

# Mental Health Training in Public Libraries

By Josh Berk

When I was a kid, one of my favorite “dad at work” stories was about the time a homeless guy tried to kick him. My dad was a library director, a job that required a lot of management and administration—two words that meant nothing to me as a child. What exactly did he *do* all day? But the homeless guy story—that I could understand. This man was washing his socks in the library’s bathroom sink despite having been told repeatedly to stop. Dad was called and the guy lost it. He tried to kick him, so my dad, like any sensible person, fled. The guy gave chase and dad was able to outrun him and duck behind a steel door. (In my mind the guy was always barefoot because his socks were in the sink, though I was never able to confirm this detail.) Regardless, the guy kept kicking the steel door until the police hauled him away.

Everything about this story cracked me up. It made being a library director sound a little like being Batman. As I said, I was a kid.

Now, years later, I have the same exact job as my dad. It’s not just that I’m a library director—I literally sit in his chair at the Bethlehem (Pa.) Area Public Library (BAPL). Does it still make me laugh to consider dad running from a person trying to kick him? Sure, I’m only human. But also I realize that the issues of homelessness and mental illness in public libraries are serious business. This article is about how I sort of inadvertently became somewhat of an expert on the topic and what we’re trying to do about it here in my little corner of southeastern Pennsylvania.

## About the Author

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Josh is currently reading *Laughing at My Nightmare* by Shane Burcaw.

To back up slightly, I’d like to point out that I have worked in public libraries for long enough to have seen a little of everything. However, my first job as a library director was in the small town of Nazareth, Pennsylvania (population 5,746). It’s a beautiful library in what was formerly an old mansion. I loved coming to work every day in such a lovely place. It wasn’t just the library that was charming—the town itself seems to exist outside of the twenty-first century. I was repeatedly told by residents and staff and board members alike that “Nazareth is Mayberry.”

The real town and the fictional TV Mayberry have their similarities (Mayberry’s population was listed at 5,360 on the sign by the train depot), though of course I witnessed plenty to dispel the notion that any real-life place can be crime-free and relentlessly friendly. Still, it was a peaceful and amiable place to work. I was there for two years when I was given the opportunity to move a few towns over to become library director in a much bigger library in Bethlehem, Pennsylvania. It’s not a giant megalopolis by any means, but Bethlehem is approximately thirteen times bigger than Nazareth (population 74,982).

That means that while Bethlehem is certainly charming in its own right, it is also a city. That means city opportunities and also city problems. One of the first things I heard whispered before even taking the job was that BAPL, located downtown, had a problem. Well it had several problems—funding problems, political problems, building problems, leaky roofs, and busted chairs—but the same can be said in I’m guessing 100 percent of public libraries. The problem I heard whispered about in Bethlehem was the homeless problem.

“No one wants to go there anymore—it’s creepy.”

“Don’t go down to the bathrooms alone.”

“There are long lines of homeless waiting outside every morning.”

I heard about drug deals and public drunkenness, about horrible smells and, yes, that people were still doing their laundry in the sinks. It wasn’t just local librarian scuttlebutt; it was (kind of) big news. Numerous articles in local papers were written and Salon.com even mentioned BAPL in a March 2013 article, “Public Libraries: The New Homeless Shelters.”<sup>1</sup>

I wondered if it was as bad as I was hearing. I knew Bethlehem well, having lived there most of my life and visited the library many times. I knew Bethlehem had never really recovered from



the closing of the steel plant many years ago. Like most American cities of all sizes, there are large concentrations of poverty and a shortage of resources. But it has a charming Main Street and many flourishing businesses and dozens of successful festivals.

When I began as library director, I began talking to staff and patrons alike. I was asked several times in newspaper interviews what my priorities were. Each time I answered that it wasn't about my priorities, it was about the priorities of the community. It wasn't just a line—I meant it. I wanted to see what the community wanted out of its library and how I could make that happen. What they wanted, in no small measure, was to feel safe in the library.

I maintained my opinion that it wasn't as bad as it was perceived. But perception has a way of becoming reality. If people felt unsafe in the library, maybe the library would become more unsafe. And if the perception was that it was a place no one wanted to go, no one would want to go there! I had a pretty lengthy to-do list before I even sat in Dad's old chair, but I decided that making efforts to address the "homeless issue" needed to be at the top of the list.

Like any librarian might, I began with some research. I discovered first of all, unlike many cities of similar size, that there is no year-round homeless shelter. There are emergency winter shelters, veteran's housing, and some facilities providing housing for youth and/or families, but nothing like the rescue missions or other facilities for single homeless individuals. The city became home to several homeless camps, many people literally living under the bridges. A nearby church served free lunches, making the library an ideal place to spend the day.

