Disability Visibility Podcast

Episode 77: Mental Health Advocacy

Guests: Kathy Flaherty

Host: Alice Wong

Transcript by Cheryl Green

For more information: DisabilityVisibilityProject.com/podcast

Introduction

[radio static, voices singing with hip-hop beat]

LATEEF MCLEOD: This is the *Disability Visibility Podcast* with your host, Alice Wong.

ALICE WONG: Hola! Welcome to the *Disability Visibility Podcast*, conversations on disability politics, culture, and media. I'm your host, Alice Wong. This May is Mental Health Awareness month, and today I speak with Kathy Flaherty about mental health advocacy. Kathy is the Executive Director of Connecticut Legal Rights Project, a statewide non-profit agency that provides legal services to low-income individuals with mental health conditions who reside in hospitals or the community, on matters related to their treatment, recovery, and civil rights. Kathy combines her personal experience as a recipient of mental health services and her legal background to speak to issues affecting those living with mental health conditions. As a content warning, this interview will discuss the following topics that may be traumatic and triggering: gun violence, hospitalization, psychiatric institutions, forced medication, suicide, and suicidal ideation.

Are you ready? [electronic beeping] Away. We. Go!

ELECTRONIC VOICE: 5, 4, 3, 2, 1.

ALICE: So, Kathy, I am so excited to have you on my podcast today!

KATHY FLAHERTY: Alice, I am so absolutely delighted to be here.

ALICE: Well, the honor is mine. And would you mind first, kinda introducing yourself to the listeners?

KATHY: Sure. My name is Kathy Flaherty, and I live in Newington, Connecticut. I live with my husband and our rescue dog, Bella. I am an attorney, and I'm the Executive Director of a nonprofit agency called Connecticut Legal Rights Project. We represent low-income individuals with mental health conditions to protect their legal rights, especially with regard to their treatment in recovery and civil legal rights. And I've been doing that job for just over four years.

CLRP was founded in 1990 as the result of a settlement of a lawsuit against the State of Connecticut Department of Mental Health on behalf of people who were inpatients at our state's, at the time, three large psychiatric inpatient facilities, stating that folks did not have adequate access to the courts. And to settle that lawsuit, there was a consent decree that said that a legal assistance program would be established. One of our big priority issues is representing people who are currently inpatient at the state-operated inpatient psychiatric facilities. We have a patients bill of rights in Connecticut, which are specifically enumerated legal rights that people who are receiving mental health treatment have, so we protect those. And that's especially with regards to rights to informed consent to medication. We have had cases recently where we are helping people appeal probate court orders of forced involuntary medication and also forced electroshock, which some people call ECT. But when people live in the community, we represent them on legal issues related to their housing, their education, and employment.

Civil rights, autonomy, and presumptions about capabilities and competence

ALICE: You mentioned about forced treatment, there's a lot of sense of like, for people without mental health disabilities, oh, isn't this a way for people who need help, to really get that help? Because there's a lot of people who just don't see that as a violation of the somebody's civil rights and their own autonomy.

KATHY: If people express their preferences to us that they either do or do not want something, it's not our choice to make whether or not a particular medication or a particular form of treatment is a good thing, a bad thing, the right thing for them to do, the wrong thing. But instead, to make sure that people's legal right to informed consent, to know about the risks and benefits of choosing to follow a particular course of treatment or to not follow a recommended course of treatment is respected. And that's what we advocate for.

And one of the legal rights that people have under Connecticut state law is the right to meaningful participation in a treatment plan. If the clinical professionals feel that either the person's the danger to themselves or others, gravely disabled, that is when somebody can be held in a psychiatric hospital against their will. And a lot of people make the assumptions that everything a doctor recommends is always beneficial and never harmful. And people don't always realize the incredibly traumatic impact that forced hospitalization and forced medication and forced electroshock can have. I know from personal experience how traumatic some of those things can be because they’ve happened to me. So, I know what it's like to be put in an ambulance and brought to a hospital that I am not choosing to go to, and I know what it's like to be secluded in a room that I don't wanna be in. And I also know what it's like to be, you know, injected with medication that I have not willingly chosen to receive. I do think having lived through them, I think that makes me a better lawyer and a better advocate. But I still wish I had never experienced that, because it's dealing with the fallout from that and resolving some of those past traumas, that also inspires me to continue doing the work.

