Inexpensive Gifts</td>
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<tr>
<td>Borrowing Money/Items From Clients</td>
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MHA PROFESSIONAL ETHICAL STANDARDS: ESSENTIAL POINTS

In any discussion of the appropriateness of specific member/staff interactions, the following are designed to serve as guidelines for staff behavior.

1. Although as individuals we will naturally have different feelings toward different members, we must strive to ensure that our behavior (i.e., the way we treat people) is the same regardless of the member with whom we are dealing. The best example that I can give of this is an airline ticket counter agent. No matter what kind of customer the agent is dealing with (friendly, hostile, impatient, unreasonable), s/he must strive to take the same professional, courteous approach in dealing with the customer. This does not mean, by the way, that we are required to put up with verbal and/or physical abuse by the member. Part of our job is to model alternative behaviors for the people we serve and to point out to them when their behavior is inappropriate. But we cannot allow the manner in which we do this to be dictated by whether we happen to like or dislike the member.

2. It is MHA's philosophy to promote Equality of Opportunity to Receive Services among its program participants. Staff must be aware when a member is taking on what I call "special" status. As a general policy, either "everybody" is special or "nobody" is special. If you are providing a service for a particular member, a constant question that you must ask yourself is "Would I provide this service for any other member who asked for it?" If the answer to this question is "no," then you must ask yourself "Would I provide an appropriate service of roughly equivalent intensity and duration for any other member?" If the answer to both of these questions is "no," then you are not promoting equal opportunity to receive services, and you should be able to offer a rationale for your denial of services to the other member. For example, if a staff person is spending 5 hours per week of his/her personal time with a member, s/he must ask him/herself if s/he is willing to offer this service to all members who might ask for it. If the answer is "no," then the interaction is probably inappropriate because it doesn't promote equality of opportunity to receive services. Another helpful question to ask yourself in this situation is "Why am I not providing this service to or doing this activity with a group of members?" If your answer is "Because I like this member" or "Because I want to give this member all my attention," you may have an ethical problem.

3. In the above example, the interaction is also probably inappropriate because, in all likelihood, the interaction is meeting the needs of the staff person as much or more than the needs of the member. It is part of MHA's philosophy that a relationship of service such as those between staff and member are characterized by unequal reciprocity. In other words, they are inherently designed for the member to get more out of them than the staff person. This is not to say that staff cannot feel that they derive some benefit from a relationship with a member. However, a service relationship should not be confused with a friendship, which in the ideal is a relationship of equal reciprocity (Both people give and receive equally). This is a very difficult issue to sort out in the abstract, particularly because it is also part of MHA's philosophy that part of being a healthy human being means having the opportunity to "give" as well as "receive." Members often wish to give us something instead of feeling that they are only taking, and we recognize this as a normal, healthy attitude that we wish to encourage and promote. The danger comes when we, as staff, are getting as much or more out of the
relationship as we are giving. For example, if a member becomes a "friend," do they have the right to ask us for what we would give to any of our other friends? It is important to be constantly monitoring whether or not the relationship has gotten out of balance in this regard.

4. It is this natural difficulty regarding "self-monitoring" that makes it imperative that we TALK to each other as staff. None of us are "objective" when it comes to analyzing our own behavior. If you encounter a situation that has ethical ramifications and you are unsure how to proceed, you should raise your concerns with a colleague or your supervisor. Similarly, if you see a colleague engage in behavior(s) about which you have questions or don't understand, you should speak to that staff person and raise your concerns. If you are still unsatisfied after the discussion, you should report your concerns to your supervisor. The idea here is not to turn staff against each other but to provide the most ethical, highest quality services possible to members. One good rule of thumb is that if you feel the need to hide a behavior from your colleagues or supervisor, then it is likely that the behavior in question is unethical or at least problematic.

5. Each agency must decide what behaviors to allow and promote and which behaviors to prohibit. At MHA, like most agencies, we have taken a firm stand against any form of sexual contact between staff and members. We feel that in all cases this behavior exploits members, regardless of whether the member is a willing participant or not. Sexual contact with a member will result in immediate termination of employment with MHA. The only possible exception to this rule is in the case of a former consumer who is hired as staff who has had an intimate / sexual relationship with a program participant prior to his/her date of hire. Like non-disabled staff, consumers who are hired as staff are prohibited from initiating sexual / intimate relationships with program participants after their date of hire.

6. There are few if any other behaviors that we feel justify immediate termination of employment. One area that staff should be aware of, however, is in monetary relationships between staff and members (loaning or borrowing money, hiring for personal work or chores, selling or buying products). Generally speaking, staff should refrain from engaging in any kind of financial transactions or resource exchanges (i.e., bartering) with members. The reason for this is that it presents a conflict of interest when staff and members have multiple relationships. For example, can you be a fair and objective case manager for a member when s/he has borrowed $50 from you and is refusing to pay it back? Will you give good service to a member from whom you bought a television that exploded the day after you bought it? My suggestion is that if you are considering having any financial transaction with a member involving more than $5.00, you should consult your supervisor regarding its appropriateness.

7. Ethics are not static. They are living principles that need to be revisited constantly to see how they apply in the present context. I hope that this summary is helpful in your efforts to provide quality services to the members of MHA's programs.

David A. Pilon, Ph.I.
MHALA Agency Ethics Policy Regarding Staff / Member Relationships

1. When a member (consumer) becomes a regular staff person, s/he gives up his/her status as a member and assumes all the rights and responsibilities of a staff person. This means that s/he is no longer entitled to receive services from an MHALA program. If the former consumer/new staff person is still in need of mental health services, s/he will be referred to a non-MHALA mental health provider to receive those services. For example, a consumer who is a participant in the Antelope Valley Social Center is hired to be an employment specialist. The person must terminate participation in the Social Center. However, the new staff person/former member may apply for a waiver to allow him/her to continue to participate in the MHALA program. Recommendations for action on the waiver will be made by the program director in consultation with the MHALA Staff Council. The Director of Community Support Services will have final authority on the granting of waivers.

2. No current staff person of any MHALA program may engage in sexual relations with any current member of any MHALA program, regardless of whether the member participates in the same program in which the staff person is employed.

