The purpose of this study was to demonstrate the perceptions that public librarians have of their user populations with regard to people who are experiencing serious mental illness and the relationship to homelessness. Library association email listservs from multiple states across the U.S. distributed a questionnaire to their members that addressed these topics. The results found that a large number of public librarians experience concerns about violence in these populations and the impact that the presence of such users upon other users. Public librarians would be interested in learning more about serious mental illness with the goal that awareness about serious mental illness would help them in their interaction with library users who are experiencing serious mental illness. They expressed openness to trainings about serious mental illness. Such trainings would include liaisons with community agencies that work to help who are experiencing serious mental illness.

Headings:

Public Librarians – Education

Public Librarians – Social Conditions

Libraries and the Homeless

Libraries and the Mentally Ill
SERIOUS MENTAL ILLNESS, PUBLIC LIBRARIES, AND THE ROLE OF HOMELESSNESS: UNDERSTANDING PUBLIC LIBRARIANS' INTERESTS

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A Master’s paper submitted to the faculty of the School of Information and Library Science of the University of North Carolina at Chapel Hill in partial fulfillment of the requirements for the degree of Master of Science in Library Science

Chapel Hill, North Carolina
June, 2016

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Serious Mental Illness, Public Libraries, and Homelessness:

Understanding Public Librarians’ Interest

Serious mental illness and homelessness form a cycle that librarians can help break, not as social workers, but with the tools that they have at their fingertips – Information and the ability to find it.

Introduction

In 2013, the prevalence of any mental illness among adults in the U.S. was 18.5 percent according to the National Survey of Drug Use and Health (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). This statistic has led to the commonly quoted: “Nearly 1 in 5 Americans experience mental illness” (National Alliance on Mental Illness [NAMI], 2015). The results are from a self-report survey and may underestimate the true prevalence of mental illness. These numbers can in no way take into account the impact that mental illness has on the families and friends of people who are experiencing mental illness.

The National Survey on Drug Use and Health (SAMHSA, 2013) defines any mental illness (AMI) as:

A mental, behavioral, or emotional disorder (excluding developmental and substance use disorder) diagnosable currently or within the past year of
sufficient duration to meet diagnostic criteria specified within the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, 1994).

AMI can range in impact from no or mild impairment to significantly disabling impairment, such as in people who have serious mental illness (SMI). In 2013, there were an estimated 43.8 million adults aged 18 or over in the U.S. who experienced AMI in the past year, which corresponds to the statistic quoted above of 18.5 percent prevalence.

The National Survey on Drug Use and Health (SAMHSA, 2013) defines serious mental illness (SMI) as:

A mental, behavioral, or emotional disorder (excluding developmental and substance use disorder) diagnosable currently or within the past year of sufficient duration to meet diagnostic criteria specified within the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, 1994) resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

The definition is the same as for AMI with the caveat of ‘serious functional impairment’. In 2013, there were an estimated 10 million adults aged 18 or older in the U.S. with SMI in the past year. This represented 4.2 percent of all U.S. adults.

**Serious Mental Illness**

Serious mental illness in common parlance of the medical community is considered to be schizophrenia and bipolar disorder (McGinty et al., 2015). The definitive text on mental disorders is the current version of the Diagnostic and
Statistical Manual of Mental Disorders, edition 5 (American Psychiatric Association, 2013) and the illnesses described below correspond to the information in that handbook.

Schizophrenia Spectrum is a range of brain disorders in which people defined by the abnormalities following domains: delusions, hallucinations, disorganized thinking, which is noted in their speech, disorganized or abnormal motor behavior, and negative symptoms, such as lack of facial expression, (American Psychiatric Association, 2013). Delusions are fixed beliefs that are unlikely to change and take a variety of forms – persecutory, referential, grandiose, erotomanic, nihilistic, and somatic. Some people experience hallucinations that are alterations in perception without external events. Disorganized thinking is most often apparent in speech in which topics are switched without reason and answers to questions may seem off track. Disorganized behavior can range from agitation a state of stupor called catatonia.

Bipolar disorder is also a range of disorders that may include manic and/or depressive disorders (American Psychiatric Association, 2013). A manic episode altered mood, usually elevated but can be irritable, associated with increase goal-directed activity level. A major depressive disorder is characterized by at least a 2-week period with change from previous functioning that includes a depressed mood or loss of interest in pleasure (American Psychiatric Association, 2013).

Medications and psychotherapy can help with the symptoms of these disorders but require compliance with treatment and regular monitoring for optimal effect. Beyond medications, supportive services, such as the wrap-around
care that includes psychiatric, general medical, nursing, social work, occupational therapists, and educators helps with life management issues associated with serious mental illness.

**Recovery**

Recovery is defined by SAMHSA as “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential” (SAMHSA, 2015). The concept of recovery has been adopted by mental health services in recent years to articulate the positive shift in the management of mental illness and substance abuse that has accompanied improved strategies for treatment and support. There is general optimism that when a person seeks treatment for a mental illness they can recover and manage their illnesses successfully. This is to be differentiated from the concept of ‘cure’. As knowledge about mental illness builds, there has been a corresponding shift towards realizing that mental illness will require some form of management over the course of a person’s life, although symptoms may wax and wane or resolve completely.

The dimensions of recovery support that are defined by SAMHSA, (2015) include:

- **Health** – overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.

- **Home** – having a stable place to live.
• Purpose – conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.

• Community – having relationships and social networks that provide support, friendship, love, and hope.

The U.S. Surgeon General (U.S. Department of Health and Human Services, Surgeon General, 2015) and the Institute of Medicine (National Academy of Sciences, Institute of Medicine, 2015), as well as community-led organizations such as NAMI (2015) and health care providers are promoting the concept of recovery and recovery-oriented behavioral health systems because recovery is holistic including not only the person who has a mental illness, but their support networks and communities.

**Treatment**

The National Institute of Mental Health’s (NIMH) Recovery After Initial Schizophrenic Episode (RAISE) study investigated optimal recovery through evidence-based treatment. Evidence-based practice requires the implementation of consistent scientific evidence that has been shown to improve patient outcomes (Drake et al., 2001). A brief summary of the evidence-based services that are available to people who are experiencing serious mental illness follows.

