

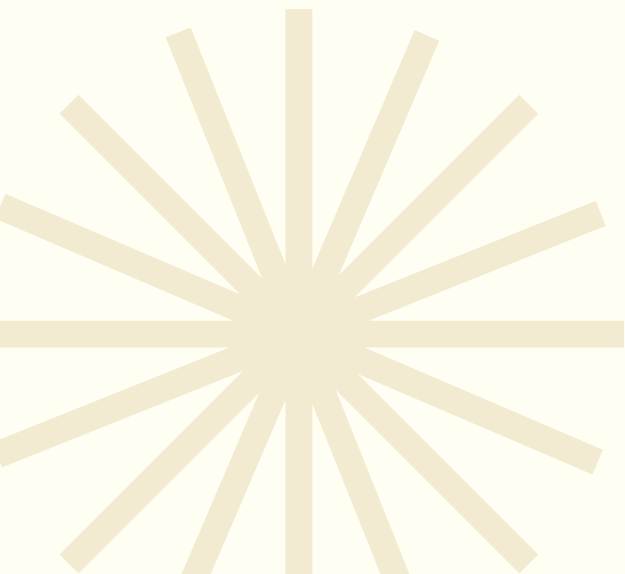
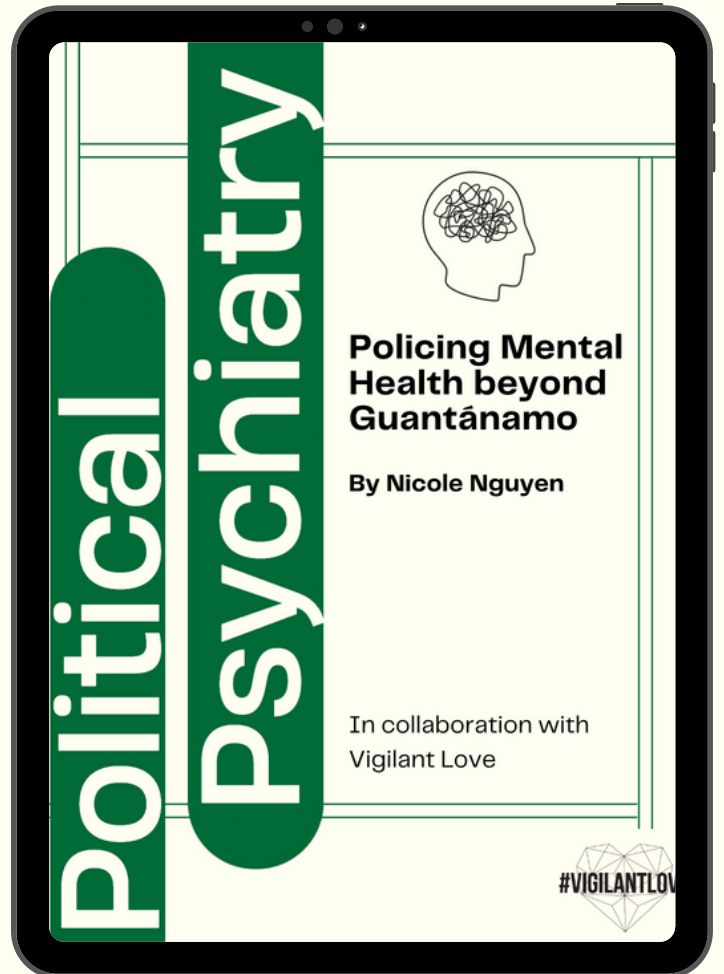
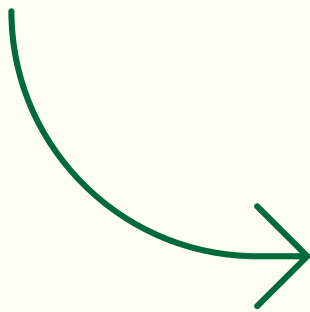
A QUICK GUIDE FOR PRACTITIONERS:

Decarcerating Mental Health Professions

Written and compiled by Nicole Nguyen

Further reading in "Policing Mental Health beyond Guantánamo"

