

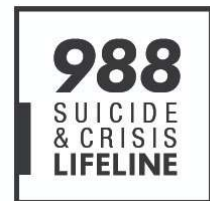


# MENTAL HEALTH IN LIBRARY CUSTOMER INTERACTIONS

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## AGENDA

- Address Bias
- Build a Common Language
- Communicating in Crisis
- Self Care in Crisis
- Ideas For Action
- Warning:  
Content of presentation may be triggering. Please have a self-care plan in place.
- Right now think of
  - Who can I talk to if I am feeling distressed?
  - Where can I take a break?



## BIAS, ABLEISM, AND SYSTEMIC ISSUES

- In the case of **explicit or conscious bias**, the person is very clear about his or her feelings and attitudes, and related behaviors are conducted with intent.
- Conscious bias in its extreme is characterized by overt negative behavior that can be expressed through physical and verbal harassment or through more subtle means such as exclusion.
- **Implicit or unconscious bias** operates could be in direct contradiction to a person's espoused beliefs and values.
- What is so dangerous about implicit bias is that it automatically seeps into a person's behavior and is outside of the full awareness of that person.
- We ALL do this because of the system we live in.
- Systemic ableism is a system of institutions, policies, and societal values that disadvantage people based on societal values of intelligence, physical ability, and mental abilities.

BIAS

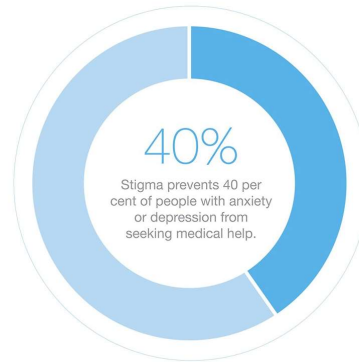


REALITY



## FACT FACTS- MENTAL HEALTH BY THE NUMBERS

- 1 in 5 U.S. adults experience mental illness each year
- 1 in 20 U.S. adults experience serious mental illness each year
- 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year
- 50% of all lifetime mental illness begins by age 14, and 75% by age 24
- Suicide is the 2nd leading cause of death among people aged 10-34



- \*National Alliance on Mental Illness 2020

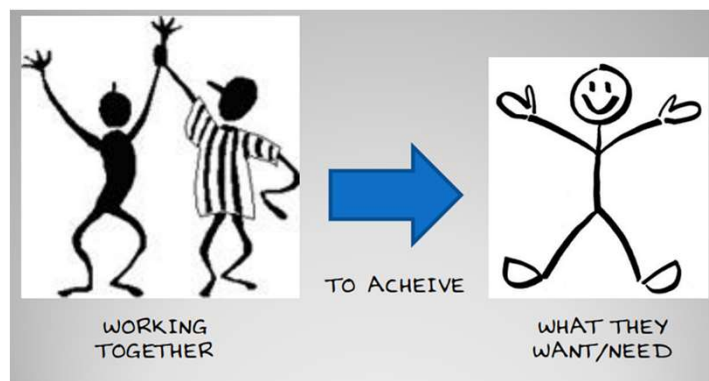
## THE LIBRARY IS A SAFETY NET!

- We don't like to talk openly about mental health, so people end up at the library trying to make connections for their health.
- Teens are more likely to get help from peers, then community supports before caregivers in their life.