In conjunction with the process of recovery, RAISE brought together a system of wraparound services which is considered to be the most beneficial to a person who has a serious mental illness. These services include evidence-based practices such as supported education and supported employment, which will be
addressed in greater detail in the implications section. Other evidence-based practices include supported housing, Assertive Community Treatment (ACT), illness management, and peer-operated services.

Supported housing is a process of placing people who are mentally ill and homeless directly into a housing situation, bypassing the traditional model for assisting people who are homeless that moves them through levels of housing from shelter to independent living. The implementation of supported housing on a large scale began with a program called Pathways to Housing in New York City in the 1990’s. This program recognized that for people who are mentally ill and homeless the shelter system was not successful because access to treatment for health and mental health and community support services was not consistent (Tsemberis, 1999). The model included Assertive Community Treatment (ACT) teams that could provide mental health treatment and supportive services at the location of the person’s home (Lehman et al., 1997). ACT teams have become the gold standard for treatment of people with serious mental illness and include such basic services as assistance with transportation to general medical treatment to treatment by a psychiatrists, psychiatric nurses, and social workers onsite for wraparound health care. Although this type of care is costly, studies have shown that the decrease in hospitalization that it produces offsets the cost, making it financially feasible (Bond et al. 2001).

Illness Management for people who have serious mental illness has been studied extensively (Mueser et al., 2002). Psychoeducation, coping skills training, behavior tailoring, and relapse prevention are all strategies that are used to
facilitate treatment by helping people who have serious mental illness collaborate with professionals and cope with their symptoms. These strategies increase knowledge of mental illness, decrease the distress from symptoms, promote medication compliance, and decrease the necessity for hospitalization.

Peer-operated services are most often drop-in centers, sometimes called ‘clubhouses’, for people with serious mental illness operated by people with serious mental illness (Mowbray et al., 2002). Their origins were in a 1948 model of ‘social clubs’ that were organized as an adjunct to outpatient care at Rockland State Hospital in Manhattan to provide support, recreation, and social interaction. They have evolved into places where people with serious mental illness can learn about community support, feel needed, and develop independence. There is variation as to what degree drop-in centers are completely run by participants versus being primarily participant-involved, regardless, research evidence supports their important contributions to overall improved mental health.

The extent to which recovery is supported for people who have serious mental illness has grown significantly over the past 25 years and, because these interventions continue to have positive results, they will flourish. The role of the community in general in supporting recovery can grow as well with increased awareness, education, and program development. Public libraries are in the position to lead the way for our communities to become more engaged with the process of supporting recovery.
ASCLA Guidelines

In 2007, the Association of Specialized and Cooperative Library Agencies (ASCLA) of the American Library Association (ALA) released a publication entitled ‘Guidelines for Library Services for People with Mental Illnesses’ (American Library Association, 2007). The subcommittee that wrote the guidelines started the process in 2000 and was composed of librarians with an array of professional experiences. Their awareness of the advances in supportive services is evident in the document, which specifically recognizes that people with mental illness derive empowerment from programs such as the clubhouse model of rehabilitation. They address the role that libraries can have in facilitating this process and in reducing the discrimination that occurs as the result of mental illness. The guidelines state that:

*Information is considered key in the management of mental illnesses and in reducing the discrimination that is so often associated with it.*

The committee points out that opportunities to improve community relations and the welfare of the community are being missed by not providing programming on mental illness. Educating students about these issues is the purveyance of school and academic libraries. They also point out that the role of libraries as educational agencies within their communities allows for a proactive stance in sharing information with society about mental illness and in offering programs. Thus charging libraries to take three primary roles in supporting people with mental illness:

1. Work to reduce discrimination
2. Share information
3. Provide programming

It is with these guidelines in mind that the following research questions are posed:

- Do public librarians perceive that they interact with people who are experiencing serious mental illness?
- Do public librarians think that they have an adequate understanding of serious mental illness?
- How interested are public librarians in gaining knowledge about serious mental illness?
- Would understanding more about serious mental illness make it easier to interact with people who are experiencing serious mental illness?

**The Role of Homelessness**

According to the 2014 U.S. Department of Housing and Urban Development’s (HUD) Annual Homeless Assessment Report (AHAR, 2014) to Congress 578,424 people were homeless on a given night in January, 63% were individuals and 37% were families. Twenty-three percent were children under the age of 18 and 9% are veterans. About 15% are considered to be chronically homeless, that is they “are unaccompanied homeless individuals with disabilities who have either been continuously homeless for a year or more or have experienced at least four episodes of homelessness in the last three years.” These statistics are the results of point-in-time counts – unduplicated one-night estimates of both sheltered and unsheltered homeless populations.

In their 2014 report the State of Homelessness in America, the National Alliance to End Homelessness estimated that 50% of homeless people have
mental illness issues and about 25% suffer from severe mental illness (NAEH, 2014).

The American Library Association (ALA) has a policy statement in regards to libraries and homelessness – “Extending Our Reach: Reducing Homelessness Through Library Engagement” that encourages libraries to address the issue of the disparity in advantages of people who have low socioeconomic status (SES) by providing services that are specifically directed to assisting them, such as national health insurance, federal low-income housing program expansion, living minimum wage and welfare payments. It specifically states that, “promoting training to sensitize library staff to issues affecting poor people and to attitudinal and other barriers that hinder poor people’s use of libraries” is part of the way their objectives should be implemented.

There is a lot of attention focused on ‘homelessness and libraries’ with consistent presentations of the information needs of people who are experiencing homelessness – Internet access, ability to contact family and friends, employment searches, recreation, social participation, and identity development – there is little attention to people who are experiencing mental illness and homelessness (Hodgetts et al., 2008; Mars, 2012; Muggleton & Ruthven, 2012; Ruhlmann, 2014; Wong, 2009). Although people who are mentally ill and homeless have information needs in common and there is a spiral down the socioeconomic status hierarchy that often accompanies serious mental illness, because all people who experience serious mental illness and homeless were not always homeless. Some may become so, but there is a fluctuation that occurs which public libraries can positively impact in
many ways. People who are experiencing homelessness visit libraries for shelter as well as to make use of the resources and services. Serious mental illness and homelessness form a cycle that librarians can help break, not as social workers, but with the tools that they have at their fingertips – information and the ability to find it.