Read the full report at: bit.ly/VLPoliticalPsych



At-A-Glance

Street Social Workers: Establishing Preventative Measures

- Build community spaces, resources, and networks that help people live healthy lives.
- Cultivate pod maps and other safety planning tools.
- Refuse the individualized approach baked into institution-based care.
- Recognize how material conditions create precarity.
- Understand the limits of mental health care.
- Understand the racial roots of the caring professions and how this history shows up today.
- Understand the impact of systems of oppression on people's mental health.
- Understand that "we are still building the alternatives"

Establish a "Warm Line": Responding to Mental Health Crises Differently

- Build a localized rapid response team.
- Respond to mental health crises differently.
- Recognize "the hospital is not a therapeutic place."
- Recognize that calling a hotline can trigger police intervention.

Naming the Stick: Informed Consent Procedures

- Explain how mandatory reporting works to clients and communities.

"Cops in Cardigans": Unlearning and Relearning the Profession

- Rethink mandated reporting.
- Unlearn how we have been socialized.
- Understand how systems of oppression have shaped professional training.
- Check yourself.

Negotiating Duty to Warn: Ethics, Tactics, and Alternatives

- Take risks.
- Be "ethical flexible."
- Create time and space to de-escalate.
- Use hypotheticals.
- Consult the legal teams provided by professional organizations.
- Recognize that the goal of therapy is not to convince people to desist from certain ways of living or thinking.
- Consider the available range of interventions along the way.
- Understand the mandated reporting both increases contact with the police and denies people of their agency.
- Acknowledge that nothing is straightforward.

Street Social Workers: Establishing Preventive Measures

**BUILD COMMUNITY SPACES, RESOURCES, AND
NETWORKS THAT HELP PEOPLE LIVE HEALTHY LIVES.**

“Create collective community spaces where people can process grief and loss related to suicide, violence, intergenerational pain, and so on”
(interview, January 9, 2023).

Create systems of care that don’t involve the police and don’t involve social workers”
(interview, January 9, 2023).

“Work towards building a world where we don’t need to call a social worker, we don’t need to call a cop because in our everyday, we’re understanding, learning, practicing how to see each other, how to witness each other, how to take care of each other, how to work through conflict and really layered, complex, and messy realities”
(interview, January 9, 2023).

CULTIVATE POD MAPS AND OTHER SAFETY PLANNING TOOLS.

“We make a plan before something happens. I would ask, ‘So who in your life would you go to if your partner threatened you or threatened your child? Where would you go?’ Because the last thing we want for them is to be on the street. And if they don’t have anyone, we work on establishing that connection early on. That can help in so many ways, even beyond material conditions, like anxiety and other mental health things that they might be experiencing”

(interview, February 15, 2023).

“Safety planning could be written or not written. It could be bullet points. It could be on the phone. It could be walking through a scenario imagining their home and having them actually practice in the [therapy] session what they would do. Like, ‘I’m going to go get a glass of water. I’m going to call my friend.’ And imagining them doing that. It can be another way of safety planning by drilling in that memory, that muscle memory”

(interview March 22, 2023).

“A pod. A collective that they can rely on should they, if they’re on medication, if they go off medication, if it’s imminent. I work with queer folks who are not in touch of their families or folks who might not have documentation and who are really far away from their families, so what does that look like? Does that mean, I don’t want to use the word chosen family for folks without documentation but is there like, ‘Oh, you mentioned four sessions ago these two friends you’ve been studying with,’ so it’s also about the other part of social work, which is, I’m already, the invitation is for us, for me and you to pay attention to folks who could potentially be in your pod, not assume that you have a pod because it’s a storytelling arc. Because it’s someone’s life and they’re going to make connections and what does that look like? How are you cultivating it, how can we add onto it, right?”

(interview, December 15, 2022)

“I’m like, ‘hey, right not when you’re not in crisis can we talk about when you are in that [crisis] moment, can we identify people, places, and things that we can access?’ And then kind of map it out with folks. That can happen one-on-one, that can happen in the collective or community group space”

(interview, January 9, 2023).