[bright, pensive music break]

ALICE: Yeah, and I feel like the legal-judicial system and just the mental health system is pretty much stacked against the individual. And there's a lot of presumptions about the capabilities and the flat-out competence of people.

KATHY: What I see too often is that it's when you start asking questions, when you start challenging assumptions, that that's when people start questioning your ability to make choices for yourself. And unfortunately, the way the legal system is set up, that's when they can bring the whole power of the legal system on you to do what they're recommending, even if you don't go along with it. I wish there was a lot more respect for people's autonomy, you know, a concept that we sometimes hear called "the dignity of risk." People are allowed, or should be allowed, to make bad choices. And there are a lot of people in this world who make a lot of tremendously bad choices, but if you have a certain amount of privilege, if you have a certain amount of money, you're allowed to be eccentric. If you're a person who's poor, a person of color, a person from other marginalized communities, your behavior is not labeled as eccentric or different or unique. It's labeled as criminal, or it's labeled as dangerous. And either of those two ways, you end up getting locked up.

ALICE: I think a lot about the intersections of people who are houseless and people with mental disabilities because I think we've seen time and time again how easily people are just made into scapegoats.

KATHY: Yes. We really do see a lot of criminalizing behavior that is basically survival. Unfortunately, instead of a number of states trying to gee, maybe provide houses to people, you instead see them talk about civilly committing people to a psychiatric hospital. Or they criminalize behaviors that are survival behaviors, whether that's relieving oneself or begging for money or just trying to live. It just seems to me that society could have a more compassionate response to people who don't have houses and start with housing first.

When you talk about scapegoating, we often are placed into having the conversation about the intersection of guns and violence and mental health. But we should be talking about the risk of suicide and real suicide prevention. And we should be talking about the effect of trauma on whole communities that are ravaged by gun violence and addressing the mental health needs of communities that deal with everyday violence. The one time that it is guaranteed that everybody will wanna have a discussion about mental health is in the wake of a mass violence event. People find it easier to just scapegoat people with mental health disabilities and put the focus there.

ALICE: And it also places people with mental health disabilities in the unfair position of having to defend their own humanity, which again, is incredibly exhausting and just not right.

[bright, pensive music break]

Disrupting the system

KATHY: So, I'm already over 50. The older I'm getting, the more I realize how profoundly the very system I work within needs disruption. The thing that's challenging as a lawyer is you're stuck working within the system. A lot of these big problems that we're dealing with may have little inroads that we can make, and every single one of those little inroads is getting us closer to where we need to go.

ALICE: What do you see are some of the real progress or real change that's happened in the last let's say two decades, especially in mental health that you really see as something that's really significant?

KATHY: When I was first diagnosed with the bipolar disorder that I was diagnosed with back in law school that ended up with me being civilly committed to a psychiatric hospital, you know, that diagnosis was based on a symptom list in a book. I was told, “You have a chemical imbalance in your brain. You need medication, and you'll be on your medication for the rest of your life.” And I believe that. And for a long time, every medication I tried didn't really work. You know, I had a number of friends who had decided to go off medication. I was really super afraid to do it because the one other time in my life that I had done it, it was a complete disaster. But also, it would bring into question everything I had always been told. 'Cause I, from day one, was really never ashamed of having a diagnosis, being on medication. I was involved in a lot of the anti-stigma education programs with the National Alliance on Mental Illness and was facilitating peer support groups, but very much believed and trusted in the medical model of things.

Then I started learning more about the social model, learning about people who were questioning kind of the assumptions I was brought up with. And I said, OK. Let me see if it's possible to reject some of the things that usually were the kind of things I would always go along with. And so, I had to find another path, which fortunately, I had a number of people who were on that path far earlier than me to guide me along it. What I ultimately concluded is that each person has to find what works for them, and I don't really think there is a wrong way to handle any of this. I just don't.

ALICE: And again, you're speaking about the dignity of risk.