## ADDRESSING A CRISIS

### INTERVENING DURING CRISIS

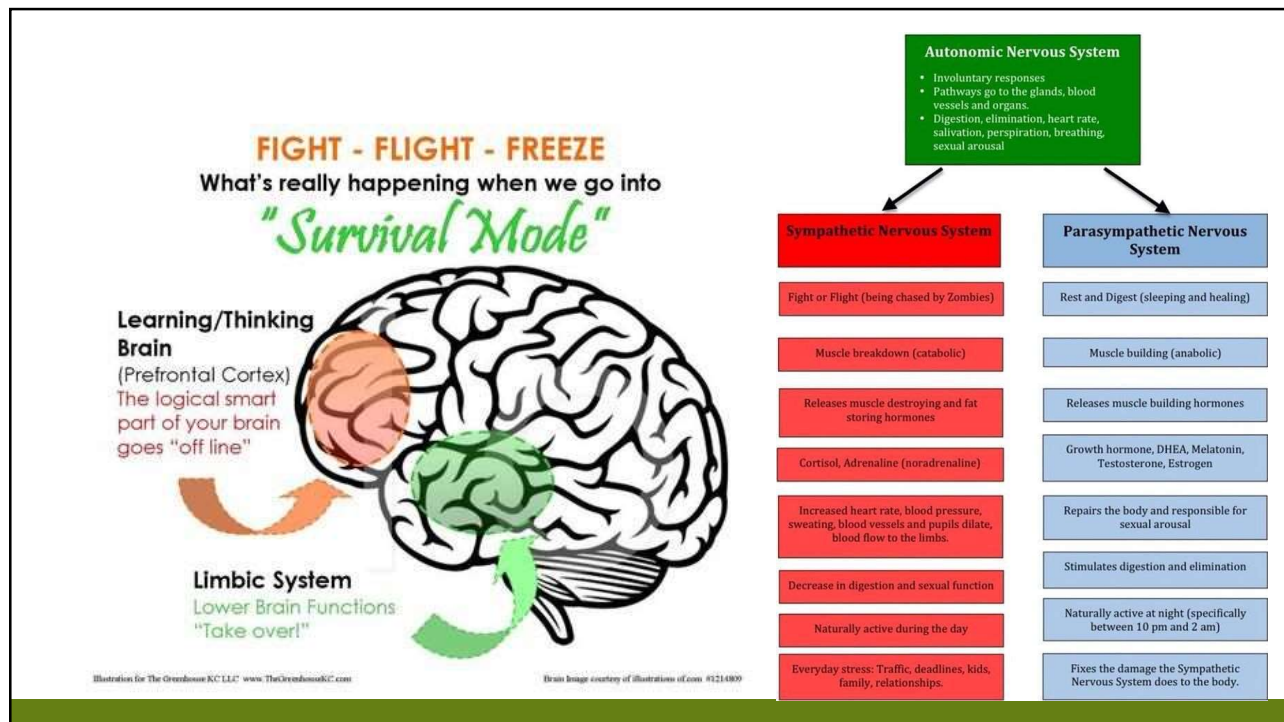




## LETS LOOK DEEPER

- Threatened and afraid
- Triggered or overwhelmed
- Out of Control
- Minimized and invalidated
- Disrespected and attacked
- Ignored and not listened to
- Unwanted and rejected
- Entitled





## CONTRIBUTING FACTORS



- Alcohol
- Drugs
- Physical Illness or Disability
- Mental Illness or Disability
- Developmental Disability
- History
- Losses
- Environment (colors, smells, sounds, personal space, etc.)
- Self esteem
- Poor communication Occurring
- Hungry
- Lonely
- Tired
- \*Perception\*