With the role of homelessness in the lives of many people who experience serious mental illness, this additional research question is posed:

- Are public librarians’ perceived percentage of users who are experiencing homelessness also perceived as experiencing serious mental illness?

**Literature Review**

**Mental Illness and Public Libraries**

To investigate library services for people with serious mental illness, the primary library-related databases, Library and Information Science Source and Library and Information Science Abstracts, were searched but revealed few reports of such activities. Multiple papers deal with the practice of bibliotherapy, but will not be included in this review. A brief journal communication in 1989 by Shapland-Howes and Crossley reports the designing and implementing of a guide to public libraries for people with mental illness who were transitioning from being in the hospital back into the community. They reported arranging visits to the public library for the people who were experiencing mental illness accompanied by the hospital library staff to assist with enrollment, explain rules and regulations, and familiarize them with the public library. Their goals included providing access to
‘job opportunities and leisure, social and recreational activities’ and facilitating the use of ‘normal community facilities as far as possible.’ In 1996, Barsh and Jackson published a paper describing the services provided by a prototypical outpatient library to people with severe persistent mental illness to include teaching skills related to employment – resume-making, interview practice – and patient education.

In 2009, E. Fuller Torrey, et al. conducted a survey of public library supervisors with the goal of quantifying the magnitude of the need to train library staff on how to respond to someone who is displaying symptoms of a mental illness. They conducted a purposive survey using paper mail-in questionnaires with open-ended questions that related to prevalence, violence, disruption, policy reorganization, and time that people who experience mental illness take up with the staff. Their discussion focused on the need for treatment of the users who have severe mental illness rather than training staff to become more familiar with mental illness.

More recently, articles have appeared in such journals as Public Libraries and Library Journal that address the topic of people who are experiencing mental illness in the library situations (Berk, 2014; Ford, 2002; Harrell & Guyer, 2015; Jensen, 2015; Ruhlmann, 2014) and make a strong case for the value of training staff about mental illness.

Public Libraries magazine’s Nov/Dec 2014 issue contains an article by the librarian at Bethlehem Public Library in Pennsylvania entitled ‘Mental Health Trainings in Public Libraries’ (Berk, 2014). Berk tells about his experiences seeking
out information about mental illness to better understand the people who are experiencing mental illness that use their library, in particular those who are also experiencing homelessness. His journey led him to a Recovery Partnership group that offered free mental health sensitivity trainings, which he attended. He then set up a continuing education session for his staff with one of the speakers. “I did not leave there an expert on mental health by any means, but I did feel as though I had a better understanding of how someone with schizophrenia experiences the world, for example, and what resources are available to the library. I learned that Crisis Intervention, a community service in their town, can be called instead of the police if an individual seems in need of mental health services, but is not a threat. I learned that it is unreasonable to try to reason with someone in the midst of a paranoid delusion and that a person with schizophrenia is not dangerous the vast majority of the time. I also learned that their delusions are as real to them as the physical world we observe is to us.”

This summer (2016) Berk is offering a 4-week online Library Support Staff Certification Program through an organization called Infopeople that addresses many on of the issues that library staff encounter when working with people who are experiencing mental illness. The course is entitled “Serving People with Mental Illness at your Library.” It includes such topics as “Mental Illness Defined and Differentiated”, “Mental Health Issues in Libraries”, “Connecting People with Mental Illnesses to Resources,” and “Best Practices in Library Policy and Programs.”

Ford (2002) and her coworkers at North Carolina State University were distressed by the people from the community who they perceived as being mentally
ill using their computers for Internet access each evening. Negative stereotypes and anxieties made work difficult for the staff. The Mental Health Association of North Carolina spoke at a staff training session. The speaker explained different severe mental illnesses and suggested that the staff address the users in a straightforward manner, which was helpful to them in their future interactions with those users who were experiencing mental illness.

Harrell & Guyer are law librarians who have created ten ways to best help people who are experiencing mental illness, with one of the primary being to ‘Be Informed.’

Jensen (2015) is a school librarian working primarily with youth who she has come to recognize are experiencing severe mental illness, who she would like her staff to be aware of, as well as having them become more aware of the developmental issues that young people experience.

The staff at the Madison Public Library in Madison, Wisconsin where Ruhlmann (2014) works receives training is primarily about engaging people who are experiencing homelessness, but it also includes awareness of the fact that many people who experience homelessness have Post Traumatic Stress Disorder and may be on the Autism spectrum. As addressed below, people who experience mental illness and homelessness are often the recipients of violence.

The National Network of Libraries of Medicine funded a program called “Out of the Shadows” to educate librarians in Pennsylvania about mental health issues their users may be experiencing and found post-workshop questionnaires showed
improved awareness of resources (Radick, 2015). These librarians are recognizing a need for training so that they can provide optimal service to their users.

**Common Concerns for Librarians about People who are Experiencing Serious Mental Illness**

As noted in the introduction, the ASCLA Guidelines for Library Services for People with Mental Illness address the manner in which library services should be delivered to people with mental illness in two broad categories – ‘service needs’ and ‘needs for information’ about mental illnesses. The ‘service needs’ refer predominantly to be respectful to users who have mental illness and provide services consistent with those delivered to other users. The ‘need for information’ about mental illnesses encourages libraries to provide programming about mental illnesses to educate the community, those who provide services for or are within the social networks of people with mental illness, and people with mental illnesses themselves. Both of these sections provide separate guidelines for libraries that are within institutional settings as well. The guidelines mention the education of librarians about mental illness. They also make strong recommendations for having clear rules and regulations for behavior in libraries and plans for managing crisis situations.

