Serving Patrons with Mental Illness

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I. Introduction

It does not take long for a reference librarian in a publically accessible law library to realize that she will interact with the breadth of humanity. Patrons of these institutions range from those very familiar with the law (possibly through formal education, work experience, or the legal process) to those with little to no exposure to it; they range from the formally educated and seasoned attorneys to nonlawyers hoping to resolve a personal legal issue; and they come from all walks of life, social strata, and economic, political, and educational backgrounds. To all of those, the reference librarian serves as a starting point and as a guide to navigating the often daunting legal research process. For the publically accessible law libraries of law schools, reference librarians help faculty and students first, but extend their services to members of the public as well.

Among that array of patrons, one group emerges as receiving more negative reactions and stigma than most: patrons with mental illness. Often relegated to the caste of “problem patrons,” patrons with mental illness deserve our respect and service just as any other person who seeks it.

The National Alliance on Mental Illness describes mental illnesses as “medical conditions that disrupt a person’s thinking, feeling, mood, ability to relate to others and daily functioning.” ¹ Willis distills mental illness to mean a “broad term used to cover a variety of afflictions where a person’s thinking differs significantly from other people’s.” ² Willis’s use of “broad term” in his definition is apt; mental illnesses vary widely. It is important not to think of all people with mental illnesses as being afflicted with the same condition. Different illnesses will have different manifestations, and people will be able to manage those illnesses differently. Anxiety disorders, mood disorders (including depression and bipolar disorders), and schizophrenia stand out as the major mental disorders that afflict lawyers and law students and as the mental disorders librarians are most likely to encounter. ³ The American Psychiatric Association states that “one fifth of Americans suffer from a diagnosable mental disorder during any given year.” ⁴ Counting off every fifth person who walks into the library can quickly give you an idea at just how regularly law librarians interact with patrons with mental illness. Most of these interactions are without incident and pleasant. In fact, as discussed later, even esteemed legal scholars can and do suffer from mental illness.

This paper will discuss how publically accessible law libraries can best serve patrons with mental illness. Particularly, it will focus on the academic law library and services provided by reference librarians. The issue has not been discussed much in the law librarianship literature, so the paper will look to general library, social work, and mental health literature. Section II will describe some of the more common mental illnesses law librarians may encounter. Section III will address the words used to describe and characterize patrons with mental illness, and explore how this affects law librarian service. Section IV will address how law librarians best serve patrons with mental illness with their legal research. Section V will enumerate services that law librarians can offer to patrons with mental illness beyond their legal research needs. Section VI will explore the issue of members of the law school community with mental illness and how the library may best serve them. Section VII will discuss policies regarding patrons with mental illness, including legal requirements, recommended and strategic policies, safety concerns, and possible changes.

II. Selected Mental Illnesses

A brief description of some mental illnesses may better inform law librarians. Importantly, law librarians should not try to diagnose patrons. Medical and mental health professionals, with all of their specialized education and training, are often not able to diagnose these diseases with absolute certainty. Accordingly, it is not the place of a librarian to attempt to diagnose a patron. However, recognizing some symptoms may help a law librarian serve her patrons. For example, if a patron is causing a minor disruption that a librarian believes is a result of a mental illness, and not merely a flagrant disregard for rules, the librarian may explore creative solutions to the situation instead of asking the patron to leave or requesting help from security.

a. Schizophrenia

Psychiatrists define schizophrenia “by a group of characteristic symptoms.” In an effort to simplify diagnosis, clinicians group symptoms into three categories: psychoticism, disorganization, and negative symptoms. Psychotic symptoms include hallucinations (e.g. hearing voices) and delusions (e.g. believing oneself to be immortal); however, these symptoms are not limited to schizophrenia. Disorganization symptoms include “disorganized speech, disorganized or bizarre behavior, and inappropriate affect.” These can manifest themselves as a person ignoring hygiene concerns, appearing messy, and wearing sullied clothing. Inappropriate affect includes smiling or grimacing at

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6 Id. at 109.
7 Id. at 109.
8 Id. at 111.
9 Id. at 114.
10 Id. at 115.
inappropriate times.\textsuperscript{11} Negative symptoms are those that indicate something is missing, including lack of emotional expression when discussing emotional matters, lack of drive, and lack of pleasure.\textsuperscript{12} Again, these symptoms are not unique to schizophrenia.\textsuperscript{13} It is estimated that .5\% to 1\% of the world population has the disease, with outcomes varying from minimal impact on daily functioning to persistent psychotic symptoms and significant psychosocial impairment.\textsuperscript{14} The onset of schizophrenia tends to occur later for women than for men, with first psychotic episodes tending to occur in men who are 18-25 years old and women who are 21-30.\textsuperscript{15} That is particularly pertinent for academic law librarians because many law students fall within those ranges. Schizophrenia is typically treated with antipsychotic medication.\textsuperscript{16} Willis notes that one of a library’s “biggest problems” can occur when patrons with mental illness do not take their medication.\textsuperscript{17} However, clinicians also use maintenance therapy, cognitive rehabilitation, social skills training, and psychosocial rehabilitation in treating these patients.\textsuperscript{18}

\textit{b. Depression}

Depression is a mental illness that is much more than temporary sadness.\textsuperscript{19} Symptoms include depressed mood, diminished interest or pleasure in activities, significant unintentional weight loss or gain, insomnia or hypersomnia, lack of concentration, feelings of guilt or worthlessness, and thoughts of death.\textsuperscript{20} Depression affects almost 20\% of U.S. residents at some point during their lives.\textsuperscript{21} Clinicians treat depression with a combination of therapy and antidepressant medication.\textsuperscript{22}