# BEHAVIOR THAT MAKES US UNCOMFORTABLE



## UNSAFE

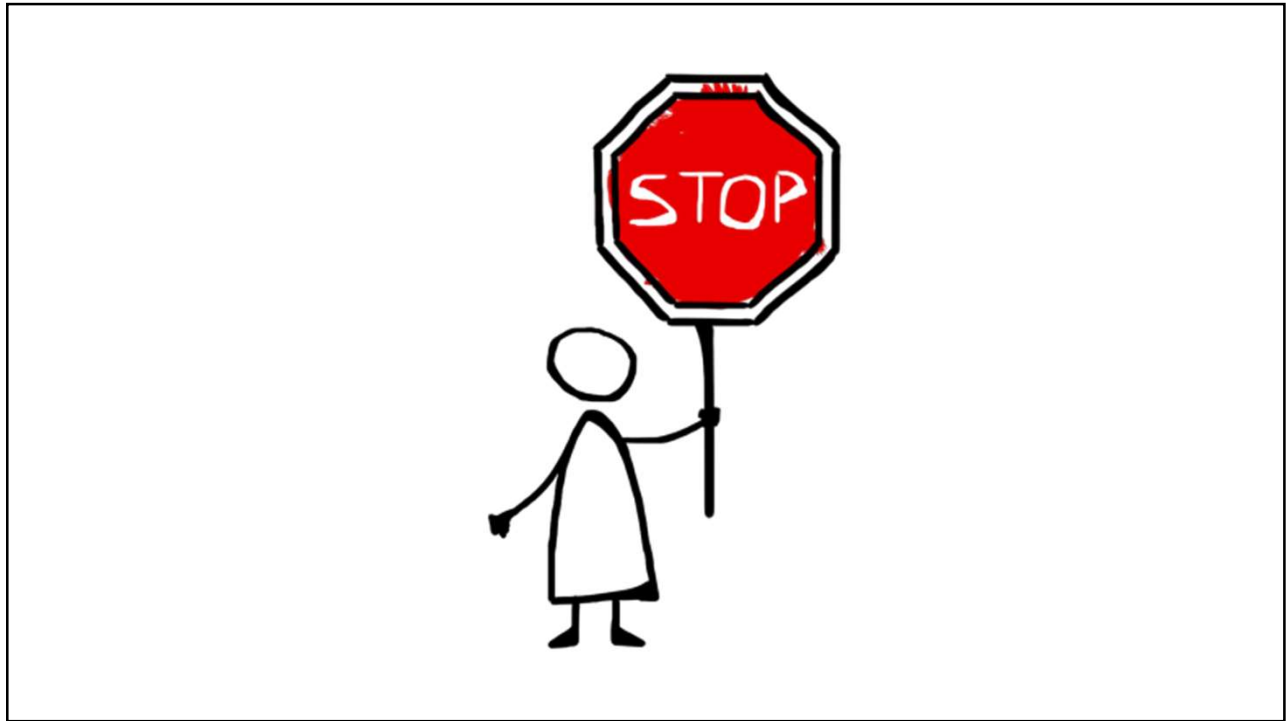
### PHYSICAL SIGNS:

- Yelling
- Hitting
- Disorganized
- Jerking Movements
- Unable to concentrate
- Self harm (head banging, pounding fists into body, pinching self, scratching self, etc.)
- Frozen/ blankly staring
- Curling body inward – arms crossed all the way to curling up into a ball
- Running Away
- Crying/ Unable to stop

### Imminent Danger Signs:

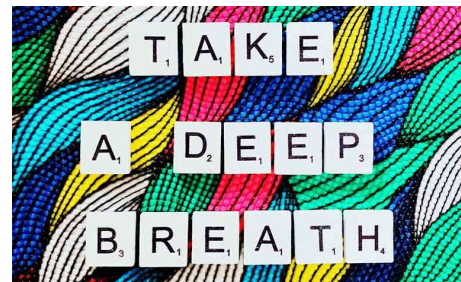
- Face:
  - Pale, flushed, lips tightened over teeth
  - Eyebrows drop to cover/ protect eyes
  - Break state to look at intended target
  - Chin Drops to Protect neck
- General:
  - Breathing rapid and deep
  - Clenched fists
  - Stance goes from square to bladed
  - Body movement may stop or rocking from heel to toe
  - Lowering full body to lunge



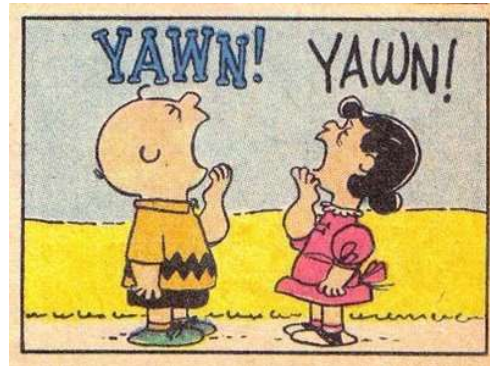
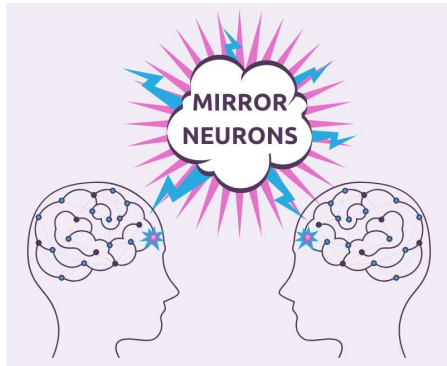