The introduction to the ASCLA guidelines describes the process that the committee went through when creating the guidelines and concludes with a statement that speaks to concerns expressed by librarians about people with mental illness: “A question came up repeatedly in our work together and also with visitors to our meetings: To what extent will this document meet the needs of librarians in
large public libraries, who sometimes feel beleaguered by patron behavior that can escalate from challenging to crisis levels?” Stated in answer is the following: “This document is meant not only to endorse librarians’ efforts to establish very detailed crisis management procedures for their workplaces, but also to endorse librarians’ efforts to develop the expertise to avert crises and arrive at successful library experiences for this patron population.”

The need for the guidelines to include this question is likely born out of concerns about people with serious mental illness that are shared by the community at large. Primarily they are related to homelessness and to the potential for violence.

**Violence and Mental Illness**

The majority of people who experience mental illness are nonviolent as confirmed overwhelmingly in the empirical literature on violence and mental illness. “Moreover, individuals with mental illness and substance-use illnesses are a minor source of acts of violence committed in society; most acts of violence are committed by individuals who traditionally would not be considered mentally ill” (Institute of Medicine, 2006). Population-based epidemiological and cohort studies show that there is no greater risk of violent behavior for people with mental illness that do not have a substance use problem than for people without mental illness or substance use disorders (Swanson, 1994). There are empirical studies and review articles of empirical studies that assert an association between mental illness and violence, however the association is small or moderate. In her analysis, ‘Putting community risk in perspective: A look at correlations, causes and controls’, Hiday
(2006) clarifies that when attributable risk, a statistic generated by cohort studies, is noted it is small, most estimates put it at less than 5%. She points out that most researchers present their results in terms of relative risk, not attributable risk.

Relative risk compares people who have mental illness with people who don’t have mental illness – which can look more than ‘small’ – but when relative risk is used to compare people who have mental illness with people who have substance use disorders the relative risk for violence is markedly lower (Hiday, 2006). In addition to the confounding factor of substance misuse, Hiday points out that victimization and community disorganization, which are also confounding factors, are not considered in studies.

There is evidence that violence by a person who is experiencing a mental illness is more likely to occur if a person has a substance use disorder and has medication noncompliance or has never received mental health care (Neilsson, 2011; Volavka & Swanson, 2010; Schwartz et al., 2008). A meta-analysis of population-based studies of homicides by people experiencing psychosis revealed that homicide in psychosis is extremely rare and is even rarer for people who have received treatment with antipsychotic medications (Neilsson, 2011). On an individual basis, compliance with treatment regimens that address substance use disorders in addition to their mental illness should reduce the risk of violence for a person who is experiencing that mental illness. According to Swanson, the events that we learn about through the media stand out in our minds, but it is the “non-news” - the news that untold potential violence is diverted with adequate mental health care – that we don’t hear about, and doesn’t seem to be in the forefront of the
minds of people who make the policies that fund community mental health care (Swanson, 2011).

A randomized, controlled study on education and the stigma of mental illness demonstrated that people’s perceptions of mental illness were negatively influenced as a result of receiving an education module that focused on the association between violence and mental illness (Corrigan et al., 2004). This was in contrast to the perceptions of mental illness by the groups that received a stigma awareness module or a neutral control module about mental health. “Participants who completed the education-about-violence program were significantly more likely to report attitudes related to fear and dangerousness, to endorse treatment programs that coerced persons into treatments and treated them in segregated areas, to avoid persons with mental illness in social situations, and to be reluctant to help persons with mental illness.” (Corrigan et al., 2004). This study implies that educators walk a fine line in teaching about violence and mental illness since just learning about it can affect biases negatively and turn people against helping those who are experiencing mental illness.

Although the majority of people who experience mental illness are nonviolent, they are much more likely to be the recipients of violence themselves (Hughes et al. 2012). A 2012 World Health Organization-supported study of violence against people with disabilities revealed a prevalence of about 25% of recent violence against people with mental illness, (physical, sexual, or intimate partner violence). As noted above, victimization is often overlooked when calculating relative risk statistics (Hiday, 2006). This aspect of violence and mental
illness is easily overlooked when the focus is on aggression by people who have mental illness.

With each incidence of mass shooting by someone who is experiencing mental illness our communities develop stronger biases against people who are experiencing a mental illness. “We have large numbers of people with severe mental illness living in jails, homeless shelters, and substandard apartments in impoverished neighborhoods where every block has two liquor stores and a pawn shop. Then we talk about preventing violence by tweaking antipsychotic treatment regimens” (Swanson, 2011). Hiday pointed out that community disorganization is a confounding factor in the analyses done in studies that demonstrate that people with mental illness are relatively more at risk for violence than people without mental illness. Violence is a societal problem reaching far beyond the factors attributed to mental illness, such as the ready availability of guns and a lack of funding and support for mental health services.

Homelessness

The American Library Association (ALA) sponsors multiple resources for helping libraries challenged by people who are experiencing homelessness”

- The Public Library Associations two-part webinar series: Understanding and Serving People Experiencing Homelessness: A Trauma-Informed Approached to Library Service “addresses the prevalence, causes, and impact of homelessness and related trauma on children and adults, while exploring ways to address homelessness in public libraries.” Information on the
webinars can be found at  

• A page of tools for addressing Poor and/or Homeless Patrons that lists policies, guidelines and resources via URL links.

• B.8.10 Library Services to the Poor, under B.8 of the policy manual *Services and Responsibilities of Libraries* which outlines equal access to information for all persons affected by the limitations of homelessness and charges libraries with the need to prepare and sensitize of poor people’s needs by concrete programs of training and development. This outline includes not only training of the library staff but encourage collaborations with other agencies that deal with poor people and promoting anti-poverty activities such as collecting clothes and food donations as well as money to direct-aid organizations (APA  

• The ALA has also made available a guide to homelessness called *Extending Our Reach: Reducing Homelessness Through Library Engagement* which is an 8 page booklet that is “designed to help librarians and library staff create meaningful library services for people who are experiencing homelessness.” This document can be found at http://www.ala.org/offices/extending-our-reach-reducing-homelessness-through-library-engagement .

• The ALA Social Responsibilities Roundtable organized the Hunger, Homeless, and Poverty Task Force (HHPTF) was formed in 1996 to promote and
implement Policy B.810 (Old 61) including to raise awareness of issues associated with poverty. Since then they have created conference programs and resource information.