These needs could include “housing needs, financial assistance needs, emotional or spiritual needs, nutritional needs...and also the needs of human connection, being witnessed”

(interview, January 9, 2023).

REFUSE THE INDIVIDUALIZED APPROACH BAKED INTO INSTITUTION-BASED CARE

by recognizing that “there are systems swirling around us all the time,” which can lead to “this issue in school or this need in the family” (interview, January 9, 2023).

“We want a world and spaces where people can be healthy, can feel free to come as they are. If we understand that systems create the conditions of violence and then create the mental health, whether it's schizophrenia or PTSD, it does a thing of just alleviating by zooming out and seeing how we got here and what created this. And then we'll come to: ‘It wasn't you. You didn't create this. You're part of it, you're connected to it, but you didn't create all of pain, whatever those experiences would be.’ If I think through this lens, then I am able to offer those words of like, ‘Let's take a moment of honoring what's in here and what has led to the conditions in your family, in your community, in your neighborhoods, in your countries of origin? What was swirling in the air and the water?’...What structural patterning and mechanisms over time lent itself to then for that person to be in the neighborhood where there's a lot of stuff happening? That wasn't created just out of thin air”
(interview, January 9, 2023).

RECOGNIZE HOW MATERIAL CONDITIONS CREATE PRECARITY

and how current systems can fail to address these material conditions.

I was working with a family where the parents were undocumented and they had 10 kids....Part of why the [Department of Child and Family Services] got involved was because the kids were coming to school not bathed and having dirty clothes. But how can that family afford laundry? ...And I'm looking at them and implementing a team of six [practitioners] where they're paying all of our salaries and that's all tax money that's going to use rather than just giving the family money for bunk beds and laundry"

(interview, March 22, 2023).

UNDERSTAND THE LIMITS OF MENTAL HEALTH CARE.

There's only so much you can do, you know?...We do a lot of things that are not therapy to make sure people have their material needs met. So if it's the case of someone in Palestine fighting the material conditions imposed on them, mental health therapy is not going to do anything. The most pressing thing is the material condition. If someone's homeless, the first thing you do is house them. So, if someone's living under occupation, the first thing we have to do is break that down. That connects to social workers on [Indigenous] reservations here in the United States because there's just been a really bad relationship because we bring that mentality to that context which has no place being there"

(interview, February 15, 2023).

**UNDERSTAND THE RACIAL ROOTS OF THE CARING
PROFESSIONS AND HOW THIS HISTORY SHOWS UP
TODAY.**

“I think it’s a mixture [of macro and micro issues]. With social work, there’s a macro history of social work being messed up with clients of color. So there’s the general work social work has done as a field. But then also you don’t want to be the racist person to be serving a person of color and doing racist things in that service provision. What does resolving that look like? I don’t think a webinar is the solution.”

(interview, February 15, 2023).

“Therapy is a very white profession. It has a very white origin. I try to make sure to be very clear about things...and I try to be very clear with clients that their experiences with oppression are real...I have a therapist of color who’s taught me that sometimes you just need to name things for people...I think for folks of color, you know, when your reality has always been invalidated, you just sometimes have to name stuff for people. In that way, I find it to be more empowered....I see holding people accountable out of love, being honest out of love, opposed to the more traditional, white supremacist ‘let’s keep everything comfortable’ [approach]”

(interview, December 20, 2022).

“I wish white therapists would work with their white clients about their whiteness and their guilt or things like that. But that’s not necessarily what the client is coming in for”

(interview, December 20, 2022).

UNDERSTAND THE IMPACT OF SYSTEMS OF OPPRESSION ON PEOPLE'S MENTAL HEALTH.