3. The only exception to the above #2 is in the case of former members who become staff. Members who become regular staff are entitled to maintain any social/sexual/marital relationships that they established prior to their date of hire. However, after their date of hire, members who become staff are subject to the same restrictions regarding member/staff relationships as other staff who were not formerly consumers. For example, two consumers in an MHALA program are dating. One of the consumers is hired as a regular staff person. That staff person has the right to continue to date that consumer. However, that staff person may not establish a social/sexual relationship with any consumer who came into the program after the staff person's date of hire.

4. No current staff person of any MHALA program may engage in sexual relations with any former member of any MHALA program for a period of two years after the member has been discharged from all MHALA programs. This time period is congruent with California law governing the relationships between licensed therapists and former clients.

5. The only exception to #4 above is the case in which a member becomes a regular staff person in an MHALA program. It was the consensus of the Staff Council that the fact of employment as a regular MHALA staff person overrides the fact that the person is a former consumer. To rule otherwise would create a "second-class" staff person who would be prevented from having normal social relationships with other staff who are not former consumers.

6. In order to eliminate potential conflicts of interest, MHALA programs generally will refuse services to the family members and/or significant others of MHALA staff. Those cases in which a staff person who was formerly a consumer in a MHALA program leaves the employment of MHALA and wishes to return to member status in a MHALA program will be examined on a case-by-case basis for potential conflict of interest. If the individual in question has established a social/sexual relationship with a staff person in the program in which s/he wishes to receive services, in all likelihood, s/he will be refused services and referred to a non-MHALA program.

The Village Integrated Services Agency
Is a Project Funded by The California Department Of Mental Health
Ethical Dilemmas Questionnaire

Instructions

For all of the questions below, assume that you are a direct service staff person in a social rehabilitation program. Assume further that "consumer" refers to an individual who is a participant in your program.

1. For each question below, please check one of the boxes on the left hand side of the question to indicate if you believe that an agency should define a policy for that question, regardless of whether your particular agency already has a policy. This is not a question of what the policy should be, just whether you believe it is the agency's responsibility to provide a policy in this particular area.

2. For each question below, please check only one of the boxes on the right hand side of the question to indicate how you believe the issue should be handled.

<table>
<thead>
<tr>
<th>THERE OUGHT TO BE A POLICY</th>
<th>ISSUE</th>
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<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>1. A consumer asks you for a ride home. Do you provide it? Assume there are no auto liability issues.</td>
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<tr>
<td></td>
<td>2. A consumer who is struggling with whether his life has any meaning asks you about your personal philosophy. Do you share information about your personal religious beliefs?</td>
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<tr>
<td></td>
<td>3. You've come to know and trust a consumer. Do you give this person your phone number?</td>
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<tr>
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<td>4. A consumer who is hired as staff wishes to ask another consumer in the program out for a date.</td>
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<td>5. A consumer is expressing her criticism of your co-worker. You happen to agree with her opinion. Do you say so?</td>
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<td></td>
<td>6. A consumer asks if he can meet you sometime &quot;after work&quot;. Do you meet with him/her?</td>
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<tr>
<td></td>
<td>7. A consumer that you consider to be very reliable asks you if he can borrow $2.00. Do you loan him the money?</td>
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<tr>
<td></td>
<td>8. A consumer is discussing his use of alcohol and states that he considers it OK to have a beer or two on the weekend. You happen to agree. Do you say so?</td>
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</tbody>
</table>

©Copyright 1992 The Mental Health Association in Los Angeles County
<table>
<thead>
<tr>
<th>Issue</th>
<th>Never</th>
<th>Ok Some of Time</th>
<th>Ok Most of Time</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Do you talk freely to consumers about your personal life and about arguments you are having with your spouse?</td>
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<tr>
<td>10. A staff who has been open to members about the fact that he is a recovering alcoholic experiences a relapse that affects his/her work. Do you discuss it with concerned consumers?</td>
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<td>11. You are having a bad day and sit by yourself at lunch to compose yourself. A consumer approaches you and asks if he/she can join you. Is it Ok to say no?</td>
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<tr>
<td>12. A consumer is interested in finding a church and asks you if she can attend services where you go. Is it Ok to say yes?</td>
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<tr>
<td>13. A consumer tells a dirty joke that you happen to think is funny. Do you laugh?</td>
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<tr>
<td>14. You are feeling very depressed about your life. Do you disclose this to consumers who notice your sadness and inquire about it?</td>
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<tr>
<td>15. A consumer reports having a stiff neck and asks if you could give a massage. Do you give it?</td>
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<tr>
<td>16. A consumer has been flirting with you and asks if he can have a hug. Do you give it?</td>
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<tr>
<td>17. A consumer expresses interest in earning more money. Do you offer to pay him to wash your car once a week?</td>
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<td>18. A consumer is interested in buying a television. You have an unused one at home. Do you offer to sell it to him for a price much less than its retail value?</td>
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<td>19. A consumer that you find very sexually attractive drops out of your program. A month later s/he phones you and asks you out on a date. Do you accept the invitation?</td>
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<tr>
<td>20. You are starting a side business in Amway. Do you sell your products to consumers?</td>
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• Rachel's father called long-distance to ask Karen how his daughter was doing. Rachel had told Karen that she had no family.

These scenarios are drawn from the day-to-day experiences of mental health workers around the nation and typify ethical and boundary dilemmas that workers face regularly. Seasoned as well as novice workers confront frequent decisions about service ethics and relationship boundaries in their daily work activities. How such dilemmas are resolved push to the very roots of what it means to provide community based treatment and support services (Lebacqez, 1985). This article identifies and explores some of these dilemmas in light of current service and support approaches in community mental health services. In addition, it differentiates between issues relating to service ethics, relationships boundaries, and consumer and staff rights, and offers guidelines for consideration when making decisions regarding service ethics and relationship boundaries.

DO WE NEED NEW RULES?

The advent of community support services, with their strong consumer-oriented philosophy and non-traditional, often quite public methods of delivering services, challenges some of the lines that have been traditionally drawn between "professional" and "unprofessional" behavior. While traditional codes of professional ethics provide a great deal of guidance, they do not always adapt well to progressive community support services. This challenge is compounded by several important developments in current mental health service delivery: the changing nature of community support services; partnership and empowerment in helping relationships; social and community integration as a desired service outcome; and consumers as colleagues in the mental health workforce.