These initiatives have made steps toward addressing homelessness in libraries. Libraries have been making inroads in training their staff about homelessness and how to manage people experiencing homelessness (Maguire, 2013; Ayers, 2006; Collins et al., 2009; Comito, 2015; Mars, 2012; Hersberger, 2005; Muggleton, 2013), Lilienthal, (2011). Programs to assist people who are experiencing homelessness are emerging around the country (ALA, 2015-2). In the Denver Public Library and the San Francisco Public Library they’ve hired full-time social workers. Each morning a line forms outside their library where they welcome people who are experiencing homelessness to come in for bagels and coffee. The San Francisco Public Library has teamed up with a group that provides showers on repurposed buses so that people experiencing homelessness can clean themselves with dignity. The San Francisco Public Library (http://sfpl.org) is the most well known and elaborate. They have formed a partnership with the Department of Public Health and a mental illness recovery services team program (similar to the ACT team) to assist with people who are experiencing homelessness and poverty. They have a peer-support program that trains formerly homeless customers to reach out with emotional support and distribute information on where to find shelter, showers, and hot meals.

In San Jose, people who are experiencing homelessness are encouraged to attend library programs including “Lawyers in the Library” and “Social Workers in
the Library” (Collin et al., 2009). The San Jose California Public Library (https://www.sjpl.org) held a panel discussion to help library professionals learn about the issue of homelessness that brought together librarians, students, and social workers. And the Denver Public Library Community Technology Center Team (https://www.denverlibrary.org/ctc) visits homeless shelters to teach technology skills and provide instruction about job interviewing techniques.

A study of people who have been experiencing homelessness, which included library experiences, has been published recently by Kelleher (2013). She used structured interviewed to gain the perspective of 121 people experiencing homelessness who said that their library use was primarily to read magazines and books and have access to the Internet and computers. A study published in 2012 by Muggleton & Ruthvyn used structured interviews with 18 participants who were experiencing homelessness and found similar results. They speculate that identity formation and social interaction are important reasons for people who are experiencing homelessness spend time at public libraries.

Public libraries address homelessness in a broad range of ways from banning people who sleep in the library, carry more than two bags, or have offensive body odor to hiring social workers and using peer-counselors to provide support services (Nieves, 2003). Hecker’s (1996) article, ‘Patrons with disabilities or problem patrons: Which model should librarians apply to people with mental illness?’ describes the concerns that librarians share about these intersecting challenges. He points out that mental illness is a disability like paraplegia or blindness and that abnormal behavior is the manifestation of this disability. The term ‘problem patron’
and the rules that are erected to manage him/her set up a moral righteousness of which the librarian is the enforcer. He juxtaposes this with what might be considered excessive tolerance of situations caused by the tragedy of people who are mentally ill and homeless that genuinely need social services and medical care, pointing out the people who are mentally ill and homeless become the face of mental illness because they stand out to any observer.

**Methods**

**Data Set**

The data that were analyzed in this study were derived from a survey, via email questionnaire, that addressed the research questions:

- Do public librarians perceive that there are many people who are experiencing homelessness also experiencing serious mental illness?
- Do public librarians think that they have an adequate understanding of serious mental illness?
- How interested are public librarians in gaining knowledge about serious mental illness?
- Would understanding more about serious mental illness make it easier to interact with people who are experiencing homelessness?

The sample was purposively chosen from particular states in the U.S. which where thought of as having a large population of individuals who were experiencing homelessness and which represented different areas of the country—California, New York, Florida, Illinois, Michigan, Texas and North Carolina. The questionnaire
operationalized the research questions. It was designed to find out the perceptions that public librarians in those states have of the estimated percent of their users who are experiencing homelessness and the percent of those users who experience serious mental illness. Serious mental illness was defined as, “A mental disorder that severely interferes with major life activities, including not being in touch with reality.” Questions also included interest in training opportunities. (See Appendix for questions).

The Odum Institute for Advancing Social Science Teaching and Research at the University of North Carolina (http://www.irss.unc.edu/odum/home2.jsp) was consulted as to the quality of the questions and their ability to elicit answers specific to the research questions. The survey contained as few questions as necessary to obtain the data to be respectful of the participants’ time. Since the survey was administered online, an email request, which included informed consent, was sent to the participants with the survey link embedded. To be assured that the participants were public librarians, the first question asked whether the participant was a public librarian and if they indicated that they were not, the survey ended there. If they indicated that the initial question about homelessness was not application, they were not asked the follow up question about their perceptions of people who were experiencing mental illness and homelessness.

The survey was designed and performed using the Qualtrics system in compliance with the standards of the internal review board for the University of North Carolina (#16-0733). The data was cleaned and analyzed using Excel. The 350
qualitative answers were analyzed using the thematic analysis methods described in Braun & Clarke (2006).

Results

The results were the data gathered using the above described survey, which focused on the perceptions that public librarians have of people who are experiencing homelessness who are users of their libraries as well as their perceptions of people who are experiencing serious mental illness in association with that group. They also provide information about public librarians’ perceptions of their knowledge about serious mental illness and their interest in having training about serious mental illness. Six hundred and ninety seven people attempted the survey, but 85 (12%) of those did not declare themselves to be public librarians. The surveys that were only partially completed were removed leaving 557 for the final analysis.
Homelessness and Serious Mental Illness

Diagram 1

The public librarians that participated in the survey perceived that between 1-10% of their users to be experiencing homelessness 72% at the time of the survey and 11-20%, 14% of the time (see Diagram 1). Five percent indicated that the question was not applicable.
Fifty-three percent of the librarians perceived 1-10% of the people who were experiencing homelessness in their user population as having serious mental illness while 19% of the librarians perceived serious mental illness to be occurring in more than 30% of those users (Diagram 2). Thus 86% perceived the occurrence of serious mental illness in the users that they perceived as experiencing homelessness.
Serious Mental Illness – Knowledge and Training

How well do you feel that you understand serious mental illness? N= 557

Diagram 3

Forty three percent of the public librarians that participated felt that they understand serious mental illness ‘somewhat’, while 5% felt that they knew ‘nothing at all’ and 5% felt that they understood it ‘very well’ (see Diagram 3).
Diagram 4

Diagram 5
Interest in learning about serious mental illness (Diagram 4) and interest in receiving training about serious mental illness (Diagram 5) show over 35% in ‘fairly interested’ and ‘very interested’ respectively. In both areas, more than two thirds of public librarians expressed interest in gaining further knowledge about serious mental illness.