“Paranoid delusions often come from some kernel of truth. And so they often play off something that is real in their life and then gets exacerbated to a degree that impacts their ability to function. For example, the FBI is after them, tracking them, and trying to enact violence, and they can't go about their day-to-day life. Most likely they're not someone who has an impact that would lead to being desired by the FBI. That said, these are all iterations of the paranoia that comes with living in a police state....Lots of times where there are patients who are still on probation in some way, there's fear of what will go back to the [parole officer] or what will go back to the system in some way that could impact them....[Other times], it's less about criminalization and more about being pathologized. The very [medical] system itself is its own police network. We are pathologizing and saying, 'This is what's wrong with you, this is what you need to do.' So there's still systems of incarceration and control through the very nature of the field itself, which is different than the fear of criminalization and more about being pathologized. The very system itself is its own police network”
(interview, December 13, 2022).

UNDERSTAND THAT “WE ARE STILL BUILDING THE ALTERNATIVES,”

so “don’t judge folks” who pursue carceral solutions and social problems like domestic violence (interview, January 9, 2023).

“So the crisis intervention team (CAT). The first time I had to call [CAT], I had a client who...was just distraught. She said, ‘I’m gonna run in the street and kill myself. I’m gonna do it. I’m gonna run into traffic.’ And I’m on the phone with her and I’m like, ‘Oh my god.’ And she sounded like she’s gonna do it and so I’m freaking out. And I told her, ‘I have to call someone. You’re in danger. I have to call.’ And this woman was so impulsive that I didn’t believe she was gonna be able to keep herself safe. So I had to. I had to do it. ...And I was really nervous to do it because I didn’t want her to be further traumatized or feel like she’s being punished. But my coworker was like, ‘You have to do it.’ There’s no other way around it. We have no other person or entity to call about this. We don’t have a choice. We can’t drive over there. So I did and she was fine.

I feel like this is important to note, that she’s an older white woman, so [the police] probably approached her in a different way than maybe some other kind of person. So that was my first time doing that. And ever since then, I’ve only done it when I felt like it was absolutely necessary. I’ve tried to change the approach by really blasting the parents’ phone. If the client doesn’t answer, just calling them repeatedly. So, they know that you gotta answer. Or I’ll give them a certain time like, ‘Hey, if I don’t hear from you by this time, I have to call’”

(interview, February 11, 2023).

Establish a "Warm Line": Responding to Mental Health Crises Differently

BUILD A LOCALIZED RAPID RESPONSE TEAM

Root this team in a “foundation of knowing each other and showing up for each other’s humanity.”
“Talk to your neighbors, where you can say, ‘Hey, ya’ll want to connect, ya’ll want to come through, we have food.’ And then just bring in wellness, mental health”

(interview, January 9, 2023).

Celebrate our ancestors, as in one event where “Black elders in the neighborhood offered their home” and people could “bring with them their grief, their loss, their pain, and we’ll hold it together”

(interview, January 9, 2023).

Understand that there is “much along the way” that can be offered to de-escalate any situation. “Stations of care” can provide resources and supports according to the needs of individual people

(interview, January 9, 2023).

RESPOND TO MENTAL HEALTH CRISES DIFFERENTLY.

When responding to calls about a child who is suicidal, “navigate those calls with families in a dignified way. It’s really hard. It’s really difficult.” This means “learning from those experiences where I’m sitting there and know I have to sit with the family’s fear of what’s gonna happen to their child. And we sit down and we talk through it and we hold space.” Understand that “there was much along the way that could have been offered

(interview, January 9, 2023).

“We did have a client, he was in his twenties, who was saying things like, ‘Oh, I want to be the next school shooter....Whenever I see a happy couple, I want to run them over with my car.’ Things that were alarming to us. He was in school so we tell the counselor at the school, like, ‘Hey, this is what the kid’s saying’...and we didn’t necessarily agree, but they suspended him from school....But they also did a psychological assessment on him and what they found out was...he’s, in their words, basically an incel....Cause he was saying like, ‘Oh I cut myself, my chest.

I like seeing the blood. I like seeing very intense things.’ So he was hospitalized and we actually called his family because his family lived [far away]. And so we told them, ‘Come out here now. This isn’t a game. This kid needs help and he needs you guys. He can’t be here alone.’ We actually didn’t call the police regarding that. My boss, she was thinking, ‘This kid is young. He’s going through a lot and calling the police isn’t the best option....So it’s a dilemma. You don’t want another school shooting to happen or you don’t want someone to get run over because of his own impulsive feelings. So what’s the right thing to do?’