I had been trying hard to limit my "out of the library" days for the first few months at least in order to learn the operations (and try to remember everyone's names). But when I saw an announced workshop titled "Out of the Shadows: The Library as a Center of Mental Health Literacy" I knew I needed to attend. This event was cosponsored by the Lackawanna County (Pa.) Library System, The Commonwealth

Medical College, and the National Network of Libraries of Medicine and there was a great list of speakers.

I must pause here to note that I am well aware that the "homeless issue" is not the same thing as the "mental health issue," but they are certainly interconnected. Research shows that between 15 and 40 percent of homeless individuals have some form of mental illness.<sup>2</sup> The lower numbers include homeless children and families whereas the higher end numbers focus on single adults. And the homeless individuals who were making the library "scary" probably weren't the down-on-their-luck guys passing time reading magazines. I decided fairly quickly that they weren't "a problem." If people were in fact uncomfortable seeing them, well, there wasn't all that much I could do about it. I'd love to solve the homeless problem in the city (and the world!) but it's a fact of a society.

Criminal activity, such as drug deals or public intoxication, are dealt with quickly by a call to the police. It is certainly something for which we should have no tolerance. But complaints about the homeless started to bother me more than the homeless did. How did these "regular patrons" know that these people were homeless—the fact that they were unshaven, unshowered, and maybe wearing dirty clothes? You should see me on my days off. It's a wonder I haven't gotten kicked out of Lowe's. Life in a city, and life in a public library—there are going to be people you don't like looking at. There may even be people you don't like smelling. (Again: see me on my days off.) In truly outrageous cases where a public health risk was observed, our staff would politely ask them to leave. Otherwise, the segment of the population I decided to focus on were the mentally ill.

It certainly seemed like an event worth attending and I hoped I would come away with some information to help me slay (or at least scare off) the large dragon on my to-do list. I made the drive from Bethlehem to Hershey with Matt, one of our information technicians, and we met one of our branch librarians there as well.

The presentation was interesting and enlightening. There was a range of speak-

ers including librarians, doctors, medical librarians, and a speaker from the Pennsylvania Behavioral Health and Aging Coalition. I gathered a great deal of interesting data and tips. (When dealing with an emotional patient: Stop, Breathe, and Reflect before speaking. MedLine Plus has great mental health resources.)

But the most important piece of information I ended up going home with was a phone number.

As Matt and I talked on the way home, we discussed what we had heard. We also talked a lot about baseball and rock 'n' roll and poetry and baseball again (there was a lot of traffic) but mostly we talked about what we had heard. We agreed that the library was already pretty good at resources. Great, actually. If an individual came into the library asking for information on any disorder or condition under the sun, we'd find some information on it. If an individual came into the library asking to find out about medication or doctors or therapists or clinics or any related question, I was quite confident that our Information Department would make sure they didn't leave empty-handed.

But what about those who weren't asking for help? What about the mentally ill man talking to himself in the stacks? What about the paranoid woman in a panic about how Microsoft is stealing her emails? What about all the people who need help but don't know they need help or who might be refusing help for any number of reasons? I reflected on the fact that we were not very good at dealing with these types of patrons. I became a little embarrassed—at my own behavior and the behavior of my colleagues—when I reflected on how library staff dealt with these patrons. We joke, we give them nicknames, we shoo them out the door, we call the police. Mostly we just ignore them and hope they'll go away.

More and more, we need to accept that they aren't going anywhere.

The phone number that came in so handy was the number for the county mental health office. I recommend that every public library make the call that I did. I didn't have an agenda in mind when I called. I just wanted to learn more. I just



said "I'm from the public library and I'd like to know if our organizations can work together." From there, a number of interesting things happened.

The helpful staff of the county mental health office put me in touch with a group called Recovery Partnership, "a safe, culturally sensitive environment for individuals in Northampton County who are coping with or recovering from mental illness."<sup>3</sup> In addition to these services, they host free mental health sensitivity trainings. I immediately signed myself up for the next training that coincidentally was scheduled just days after I called. This training was far different from the one focused on the library. I was the only "library person" there. I was, in fact, the only library person ever to sign up for the training. (Each of the speakers noted this fact and I felt kind of proud each time.)

The speakers discussed various diagnoses, stigmas, and the process of involuntary commitment known as 302. 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 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.

I decided I needed to offer this training to my entire staff and contacted one of the speakers for a continuing education session to be held at my library. I decided to open it up to other public libraries in the area and the response was overwhelming. Clearly this was a topic that struck a chord! We had more than fifty librarians and other library staff attend from approximately a dozen area libraries. The speaker was Andrew Grossman from NHS Human Services. Grossman is a passionate defender of the rights of the mentally ill and constantly reminded us not to use

terms like "schizophrenic" as nouns. The person is not the disorder. The person is a person. That person has schizophrenia, just as other individuals have arthritis and don't have to deal with the stigma of being dismissed as "an arthritic."

We received many requests for Grossman's contact information in the days and weeks following the presentation. Libraries all over wanted to host him, leading me to believe that a program on understanding mental illness is a field of study that should be offered to all public librarians.