**Awareness Impact**

Would increasing your awareness about serious mental illness help you in your interactions with library users who have serious mental illness? N=556

Diagram 6

The final diagram (see diagram 6) mirrors the fifth question, which was about attending training sessions. Diagram 6 depicts the interest level in the impact that increased awareness of serious mental illness would have on the interactions between librarian and a user who is experiencing serious mental illness. More than
2/3rd of the public librarians surveyed thought that they would be helped by the increase in awareness about serious mental illness.

**Demographic Data**

<table>
<thead>
<tr>
<th>Sex</th>
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<tbody>
<tr>
<td>Female</td>
<td>463</td>
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<tr>
<td>Male</td>
<td>87</td>
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<table>
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<tr>
<th>Age in Years</th>
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<tbody>
<tr>
<td>20-30</td>
<td>12%</td>
</tr>
<tr>
<td>31-40</td>
<td>23%</td>
</tr>
<tr>
<td>41-50</td>
<td>24%</td>
</tr>
<tr>
<td>&gt; 50</td>
<td>41%</td>
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</table>

<table>
<thead>
<tr>
<th>Years as Librarian</th>
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<tr>
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<td>3%</td>
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<tr>
<td>1-5 years</td>
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<tr>
<td>6-10 years</td>
<td>20%</td>
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<tr>
<td>More than 10</td>
<td>55%</td>
</tr>
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</table>
In summary, public librarians perceived their user populations to include 1-10% of people who are experiencing homelessness. About half of public librarians perceive serious mental illness to be present in their users who are experiencing homelessness. Forty three percent of the public librarians surveyed indicated that they knew ‘somewhat’ about serious mental illness. The questions about a interest to learn about and willingness to attend a training both demonstrated over 2/3rds of the public librarians being interested in this type of activity. More than 2/3rds indicated that greater awareness of serious mental illness would be helpful to them in interacting with users who are experiencing serious mental illness.
Qualitative Results

The answers to the question: “Please describe your concerns about serious mental illness in your user population?” were coded. Themes that emerged included ‘violence and safety’ and ‘a wish to learn more about mental illness’:

- Violence & safety. The overwhelming majority of public librarians were concerned about violence and the safety associated with people who are experiencing mental illness. Although the participants want to help, they are unsure. This category included disruptive behavior, being a deterrent to other users, a sense of fear in the participants, and users who were ‘off their meds’.

  My biggest concern is in regards to a local man who has been diagnosed with schizophrenia. Because of his history of violence and unstable behaviors, coupled with the fact we are a very small but busy public library, regular patrons don’t come in when he is here. I want to be able to serve him when he is behaving appropriately, but I also want to remain accessible to the community as a whole. I’d like to take it to the next level, and go beyond ‘toleration’ of people with mental illness, to providing them with the best library experience and possible help towards wellness.

  My main concern is about the safety of the person with the mental illness, my safety, and the safety of other patrons if by chance the person with serious mental illness is not able to control their impulses or anger, which we have seen in our library. I would want a training that specifically addressed what to do, whom to call, but also would want, in an ideal world, someone who was trained to deal with issues arising
from a patron with severe mental illness, and for our mobile mental health unit to have more availability.

• The second most frequently cited theme was a wish to learn more about mental illness. Three people had been through a training experience and found it helpful in interacting with their users who were experiencing mental illness.

  *I want to understand mental illness better so that I can try to maintain a safe environment for all users.*

  *I think staff is uncertain how to approach someone, whether it be for safety reasons or because they are unsure of how to interact with someone with serious mental illness.*

  *I don’t feel that front line staff is adequately trained to deal with customers with serious mental health issues.*

• The third most frequently cited theme was a need to learn more about how to handle situations with someone who is experiencing serious mental illness.

• Eight participants expressed a need for a social worker on site.

• Nine participants talked about how people who are experiencing mental illness take up extra time.

• Nine participants had previous training with variable outcomes. For example, they felt the information was helpful in understanding mental illness, but not valuable in dealing with situations.
• One participant suggested creating programs for people who are experiencing serious mental illness.

The primary themes that emerged from the qualitative analysis of the responses to the open-ended question, that was specifically asking about serious mental illness, melded their concerns about users who are experiencing serious mental illness with those about users who are experiencing homelessness as well. Concerns about violence and safety was the most often mentioned theme. Learning about these topics was frequently expressed. The management of disconcerting situations was a frequent focus as well.

**Discussion**

**Limitations**

The purposive sampling without the ability to provide actual numbers of people who are experiencing homelessness and serious mental illnesses is a challenge that could not be undertaken within the parameters of this study, but would be valuable to do in future studies. The design of looking at the librarians’ perceptions was an attempt to overcome the inability to capture numbers of patrons who are actually experience those phenomenon. Also, may be a selection bias because predominantly librarians who have users who are experiencing overt homelessness and serious mental illness may have to chosen to participate in the study. The investigator's biases toward the importance of training librarians about people who are experiencing serious mental illness and homelessness are apparent in the questions about these topics and likely influence the interpretations.
Data Analysis

Ninety five percent of public librarians reported perceiving that there are people who are experiencing homelessness that are users of their libraries. The dominant percentage was 1-10%, but that is likely a low estimate because so many people and families who are experiencing homelessness are ‘invisible’ (Haskett et al., 2016); that is they do not appear as most people think of as ‘homeless’ – a disheveled, seriously mentally ill person who carries all their belongings with them and smells bad. Ninety six percent of the participants also endorsed 1-10% of those people who were experiencing homelessness as experiencing serious mental illness. This is less than estimated by the National Coalition for the Homeless (NCH) which is that about 16% of single adult people who are experiencing homelessness have severe and persistent mental illness, (http://nationalhomeless.org/about-homelessness/). However the participants’ perceptions are being considered here, which can provide a perspective on their library’s situation rather than the numbers presented by the NCH.