Changing Nature of Community Support Services

The past decade has witnessed a remarkable revolution in our understanding of persons with psychiatric disabilities and their potential, in service philosophy, and in the design of treatment and support delivery systems. The role of treatment facilities is changing as mental health services become increasingly individualized and community based (Ridgway and Zipple, 1990). There is greater emphasis on the role of consumer choice and empowerment in services and supports (Srebnick, 1992). Concepts such as recovery, social integration, partnership, satisfaction in life, support networks, and self-help are being applied to mental health treatment and support services (Anthony, 1993; Reidy, 1992; Rose, 1992; Saleeby, 1992; Everett et al., 1992). These changes are being fueled by a great many things, including significant advances in medical and social developmental understanding about
mental illness, evolving treatment and rehabilitation technologies, reassessment and redefinition of the desired "outcomes" of mental health services, and a growing respect for the voices of persons with mental illnesses and their family members.

**Partnership and Empowerment in the Helping Relationship**

The historical structure of the mental health system has sanctioned professionals to assume a considerable amount of power over the lives and resources of many persons with psychiatric disabilities. As self-help, peer support, and self-advocacy become recognized as positive and valued components of wellness and recovery, the nature of helping relationships is becoming less prescriptive and more collaborative (Kisthardt, 1992). Professionals are less likely to be entitled or empowered to make overarching treatment or lifestyle decisions which the staff person considers to be in the best interest of the client. Rather, staff are expected to help each client build a hopeful vision of a personal future, to negotiate personal preferences, and to work in partnership with clients, family members, and others to help the consumer to access or develop the skills, resources, or supports necessary to realize their vision.

**Social and Community Integration**

In addition to traditional mental health treatment and medication supports, an important aspect of current mental health services is addressing individuals' basic human needs for decent housing, food, work, and "connection" with the community (Racino et al., 1993; Sheppard, 1966). There is increasing emphasis on staff as a "bridge" or "connector" to the larger community (Kanter, 1988; Carling, 1990; Hannum et al., 1993). Mental health workers are being called upon to help consumers build supportive community connections, characterized by informality and intimacy, and which may be entirely outside the mental health system. Such work often requires that staff have contact with a multitude of community organizations and individuals including landlords, family, neighbors, employers, and so forth (Saleeby, 1992; Biegel et al., 1993). Mental health workers may be expected to be competent in community organizing, resource development and acquisition, advocacy and public education, mediation, crisis prevention, as well as to be skilled in a myriad of counseling and rehabilitation methodologies (Curtis, 1993; Jonikas, 1993). Furthermore, they may be called upon to demonstrate these competencies in highly public settings.

These changes place different expectations on staff to exercise independent clinical judgement and to "do the right thing." Staff are often asked to make critical decisions for which there is little solid guidance. For example, is it okay to have dinner with a consumer? At his/her home? At the staff per-
son's home? During work time? After work-hours? When the meal is a celebration of a special success? If a staff person is going to a concert on personal time, is it O.K. to invite a client? Because engaging in community activities is part of a treatment goal? Because it would be a "good experience" for the client? Because the staff member has an extra ticket and wants a companion? In many situations, the question is not "Is it acceptable?" or "Is it not acceptable?", but "When, to whom, and under what kinds of conditions is it acceptable?"

Unfortunately, staff are often expected to make the right choices independently. Many workers state that discussions with supervisors about what is acceptable or unacceptable typically occur after the fact and take on a punitive overture. Consequently, it is difficult for many staff to proactively present questions about ethics or relationship boundaries, or even to admit that they have a concern, since doing so may imply a failing in judgement. Curtis & Hodge (1993) have suggested that if community support workers are not facing relationship boundary issues in their daily work, they are probably not doing their jobs most effectively. The very nature of some community support work demands shifting relationship boundaries and constant evaluation of the appropriateness of established boundaries.

**ETHICS, RIGHTS AND BOUNDARIES**

Although sometimes used interchangeably, there are important distinctions between the concepts of ethics, rights, and boundaries.

*Ethics*

Ethics may be defined as a broad code outlining obligations and standards of conduct — personal, professional, spiritual (Lebacqz, 1985). They are shared morals which reflect the values and judgements about right and wrong by society in general, and often by a specific group or organization in particular (D'Augelli et al., 1981). Examples of ethics include:

- Do no harm;
- Do the "right" thing;
- Promote and ensure safety;
- Do nothing to diminish the dignity of any person or thing;
- Refrain from exploiting privileged position, power, or knowledge;
- Avoid unnecessary suffering;
- Optimize good consequences.

Lebacqz (1985) organizes ethical considerations into a three-part framework which includes actions (what we do), character (personal integrity), and structure (organizational context and sanction of power). The codes of ethics promulgated by various guilds and associations often have more to do
with professional etiquette, protection, and perpetuation of the guild or association than with morality or ethical conduct. Lebacqz further suggests that while useful as guidelines, such codes may be either too vague to be helpful or too rigid to adapt to the circumstances.

In ethical dilemmas, there may be multiple "rights" and competing meritorious demands. They always involve a choice (D'Auguelli et al., 1981). Diamond and Wikler (1985) state that in community support settings the worker may be the agent of the consumer, but is also expected to meet agency, community, funder, and family imperatives. For example, established ethics relating to consumer-worker confidentiality may be compromised due to a funder's right of oversight and determination of appropriateness of clinical interventions. Because of long histories of hospitalization and service utilization, consumers may not always initiate a relationship with community support workers voluntarily. Does a second or third uninvited visit to an individual constitute coercive intervention? Workers are often caught between consumer-centered helping and a community's desire for social control.

Much of the discussion about ethics focuses not so much on what is "ethical" or "unethical", but in cases where two moral standards are in direct conflict, which supersedes the other (Nash, 1990). The current acrimonious social and legal debate regarding the "right to life" and the "right to choice" regarding abortion is an example of how difficult it can be to reconcile two fundamental, good, and powerful ethics. Personal, religious, and societal values all play a part in determining where any individual stands in such ethical debates.