## STEP ONE: SELF CHECK IN

- Deep Breaths
- Quick progressive muscle relaxation (PMR)
- Mantra/ Positive Self Talk







## GROUND RULES

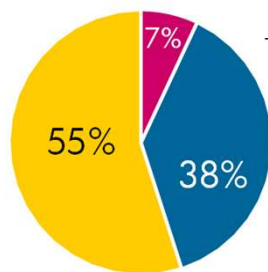
- No one is wrong, we are all functioning with what we know so it is true for us
- All humans are innately good and therefore capable of change
- People cannot learn and grow when escalated
- All humans deserve dignity and respect
- No physical contact, we use only our words and our actions
- Items are replaceable, humans are not
- Whatever the crisis is, it is real to them
- De-escalation is a team effort, we are equals

## SAY NO TO TACOS

- **T**hreaten
- **A**rgue
- **C**hallenge
- **O**rder or Command
- **S**hame or disrespect



## STEP TWO: ENGAGE



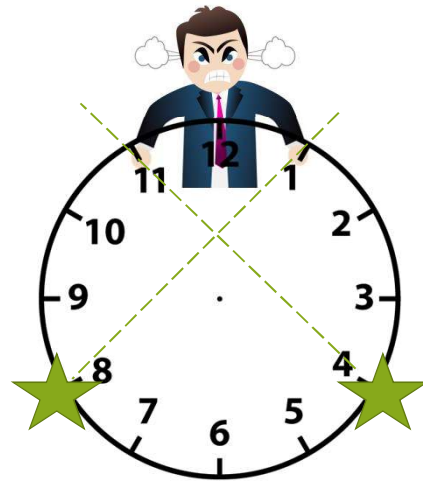
Dr. Albert Mehrabian's 7-38-55% Rule

### Elements of Personal Communication

- 7% spoken words
- 38% voice, tone
- 55% body language

## 55% BODY LANGUAGE

- Relaxed posture, hands out of pockets at side, palms out
- Avoid over-gesturing
- Allow for personal space
- Eye contact, not too much, not too little
- Same eye level if safe and possible
- Avoid pointing



## 38% TONE/ INFLECTION

- Lower voice, speak at a slower calm rate
- Keep voice even and quieter
- Hold your pace steady, its hard not to get "hooked" into their pace

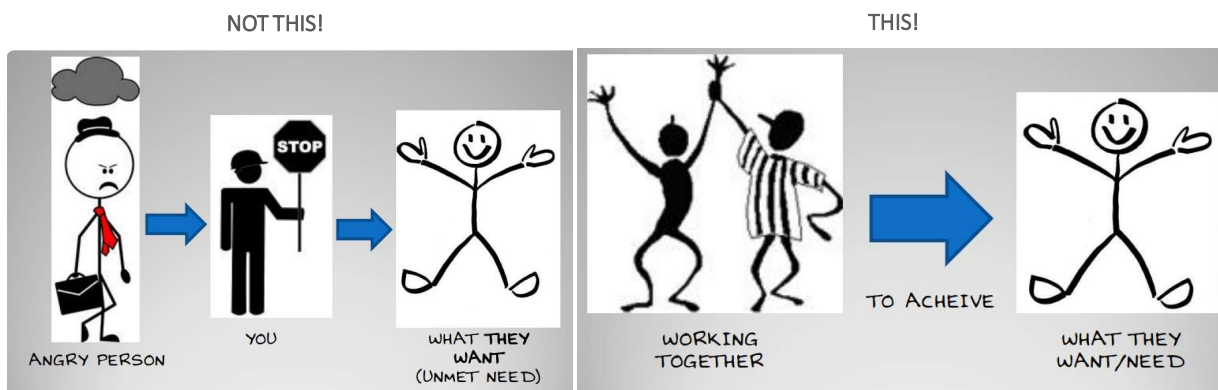
## 7% THE WORDS WE USE: REFLECTIVE LISTENING