The breakdown of the public librarians conception of their understanding of serious mental illness was similar to a bell-shaped curve with the peak being at 43% and the far ends at 5% demonstrating that about half of the participants feel that they know ‘somewhat’ about serious mental illness. Since mental illness in general affects 1 in 5 people in the U.S., some familiarity with mental illness of some form is likely for most people – be it themselves, their relatives, friends, etc. Serious mental illness is less prevalent with schizophrenia occurring in approximately 1% of the population and bipolar disorder 1.5% (SAMHSA, 2013). This understanding is also
likely due to the fact that they work in public libraries and by their report come into contact with people who have serious mental illness there.

Both ‘interested in learning’ and ‘willingness to attend a training session’ showed the same pattern of about 2/3rds of participants expressing interest, most ‘fairly’ and ‘very’ interested. This pattern is not surprising since the questions were similar in nature. The final question about training does indicate that more knowledge about serious mental illness would be desirable and the similar pattern of escalating interest indicated and increase in awareness about serious mental illness is thought to be useful in interactions with people who are experiencing serious mental illness in the future.

The demographics were remarkable for more female librarians responding to the survey than males, reflecting the gender predilection of the profession. The age spread was even although the 20-30 year olds were less frequently participating, which may mean that they weren’t interested in the survey or that there are less people in their 20’s working as public librarians. The high percentage of people who are older than 50 may have been due to the length of their experience as a librarians encountering users who are experiencing serious mental illness and homelessness. There were fewer rural participants that again may indicate less interest in the topic or the fact that the sampling was purposely intended to include states where there may be high numbers of homeless people in urban public libraries. The surveys were distributed through library association listservs. The number of participants may reflect the membership of each of the library associations.
The qualitative results provide insight into the particular concerns that public librarians have about people who are experiencing serious mental illness – which was the specific question – although they likely included responses related to users who are experiencing homelessness as well. It seemed that the greatest concern was related to potential violence and safety of the staff and other users. Because people who experience serious mental illness may behave in erratic manners, they are likely responding both to incidents that they have experienced and to the stereotypes. As noted in the Literature Review section, the vast majority of people who are experiencing serious mental illness are only slightly more likely to behave violently than the normal population, although those who have substance abuse problems have a greater likelihood of becoming violent. These statistics are not specific to how a person may behave in a public library, however it seems that violence would be less likely in a structured, consistent environment. Dowd’s video ‘A Librarian’s Guide to Homelessness’ (https://www.youtube.com/watch?v=FyiEEhhrFh4) offers many helpful suggestions about deescalating situations that may evolve into conflicts.

The theme of a wish for greater understanding and training overwhelmingly reflected the compassion of the profession and the hope of providing better service for users. The question about increasing awareness providing better interactions reflects this. And the desire to be able to better handle situations with someone who is experiencing mental illness is consistent as well. Many of the responses told stories of how much the participants would like to see their users who are
experiencing mental illness get appropriate care so that they could function optimally.

There was interest expressed by the public librarians who participated in this survey to learn more about the people who experience serious mental illness and homelessness as users in their libraries. The comments left at the end of the survey expressed gratitude and a wish to be involved should an opportunity for training be created.

*I think this is a worthy project and hope that you can, indeed, develop professional workshops to address these issues*

**Implications**

The immediate implications of this study will be to inform a project that is being designed to create and implement a training program for public librarians about serious mental illness. Other implications could be the use of the data or the survey instrument to inform other projects.

**Factors Affecting Practice**

Westbrook (2015) in her paper “’I’m not a social worker,” An information service model for working with patients in crisis’ describes steps that librarians can take to assist people in crisis. Although people who are experiencing serious mental illness often have a chronic course some of her suggestions apply. She supports the idea brought up by Muggleton (2013) who talks about assisting the development of self-identities as being a role that librarians can play. She recommends collaboration with agencies that deal with the issues at hand, in her case interpersonal violence.
She also discusses the use of Dervin’s “sense-making’ model in describing what eventually ends up in awareness of individual’s perception and awareness.

However, assistance for a user with a disability should not turn into a situation in which a librarian is put in the position of a functioning as a social worker (Cathcart (2008). Cathcart states that a situation in which “librarians are providing a service (say, de facto shelter) that isn’t a part of their explicit mission...is) a case where increased communication, collaboration, and (in some cases) training with social services may be called for.” Librarians are not social workers but they can collaborate with community professionals.

**Services for people with serious mental illness**

The introduction to the ASCLA guidelines speaks to the possible ways that libraries can, within their mission, make a difference in the lives of people with mental illness:

- As educational agencies, libraries may play a proactive role in sharing information with their communities about mental illness and in offering programs.
- They may practice *transinstitutionalism* by picking up some responsibility for the education possibilities and responsibilities not taken in other community agencies.
- In adherence with *The Library Bill of Rights* (American Library Association, 2015), libraries may communicate with everyone about mental illness through displays; Web pages; reference work; books, materials, and media reviews and lectures.
• Daily, commonplace communication may signal to the general public that mental illness is an important and acceptable topic, prompting people who would otherwise be kept silent by the stigma surrounding mental illnesses to request librarians’ assistance in obtaining information.

In the spirit of libraries providing information that could contribute to the lives of people with serious mental illness in a vital way – information that could support recovery, nurture identity development, could help break the cycle of serious mental illness and homelessness – the process of supported education should be considered.

**Supported Education and Public Libraries**

Recovery is defined by SAMHSA as “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential” (SAMHSA, 2015). ‘Living a self-directed life and striving to reach full potential’ commonly involves education as an avenue to obtaining satisfying work and achieving economic independence. Serious mental illness begins for most people between the ages of 15 and 21, during high school, college, or vocational training (Newman et al., 1996). The transition to adulthood impacts all that is to follow in life and the interruption that occurs with the onset of serious mental illness derails this process.