\textit{c. Bipolar Disorder}

Bipolar Disorder (formally referred to as manic depression) is characterized by manic and depressive episodes.\textsuperscript{23} Manic episodes are “abnormally elevated or irritable moods that last at least a week and impair

\begin{footnotes}
11 Id. at 115.
12 Id. at pg 116.
13 That characteristic symptoms are not unique to a particular mental illness demonstrates why it can be so difficult to diagnose a particular disease, and why law librarians should not attempt to diagnose patrons themselves.
14 Black & Andreasen, supra note 5, at 108, 118.
15 Id. at 108.
16 Id. at 125.
17 Willis, supra note 2, at 151.
18 Black & Andreasen, supra note 5, 126-28.
20 Black & Andreasen, supra note 5, at 142-43.
21 Id. at 158.
22 American Psychological Association, supra note 19.
23 Black & Andreasen, supra note 5, at 153.
\end{footnotes}
functioning.” Symptoms of bipolar disorder include abrupt shifts from “happiness, energy, and clarity to sadness, fatigue, and confusion.” Less common than depression, 2% of Americans may have bipolar disorder. Bipolar disorder is managed with medication and psychotherapy.

Again, exploring the different symptoms of mental illness is not meant to provide diagnostic tools for librarians. However, learning more about these diseases can help librarians recognize possible mental illnesses and potentially refer patrons to different law library and community resources, as well as frame the librarians’ interactions with these patrons. In addition to a basic level of understanding about mental illness, the words we use to refer to and describe patrons with mental illness can affect our interaction with them.

III. The Use of the Term “Problem Patron”

_The difference between the almost right word & the right word is really a large matter--it’s the difference between the lightning bug and the lightning._

- Mark Twain, Letter to George Bainton, 10/15/1888

The words we choose to describe something can affect our perception of that thing. One of the problems law librarians face in serving patrons with mental illness is that the literature on the matter largely uses pejorative terms to describe those patrons or interactions with them. While this literature may provide valuable insight and recommendations, it is often couched in terms that as a profession law librarians should hesitate to use to describe the people they serve. It also provides a proxy for how often law librarians use those terms in libraries. If not conveying how the authors actually feel, using loaded words in an effort to draw attention appeals to the lowest common denominator and should not be a part of academic or professional literature, if to be taken seriously. And at its worst, it furthers the stigma suffered by people with mental illness.

A quick look to the works about serving patrons with mental illnesses in library literature returns terms like: “plague,” “difficult,” and the most common, “problem patron.” Hecker comments that “people whose behavior offends are labeled,

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25 Id.
26 Black & Andreasen, supra note 5, at 158.
27 Id. at 163-67.
30 Willis, supra note 2.
devalued, and reduced to ‘problem’ status.”32 Law librarians should strive to strike problem patron from their vocabulary.

Chattoo states that “the phrase ‘problem patrons’ conjures up difficulties, trouble, or abnormal behavior from one being served- a customer, client, or users.”33 Despite admitting that this term stirs up difficult images, Chattoo and other authors continue to use the term to cover disparate groups.34 Though there does not appear to be a uniform definition of the term, problem patron is used in library literature to refer to: persons with mental illness, persons who are homeless, homosexuals, children, and the angry/aggressive/belligerent patron. It would seem counter to the librarian ethos to refer to any of those groups as problems. The group most fitting of being labeled as a problem would be the angry/aggressive/belligerent patron, but even that might not be appropriate.35 Clearly, any member of those groups could cause a problem in a library, but merely being a member of those groups does not in and of itself amount to a problem. Further to the point, a patron who does not fall into those categories is just as likely to cause a problem. Thankfully, some librarians have committed to thinking of the situation as the problem or challenge, rather than the patron herself.36 Separating the action from the person helps a librarian appreciate that this might be a passing problem for a person, i.e. the person may just be having a bad day. Additionally, it prevents the prejudice noted above whereby describing someone with a loaded term like problem patron for falling within one of the groups lumped under that term results in substandard service from a librarian or library staff.

Presumably many librarians who assign the term problem patron to a particular person do so without any malice or ill intent. And the appeal of the term likely stems from wanting to convey that a particular interaction or situation requires special attention or considerations of a librarian. To that end, interactions with any patron can be frustrating and cause angst. Venting by using terms such as problem patron can be cathartic. However, instead of venting in possibly harmful ways, we should cope with the stress of difficult situations in more productive ways.37 Admittedly, the term “patron with mental illness” is a mouthful. However, a person with mental illness is a person nonetheless, and we should avoid reducing them to a problem. To that end, we should avoid referring to these patrons as merely “problems,” “schizophrenics,” “crazy,” or other terms

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32 Thomas E. Hecker, Patrons with Disabilities or Problem Patrons: Which Model Should Librarians Apply to People with Mental Illness?, 53 Reference Librarian 5, 6 (1996).
33 Chattoo, supra note 31.
34 Id.
35 Clearly, a persistently angry/aggressive/belligerent patron may be a problem, particularly if violence results. However, everyone has their bad days; an angry patron one day could be fantastically congenial the next.
36 See Turner, supra note 29 (discussing problem situations, not problem patrons).
37 See VII. b. Tips & Techniques below.
that tend to dehumanize people. A colleague also pointed out that the alliterative nature of “problem patron” likely propagates its use, even if it does not embody the user’s sentiment. Hopefully, the profession can rise above convenience that furthers stigma.