(interview, February 11, 2023).

RECOGNIZE “THE HOSPITAL IS NOT A THERAPEUTIC PLACE” (INTERVIEW, FEBRUARY 11, 2023).

When their therapists call the police or hospitalize them, “clients have reported that they feel like they’re criminals or they get handcuffed. I think where I [work], there’s more of an understanding of safety planning and how that’s more beneficial than the hospitalization”
(interview, February 11, 2023).

RECOGNIZE THAT CALLING A HOTLINE CAN TRIGGER POLICE INTERVENTION.

“Some of our group therapy sessions are very specific topics. We have a group for self-harm. We have a group for suicide ideation. I was running the suicide ideation group and there was a conversation amongst clients about how they don’t always want to call the hotline because if the [hotline responders] are not trained enough or if they have a reactionary approach, they will just call the police to do a welfare check or they’ll try to put a 5150 hold [72-hour involuntary psychiatric hospitalization as authorized by Section 5150 of the Welfare and Institutions Code]. That’s what makes some reluctant to call the hotline, which sucks because it’s a good resource. It’s an important resource”
(interview, February 11, 2023).

Naming the Stick: Informed Consent Procedures

EXPLAIN HOW MANDATORY REPORTING WORKS TO
CLIENTS AND COMMUNITIES,

including who could be called and when.
Share power as much as possible.

“I try to make it really clear whoever we’re working with to know who we call and try to get as much information as possible to make a decision about whether to call...Telling people they can gimme hypotheticals. Letting them know that we can discuss any concerns they have with reporting. Letting them know that if they want to report, we can report together. Letting them know that reporting could or could not help. I try to be really clear about the possible implications of reporting and what happens when you get further involved in the system....That’s just from my experience with reporting and losing people’s trust after that”

(interview, December 20, 2022).

"Cops in Cardigans": Unlearning and Relearning the Profession

RETHINK MANDATED REPORTING.

Consider the contradiction in “calling ourselves a care profession” but then “bringing in an arm of the state” (*interview, January 9, 2023*).

To bring in “state-sanctioned entities...when someone is in such as a vulnerable place” is “deeply problematic, punishing, punitive, and carceral” (*interview, January 9, 2023*).

UNLEARN HOW WE HAVE BEEN SOCIALIZED, including how “we all have been impacted by structural, historical oppression, trauma, violence so none of us are unscathed” (*interview January 9, 2023*).

UNDERSTAND HOW SYSTEMS OF OPPRESSION HAVE SHAPED PROFESSIONAL TRAINING.

“I had to unschool from...the horrific white supremacist training [in graduate school]” (*interview, December 15, 2022*).

CHECK YOURSELF.

“There’s a client, he’s older, maybe 67 [years old]. And he has a criminal record....He was charged with a sexual offense. And it was really hard for me because it involved children. So for me it was, ‘Okay, how do I not have countertransference with this person and how do I treat him like someone who deserves these services and how do I go about this?’

So that’s when I thought about the principles of restorative justice, like identifying harm and trying to have him be accountable for that harm. And the stuff that he’s dealing with is related to it. So it’s not like it’s coming out of nowhere when I bring it up. The other stuff he is dealing with are related to this. So, seeing where his accountability is and also using restorative justice to enact forgiveness in this way where he can forgive himself but also still be accountable, and know that what he did is wrong and that he inflicted harm on other people, and those people have their own way of going through their struggles with what happened. So, in that way, I was trying to practice restorative justice as opposed to just, ‘you’re a bad person’...and trying to find a way for him to not carry out the harm”

(interview, February 11, 2023).

Negotiating Duty to Warn: Ethics, Tactics, and Alternatives

TAKE RISKS.