KATHY: Exactly. And I think especially once you start getting involved in disability justice and disability solidarity conversations and realize how much there is this huge difference of viewing disability as this purely medical experience versus an identity versus the social model and the barriers that society puts up in our way versus anything we do to ourselves, ‘cause it really kinda brings everything together. The way I always put it, you've got somebody like me who gets one particular label and somebody who comes from a different community who gets labeled with a completely different diagnosis. But if you look at what the lists of symptoms are, there's a whole lot of overlap. And given the systemic racism and bias in medicine, you can't just say that there is no impact on the whole diagnostic system because of that and ignore that completely. If all of this functioned in an ideal world, maybe. But I don't like anybody who says that anybody should be ashamed because they use the medication tool in their toolbox. And you shouldn't be afraid of asking for help. And people should not tell you to just snap out of it.

[bright, pensive music break]

Talking to people with lived experience

ALICE: You mentioned about feeling suicidal for many years and just, again, there's so many of these charities, non-profits, various campaigns about preventing suicide. And yet, sometimes I wonder, do they really reflect what actual people need and want?

KATHY: Are all these various anti-stigma campaigns and awareness campaigns working? My short answer is no. [chuckles] Because if they did, you wouldn't still be dealing with the rampant discrimination and bias that we have, and our suicide rates wouldn't be skyrocketing. What I always suggest to policymakers: talk first to the people who have lived experience. Because we can tell you what will be helpful and what won't. And the most mainstream media stuff you hear about is frankly, not all that helpful. The kinda things that are guaranteed to bring a lot of notifications onto my phone are when I tweet things like, you know, “Don't call 9-1-1 on somebody who's in emotional distress.” And people get all upset at me: “Well, what am I supposed to do?” Well, have you ever thought about just sitting with your friend and talking to them?” I think a lot of us, when we're like, “But what if they're dangerous,” I'm like, “Yeah, but what if they're not? And what if you bring a greater harm onto them by doing something so that you feel comfortable?” And I'm not saying it's easy because I think one of the hardest things is when you see somebody you care about who's in pain.

But one of the things that I know, because I've been there through it myself and talked to other people who do, is that having suicidal feelings is a lot more common than people really probably have a concept of unless they're either in this work or have survived them themselves. And sometimes what you really need is that place have an honest conversation and connect with somebody else who's been through the same thing, and then you can figure out how to puzzle through it together. Because unfortunately, the way we have our system set up—and anybody who's been through this system and is honest will tell you this—the system teaches you to be incredibly dishonest with people. Because the way the system is set up, if people were actually honest in expressing their thoughts to certain people within the system, expressing those thoughts gets you locked up. So, people don't have the conversation.

ALICE: This is the aversion and fear of what we think of as darkness or things that are really unpleasant and uncomfortable. And I think this is another thing that really creates that distance between there's this imagined ideal definition of wellness or health.

KATHY: Mmhmm.

ALICE: It's a very narrow, kind of performative aspect to always wanting to get better and not bringing in the reality of, frankly, dark and unpleasant thoughts which are part of the human experience. And yet, it's not really accepted.

KATHY: You know, I think a lot of the discomfort—and this is why I'm glad to see things in movements like neurodiversity and people talking about how their bodies and their minds kind of move through this world is—that there is a lot of variation and that distress is part of the human experience. It's part of being alive. But distressed feelings are really uncomfortable, and they suck. And I don't think most people enjoy having them. Maybe there are some people who do and recognize the value of those experiences. But it is far easier to kinda numb those feelings out and not have to explore them. I'll be straight up honest. I mean, part of the reason that, for me, as crappy as the meds made me feel, I didn't really wanna deal with stuff. It was like I was in massive denial about a lot of things, and it was just easier to kind of endure through the day and kind of exist rather than think about certain things, rather than have to sit in stillness and ponder.

[bright, pensive music break]

Lawyers and identifying with disability

ALICE: There is a lot of mental health issues within the legal profession, and yet, there are still so many people who are lawyers that don't identify in any way. What are your thoughts in terms of just having more lawyers identify as disabled or people with mental health disabilities? What is the importance of that? And what are some ways that you'd like to see more people really kinda confront the really endemic issues within the legal profession?

KATHY: I think it absolutely will help as more lawyers who are already practicing acknowledge the reality of their disabled experience and start identifying as disabled. I think, as this generation of students comes into law school and college already having been identified as having disabilities and getting the accommodations they needed so they could get through college and get to law school, here's where you have all kinds of problems is one, the inherent nature of law school. It's competitive to get in. They set you against each other while you're in there in a, in my opinion, profoundly unhealthy environment. Anybody who is not depressed during law school, I honestly question their humanity. I can't imagine not being depressed in law school.