My own education continued when I had an opportunity to attend a hearing at City Hall seeking input on the city's strategic plan, specifically on the section dealing with issues of affordable housing and homelessness. There I met Pamela Lewis, a case manager for Restoration House Apartments at New Bethany Ministries. She's a passionate advocate for the homeless and someone who has worked "in the trenches" for twenty years. Sadly, from her view the situation is only getting worse.

"Basically, supportive services money that used to go into mental health to help people through mental health treatment on a consistent basis is no longer there," Lewis said. "The supportive services money has gone to the jails."<sup>4</sup>

In other words, the case workers and other public health officials who were available to work at clinics and shelters and otherwise make sure that mentally ill individuals were taking their medication, seeing a doctor, having access to service—those jobs have been eliminated. "It is now looked at as criminal to have mental health issues," Lewis said. "Same with homelessness. It's viewed as a criminal issue. All the money has been put into the criminal system. If you're on the street, you'll be arrested. If you're mentally ill and act out, you don't go to a clinic, you go to jail. While you're in jail you get treatment, but when you get released, what happens?"

"You have a lot of untreated, unstable, unmedicated individuals walking around our society, and our streets," Lewis said. And we have them walking around our libraries as well. What can we do to serve

them better while also making our libraries safe and welcoming to the entire community?

I talked to one of the attendees at our session a few weeks after hearing Grossman's presentation. She was obviously still fired up about it and reported that her colleagues were as well. This was Audrey Kantner, coordinator of youth services at the Easton Area Public Library.

"We see people with obvious mental health needs every day," Kantner said. "It just touched on the iceberg. I felt like [Grossman] had a lot of knowledge that was difficult to sum up. As someone who really needs tips on helping people that I know absolutely nothing about, I felt like I needed more training."<sup>5</sup>

Asked for some specific areas that would make her task easier, Kantner offered several suggestions:

1. **Better coordination with the agencies that serve the mentally ill population.** Contact the library with information about specific clients if possible. Leave a contact on who to call if needed. "I don't want to be the person who kicks someone out for swearing to themselves when there could have been a strategy or method—something better that I could have done," Kantner said.
2. **More education.** "I've had training in dealing with children with special needs, but not specifically with mental health," she said. "It is a realm of education that is lacking in public librarians and I know that there is a great desire among public librarians to learn more. It's not that our library staff doesn't have the desire to learn, it's that they don't know where to learn or how to learn."


"I've worked in three different public libraries. Library staff—and patrons—are afraid of people exhibiting these behaviors. And as librarians we want to help but we don't know how to help everybody. It just goes to show that librarians need to know everything and, well, we're working on it," Kantner added.



## Conclusion

Since the day we were all trained, there have been instances of mentally ill patrons at my library and I do believe that the staff handled these situations better than they would have previously. They were able to recognize a patron who was devolving into a paranoid state and know that the County Crisis social workers were just a phone call away. They knew that, if necessary, they could call the police and a person could be 302'd for his or her own good. I knew that I could call the county to ask for information on individuals whom I felt could use. Caseworkers have offered to come meet these individuals in the field, to try to connect them to the services they may need.

Library staff may also be a little more relaxed around patrons exhibiting signs of mental illness. They recognize, as Grossman taught us, that most people with schizophrenia are not dangerous and pose no threat to themselves or others. They have every right to be in the library as anyone else. If they seem odd or somewhat disruptive, well, that's part of life in a public library. Patrons as well as staff would do well to accept that.

Finally, remember that it is important to move away from identifying a person by his or her illness. Instead of "here comes that schizophrenic," try thinking "here comes a library patron who needs my help." 

## Quick Facts about Mental Illness

- Affects approximately one in five American families
- Signs and symptoms of thought disorders:
  - Bizarre dress
  - Easily agitated
  - Social isolation/not easily engaged in conversation
  - Delusions
  - Repetitions of a certain behavior
  - Disorganized/illogical thinking
  - Paranoia
  - Inappropriate affect
  - Hallucinations
- If an individual is experiencing hallucinations:
  - Do not dismiss them as "not real"; to the individual experiencing them, they are very real.
- This is the individual's reality. Help them try to navigate it, do not necessarily try to change it.
- Signs and symptoms of mood disorders:
  - Profound sadness
  - Inappropriate affect, or no affect at all
  - Changes in eating and sleeping habits
  - Feelings of helplessness and/or hopelessness
  - Suicidal ideation or suicide attempts
  - Hyperactivity
  - Agitation/ restlessness
  - Grandiosity/delusions of grandeur
  - Impulsiveness; engagement in reckless activities
  - Poor judgment
  - Rapid, ramping speech
  - Sense of being invincible

Sidebar information from a 2014 handout presented by Andrew Grossman, administrator, Northampton County (Pa.) Mental Health. Used with permission.

## References

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