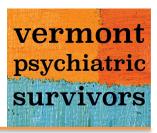
# vermont psychiatric survivors

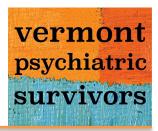
#### S.3 – An Act Relating to Mental Health Professionals' Duty to Warn

Wilda L. White, Executive Director Vermont Psychiatric Survivors, Inc. House Committee on Health Care April 25, 2017

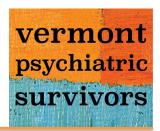


- Executive Director, Vermont Psychiatric Survivors since July 2015
- Trial attorney licensed to practice in NY, CA and MA
- Psychiatric Survivor
- Member of broad group concerned about adverse impacts of *Kuligoski* decision

## Stakeholder Group



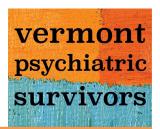
Vermont Medical Society/Vermont     Psychiatric Association	Vermont Psychiatric Survivors
• Vermont Association of Hospitals and Health Care Systems	Disability Rights Vermont
Vermont Care Partners	• University of Vermont Health Network
Agency of Human Services	Rutland Regional Medical Center
Northeast Kingdom Human Services	• NAMI-VT
<ul> <li>Vermont Legal Aid – Mental Health Law Project</li> </ul>	• NASW – Vermont Chapter
• VT Mental Health Counselors Association	Vermont Ethics Network
• Vermont Attorney General's Office, Mental Health Division	



• Impact of *Kuligoski* on patients and clients

• Impact on caregivers

• How proposed stakeholder statutory language improves upon Senate Bill No. 3

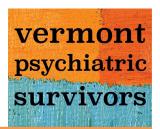


"Duty to provide information" to caregivers to "enable [the caregivers] to fulfill their role in keeping (the patient) safe" if that patient has violent propensities and "the caregiver is ... within the zone of danger of the patient's violent propensities."

Who are patients impacted by *Kuligoski*?



- About 10% of Vermonters (62,751) receive mental health services
- Includes people from all walks of life
- Common thread among us is discrimination we suffer based on mental health diagnosis or challenges, real or perceived



Employers -

- 50% are reluctant to hire someone with a past psychiatric history
- ~70% are reluctant to hire someone currently taking antipsychotic medication
- 25% would dismiss someone who had not disclosed a mental illness

Mental Illness and Employment Discrimination, Heather Stuart, Curr Opin Psychiatry. 2006; 19(5):522-526.

## Housing Discrimination



#### Housing -

- 33% of Americans unwilling to have people with mental health problems as neighbors, friends or residents in a nearby group home
- Landlords are reluctant to rent to people with mental health diagnoses

Martin et al. Of Fear and Loathing: The Role of 'Disturbing Behavior,' Labels, and Casual Attributions in Shaping Public Attitudes Toward People with Mental Illness. *Journal of Health and Social Behavior* 2000, Vol 41 (June):08 -223

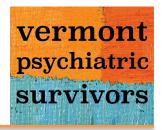
#### Discrimination Driven by Misconceptions



- Mental illness alone does not increase the chances that a person will become violent
- Media report violence disproportionate to actual rates of violence
- Disproportionate emphasis leads to public policies that penalize people with mental health challenges

*Archives of General Psychiatry* (Vol. 66, No. 2) 2009. McGinty, E et al. Trends in News Media Coverage of Mental Illness in the United States: 1995 – 2014. *Health Aff* (Millwood). 2016 June 1; 35(6):1121-1120

#### *Kuligoski* and Senate S.3 Perpetuate Discrimination



- Singling out mental health providers perpetuates a false belief about a link between mental illness and violence
- Operate as a license to discriminate in housing and employment
- Uncertainty of *Kuligoski* duty threatens the therapeutic alliance between mental health professionals and their clients and patients



- Caregiver is actively engaging with the patient's provider in connection with the patient's <u>care</u> or <u>treatment plan</u>
- Provider substantially relies on that caregiver's ongoing participation
- Caregiver is himself or herself within the zone of danger of the patient's violent propensities

### Examples of Caregiver Actively Engaging



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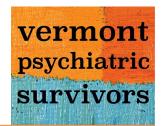
- Mental health provider asks "caregiver" to monitor patient/client for reaction to medication
- Mental health provider asks "caregiver" to assess patient/client's mood

## Impact on Caregivers



- Blamed by doctor and patient/client
- Sued by third-party
- Wracked with guilt
- Families torn apart
- Caregivers decline to cooperate or be helpful
- Clients/Patients lose critical support

## Senate S.3 Shortcomings



- Does not clearly abrogate or negate *Kuligoski*
- Perpetuates false belief about link between mental illness and violence, thereby reinforcing discrimination
- Creates a risk of legal liability for caregivers
- Creates a new, undefined standard for hospitals and residential facilities (i.e., "necessary information")

## Proposed Stakeholder Draft



- Clearly abrogates *Kuligoski* (p. 4, Sec. 2(a))
- Does not perpetuate false belief of link between mental illness and violence (p. 1, Sec. 1(1))
- Does not operate as a <u>statutory</u> license to discriminate (p. 4, Sec. 2(b))
- Does not threaten caregivers with legal liability; risk of liability remains with mental health professionals through discharge planning rules and regulations (p. 4, Sec. 2(c))

## **Contact Information**



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