## Basic Reflective Listening Formula

Tentative Opening	+ Feeling	+ About/Because/When + Thought
It sounds like	you feel mad	about
I hear you saying that	you feel sad	because of
If I hear you correctly	you feel glad	when
You seem to be saying	you feel afraid	about
I think I hear you saying	you feel confused	because of
I'm not sure I am follow	you feel ashamed	about
Am I hearing you say	you feel lonely	when

## RAPPORT





## DEFLECT AND REDIRECT

- I appreciate that, but...
- I understand that, but...
- I hear that, but...
- I got that, but...
- I'm sorry you feel that way, but...



# EMPATHY ABSORBS TENSION

BE EMPATHETIC AND NON JUDGMENTAL

## #SettingLimits

TIP 3 OF 5



[crisisprevention.com/settinglimits](http://crisisprevention.com/settinglimits)



## #SettingLimits

TIP 5 OF 5

### WHAT SETTING LIMITS ...

**IS**

Offering choices with consequences.

**IS NOT**

Making threats and giving ultimatums.



How to set limits effectively:  
[crisisprevention.com/settinglimits](http://crisisprevention.com/settinglimits)



## #SettingLimits

TIP 1 OF 5



[crisisprevention.com/settinglimits](http://crisisprevention.com/settinglimits)



## #SettingLimits

TIP 4 OF 5



SEE THE SITUATION FROM THE OTHER PERSON'S POINT OF VIEW.

[crisisprevention.com/settinglimits](http://crisisprevention.com/settinglimits)



## #SettingLimits

TIP 2 OF 5



YOU CAN'T FORCE SOMEONE TO BEHAVE IN A CERTAIN WAY.

[crisisprevention.com/settinglimits](http://crisisprevention.com/settinglimits)





## #SettingLimits: 6 Verbal and Nonverbal Tips

TRY THESE TIPS FOR SHOWING AND TELLING SOMEONE THAT YOU'RE HERE TO HELP.

### 1. WATCH YOUR FACIAL EXPRESSIONS AND BODY LANGUAGE.

Keep your movements calm and neutral.

### 2. BE MINDFUL OF THE TONE, VOLUME, AND CADENCE OF YOUR VOICE.

HOW you say what you say is as important as WHAT you say.

### 3. SAY WHAT'S ALLOWED WITHOUT TELLING THE PERSON WHAT TO DO.

"We can talk after this" rather than "you need to be quiet."

### 4. OFFER TWO POSITIVE CHOICES.

"Which do you want to work on first, math or science?"

### 5. OR, GIVE AND ENCOURAGE ONE POSITIVE CHOICE.

Do this before introducing any consequences or negative choices.

### 6. BE PREPARED TO REDIRECT THE PERSON BACK TO THE TOPIC AT HAND.

If they focus on another issue, help them refocus on the desired outcome.

[crisisprevention.com/settinglimits](https://crisisprevention.com/settinglimits)



## HOW SO WE STOP STIGMA? CONVERSATION

### DO SAY

- "Thanks for opening up to me."
- "Is there anything I can do to help?"
- "I'm sorry to hear that. It must be tough."
- "I'm here for you when you need me."
- "I can't imagine what you're going through, but I am here for you."
- "People do get better."
- "Oh man, that does suck." (use their words)
- "Can I help you find a ride to your appointment?"
- "How are you feeling today?"

### DON'T SAY

- "It could be worse."
- "Just deal with it."
- "Snap out of it."
- "Everyone feels that way sometimes."
- "You may have brought this on yourself."
- "We've all been there."
- "You've got to pull yourself together."
- "Maybe try thinking happier thoughts."