In addition to convenience, problem patron is likely used because, as noted above, librarians are not in the business of diagnosing patrons. It is not likely that a law librarian will know that a patron she serves has a specific mental illness. She may notice some of the symptoms enumerated above, or peculiarities about specific patrons, but would not likely have a way of knowing for certain that the patron in fact has a mental illness. Furthermore, law librarians, particularly those in a publically accessible law library, are unlikely to know the name of every patron they serve. Consequently, a librarian will need to use some descriptor to inform a colleague about ongoing help with and particular needs or considerations of patrons. Instead of using pejorative language, librarians should base the descriptors off of neutral observations, e.g. the woman in the red hat, the woman with the pink shirt. Labels that describe behavior can also be used, but staff should be mindful not to choose loaded words. For example, “the woman who talks to herself” seems appropriate, but “the woman with the crazy tick” would not be. Ideally, law librarians would learn the names of frequent patrons, but the use of respectful descriptors can serve the utilitarian needs of the law librarian, while avoiding the pitfalls of pejorative language.

Anne M. Turner in It Come with the Territory, takes the time to differentiate between “street people” and “homeless” and even notes that not all alcoholics and people with mental illnesses cause problems in our libraries. She continues that it is the acts of these patrons that can cause a problem, not merely their presence. However, she then defines “mentally disabled” patrons and “substances abusers” as those who create problems in the library. That inconsistency and word choice can undermine a well-intentioned effort to help an underserved population in our libraries. Ignoring the sometimes caustic tone of the chapter entitled “Street People, the Mentally Disabled, Substance Abusers, and Other Symbols of Our Times,” in the part entitled “Problems That Plague Us,” Turner provides some useful techniques for law librarians discussed later, but they are almost lost due to her tone. Again, that illustrates how poor word choice can undermine the best of intentions. Many readers may be dissuaded from reading or implementing Turner’s recommendations because of
among not just librarians, but the general populace. Turner describes a man who she describes as mentally ill, but then attributes his unacceptable behavior to a desire for attention. 44 She goes so far as to describe the negative consequences of his unacceptable behavior doled out by a librarian as “a ‘lesson’ or punishment.” 45 Instead of thinking of the inappropriate behavior of patrons with mental illnesses as something deserving punishment, we should think of it as a manifestation of an illness, and search for creative solutions that can accommodate the patron.

The way we characterize people with mental illness dictates how we treat them when they commit wrongs. Erickson and Erickson explain that in the United States we have oscillated between thinking of mental illness as a medical issue and as a criminal issue. They observe that when we consider mental illness a social problem, our mental health institutions are more populated; but, when we view mental illness as a criminal matter prison populations rise. 46 In short, “the value of incapacitation and the goal of community safety frame the issue very differently than the value of compassion and goal of treatment.” 47 While certain behaviors are not acceptable in the library setting and security concerns should not be ignored, librarians should strive to avoid the trap of conceptualizing mental illness as a criminal problem, thus warranting a defensive response. Librarians should be at the forefront of combatting the “prevailing social meaning of mental illness [as] one of moral failure, not a set of medical conditions that require medical treatment.” 48

Thinking of mental illness as a moral failure leads to the justification of punishing the mentally ill person; that is, if the acts of a mentally ill person are seen as a moral failure or a wrong she chose to commit, it is acceptable, if not desirable, to punish the mentally ill person. 49 If law librarians think of patrons as having such a moral failure, instead of a medical condition, it too can lead to justifying treating them negatively. With that mindset, we might not think of these patrons as warranting our time and respect, but rather as a nuisance to be rid of and deserving our contempt. At a minimum, such a mindset may cause anxiety to set in when interacting with patrons with mental illness. 50

One of the common themes in the tone of the literature describing patrons with mental illness as problem patrons is the notion of getting “rid” of these patrons. 51 Certainly, there may be unpleasant interactions with any patron which may be desirable to avoid. 52 However, the use of words such as “rid” equates

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44 Turner, supra note 29, at 25.
45 Id.
46 Patricia E. Erickson & Steven Erickson, CRIME, PUNISHMENT, AND MENTAL ILLNESS, 6-8 (2008).
47 Id. at 7.
48 Id. at 14-15.
49 Id. at 15.
50 Wahl, supra note 28, at 1596.
51 See e.g. Louisa Toot, Zen and the Art of Dealing with the Difficult Patron, 75/76 REFERENCE LIBRARIAN, 217, 220 (2002).
52 See VII. c. Impact of Difficult Situations on Librarians below discussing fight or flight instincts.
patrons with refuse; they are merely something to dispose of as quickly as possible with the least amount of interaction.

Instead of merely trying to avoid patrons with mental illness, think of the differences as an opportunity. While her word choice may be less than ideal, Stiel encourages librarians to revel in “difficult customers,” lest the librarians job fall to boredom. Though I do not think that a law or nonlaw librarian’s job would necessarily be boring without difficult patrons, I support the idea that different types of patrons provide new challenges that can provide satisfaction to a law librarian. Just as an admissions committee embraces and values differences among applicants, so should the law librarian embrace and value the differences among the patrons she serves.