In the mental health field, the value of consumer choice and empowerment is gaining importance as a factor in ethical decision making. Does consumer choice always supersedes other considerations? At what point is individual choice superseded by prevailing community standards and the need for social regulation? What is the responsibility of the mental health system when consumer choice results in tangible reduction in safety for the consumer? How is consumer preference reconciled with conflicting family needs (Zipple et al., 1990)?

Although mental health services are slowly focusing more on idiosyncratic service and support needs of individuals, resolution to overarching ethical dilemmas are not dependent solely on one-to-one relationships and situational considerations. Ethical standards establish the foundation and limitations of community support. They are based on social values, organizational demands, and how we choose to distribute limited resources to serve the needs of persons with psychiatric disabilities both individually and collectively (Pettifor, 1985).

It is not easy to juggle the preferences of the consumer, the needs of the
consumer's family and community, the rules of the agency, the limitations of the funding source, and do it all within the person's civil and human rights!

*Civil, Human, Consumer, and Provider Rights*

When ethics are codified into law or established by litigation, they become rights. Persons who are labeled with a mental illness or who receive psychiatric treatment do not lose any civil or human rights as a consequence of diagnosis. These rights are to be upheld even when an individual is legally incarcerated or involuntarily committed — although this is not always the case in practice as multiple class action suits have demonstrated (Sadoff, 1981; Weiner, 1981). There are carefully proscribed circumstances and procedures outlined in federal and state law by which an individual's civil rights may be terminated. However, the distinction between voluntary and involuntary treatment is not always distinct, nor is the line between guidance and subtle coercion clear. When an individual receives mental health treatment, either in community or facility setting, an additional set of rights as a consumer is activated.

*Civil rights* are the basic rights of any citizen in our society. These rights include the right to vote, to self-determination and free speech, to buy and sell property, and to marry (McPheeters, 1980).

*Human rights* are the common rights of any person. While they may not always be specified in law, they are spelled out in the United Nation Declaration on Human Rights, and bring cries of alarm and outrage when they are violated. Examples include the right to a safe, aesthetic, and humane environment, the right to privacy and personal freedom, freedom from false imprisonment, and so forth (McPheeters, 1980). Many advocates include the following as human rights: the right to personal dignity, to informed consent, to community inclusion, to decent housing, the right to take risks, to consensual intimacy, and so forth.

*Consumer rights* are special legal rights of a recipient of services and/or goods. Consumer rights are based on legal doctrine as well as on an implicit or implied contract between a provider and recipient. Litigation has firmly established an individual's right to treatment, the right to treatment in the "least restrictive and most facilitative" environments, and the right to refuse treatment (Weiner, 1981). Considerable controversy has been engendered as the courts, consumers and their advocates, and providers attempt to circumscribe the meaning of the right to refuse treatment, particularly in relationship to forced medications (Bently, 1993). The federal Mental Health Systems Act, repealed by the Reagan administration, included a Bill of Rights for persons receiving mental health treatment services in the community as well as in residential and treatment facilities (See Table 1). Although non-binding, many states adapt these guidelines into their statutes (e.g.
Table 1

Consumer Rights

**Right to Treatment.** People cannot be warehoused in institutions with inadequate or no treatment. Additionally, this treatment must be provided in the least restrictive (most facilitative) setting. This has been interpreted as the right to services under conditions which support personal liberty.

**Right to Refuse Treatment.** People cannot be forced to receive treatment, even medication, against their will. Each state has a very specific procedure for establishing when and how this right can be abrogated. This right continues to be hotly challenged and debated, particularly in regard to forced medications during nonvoluntary commitment, and to homeless persons who appear to be a danger to themselves due to personal neglect or their homeless condition.

**Right to Communicate.** Even in institutional settings people must be allowed access to uncensored mail, telephones, and visitors.

**Right to Read Treatment Records.** Some states still do not permit a person to see his/her record, but most do. A worker should assume that consumers can and will review their records and keep documentation accordingly. Confidentiality rules are intended to ensure the consumer's privacy, not to withhold information from the consumer. Citizens of some states have the right to formally object to material in the record.

**Right to Confidentiality.** A person has a right to control who knows about personal information disclosed to a professional. This includes even whether or not the person receives mental health services. This is one of the most commonly abused rights, such as when staff talk with other staff about what a consumer said, or when the local housing authority receives information about a person's disability or record of recent hospitalizations without the person's explicit permission to release that information. This right is also commonly violated by:

- Calling a person by his/her full name in public places.
- Talking about a person with family or friends.
- Referring to a second consumer by full name when making entries in another consumer's record.
- Taking photographs without permission.

**Right to Participate In Treatment Decisions.** Consumers can and should be encouraged to be full participants in all treatment and treatment planning decisions. A quick review and sign-off at the bottom of the treatment plan form is not adequate participation. Consumer participation should be demonstrated by more than a signature—through active mutual goal planning, assessment, and decision making, no matter how long or involved that process may be.
Table 1 (cont'd.)

Consumer Rights

Right to be Free of Restraints or Seclusion. Unless there is a specific process for overruling this right during certain periods of potential harm to self or others, an individual cannot be held in restraints of seclusion. Some individuals extend this concept to include use of medications as a chemical restraint.

Other Rights An individual with mental illness retains all personal and civil rights, benefits, and privileges guaranteed by law which include:

- To be treated with dignity and respect;
- To be protected from abuse (not to be physically, sexually, or otherwise abused);
- To privacy;
- To vote, make contracts, make a will, hold and transfer properly, marry, have a driver's license, and manage one's own affairs;
- To receive a free, public education through age 22;
- To be considered legally competent unless there has been a court decision of incompetence;
- To have all the privileges of citizenship including the right to be represented by an attorney during civil commitment proceedings.

Adapted from Title V, Section 501 of the Mental Health Systems Act, 42 U.S.C. 9501.


Rights of Service Providers are often overlooked or understated. Consumers should not have all of the rights and none of the responsibilities, neither should staff have all the responsibilities and none of the rights. The civil and human rights of service providers are also protected and to be respected. Hodge (1993) adapted for use in training a bill of rights for service providers. Table 2 outlines these rights.
Table 2  
Bill of Rights for Service Providers

- You have the right to provide yourself the kind of acceptance that you offer to your clients and colleagues.
- You have the right to accept and approve of yourself. Guilt is not part of your job description.
- You have the right not to be perfect.
- You have the right to be a human being rather than a saint.
- You do not have to function on the far edge of overload to prove your worth.
- You have the right to your feelings.
- You have the right to choose to not be responsible for others.
- You have the right to decide whether or not it is your function to provide solutions to other people's problems.
- You have the right to consider a situation and change your mind.
- You have the right to not know it all.
- You have the right to say no.
- You have the right to be your own permission giver.
- You have the right to set your own pace within realistic limits of your work role.
- You have the right to leave work and work related problems at the office.


