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Mental Health Crises, Advance Directives, and the Psychiatric Survivor, Consumer, and Mad Workplace

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Introduction

Mental health issues are endemic in workplaces and as such are critical issues within nonprofit organizations. In Canadian consumer, psychiatric survivor, and Mad (CSM) community nonprofits, given the goal of employing persons who identify as CSM, a need exists to uphold disability rights while providing adequate guardrails for organizational stability. I present a case study of employee mental health crisis in that nonprofit setting. I discuss an anti-racist, anticolonial perspective regarding such incidents, suggesting nidotherapy (fitting the work environment for the person) and advance directives at work as preventive approaches. I briefly speak about presenteeism, or the working wounded, in the sometimes highly charged context of mental health nonprofits. I conclude that the larger, robust Canadian nonprofits can weather such incidents but small, emerging nonprofits are the most vulnerable.

CSM nonprofit organizations are an essential part of the disability rights and consumer, survivor, and Mad movements [1]. Consumers are individuals who use the psychiatric system but desire mental health reforms, whereas survivors would consider psychiatry to be something to be curtailed or abolished. The Mad community is based on Mad identity, being neurodivergent and a culture where mental differences are celebrated and affirmed [2]. CSM organizations provide peer support (e.g., support groups, warm lines for phone support, social events), employment services, cultural work (e.g., survivor art), and advocacy. They employ staff with histories of mental health problems. Some organizations are led by CSM individuals, instead of the typical mental health professional leadership (Campbell).

As a board member I (Walter Chan) have seen organizations both thrive and fail under CSM leaders. I also identify as a Cantonese male living in Canada, a person with disability with a mental health problem (anxiety and depression).

Preliminary Canadian research suggests CSM-run organizations are no more volatile or unstable than organizations run by nondisabled persons [3]. However, I personally have seen nonprofits become nonfunctioning or disintegrate when staff argue and fight. It is never clear whether these crises primarily result from personalities or from situational factors, but it seems CSM individuals who have histories of psychological trauma and childhood abuse are more vulnerable to psychological crisis compared to individuals without an abuse history [4-6]. Individual mishaps can lead to organizational breakdown if the organizational guardrails are insufficient.

Case Study

In our case (with demographics and context changed to preserve anonymity) the manager of a CSM-run employment agency refused the board's request for a financial review. The manager is a White, middle-class man with an undisclosed past employment record. Although perceived as a role model, allegations of financial improprieties swirled around him. Half the staff left in one year. Individuals appeared in front of the board to complain about issues, some of which involved the manager.

The agency board eventually decided to end the manager's employment. This decision caused a rift among board members. Feelings of paranoia surfaced. Board members resigned. The agency became in danger of dissolution due to staff and board turnover, as work was left uncompleted.

No blame is to be placed, as most individuals in these situations are simply overwhelmed. I propose Peter Tyrer's [6] nidotherapy approach, in listening and helping a person craft a niche to live and work more comfortably. There is a precedent in disability rights organizations to have options for employees to take indefinite leaves due to ill health, with some built-in flexibility to job-share and fill in gaps [3]. However, when it comes to mental health crises, the individual may not be aware of their own intentions and actions and may refuse help.

We need to keep in mind how intersectional oppressions (colonialism, racism, patriarchy, etc.) at root create the hurts and behavioral patterns which culminate in individual and organizational crises. Several principles to keep in mind: 1. Problems don't originate

in the individual 2. Healing the person and the collective starts by creating critical thought within the nonprofit and crafting procedures grounded in social justice. During the crisis and afterwards in processing the incident, the organization and individual staff should open up space for narratives about healing from historical oppression and changing day-to-day organizational policies which under the guise of utilitarianism close off space for democratic, engaged workplaces. These practices are not easy, even for CSM organizations steeped in radical politics. There is a need to actualize the concepts of anti-racism, anti-colonialism, and anti-oppression within routine organizational activities like policy and procedure manuals, staff meetings, and disciplinary hearings [7-9]. Organizations can encourage the nonprofit equivalent of "academic freedom" in terms of staff being free to speak their mind guided by anti-oppressive principles without pressure or reprisal or penalty.

Congruent to nidotherapy, meaning creation of a safe "nest," we would suggest the option of an employee writing an advance directive (AD), signed by them and the organization at the point of hire. This option should be clearly explained to all new hires. Commonly in CSM organizations, some staff – but usually not all – voluntarily, publicly disclose their psychiatric history. Disclosing serves the purpose of transparency and openness in working relationships. CSM individuals generally feel favorable towards ADs for psychiatric decision making, although it is unknown their feelings towards work ADs [10]. If a crisis arose where an employee's judgement is compromised and behave erratically, a manager or staff would intervene – empowered by the AD. The options chosen in advance range from increased support, consultation of family or friends or doctor, reduction of work duties, switching to another department, or taking a leave. This mechanism should itself be subject to peer accountability, typically a committee of managers, staff, and community members/service users to review the procedure, at a minimum annually. A labor lawyer must review the AD policy. The overall goal, congruent to nidotherapy, is adapting the environment to be safe for the worker and the organization. The organization however should reserve the right to suspend or fire an employee for threats of violence, unlawful activities, or an unwillingness to dialogue and work the process, as these actions are outside of academic/workplace freedom.

Please note our approach will incur increased upfront costs in staff time, committee oversight, as well as legal consultation. However, we suggest it may prevent some crises and workplace legal disputes.

Referring back to our case study, my suggestion if we were to go back in time would have been for that organization to implement spaces for dialogue and academic freedom within agreed or consensus principles, for staff and service users. Early warning signs in workflow and staff relations would likely emerge. These could possibly be nipped in the bud before becoming unmanageable. The introduction of ADs for new employees and retrospectively for current staff would assist in creating another layer of a safety net. It may very well turn out the manager would need to be suspended or asked to leave, as well as other staff, but the early warning signs would permit the nonprofit to recruit staff more rapidly and devise alternate workflows.

Contrary to popular beliefs, nonprofit work is not simply carefree volunteerism but often a highly charged, politicized setting. In a survey of nonprofits for one Canadian province, staff voiced they felt "overwhelmed, tired, struggling" as well as "hopeful, busy, and excited" [11]. External stressors, including widespread loneliness, a loss of funding, political and environmental instability (climate change), and the pandemic's rising cost of living, create burgeoning pressures and conditions for staff burnout (Vantage Point). Internally, CSM organizations can be politically pressured, given conflicting views on mental illness, peer support, and advocacy [3, 12]. Although certainly not unique to CSM nonprofits, some staff members are present only in body but not in spirit, due to burnout, mistrust towards colleagues, and health issues (Chan, Everett; Carmela Hutchison,

personal communication, July 2014). They struggle, there can be a high rate of turnover. Due to economy of scale, larger CSM nonprofits can weather staff crises due to the ready availability of other staff covering for absent workers [3]. For smaller nonprofits, even the loss of one staff member can throw the organization into a downward spiral [13]. Overall, anti-racist, anti-colonial, and anti-oppressive approaches, nidotherapy, and procedural safeguards such as ADs can decrease but not eliminate the risks of staff crises, by opening spaces for dialogue, rest, and respect.

Conflicts of Interest: The authors declare no conflict of interest.

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