The use of problem patron and other pejorative language in literature and in our law libraries may cause other negative effects as well. Given the prevalence of mental illness, it is possible, if not likely, that members of the law library staff suffer from mental illness. Accordingly, when a staff member refers to a patron with mental illness as a problem or uses other negative language to describe their interaction, it may cause staff members to suffer from “indirect stigma.” They may feel compelled to keep their illness a secret to prevent stigma from directly attaching to them; particularly because many people when surveyed responded that they would be unwilling to work with someone with common mental illnesses. They may also be dissuaded from seeking the help they may need to manage their illness because of stigma, an issue discussed more below. The best way to reduce stigma is contact with people in a stigmatized group. However, if co-workers fear retribution from revealing their mental illness no one can reap those benefits. And, our colleagues deserve our respect. If we regard a library user with mental illness in a poor light, we are likely to think similarly of our colleagues with a mental illness, which would certainly not lay a solid foundation for respect.

With the foregoing in mind, we should be considerate with our language and avoid labels that could inhibit or impede us from serving our patrons well.

IV. How Do We Best Serve Patrons with Mental Illness with Their Legal Research?

While the tone of the language we use to describe patrons with mental illnesses can frame our interactions with them, that is not the end of the matter.

53 Calmer, supra note 31, at 20.
55 Id.
56 Id. at 10.
Moving beyond the terminology concerns, we then need to determine what the appropriate role of a reference librarian is with regards to patrons with mental illnesses. This section will discuss how law librarians might best serve members of the public with mental illness with their legal research needs; members of the law school community with mental illnesses will be discussed later.

One of the crucial differences between law librarianship and the other forms of the library profession is that law librarians are restrained from providing advice on their subject matter. Regardless of whether the librarian is a licensed attorney, law librarians must be vigilant not to provide legal advice. To make matters worse, authors vary widely about where the line between reference services and legal practice is drawn. It can be challenging not to provide legal advice particularly if the librarian feels like she has an answer to the legal issue. It is easy to get into a paternalistic or expert mindset where we think by virtue of our research abilities and familiarity with the law that we know what is best. That paternalism can create a dilemma when serving any patron, but it becomes particularly challenging when serving a patron with mental illness. What is the appropriate role of the law librarian when we know a particular claim has no merit? To explore this issue consider the following two scenarios.

Scenario 1

Judy politely asks a reference librarian to direct her to the laws on collusion, because she believes the judge and her past three attorneys have all been plotting against her to take her store from her. Between the prompt of the question and some other social peculiarities you reason that this particular patron may suffer from some sort of mental illness. Do you entertain her question and explain to her how she might go about researching the issues involved? Do you refer her to social services? Does this question get easier at the extremes? Which bring us to Scenario 2.

Scenario 2

Marsha politely asks a reference librarian about filing a suit against the president of Mars. Does that request seem more harmless? In Scenario 1 with Judy, presumably there is some real life consequence to the legal issue she is hoping to solve. Filing a suit against the president of Mars may not have any merit, but other than the opportunity cost associated with the time spent doing so, there would seem to be little impact on Marsha. Do we intervene if either of these patrons begins spending all of her time at the library to the neglect of her other obligations?


First, this paper will discuss how law librarians might address these issues. Then, this paper will discuss guidelines for helping patrons with mental illness who may appear agitated or are in noncompliance with a law library guideline or policy.

Authors from both the law and nonlaw librarianship literature suggest treating all patrons the same, unless they present a reason to do otherwise. Murray suggests answering questions not based in reality as though they were any other question, provided that the question is “based in logic.” This method may require that the law librarian embrace suspension of disbelief. If the request is not based in logic, then the law librarian can respond in a clear and calm manner that there is nothing more she can do to help, and that she must attend to other patrons. Using Murray’s approach, we would treat Judy and Marsha exactly the same. So long as they were acting logically, i.e. that they appreciated that there was a legal process that they needed to follow and desired to navigate, we would serve them in the same way we would any other patron. Do we have an ethical dilemma to do more than merely show them how to research their respective legal issues?

Healey poses questions about whether it is “right or acceptable” to participate in activity that is not illegal or explicitly prohibited by ethics codes, but may lead to harm. He also address concerns about “reliance, oversimplifications, overconfidence, [and] inappropriate assumptions” that may occur when interacting with pro se patrons and may lead to harm. Though it may be an unfair value judgment, the Scenario 2 with Marsha is not likely to cause harm. Marsha may spend time pursuing a claim that likely has no merit, but she is not likely to lose anything other than her time doing so. A court may receive a complaint that has no merit, but they receive those regularly enough and have mechanisms to handle such complaints.

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60 Jennifer S. Murray, Library Psychiatry: Is There a Place for the Mentally Ill in Your Law Library, AALL SPECTRUM November 2009, at 10, 12; Willis, supra note 2, at 32.
61 Murray, supra note 60, at 12.
62 Id.
63 Id.
64 Healy, supra note 59, at 145.
65 Id.
66 I imagine that if the patron became so committed to her suit against the president of Mars that she neglected other responsibilities and her health that she could suffer harm, but that is true of any litigant.
67 Another concern arises around whether the librarian is wasting her time helping either of the patrons in the scenarios. Time management is one of the more challenging aspects of a law librarian’s job. Deciding when enough time has been spent with a particular patron, regardless of mental condition, requires balancing priorities, the mission of the law library, and value judgments of the librarian. While a librarian may have other obligations that necessitate spending less time with requests like those of Judy and Marsha, she should remain respectful of those requests and manage them like any other request. If she feels she cannot spend time with requests like Judy and Marsha, she should convey that in a polite way, and perhaps quickly refer them to works that could get them started on their research.
In contrast, Scenario 1 is not as clear. If Judy continues to think that her attorney and the presiding judge are conspiring to take away her store, she could potentially lose her store. And, aiding her in those pursuits could lead to inappropriate assumptions and other concerns Healy enumerates, because that patron could interpret help provided by law librarians as validating her feelings about the impropriety of her attorney and the presiding judge. If Judy files complaints about her attorney and judge with a Bar association or other authority, it may be difficult for her to secure representation in the future. If later she cannot secure counsel, she may in fact lose her store if actually involved in a legal dispute involving the store. All of that is to say, that by facilitating her research into her likely meritless claims against her attorney and judge, the law librarian might be causing her harm. Whether that line of reasoning is too attenuated is debatable, and is reminiscent of the distinction between proximate cause and cause in fact. But, it makes the point that there can be a scenario where helping a patron who shows signs of mental illness with her research needs in the normal fashion may be harmful to that patron. In those scenarios it might be appropriate for a law librarian to refer the patron to attorney referral services, community health professionals, or other social services, discussed more below.

