

Domestic violence can affect anyone, including people with mental illness. There are times that a person with a mental illness may require support to ensure their safety and access to crisis intervention services. Trauma survivors, including those with mental illness, experience their situation in various ways; therefore, support/services must be developed to meet each individual's particular needs. Following are tips for working with abuse survivors with mental illness:

Respect

- ◆ Persons with mental illness are PEOPLE FIRST. Respect what the person feels, thinks, and decides for themselves.
- ◆ Always respect a person's understanding, analysis, and knowledge about the reasons for their emotional distress.
- ◆ Recognize that mental health labels can be stigmatizing, misleading, & shaming. Labels may not help obtain education, employment, decent affordable housing, or daycare. In fact, a label may hinder achieving these goals & influence a person feeling different, sick or incapable.
- ◆ Consider re-framing mental illness as an organic disorder and an understandable response to a history of trauma, terror, entrapment, and/or violence. Focus on level of functioning and practical needs to gain a sense of safety as well as emotional and economic stability.

Support

- ◆ It is recommended that domestic violence and crisis service providers not automatically consider a person ineligible for services or make a psychiatric referral for a person with a known history of psychiatric hospitalization, mental illness, or who takes medication associated with psychiatric treatment. This may be perceived as an Americans with Disabilities Act violation.
- ◆ Ask the person what supports he/she may need. Recognize that the individual may need help or support in completing tasks that clients are usually expected to complete or follow-through on independently (i.e., making an appointment for assessment, medication review, or other psychiatric services; getting to a scheduled appointment; filling a prescription; gaining information about mental health services and options; etc.).
- ◆ Family, friends, or other service providers may have deceived a person who has mental illness. The individual may also have experienced repeated victimization and trauma. Be aware that it may take extra time to develop and build a trusting relationship with a person who has mental illness.
- ◆ Encourage and provide opportunities for peer-support and independent functioning. Be aware of support systems available for the children. Ask the individual for input on various strategies to increase connection with other persons in the shelter community (e.g., facilitating conversations or mediations with other residents).

Communication

- ◆ Your comfort level is highly important when communicating with a person with mental illness. Be aware of your posture, eye contact, and personal space with the individual. Take your cues from the individual, and be flexible in adapting your communication style (e.g., the individual might be uncomfortable being close to you in a small office).
- ◆ If you have difficulty understanding, listen carefully, and wait for the person to finish speaking. It is not helpful to pretend you understand. Clarify by asking short yes/no questions or by reflecting what you heard. Listen attentively as the person responds.
- ◆ If a person is having trouble processing information or sounds, they are more likely to understand your message if you use clear, simple, and direct communication.
- ◆ Listen to the person's feelings and reactions. Most people need to talk about traumatic events and grieve losses. Help the individual identify their feelings and practical problems.
- ◆ Be honest with feedback and be respectful when setting limits with the individual. Make sure that you provide clear limits about what services/supports you can and cannot provide. Also, ensure that the client understands the limit of services.
- ◆ When responding to distressful mental health symptoms or behaviors, try not to panic. Assess the safety level. If the person is having an outburst or psychiatric crisis/episode, be aware that there may not be an immediate need to contact the police, mental health deputy, or ambulance. Remain calm & ask the person how you can help. Listen to their response and suggestions. Give the person space. Closing in on their personal space may be experienced as threatening.

Problem solving

- ◆ Strategize with the person on ways to solve practical problems and basic life needs when possible (i.e., safety, financial, education, housing, employment, medical & parenting). As immediate problems are resolved, a sense of achievement, purpose and order may return.

Decision making

- ◆ People labeled or diagnosed with mental illness can take on risks and responsibilities. Like everyone, they need chances to try, make mistakes, and participate. Opportunities for responsibility and productivity may increase the person's positive feelings about themselves. Create opportunities for the person to identify preferences & make their own decisions (in accordance with program guidelines).
- ◆ Support and respect the person's decisions about the supports they need including medication, individual or group therapy, and peer support groups. The individual may need help in examining the pros and cons of choices or decisions they make.

Medications

- ◆ Ensure the person has information about psychiatric medications, their side effects and information about and access to mental health support services. Information about psychiatric medications and side effects should come from a medical professional such as a physician, psychiatrist, or pharmacist rather than from shelter staff.
- ◆ A review of psychiatric medications (by a psychiatrist or other medical professional) with a person who has mental illness may be necessary. The individual who accesses shelter services may not have brought their medications with them and may need some assistance in obtaining their prescription(s). They may also need an evaluation to determine if their medication is effective or needs to be changed. It is essential that the individual give consent for a medication evaluation.

Accommodations

- ◆ Recognize that shelter/communal living may be difficult for some persons with mental illness – especially if the mental illness is untreated. Provide assistance when requested if it is within reason. It is important to make reasonable accommodations if feasible. For example, if someone is sensitive to sounds & you can provide a private room, this may be a helpful modification.

Safety

- ◆ Be aware of safety concerns such as suicidal thoughts, past experiences with harming self or others, and their needs, especially when preparing to leave shelter (e.g., medications, insurance card, etc.). If there is imminent danger, call 911 or the mental health deputy.

Collaboration/Training

- ◆ Develop linkages & good working relationships with mental health professionals who can provide consultation/collaboration on specific client issues, as well as working together on safety & transition planning to prevent persons with mental illness from “falling through the cracks.”
- ◆ Create cross training opportunities between service providers in the mental health and crisis intervention fields. Information can be shared about safety planning, dynamics of abuse, helping a person access a shelter or crisis services, mental illness myths and facts, empowerment models, types of mental illness labels, mental illness treatment models, etc.
- ◆ Learn more about mental illness and support needs for functioning in the community. Contact a chapter of the National Alliance for the Mentally Ill (www.nami.org), National Mental Health Association (www.nmha.org), or your city or county mental health association or center.

This document includes information compiled from The *Elizabeth Stone House Handbook: Sheltering People in Emotional Distress* (1991); Brown, Vivian (1997, June), *Breaking the Silence: Violence/Abuse Issues for Women Diagnosed with Serious Mental Illness*; *For Shelter and Beyond: Ending Violence Against Battered Women and Their Children* (Second Edition, 1990). Information and suggestions are intended to be used only as a guide, are not all-inclusive.

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