**Boundaries**

Boundaries may be defined as the highly personal translations of moral codes in our relationships with others. They are intrinsically neither negative or positive, but they exist in all relationships, expressed overtly or covertly by symbols and behavior (Bervera & Harper, 1992). Two staff may each subscribe to the same ethical codes, yet have very different boundaries in their relationships. Similarly, our personal boundaries may be different from one relationship to another, even from one situation to another. Does this mean that we lack personal integrity? Not necessarily. However, it is helpful to have some understanding about how and why we make these boundary decisions.
A sports analogy can help clarify the difference between ethics and boundaries. Many writers and researchers have suggested that a close collaborative relationship between the mental health worker and the consumer is essential for treatment and rehabilitation (Rapp, 1992; Kishhardt, 1992; Anthony, 1993; Mosher & Burri, 1992). This relationship is the playing field and the goal is the intent or purpose of the relationship. Ethics are the rules of good sportsmanship by which the game is played. Boundaries establish the size of the field. Of course, any play going outside the established boundary is considered to be foul. Too small of a field limits the number of partners on a team and the kinds of plays which can be undertaken. Too large of a field results in the team being all over the place and even losing sight of the goal. The goal of the game, the size of the field, the configuration of the team, and the mechanics of the "plays" should be determined by mutual consent. The game cannot be effectively played unless the guidelines are known and agreed upon by all the players.

It is helpful to think in terms of staff role and consumer role in this context. Persons in staff (helper) roles may also be persons with experiences as a mental health service consumer or ex-patient. Persons in client (helppee) roles may also have credentials and experience as professionals — including in the mental health field. An individual's role is not and should not be his/her sole identity. The key issue in relationship boundaries is the degree to which each individual is limited to playing only the assigned role. How much of the whole person, outside the prescribed role, is allowed to enter the relationship?

Within the mental health system there are examples of many different kinds of established and successful approaches to establishing relationship boundaries. Some service approaches define a relatively narrow playing field with highly refined definitions of professional behavior. Other service approaches conscientiously proscribe demarcations between professional and consumer roles. Clubhouse programs, for example, promote very different kinds of staff-member relationships than do traditional day-treatment programs. While each of these approaches has merit, it is doubtful that either extreme should be universally applied.

**COMMON DILEMMAS IN RELATIONSHIP BOUNDARIES**

Relationship boundary issues raised by staff in community support services cluster around a number of key issues (Curtis & Hodge, 1993; Pilon & Munchel, 1993; Kanter, 1993). The following discussion shares some of the ideas and concerns expressed by community support staff. By its nature, the discussion precludes definitive answers to the issues raised.
Consumers as Colleagues

Staff/client, staff/staff, and client/client relationship issues are compounded by the growing number of consumers being employed as mental health service providers (Curtis, 1993). In some agencies a portion of the staff may also receive support services from the agency. Consumers, in a staff role, may have access to confidential information relating to friends. Non-consumer staff members may desire to establish more personal relationships with consumer staff. Consumer staff may want to retain intimate relationships with peers. Consumers as staff members challenge the field to become much more specific about what is meant by "professional." One staff person with a personal history with mental illness stated: "You may have a degree from an institution of higher learning. Well, I also attended an institution and learned a great deal. Does your institution necessarily make you more of a professional than I?"

Power

Despite our increasing attention to consumer driven service approaches, the workers and the agency continue to hold considerable power over individual clients. An agency or staff overtly and covertly control access to many services and resources — offering or withholding them according to a plan or set of principles and policies.

Money and medications are two key areas where staff control is also frequently officially sanctioned or even legally mandated. Many agencies and staff assume responsibilities as a representative payee, and control access to and distribution of client funds. Programs also manage or supervise the proper use of medications prescribed by both psychiatrists and other physicians. Power struggles can arise when workers attempt to exercise direct control in these areas without the expressed consent and collaboration of the consumer. Do we tighten limits in order to assert our control? Do we relinquish all control? It is easy to lose sight of the big picture in these situations and for staff to use this power as a tool to restrain behavior rather than as a resource for teaching self-management and decision making skills.

The more responsibility an agency assumes or is required to assume for social control and community safety concerns, the more the worker becomes a fulcrum in the system, delicately balancing efforts to have positive and empowering helping relationships with attempts to "police" the conditions of an individual's community tenure (Hodge, 1992). The increasing use of community commitment as an alternative to psychiatric hospitalization exacerbates the challenge to community support staff. The more coercion is used as an intervention approach, the more power and control problems will surface between consumer and worker.
Single dimensional vs. multi-dimensional relationships

The focus of a service relationship may be on a single aspect of an individual's life such as a specific problem, medications, financial management, counseling, or service planning. In such relationships, the staff role is relatively clear and consistent. The expansion of mental health treatment to include attention to such areas as basic needs and social supports results in mental health workers often developing multi-dimensional relationships with individuals (Sheppard, 1966). In a single contact with a consumer, a community support worker may help the individual clean the kitchen, supervise self-medication, teach problem-solving skills, demonstrate limit-setting, collect the rent, share a cup of coffee and a good laugh, and talk about the barriers to returning to school. In multi-dimensional relationships the role of the staff may be unclear to both the staff and the consumer, and even vary from contact to contact.

Professional "Distance"

Professional distance refers to the degree in which the personal life of the staff person intersects with the life of the consumer or the degree to which contact between the staff person and the consumer occurs only within a professional context. The purpose of maintaining some degree of professional distance is to help the worker retain some objectivity in the helping relationship. Professional distance is also one way of ensuring that it is the consumer needs which get met through the relationship, not those of the staff person.