“I’m still a mandated reporter but now I’m choosing to say, ‘I am someone who cannot commit to calling the police. I’m not going to mandatory report, and this is what I ensure I do.’ I want to create a support but also ask, ‘Would you like me to call 9-1-1?’ I think it’s also just extending that choice. All of that is just learning through trial and error and there being consequences. I don’t understand how we’re supposed to do this work of shifting, of transforming, of healing, if we’re not going to risk something”

(interview, January 9, 2023).

BE “ETHICAL FLEXIBLE”

(INTERVIEW, JANUARY 9, 2023).

“I could write an assessment in a way that, sure, we did the thing, but this [documentation] isn't going to hurt you as much negatively impact you. So like fudging with things”

(interview, January 9, 2023).

CREATE TIME AND SPACE TO DE-ESCALATE.

“I’ll call on folks. I’m like, ‘Hey, I have this situation. What do you recommend?’ So then we talk that out. [One person who called me] was wanting to get out of an abusive relationship and so the [three of us] got on a Zoom call with this person just saying, ‘Hey, we just want to brainstorm here with you around what is possible.’ And they were very clear that they didn’t want the cops to be called, and so we’re going to honor that, and so, and we’re also saying we want to create safety as much as we can. So then we just start mapping out all the people, places, and things. That person then asked us to get on a Zoom call with the person who was being abusive. We talked it out with the person who requested around what is the tone, how does it feel for us to take this on. And at that time, it was just them wanting the person who is being abusive to know that this person had a team with them. That they were supported. So then we got on the call and then we debriefed with the person, and they were able to create some buffering and some distance at that time. Of course that didn’t resolve the main thing, but for that moment we created some space and some distance which is what people need in crisis. Just stay with people, create some more time between the intensity and the escalation and the threat”

(interview, January 9, 2023).

USE HYPOTHETICALS

to discuss child abuse, domestic violence, and other behaviors that might trigger a duty to call the police and strip people of their autonomy.

“I would tell the kids and the parents that if you ever want to share something with me, but you’re worried that it would be reported, you can always ask me in a hypothetical. So they can say, ‘If I told you blank and blank and blank, would that be reported?’ I tell them then they can decide how they want to share it....I always share that during the [informed] consent [process] but then sometimes through therapy, something might come up and I do a refresher: ‘So, I’m gonna stop you right there. And I want you to know we’re getting into a territory where A, B, and C, and I’ll give hypotheticals”

(interview, March 22, 2023).

“I’ve had discussions with students and we talk about being really serious about going over mandated reporting because it can be easy to minimize it or dismiss it. I have completed feelings about [mandated reporting]....We think it’s more generative to be really clear with clients so they can figure out what to do with it....So, letting clients know, ‘If you are unsure, you can give me hypotheticals. I’ve done presentations where I’ll even go through, ‘My friend is feeling this way.’ Like giving people exact words to figure out how to ask about these types of things so that they can actually get help. I can give someone resources for their friends”

(interview, December 20, 2022).

**CONSULT THE LEGAL TEAMS PROVIDED BY
PROFESSIONAL ORGANIZATIONS.**

“Through the [California Association of Marriage and Family Therapists], you have access to lawyers. And so you can call at any time and be like, ‘Hey, my client said they have a gun and that they’re feeling this way, is this mandated that I have to intervene?’ And then you document that, so that helps save my liability. I can document that this lawyer said that this is what I do”

(interview, March 22, 2023).

**RECOGNIZE THAT THE GOAL OF THERAPY IS NOT
TO CONVINCe PEOPLE TO DESIST FROM CERTAIN
WAYS OF LIVING OR THINKING.**

“This reminds me a little bit of working with kids that were in gangs. They are in these groups that are breaking the law and doing violence and all of these things. But my goal was never necessarily to make them stop being in a gang. How do we make sure they are living in a way that feels right for them? At least exploring other options. But really my goal was to build a relationship where they felt safe and empowered and heard. My goal isn’t to come in there and tell them what’s right for them. It feels strange to forecast future violence [as a therapist]”

(interview, March 22, 2023).

CONSIDER THE AVAILABLE RANGE OF INTERVENTIONS ALONG THE WAY.