Willis provides tips for navigating through many challenging situations in the library. Particularly when interacting with patrons with mental illness who may be in violation of a rule or policy he recommends the following: “stay calm; speak in a direct, clear manner; connect a behavior to a result; offer options; communicate rules and limits; don’t argue about another person’s hallucinations; don’t talk down to someone who is mentally ill; writing it down can help; never make the person feel trapped or threatened; and beware of violence.” These same recommendations could serve law librarians well when helping with a reference question, particularly if the patron begins to appear agitated. Though not likely, if agitation devolves into inappropriate or criminal behavior, law librarians should follow their security procedures.

Law librarians regularly help patrons with mental illness, whether or not the librarian is aware of the illness, with their legal research questions. Because of the public nature of many law libraries and the service focus of the profession, we should not neglect opportunities to provided patrons with mental illness with other services or referrals outside of the legal realm.

V. Additional Services and Resources

In addition to reference services, librarians at law libraries may refer patrons to other services, such attorney referral programs. Even without the complexities that mental illness may bring to the interaction, law librarians must be sensitive and tactful when recommending outside help to patrons. Many

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68 Again, that presumes that the judge and attorney are in fact not colluding against her; although judicial misconduct is not an impossibility.
69 Willis, supra note 2, at 32-35.
patrons with mental illness will not want to be recognized as having an illness because of the stigma associated with their disease.\textsuperscript{70}

If a law library recognizes the need, law librarians should reach out to community health organizations to receive training on people with mental illnesses, the type of patrons the library is likely to see, and the services available through the community resources.\textsuperscript{71} Mental Health America (formerly known as the National Mental Health Association) has an affiliate program where local “affiliates provide public education, information and referral, support groups, rehabilitation services, socialization and housing services to those confronting mental health problems and their loved ones.”\textsuperscript{72} Torrey, Esposito, and Geller recommend connecting with the National Alliance for Mental Illness.\textsuperscript{73} That group “provides essential and free education, advocacy and support group programs for people living with mental illness and their loved ones.”\textsuperscript{74}

Many libraries have benefited from such collaboration with community centers and organizations.\textsuperscript{75} And at least one law library benefitted from connecting with the local homeless shelter.\textsuperscript{76} Through that connection the law librarians learned about staff training opportunities and resources, such as showering facilities, for the patrons with mental illness who were also homeless. The ability to distribute information regarding community resources better equips law librarians to resolve many issues besides those that affect patrons with mental illness.

Law librarians can learn more than just about community resources from connecting with community and mental health organizations. The American Psychiatric Association has created a series of easy to understand free-to-download pamphlets on various mental health concerns.\textsuperscript{77} Law librarians may wish to familiarize themselves with those pamphlets, and keep some on hand for distribution. The pamphlet “Warning Signs of Major Mental Illnesses” may be particularly useful for public services law librarians, because they may be able to detect some symptoms in regular patrons including social withdrawal, unusual drops in functioning, and mood swings. The ability to recognize those symptoms may be particularly useful with members of faculty or students at law schools,

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\textsuperscript{70} See Wahl, supra note 54, at 9 (discussing effects of stigma).
\textsuperscript{71} Willis, supra note 2, at 150.
\textsuperscript{72} Mental Health America, What is a Mental Health America Affiliate?, http://www.nmha.org/go/about-us/who-we-are/affiliate-network/what-is-a-mental-health-america-affiliate (last accessed May 28, 2012).
\textsuperscript{73} E. Fuller Torrey, Rosanna Esposito, & Jeffrey Geller, Problems Associated with Mentally Ill Individuals in Public Libraries, 48 PUBLIC LIBRARIES, No 2, March/April 2009, 45, 49.
\textsuperscript{75} See e.g. Turner, supra note 29, at 32; Murray, supra note 60, at 13.
\textsuperscript{76} Murray, supra note 60, at 13.
because the law librarians may have a better basis on which to notice a change in behavior.

VI. Serving members of the law school community

Not all law libraries are public. And even if the public has access, public law libraries have set priorities among the patrons they serve. Public law libraries must abide by their enabling statutes or mission statements. A8 Academic law libraries typically prioritize serving members of the faculty and student body over members of the public. A9 Although academic law libraries may be closed to the public or focused on serving faculty and students, law librarians in such institutions may still serve patrons with mental illness. Due to the stigma associated with mental illness, some academic law librarians may not think of their patrons as being afflicted with such illnesses. However, given the prevalence of mental illness, that is statistically unlikely. In fact, the pressures of performing well in law school and progressing through the tenure process may exacerbate mental health problems of law students and faculty. More than just statistical probability, there are several prominent law professors who have written about their struggles with mental illness. Additionally, one of the most famous American legal scholars suffered from what we today would call mental illness.