While there are certainly negative consequences of over-involvement for both the staff and the consumer, consumers report that greater damage may be done by rigid enforcement of the traditional connotations of professional distance (Kisthardt, 1992, Campbell, 1989). In small communities, for example, people have contact with each other in multiple roles — at church, on the street, at the same AA meetings, in the laundromat, and so forth. Bizarre and uncomfortable social situations can arise when the staff person attempts to avoid engagement with a consumer in such settings! More importantly, healing and partnership must happen in a context of mutual respect and genuine caring (Noddin, 1984). The self-help movement shows us that the line between "staff" and "consumer" is mighty fine and that our shared humanity provides us with more similarities than differences.

Friend v.s. Friendly

Is the staff person to be the friend of the consumer (Kanter, 1988; Sheppard, 1964)? Is a friendship between staff and consumer sanctioned at any time? What about volunteers whose role is to develop personal connections? The intent of a "community companion" or a "buddy" may be to
develop a close personal relationship with a consumer which is based on shared interests and activities. In such situations, the companion or buddy may also be a friend. However, the intent of the majority of community support workers is not to be an individual’s friend, but to help the individual develop a network of friendships for personal support, intimacy, fun, and social recreation (Campbell, 1989). Some community support services place a high value on helping people develop relationships with persons without as well as with disabilities (Reidy, 1992). Regardless, the mental health system should not supplant and professionalize natural friendships. Working in a friendly manner suggests that the worker should relate to the consumer in an open, respectful, and holistic way.

Reciprocity in Relationships

Community support workers are hired specifically to be helpers and support givers. There is naturally a one-sided dimension to most paid helping relationships. However, when staff are always the “givers” and consumers are always the “recipients,” we perpetuate the idea that staff have what is most valuable and that staff hold the power to allocate or give based on their judgement. Very few of us would describe this as a normal adult-adult relationship. Most of us look for a kind of balance in our personal and professional relationships, and often this balance is based on mutuality and reciprocity. Refusing offers of reciprocity — whether it is an offer of a cup of coffee, a small gift, or of knitting lessons — may be as rejecting as outright stating to the person “You have nothing of value to offer this relationship.” And it is downright unfriendly.

Self Disclosure

Similar to reciprocity, self disclosure is a normal component of most relationships. The self-help movement is based on the idea that personal disclosure and reciprocal helping is both appropriate and healing. Conventional wisdom has been that workers should reveal little about their personal values, problems, fears, opinions, and so forth (APA, 1977; Hackney & Cormier, 1975; Wells & Masch, 1986). This stricture places a constraint on staff to act as if they had no problems, emotions, or experience with life. Such pressure is unrealistic and withholds one of the most powerful aspects of helping relationship.

Ironically, consumers and ex-patients are often hired by mental health agencies with the expectation that they will disclose personal history and openly draw upon their experiences in their role as staff. Self-disclosure by workers can help to establish bonds of trust and understanding, to validate the normalcy of consumer feelings and concerns, to provide examples of how situations can be alternatively handled, and to demonstrate effective
ways of expressing both positive and negative emotions.

The fundamental points for discussion in self-disclosure issues are "to what degree?" and "for what purpose?" It is important for staff to be clear that the purpose of self-disclosure in helping relationships is not to meet the needs of the worker, but to those of the consumer. The relationship does not exist to work out the problems of the paid staff person. Staff disclosure of personal feelings, attitudes and values happens both deliberately and inadvertently through non-verbal cues. Like most people, consumers are sensitive to any lack of congruence between verbal and non-verbal messages. It is far better to explicitly convey this information in a way that is constructive to the relationship than to communicate mixed messages.

After-hours Involvement

Professional standards typically state that staff should have no involvement with consumers outside the working relationship (APA, 1977; Weiss & Veech, 1990; White, 1986). As noted above, this is not always practical or advisable. The controversy focuses on the purpose and intensity of outside relationships, whether outside relationships conflict with professional roles and objectivity, and whether staff should have an option to provide after-hour support from their own homes. If two individuals ever played the roles of staff and client, are they forever precluded from a non-professional relationship? Can a staff member invite a client to church or to participate in a community activity of mutual interest? Should clients ever call a staff person at home? Do these boundaries still apply when a former client is now a colleague? Or when a person is simultaneously a client and a staff member? Discussions with community support staff suggest that there is little consensus on these issues.

Individualized vs. Standardized Boundaries

The movement toward highly individualized and wrap-around services suggests that the kinds of relationship boundaries which are conducive to one person (staff or consumer) or in one situation may not be equally conducive to another. However, it may be difficult for a worker to explain why it is O.K. to take John to the grocery store, but to expect Jane to get there by public transportation. Program policies and rules which attempt to standardize a set of relationship boundaries may be well intended, but often lack both the comprehensiveness and flexibility necessary to meet the changing needs of community support programs.
ETHICAL STANDARDS IN COMMUNITY SUPPORT SERVICES

There are efforts underway to develop a code of ethics for rehabilitation practitioners similar to those of other professions (IAPRSRS, 1993; NASW, 1992). It can be expected that the code ultimately adopted by psychosocial rehabilitation practitioners will include components similar to the following principles adapted from the ethical standards of the American Therapeutic Recreation Association (1985):

1. The principle of beneficence. Promote good; do the right thing; enhance welfare.
2. The principle of non-malfeasance. Do no harm. Do not exploit one's position of power or influence for personal gain or against the will of a client.
3. The principle of autonomy. Focus on the centrality of the consumer. Promote and support consumer rights to choice and self-determination.
4. The principle of fairness and justice. Distribute resources equitably. Perpetuate individual civil and human rights, including rights to privacy, dignity, and confidentiality. Fight against discrimination and stigma.
7. The principles of privacy and confidentiality. Respect individuals' rights to control information about themselves.
8. The principle of competence. Ensure personal and professional competence of staff. Continue to develop skills and knowledge and apply them to work activities.

Despite the many ambiguities in decision-making related to ethics and boundaries in community support services, there are some very clear rules which are not ambiguous. In addition to being wrong, these are quick ways to get fired as well as have legal action taken against you. These include:

- Do not intentionally physically, verbally, or emotionally abuse a person to whom you provide mental health or support services.
- Do not have sex or engage in intimate touch with person to whom you provide mental health or support services.
- Do not use drugs with, provide drugs to, or purchase drugs from a person to whom you provide mental health or support services.
ACCEPTING AMBIGUITY AND SUPPORTING STAFF DECISION MAKING

One of the problems for community support workers in coping with ethical and boundary dilemmas has been the prevailing practice of attempting to make new service approaches fit into ethical codes which were originally developed for office settings and medically based practice. There is need for flexibility and individualization in community support work and with these come a degree of ambiguity.