“So, for safety planning. It sounds counterintuitive. By asking [a client] if they have a plan or intent is important because then you know how serious their thoughts are. So it gets them to think about it. ‘Do I have a plan and intent?’ Some people might be like, ‘Wait, but you’re encouraging me to think about it,’ but if they already have a plan or intent, they’re gonna tell you. They already know. So then removing the means of doing that. For example, if somebody’s having thoughts of cutting themselves...we’re gonna remove all the knives [they] have access to so that [they] can no longer use those. And the providing other coping skills. You could use a rubber band, snap it on your wrist. Use an ice cube. Whatever feeling they’re trying to gain from self-harm, getting it other ways to deal with the emotional pain that they’re experiencing. And then really cultivating connection is important too. ‘Who are some people that you can call? If you can’t call these people, can you call a hotline or us, our program?’ Then asking them, ‘Okay, what are you looking forward to? What something you wanna do in the future that you are excited about or thinking about bringing you joy?’”

(interview, February 11, 2023).

**UNDERSTAND THE MANDATED REPORTING BOTH
INCREASES CONTACT WITH THE POLICE AND DENIES
PEOPLE OF THEIR AGENCY.**

“The one [issue to unschool from] that pops up is this duty to report, mandatory reporting, the whole conversation around it. And the instilling of that without choice or any liberation or any community of care. No alternative ever proposed. I knew in my body that it was wrong....After the pandemic and racial reckoning in 2020 is [now] I am saying what exactly duty to warn [is] and doing it transparently with the whole [care] team....I say, ‘I work with an abolitionist frame and what that means is that should you ever be in a suicidal state or a homicidal state, you and I can work together, if you don’t already have a place of care, I’d love to do that with you. You don’t have to share my frame, but this is an invitation, what do you think?’ And it opens up collaboration”

(interview, December 15, 2022).

Practitioners' relationship with duty to warn can change as they understand how clients are affected by mandated reporting.

“[During my internship], with my first supervisor, I was like, ‘Every time I do mandated reporting...I think I’m losing blood. I feel like the blood is drained out of me.’ I said, ‘Help me. I can’t do this. I cannot convince someone that we’re in a healing relationship when I have a stick! And I just cannot...lie when I’m doing harm.’...One [thing] that I’ve recognized and realized that happens after I say my version of the mandated reporting is either there’s a pause or a pulse, like, ‘Is it true?’ Like a lean in. Or there’s a breath, which we explore. Is this relief? What is it? What is happening for you. And so, sometimes the trauma of visiting these institutions come through [at] that moment or it doesn’t because it’s the first session. We name it and it’s unpacked through the process and the relationship. But what happens in my body...is, if I don’t say the frame I’m bringing, is I clench. And when I say it, when it’s opened up for possibility between the two of us and the larger care system, then I actually breathe. I know my body gets tense until I hit the mandated reporting bit and then it’s an arc, coming down to the other human”

(interview, December 15, 2022).

ACKNOWLEDGE THAT NOTHING IS STRAIGHTFORWARD

given the liability practitioners face,
especially in state-managed institutions
like hospitals.

o“This is a case where a sixteen-year-old kiddo was hit once by mom in the context of [the kid’s] dysregulation. [The state’s] not gonna give a shit about it. So I do write it up [for mandated reporting] knowing that they probably are not gonna care and I’m doing my job so I don’t risk my license. But when I talked to three people in the mental health field who are abolitionists, who I deeply align with, [recommended] I finagle it so it didn’t quite sound like it needed to be reported. But if something did worsen, there was like, ‘Oh my god, if something really did worsen and it were to get out that I massaged some things here that could be really risky for me and my license.’...How do I weigh the sort of impact of, ‘Okay, this is really unlikely that they’d even care about this, but I should report it’ versus, “If I risk my license, then I don’t have the ability to show up in the ways that I do with my politics in this system that otherwise doesn’t allow people with my politics to show up in it”

(interview, December 13, 2022).

Written and compiled by Nicole Nguyen

Further reading in "Policing Mental Health beyond Guantánamo"

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Read the full report at: bit.ly/VLPoliticalPsych