The name Samuel Williston conjures up images of first year contracts classes (and possible horror) to anyone who has attended law school. He is one of the most famous names in contracts, sales, and commercial law, and taught at Harvard Law School for many years. A80 He also suffered from what at the time was called “neurasthenia,” which today would include mental illnesses such as depression or anxiety disorders. A81 Williston was affected so much that just after becoming a full professor at Harvard he had a breakdown, which found him taking extended leaves and stays at a sanitarium. Eventually he was able to return to teaching, but periodically he would have to return to sanitaria and would take sedatives. A82 Despite his illness, Williston became the renowned legal scholar we know. Williston’s is not a unique story. Recently, several law professors have published works disclosing their own mental illnesses in part to alleviate some of the stigma of their diseases and to educate people.

Professor Elyn Saks is the Orrin B. Evans Professor of Law, Psychology, and Psychiatry and the Behavioral Sciences at the University of Southern California Gould School of Law, where she also served as the school’s associate

79 See e.g. Id. at 43.
81 Id.
82 Id.
dean for research for five years. She also teaches courses at the Institute of Psychiatry and the Law at the Keck School of Medicine at the University of Southern California and at the University of California, San Diego. She graduated summa cum laude from Vanderbilt University, and holds graduate degrees from Oxford University, Yale Law School, and the New Center for Psychoanalysis. In 2009 she received a MacArthur Foundation “genius grant.”

Few people have the academic credentials and resume that can measure up to Professors Saks’. Professor Saks also suffers from schizophrenia. Often psychiatric rehabilitation professionals resign people with schizophrenia to menial jobs. But, Professor Saks has proven that people with schizophrenia can perform more than menial tasks, and can even excel in complex fields. An academic law library would be fortunate to have Professor Saks as a member of their faculty. With her McArthur Foundation fellowship she created the Saks Institute for Mental Health Law, Policy, and Ethics. Scholars of the Saks Institute conduct research at the “intersection of law, mental health, and ethics” in an effort to make policy change. Because the institute is a research “think tank,” its scholars and fellows surely make use of the expertise of USC’s Asa V. Call Law Library staff and its collection. With the prominence of Professor Saks and the funding of the MacArthur Foundation the Saks Institute would make for a great partner with any law library.

Professor James T.R. Jones is a Professor of Law at the University of Louisville Louis D. Brandeis School of Law. He graduated with highest distinctions from the University of Virginia where he was invited to join Phi Beta Kappa and graduated second in his class from Duke Law School, where he was selected for Order of the Coif. After Duke, Professor Jones Clerked for Judge Gerald Tjoflat of United States Court of Appeals for the Fifth Circuit and taught at the University of Chicago School of Law. Professor Jones achieved all of those academic and professional accomplishments while battling bipolar disorder. Similar to Professor Saks, despite all of his academic and professional success, Professor Jones went to great lengths to keep his disease a secret for many years, including changing mental health care providers to ensure colleagues would not find out. Recently, Professor Jones has a published a law review article and memoir that details his struggle with bipolar disorder.

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87 Id. at 356.
88 E.g. Id. at 366.
89 Id. at 349; James T.R, Jones, A HIDDEN MADNESS (2011).
Professor Sarah Deer of William Mitchell College also suffers from bipolar disorder. Recognizing that her bipolar disease was a “bona fide disability,” Professor Deer has had 6 years of improvements due in part to a consistent medication regiment. She notes, however, that medication is not right for everyone, and encourages people with mental illness to explore options until finding the right fit.

Despite the potential negative reaction from their peers and the legal academy, those professors have decided to publicize their conditions. They did so in part because they feel that their illnesses should not need to be hidden, and that there should not be a stigma attached to their conditions. That accomplished scholars such as Professors Saks, Jones, and Deer felt compelled to keep their mental illnesses a secret until recently demonstrates the power of stigma. Through their disclosure it is hoped that other professors and law students will make similar disclosures and receive whatever help they need. This is particularly true for law students.

Symptoms of mental illness often first appear in people when they are in their twenties, which is about when most people begin law school. Consequently, some law students who will suffer mental illnesses may not yet have had symptoms of or have been diagnosed with a mental illness. To that end, the stress of law school can exacerbate symptoms and mental illnesses that otherwise would have been less severe. Law students may be particularly hesitant about disclosing a mental illness due to character and fitness determinations by Bar admissions screenings and other professional ramifications. Many state licensing agencies ask law school administrations if they have any knowledge of mental health issues of their graduates. Additionally, state licensing agencies ask applicants to reveal similar information. Those reporting processes have been shown to affect whether

90 Sarah Deer, in LAWYERS, LEAD ON: LAWYERS WITH DISABILITIES SHARE THEIR INSIGHTS, 39 (Carrie, G. Basas, Rebecca S. Williford, & Stephanie L. Enyart eds., 2011).
91 Id.
92 Id. at 41.
93 Id.
94 Jones, supra note 89, at ii-iii; These professors have made their disclosures after obtaining tenure. And they have generally received positive reactions from their peers when they shared their secret. Whether making that disclosure before receiving tenure would have affected their careers is unclear. Perhaps after the great examples Professors Saks, Jones, and Deer, the stigma in the legal academy would be reduced to a negligible level that would not impede tenure promotion.
95 See Black & Andreasen, supra note 5.
96 Deer, supra note 90.
97 Id.
98 Jolly-Ryan, supra note 3, at 125.
100 Id.
101 Id.
students will seek help for substance abuse, and at least one author concludes that it has a similar effect on seeking help with mental health concerns.\textsuperscript{102}