## HOW TO TALK/ DOCUMENT RESPECTFULLY

### Don't Diagnose!

- Stick to the facts
  - The person who is wearing a red shirt
  - They have a tremor (NOT tweaking, spastic, etc.)
  - Repetitive actions (NOT OCD)
  - They have a sound sensitivity
  - The person who is talking to themselves
  - They said they are hearing voices (NOT the schizo/ schizophrenic)
  - IF they identify a condition, they stated they have autism and they requested this accommodation (person first language)
  - Don't joke or shame!
  - Don't share irrelevant information!

## GROUNDING

**5** things you can see

**4** things you can feel

**3** things you can hear

**2** things you can smell

**1** thing you can taste

- Breathe
- Take a Walk
- Hands Under Water
- Hold Ice
- Music
- Drawing
- Visualizations
- Progressive Muscle Relaxation

## SCENARIO

- You encounter what seems like a couple arguing aggressively.
- Hey, My name is... it seems like you two need some space to breathe, would one of you like to talk to me, and one of you talk to my coworker... and we can just take a break for a moment.
- Offer to take one of them for a walk
- Offer to grab a cup of water
- Use empathetic listening
- If they refuse, give options but be firm: I really just want to make sure everyone here is ok. I can sit and wait with you all while you decide what to do, or we can spilt up and take a break, or is there someone I could call for you to pick each of you up? Your choice, but we can't keep this argument going in the library.

## SCENARIO

- A person get passionate about a political issue inside the library and is talking louding at staff or other customers.  
What do you do?
- Tell people to move along, the crowd is not helping.
- Encourage people to disengage, remind them that no one can learn while each other are yelling.
- Ideally, if no one engages with the man, he will stop trying to engage people.
- If not, try calmly de-escalating, working towards a solution.
- We have a policy about soliciting and arguments in the library. We do not take stances on political issues, we just provide information to people. It sounds like you are really passionate about this which is great, and you are welcome to submit your thoughts in writing, or to call our director at \_\_\_, but I need you to disengage with staff/ customers about this issue or you won't be able to be in the library.

## SCENARIOS

- An individual believes that a staff member is evil because they have “the evil eye”. When they see this staff member they get upset and yell at this staff.



- 
- An individual believes they are in a relationship with a staff member and sits and stares at this staff all day. They get upset when other people talk to this person.
  - You cannot argue with delusions. You CAN set boundaries.



## SCENARIOS

- Person is lying outside your building
- Person is sitting and doing nothing inside the library.
- People are allowed to simply exist



## SCENARIO- SINGING/ TALKING

- Person is singing along on the computer/ singing just because/ talking to themselves/ etc.



## PROGRAMMING FOR COMMUNITY MENTAL HEALTH

- At the beginning of a book club acknowledge that parts of the book could have been difficult and encourage people to utilize self care as needed during the discussion. At the end of the discussion end with participants on a “high note” either celebrating a success, stating a call to action, or a planned self care activity for the night/ coming days.
- Host QPR training at your library
- Yoga Classes
- Host Mental Health Providers to give a talk at your library
- Create a list of mental health specific resources or books in different reading categories
- Host a Wellness Fair
- Advertise near computers how individuals can sign up for HealthCare.gov during open enrollment season
- Host Narcan/ Naloxone trainings

## MORE RESOURCES

- Resources, media kits, and projects other libraries have completed!  
<https://www.webjunction.org/explore-topics/ehealth/more-info.html>
- Webinars:  
<https://www.webjunction.org/explore-topics/ehealth/webinars.html>
- Libraries Respond to the Opioid Crisis  
<https://www.ala.org/pla/issues/opioidcrisisresponse>
- QPR  
<https://www.preventsuicidewi.org/qpr-gatekeeper-training>  
<https://communityhealth.marshfieldclinic.org/en/QPR>
- Mental Health First Aid  
<https://www.mentalhealthfirstaid.org/>
- NAMI  
<https://namiwisconsin.org/>

REACH OUT!

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