In most ethical and relationship boundary dilemmas, there are few definitive "yes" or "no" answers. Typically such concerns are more appropriately answered, "it depends". But depends on what? Staff and consumers indicate that there are many variables which should influence these decisions. Examples include: the functioning of the consumer, consumer history with relationships, staff professional and personal experience, cultural norms, legal liability, clinical dynamics, potential discrimination or stigmatization, staff comfort and values, and history of the helping relationship. Given the ambiguity and the complexity of ethical and boundary decisions, supervisors and managers have a responsibility to assist staff to make thoughtful decisions and to develop a work environment where such questions can be safely and comfortably raised by staff.

Guidelines for Decision Making

Managers and staff can sort out many nuances of ambiguous boundaries by reviewing a specific situation in light of the following questions.

1. Is there an overriding or governing code of ethics which delineates a clear course of action? Why does this course "fit" or "not fit" the presenting situation?
2. What is the clinical or treatment justification for the behavior? What are the intended effects? Can the staff person clearly state the rationale and desired outcome in support of his/her judgement? What are the benefits of this behavior for the consumer?
3. Are there other, less problematic, ways of achieving the same outcome? Have they been considered? Why are they being ruled out?
4. What are the benefits to the staff person? Is he/she getting some gain from doing things this way?
5. What are the possible problems that could occur for the consumer, the community, or the staff person? How could the behavior be misconstrued by the consumer or by others?
6. How comfortable would you be with this action if it was published in the newspaper? How will you feel about yourself after the action is taken? How will your action affect others’ perceptions of you?
These questions can help staff and supervisors better understand broader boundary issues (e.g., after-hours involvement, friendships) as well as more subtle issues such as selective enforcement of rules and preferential treatment. Review the situations faced by Karen at the beginning of this article. The implications of various response options open to her may be more clearly understood when these questions are applied.

Organizational Culture

The culture of an organization is a composite of the values, norms, attitudes, and policies which define both the nature of the work that is done by the organization and how it is done. It encompasses both formal and informal processes and assumptions (Frost et al., 1985). An organization's culture determines whether it is acceptable and safe for a staff person to exercise independent judgement, offer innovative or alternative suggestions, express a concern about relationship boundary dilemmas, and so forth. When organizational cultures are not accepting and empowering of staff, it is difficult for staff to develop accepting and empowering relationships with consumers. Managers and supervisors have a critical role in establishing a positive culture within their programs and helping to promote it throughout the organization (Blanchard & Peale, 1988).

Clarity. It is helpful to accept that ambiguity is part of the job of community support workers. However, it is also important for managers and supervisors to provide workers and consumers with as much clarity as possible regarding staff roles, intended service outcomes, sanctioned intervention methodologies, rights, and so forth. Strive for clarity and consistency in agency values and develop a set of ethical expectations which embrace standards of conduct applicable to both staff and consumers. Communicate these expectations explicitly and often through thought, word, and deeds. Issues cannot be secrets. Staff and supervisors benefit from frequent and upfront discussions.

Safety. Each manager is responsible for establishing a safe forum for staff to regularly raise and discuss relationship boundary and ethical issues in a productive, nonpunitive way. Staff have the right to expect such a forum. Staff and managers must realize that these are not "special" issues to discuss occasionally or only when there is a problem. They are part of day-to-day decision making and must be surfaced frequently. The process also provides staff with the opportunity to learn the parameters for independent judgement.

Ongoing Learning. It cannot be assumed that because a staff person has completed a course of professional training that he/she will consistently make decisions in accordance with ethical codes and professional standards.
Nor does common sense always prevail. People perceive and respond to events through very personal filters. Situations arise in work settings which may pique the personal issues of individual staff. (Common examples include need for approval, history of divorce, substance use, co-dependency, sexual trauma, personal experience with mental illness, and so forth.) This does not mean that the staff person is over-involved, incompetent, or unable to exercise sound judgement. It does mean that part of becoming competent in one's work is recognizing these personal issues and filters and learning how to use them effectively to enhance one's professional as well as personal development.

**Group Decision Making and Collegial Support.** Delicate ethical or boundary decisions are best not made independently. When such decisions result in negative consequences, it is the individual staff person who typically takes the heat. When decisions are made in a group context, it is more likely that a variety of alternatives are considered and that the broad implications of each option are explored. If a team decision results in negative consequences, it becomes the team's responsibility to review its decision making process, rather than to put responsibility on any particular individual.

Rapp (1992) suggests that group supervision is an opportunity to define a positive work culture. When group supervision is the norm, there are regular opportunities for staff persons to assist each other to be as responsible as possible and to generalize “lessons learned.” It has been suggested that one internal measure of when to bring an issue to group consideration is the level of anxiety experienced by the staff person at the thought of discussing the issue with the team (Diamond, 1991). The greater the anxiety, the more likely it is that the staff member is skating on thin ethical ice, and the more important it is to raise the issue in group discussion.

**CONCLUSION**

This article has attempted to provide an overview of some of the issues which impact on the service ethics and relationship boundary decisions in progressive community treatment and support services. No doubt more questions have been raised than answered and this discussion is just surfacing publicly in the field of psychiatric rehabilitation. Changing assumptions and paradigms in service delivery place new demands on staff to make independent judgements relating to ethics and boundaries. Community support work is growing more, rather than less, ambiguous as staff roles become increasingly multi-dimensional and public. One of the major roles of staff is to balance many competing rights and demands. As a consequence, both staff and consumers need information about rights and clarity in ethical expectations. But the need goes beyond codified statements of standards. To
a degree, ambiguity is an inherent part of any individualized, consumer driven, and community focused service system. Staff need adequate tools and support to develop empowering partnerships with consumers and to do so within a context of integrity, respect, safety, and advocacy. There is no right way to do a wrong thing.

**FOOTNOTE:** This article was also published in *An Introduction to Psychiatric Rehabilitation* the International Association of Psychosocial Rehabilitation Services. April, 1994.