Because law students may chose not to disclose their mental health conditions out of fear of professional ramifications, academic law librarians will not likely be able to confirm whether some of the student body deserves accommodation. Academic law librarians should also be mindful of requirements to report to school administration if a student does reveal that she suffers from a mental illness. Because there is no librarian-student or faculty-student confidentiality relationship, the librarian may be required to report to law school administration, which may in turn be reported to state licensing agencies.\textsuperscript{103} Additionally, the Family Educational Rights and Privacy Act (“FERPA”) would not protect information the law school may obtain about a mental illness because Bar associations generally require applicants to sign authorizations and releases of all of their records.\textsuperscript{104} However, this fear may be reduced by the recent amendments to the Americans with Disabilities Act.\textsuperscript{105} Congress passed the ADAAA to widen the coverage of disability protection, with particular regard to mental conditions.\textsuperscript{106} Previously, mitigated mental illnesses did not receive protection under the ADA, e.g. an applicant with bipolar disorder who was medicated may not have had a remedy under the ADA if a bar association denied admission because of her bipolar disorder. Now, under the ADAAA mental illnesses that are currently being treated may still be considered disabilities that trigger the protections under the ADA. Accordingly, students should feel more comfortable seeking treatment, and reporting to law schools and their libraries mental disorders that they suffer from.

The above examples serve to show that even the esteemed faculty of a law school and its students may have mental illnesses. And that in addition to an ethical obligation to serve these patrons, many mission statements place service to the faculty and students above all else.

Recognizing that it is statistically likely that members of the law school community may suffer from mental illness, how then should law librarians best serve them? It would seem improper to try to get them out of the library as soon as possible as others have suggested with regard to members of the public with mental illness,\textsuperscript{107} because they are the primary patrons of the academic law library. First, the general rule to treat these patrons with respect and a service-centric mindset regardless of their current mental condition seems paramount. And as recommended above, law librarians should interact with these patrons in

\textsuperscript{102}Id at 547, footnote 67.
\textsuperscript{103}See Id. at 547-48.
\textsuperscript{105}Jolly-Ryan, supra note 3, at 148-49.
\textsuperscript{106}Id. at 143.
\textsuperscript{107}See e.g. Toot, supra note 51, at 220.
the same way they would any other member of the legal community unless a reason to diverge presents itself. If a law librarian notices abnormal behavior for a particular member of the community, she may delicately refer that professor or student to university or Bar association counseling services. For example, if a student who regularly uses the services of the reference librarians begins showing up to the library very morose, unable to concentrate on the information librarians relay to her, and generally seems “off,” librarians may politely say something like “You don’t seem like your regular self. Law school can be very demanding. If you ever feel like you need to talk to someone, you can talk to the Dean of Students about any concerns you might have. And here is a pamphlet for some folks who would be more than happy to talk to you about helping you navigate through law school.” For that situation and others, law librarians should be familiar with their school’s counseling policies and reach out to county and state Bar associations who have set up attorney assistance programs. The attorney assistance programs will often extend their services to students, and provide confidential counseling, tips about how to better manage time, and other suggestions that might make law school and legal practice more manageable.108

In addition to members of the law school community, members of the Bar may also suffer from mental illness. In spite of facing stigma, threat of not passing character and fitness assessments, intolerant employers, and the pain, confusion, and difficulty imposed by their diseases, many attorneys successfully complete law school and have productive careers.109 Through compassion and sometimes accommodation, they have been able to succeed in their professional lives.

These examples demonstrate that people with mental illness can live healthy, productive lives. If instead of associating mental illness with a disturbance or nuisance in the library, we associate the term with the great triumphs of professors, students, and professionals we can combat the stigma of mental illness. If law librarians do not begin to ameliorate the stigma it will continue to negatively affect the policies we craft, the services we provide, and the users who rely on us.110

VII. Policies

Before exploring policies and tips relating to the interaction of law librarians and patrons with mental illness, this paper will discuss some of the legal and ethical requirements that apply to law libraries. First, it will look to legal requirements, both constitutional and statutory. Then, it will discuss ethical imperatives to serving patrons with mental illness.

109 See e.g. Claudia Center & Sarah Deer, LAWYERS, LEAD ON: LAWYERS WITH DISABILITIES SHARE THEIR INSIGHTS, 8 & 32 (Carrie, G. Basas, Rebecca S. Williford, & Stephanie L. Enyart eds., 2011).
110 Wahl, supra note 28, at 1597.
a. Legal Requirements

Before addressing statutory rights to access to public law libraries, this paper will start with the constitutional foundations. Although it is not absolute, the First Amendment includes a “right to receive information.”111 Additionally, courts have recognized public libraries as limited public forums, meaning that patrons have limited rights to expressive behaviors.112 However, the limitations must be the kind you would expect a library to have, e.g. it is acceptable for a library to prohibit violent or disruptive behavior; however, a law library, for example, would not be able to restrict a patron from using the space and resources to bring a suit against a person who only exists in the patron’s head (presuming they were not otherwise being disruptive). Content-neutral policies restricting protected behavior, such as whether patrons must wear shoes, clothing, etc, have been considered time, place, & manner restrictions subject to heightened scrutiny when reviewed.113 Such a regulation would need to be “narrowly tailored to serve a significant governmental interest.”114 That term has a complicated and convoluted definition; if the law library administration believes they might not satisfy that standard, they should consult the library’s counsel. It is worth noting that violent or harassing behavior is not protected behavior and rules generally intended to prevent disruptive behavior will be reviewed under the easily satisfied “reasonableness standard.”115 Accordingly, law library administration should be encouraged to set and enforce policies to address disruptive and violent behavior, presuming they otherwise comply with legal requirements.