Supported education assists people who have serious mental illness to gain access to and complete secondary education. It can be seen as a component of supported employment, an “approach to helping people with disabilities participate
as much as possible in the competitive labor market, working in jobs they prefer with the level of professional help they need.” (Bond et al., 2001). Although studies show that supported employment alone was successful (Bailey et al., 1998), the jobs that people who have serious mental illness acquired were primarily entry level and unskilled and a large percentage of people who are experiencing mental illness stopped working within 6 months (Bond et al., 1997). Consequently, supported education was initiated to help improve the chances of people who have serious mental illness getting the job that they want, sustaining their employment, and breaking the cycle of serious mental illness and homelessness.

Details of a supported education program include the provision of the level of support that a person who has serious mental illness might need to successfully negotiate secondary school ranging from self-contained classrooms to onsite support to mobile support from education specialists located out in the community. Advances in medical science that have resulted in better-tolerated, more effective medications are making these interventions more feasible, so that university student mental health services are finding that they need to expand to keep up with the growing number of students who have mental illness and are successfully negotiating school (Jackel, 2015).

Public libraries have a role in supported education that may seem to be no different from supporting education for everyone. However people with serious mental illness are experiencing a disability of their brains and the public library with all the services that are offered, especially interactions with librarians and library staff is an access to information that can help them form their identities
(Muggleton, 2013). It is a place to be exposed to the concepts of life-long education, in a way that agencies and treatment centers are not. Public libraries are our communities’ sites of information and stand as a link to a future that many people who have serious mental illness might not even imagine. They are also institutions that engender trust in a manner that differs from other public agencies. Are people who have serious mental illness, whether they are experiencing homelessness or not, coming to public libraries only to use the facilities, find entertainment, access the Internet, engage in socialization, or might they also be coming because information and access to it holds the aura of the possibility of a brighter future?

**Mental Illness Trainings for Libraries**

As noted in the results, there is a strong interest among public librarians in leaning about mental illness. Although original trainings will be developed by the broader project that this survey informs, Serious Mental Illness in Libraries, there exists an ongoing training program that can be used as a model. The LAMBDA Project – Library Anchor Models Bridging Diversity [http://lambda.sis.utk.edu/](http://lambda.sis.utk.edu/) that works to support homeless LGBTQ youth through their engagement with public libraries (LAMBDA, 2015). Homeless LGBTQ youth come to the library with information needs to access the Internet, read, find employment, contact family, and socialize. Libraries are information resources for both the youth that are experiencing homelessness and the communities that struggle with the problem of their homelessness (Shelton & Winkelstein, 2014). Many of these youth have mental illness and the progress of the project has brought the challenges that the libraries have surrounding mental illness and ways to manage it to the forefront (J.
Winkelstein, personal communication, October 12, 2015). In their article, ‘Librarians and social workers: Working together for homeless LGBTQ youth’, Shelton, a social worker, and Winkelstein, a librarian, point out that “libraries are an untapped resource for LGBTQ youth experiencing homelessness or those at risk of experiencing homelessness. As community institutions, libraries can be at the center of community mobilization and change.” Shelton goes on to say, “I have been working with LGBTQ youth experiencing homelessness for over 10 years, and not once did I stop to consider the role that libraries can, and often do, play in the lives of these young people.” In the trainings for libraries about homeless LGBTQ youth the program has learned that a combination of didactic education and panel discussions that include youth who are experiencing homelessness, community service providers, and librarians is the most effective way to raise awareness and share valuable information (J. Winkelstein, personal communication October 12, 2015). Once libraries gain greater insight into the issues, they can lead the development of services that had not been conceived of previously. Providing trainings for libraries about serious mental illness may be an avenue to both create insight into the issues that link serious mental illness and homelessness and encourage the development of services for people with serious mental illness.

In summary, the ASCLA Guidelines for Library Services for People with Mental Illness document is the way that libraries have formally addressed services for people who have mental illness. The issue of serious mental illness is intertwined with homelessness and concerns about dangerousness in the library setting. Thus far, library services have involved educating communities about
mental illness, but no specific services for people with serious mental illness have been developed. Public libraries hold a trusted position in communities afforded few other institutions, which gives them a unique opportunity to impact the cycle of serious mental illness and homelessness in a positive manner. Forming relationships with the other community institutions, such as social services agencies, mental health intervention services, and law enforcement, is vital. Education about serious mental illness should lead to libraries’ having a greater comfort level in interacting with people who have serious mental illness and increased ability to impact their lives.

Further research may include investigations that generate data sets that would examine the number of people who are experiencing serious mental illness that frequent individual libraries to elicit data that could be analyzed statistically. A full qualitative analysis of the people involved in a library setting that serves people who are self-identified as experiencing serious mental illness, the librarians, and the people in the community that work with people who are experiencing serious mental illness could be undertaken. Gaining a greater understanding of the interactions among these groups could lead to insights about their relationships and be helpful in developing library programs for people who are experiencing serious mental illness.

**Conclusion**

People with serious mental illness should be treated with respect and provided with all of the services to which any library user would receive as pointed out in the ASCLA guidelines. They should receive courteous, thoughtful service from
the people who work in the library and access to the programing that the library offers users, with assistance if need be in the manner that any other user who has a disability would be served. This survey confirms that there is interest in the public library community to learn about serious mental illness and a belief that greater awareness about serious mental illness would help them with their users who experience serious mental illness.
Appendix

Survey Questions:

• Are you currently working as a public librarian?

• What percentage of your library users do you perceive as being homeless?

• What portion of those homeless library users do you perceive to be experiencing a serious mental illness – A mental disorder that severely interferes with major life activities, including not being in touch with reality?

• How well do you feel that you understand serious mental illness?

• How interested are you in learning about serious mental illness?

• How willing would you be to attend a training session about serious mental illness?

• Would increasing your awareness about serious mental illness help you in your interaction with library users who have serious mental illness?

• Please describe you concerns about serious mental illness in you user population?

• Where is the location of your library?

• In what state do you live?

• How many years have you been working as a librarian?

• What is your age?

• What is your sex?
• Please leave any comments here. If you are interested in learning more about serious mental illness in public libraries, please indicate this here.
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