But you know, the barriers that the legal profession puts up to admission to the profession. It's only been this year that Connecticut, which is where I live, removed the mental health questions on the application. It took me an extra year and a half from the time I found out I passed the bar exam to actually get admitted, and I was admitted conditionally. And I had to report every six months for nine years that I was compliant with the treatment my doctor recommended. And my doctor had to submit a note every six months for nine years till I got those conditions removed. They have changed the process. I have often been told I'm the poster child for everything that went wrong with that process. But the day I got sworn into the bar, the judge who swore me in, in chamber said. “Basically, we used to not let people like you into the bar.” And I just didn't even know what to say at that point, except, “Thank you. Your honor.”

But even now, when we talk about diversity and inclusion within the legal profession, it has been a hard push and a heavy lift to get them to even ask about disability. And the pushback I got on, “Why aren't you asking the question”, is, “Nobody will tell us.” And I'm like, “Well, have you thought about why people aren't telling you and do something about that rather than just like cater to that and not even ask the question?” But people expect attorneys to behave a certain way, to do their work in a certain way, and there are certain personality traits that get rewarded or not rewarded. And some of those, you know, depending on what kind of legal practice you're doing, for me personally, since I've been in charge of hiring, anybody who kind of either comes out in a cover letter or it's obvious from the kind of interest they show on their résumé or the work that they've done that they've got their own personal connection to disability, that person's getting an interview! That gives you a foot in the door with me, because I also think you are a lot more likely to relate to our clients. And it's not that you automatically are necessarily a better lawyer just because you have a mental health condition yourself. But if you've been through some of those experiences, you just can relate to people in a different way.

ALICE: I feel like for a long time, it's very rarely been that case for the people are advocating and representing somebody to actually reflect the same community that they're serving, which I think is really unfortunate that it's still kind of the rare exception.

KATHY: Yeah. And I think representation absolutely matters. I was at a meeting within the last week that completely blew my mind and assumptions that I had about things that I thought were good for my collective clients. But going to meetings in the community and listening to people from the community tell you what they need, which is often 180 degrees different from what you in your mind thought they needed, that's the kinda thing that I have to remind myself to do more often. Because that's the kind of thing that one, gets me out of my own head, which is always really important for me personally to do. But two, is it will help me do my job better. We view our job kind of as giving informed consent to our clients. It's like, “Here are your possible choices. Here are the consequences pf each of those potential choices. But it's up to you as the client to make that choice. It's not up to us to tell you what to do.”

I think one of the most valuable things that I always appreciate, because we send out client surveys when cases are closed. But when I get to review a client survey that comes back and somebody says, you know, "This is the first time that anybody's ever listened to me, and I really, really appreciate that, "on one hand, it's absolutely heartbreaking and infuriating that the person has not had that experience up till now. But it makes me really proud to lead a team of people who do that and can model that and show that to our clients every day.

ALICE: And that's the kind of legal advocacy that we need, and I'm just so thankful of what you and your organization does and many other organizations are doing as well all over the country and all over the world.

KATHY: Yeah. And it really is a privilege to be able to do it. And I just am so incredibly grateful that the organization that I interned for after my first year of law school, that the Board invited me to lead it now. Because I really do, you know, I wake up on Mondays looking forward to going to work. And I know not everybody has that luxury.

Wrap-up

ALICE: Well, Kathy, I am just so thankful for you and my friendship with you. And thank you for sharing today.

KATHY: Thank you so much, Alice, for giving me the opportunity. I really appreciated all getting to spend some quality time with you.

ALICE: I love it. I love it!

[hip hop]

♪ Knees up, toes down
Let’s dance, get as low as you would
If you were my sweatpants
How far will they go?
Oh, yeah, yeah…. ♪

ALICE: This podcast is a production of the *Disability Visibility Project*, an online community dedicated to creating, sharing, and amplifying disability media and culture. All episodes, including text transcripts, are available at DisabilityVisibilityProject.com/Podcast.

You can also find out more about Kathy at my website.

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Thanks for listening! And see you on the Internets! Byeeee!

♪ Rock it to the blast off
Stop, drop dance off ♪