**REFERENCES**


Community Change through Housing and Support.


January 22, 1997

WHEN MENTAL HEALTH CONSUMERS BECOME MENTAL HEALTH EMPLOYEES

RECOMMENDATIONS FOR MANAGERS AND SUPERVISORS

Discuss hiring a consumer with existing staff. Be prepared to take plenty of time (one agency took a year). Encourage staff to ask questions and express their concerns.

Don't hire a consumer just to fill a "quota". Match the person to the job.

Have something in writing which tells the new employee about the procedures and regulations they need to know, eg. time cards; sick time; travel procedures; charting abbreviations, and so forth.

Arrange for an old employee to be a colleague. This colleague should show the new person the "ropes", answer questions, and provide support.

Don't immediately assume an employee is decompensating when he/she is having a bad day or is not feeling well.

Don't ask: "Have you taken your meds today?"

Give a thorough orientation to your agency, including the duties of other staff.

Explain the "unofficial policy" of your agency (customs, taboos, etc.) to new employees.

Be sure to provide regular consistent supervision.

Discuss "reasonable accommodations" right away, and be sure you are both clear about these.

Now that you have read these suggestions you can see they constitute good supervisory practice for any new employee, whether a mental health consumer or not.
RECOMMENDATIONS FOR NEW EMPLOYEES

Plan to get mental health services at a different clinic from the one where you are employed.

Learn and follow policy and procedures relating to your specific job.

If you are given a number of assignments, ask your supervisor to prioritize them. This is not your responsibility.

If you don't understand something, ask for clarification. You could even repeat it back so make sure you understand. No one will think you're stupid—they'll think you are smart and a responsible employee.

Remember, nobody learns a new job overnight. Six months to a year is usual, so don't be hard on yourself.

Share personal problems discreetly, and don't chat about your symptoms with co-workers. You want them to treat you as a co-worker, not as a consumer.

If two people are having a private conversation, don't assume they are talking about you, and don't take things personally.

Ask for regular supervision and don't hesitate to ask questions.

If you have specific needs which affect your ability to work, let your supervisor know right away.
Job Description

Position: Consumer Services Specialist

Salary: $10.00 per hour

Definition: Under direct supervision of the Program Manager or his/her designee, the Consumer Services Specialist shall elicit feedback from consumers as to the quality, effectiveness and "user friendliness" of services they receive from the Mental Health department and other service providers and shall communicate the content of that feedback to Mental Health Administration.

Distinguishing Characteristics: The Consumer Services Specialist is a one-position class that reports to a designated supervisor. The Consumer Services Specialist function is separate and distinct from treatment and/or case management responsibilities of licensed mental health professionals and/or paraprofessionals and the Patient Rights Advocate. The Consumer Services Specialist attempts to identify programs and services which effectively demonstrate consumer oriented values, (e.g. choice, empowerment, etc.). The position is unique in that it is filled by a mental health consumer.

Examples of Duties:

A. Develops contacts with individuals receiving mental health services of various kinds.

B. Develops contacts with individuals, agencies and organizations that provide services to mental health consumers.

C. Surveys consumers to identify issues of concern to them and provides written or oral feedback about those concerns to mental health administration and providers.

D. Understands and promotes, at various levels, the mission of the mental health system to be a client-centered system.

E. Attends administration and management meetings at the discretion of the mental health director or his/her designee and provides consumer perspective on relevant issues.

F. Attends conferences and workshops as designated by supervisor and reports back on such gatherings to supervisor.

G. Attends staff meetings and trainings as designated by supervisor.

H. Other duties as required.
Employment Qualifications:

Any combination of education and experience sufficient to directly demonstrate possession and application of the following:

A. Knowledge of different kinds of mental illness and their impact on the lives of people living with mental illness.

B. Knowledge of Shasta County Mental Health system of care and how it operates.

C. Ability to make and maintain contacts and positive relationships with individuals with mental illness and those who provide services to them.

D. Ability to survey consumers and evaluate quality and effectiveness of services.

E. Knowledge of community resources.

F. Knowledge of principles of social rehabilitation.

G. Direct experience receiving services from a public mental health system, preferably Shasta County Mental Health.

H. Ability to monitor personal mental health needs and utilize support services as set forth in an individualized contract.

Physical Demands:

In order to successfully perform the various duties of this job, the employee is regularly required to use his/her hands to finger, handle, grasp objects, tools or controls. The ability to talk, sit, stand, walk, and hear well is necessary. The employee may also be required to reach with hands and arms; climb or balance; and stoop, kneel, crouch, or crawl. On occasion, the employee may be required to lift and/or move 25 pounds. Visual ability to judge distance, color, focus and see peripheral objects is also necessary.

Physical demands described here are representative of those that must be met by every employee. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

Conditions of Employment:

1. Pass a pre-employment physical exam.
2. Obtain a TB clearance.
3. Secure adequate transportation to fulfill duties of the position.
4. Understand and commit to the mission of NVCSS.
Application Information:

All applications must be made on the Agency's "Application for Employment: form and submitted to:

Northern Valley Catholic Social Service
1020 Market Street
Redding, CA 96001

An "Equal Opportunity Employer"

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About CIMH:

The California Institute for Mental Health (CIMH) is a non-profit public interest corporation. The purpose of CIMH is to improve and enhance publicly funded mental health services to persons with mental illnesses or emotional disturbances. It provides policy development, training, and technical assistance on prevailing critical mental health issues. The agency's Executive Director is Sandra Goodwin, Ph.D. This project was directed by Ed Diksa, Sc.D., CIMH's Director of Training.

About the author:

Laura Mancuso, MS, CRC is a consultant, trainer, and mediator. Her earliest experience in the mental health field was serving as a volunteer in the one-to-one community support program at Community Companions of San Jose in the early 1980s. She went on to earn a Master's degree specializing in Psychiatric Rehabilitation at Boston University, and managed technical assistance programs for four years at the National Association of State Mental Health Directors in Washington, DC. She is nationally known as an expert in the implications of the Americans with Disabilities Act for workers with psychiatric disabilities and their employers. She is currently a contractor to Santa Barbara County Mental Health Services and a mediator with Conflict Management Institute, a Santa Barbara-based training and mediation company specializing in the prevention and resolution of workplace disputes.