In addition to constitutional concerns, the Americans with Disabilities Act (“ADA”) and its amendments prevent libraries from engaging in discriminatory practices. The ADA requires that public libraries “provide services to people with disabilities that are equal to services provided to citizens without disabilities.”116 Beyond the restrictions placed on public law libraries elsewhere in the ADA, Titles II & III of the ADA prevents discrimination in the provisions of services to the public from public entities117 and private entities.118 Recent amendments to the ADA clarify Congress’s intent for the ADA to have broad coverage including mental health disabilities.119

112 Id. at 1261.
114 Id. at 76.
115 Kreimer, 958 F.2d at 1262-63.
118 Foos & Pack, supra note 116, at xii.
Beyond a legal duty to serve patrons with mental illness, law librarians have a professional ethical responsibility to serve them well. Though sparse, the American Association of Law Libraries (“AALL”) Ethical Principles provides that “the equal participation of diverse people in library services underscores one of our basic tenets, open access to information for all individuals.” Though, the AALL Ethical Principles recognize that not all law libraries serve the public, the inclusive message calls law librarians to serve “all individuals” who have access to their law library. From that message it seems clear that law librarians have a professional obligation to provide good service to all who have access to their libraries, regardless of whether they have a mental illness. Furthermore, the AALL Ethical Principles remind law librarians that they are to “not allow our personal beliefs to interfere with the service we provide.” With that in mind, law librarians who still feel that patrons with mental illness are a burden should rise above their own beliefs and live up to the standards of the profession they have entered.

Law library policies differ as widely as the patrons they serve. But when those policies discuss interaction with patrons with mental illness, they should largely agree. The following are tips or guidelines that can be incorporated into policies or training materials relating to serving patrons with mental illness.

b. Tips & Techniques

While it may be difficult or impossible to determine whether a patron is suffering from a mental illness, a law librarian may notice some of the symptoms noted above or other peculiar or idiosyncratic behavior that may suggest a patron suffers from a mental illness. For the following, it is presumed the law librarian has some indication that the patron suffers from a mental illness. However, regardless of that presumption the following suggestions make for good practice when interacting with any patron. Additionally, these practices should be incorporated into training sessions and materials for all staff who work in public services.

*Clearly inform patrons with mental illness when their behavior is not appropriate.* Sometimes these interactions can be unpleasant; however, to prevent inappropriate behavior from detracting from other patrons’ use of a law library, law librarians may be required to address inappropriate behavior. Ford notes that mental health professionals recommend being straightforward with patrons with mental illness; they typically will respond to clear statements regarding the rules.

121 Id. (emphasis added).
122 Id.
125 Willis, *supra* note 2, at 33.
Consult a peer.\textsuperscript{126} Often difficult situations are better handled with a colleague. If an interaction escalates beyond a librarian’s comfort level, then seeking a supervisor becomes appropriate.

Creativity. Several commentators laud common sense in a librarian’s approach to difficult situations.\textsuperscript{127} However, creativity better captures the idea. Patrons with mental illnesses may act inappropriately in law libraries. But instead of escorting them right out the door, or getting rid of them, law librarians should try to think of creative solutions. For example, if a patron regularly talks to herself aloud to the point that it interferes with others use of the library, one might first explain the need for relative quiet in the library. A librarian may also consider allowing the patron to use group study or conference rooms if available. Additionally, the librarian may invite the patron into the reference office to do her work; typically there is more tolerance of noise in reference offices or around reference desks.

Compassion/empathize. Compassion, but not pity, can give a law librarian the proper mindset to handle difficult interactions.

“\textit{Increase your understanding of mental illness.}”\textsuperscript{128} Consult appendix 1 of Willis’s book \textit{Dealing with Difficult People in the Library} which has an overview of mental illness, or other materials. While Murray does not recommend trying to diagnose patrons who may have mental illness,\textsuperscript{129} recognizing symptoms may inform how to best proceed with interactions with patrons. Instead of thinking of the unusual behavior of a patron as being bizarre or frightening, a law librarian may infer that the person has a mental illness, which is a medical condition no different than other illnesses.

\textit{Emphasize that you welcome and encourage their use of library services.} Remind the patron that they are welcome to make use of the library and its staff, so long as they comply with the rules of the library.\textsuperscript{130} Providing an inviting and encouraging statement with a clear statement regarding a rule can demonstrate to the patron that the law library is a welcoming place, but that it does have rules.

\textit{Adopt Beginner’s Mind.} Discussed more below, but coping with unpleasant interactions with patrons can be difficult. From that difficulty, we can develop a prejudice against particular patrons. Louisa Toot encourages librarians to learn from Zen principles and treat each interaction as a new experience, i.e. adopt a “beginner’s mind.”\textsuperscript{131} In that way we do not foreclose possible solutions that may not have worked in the past, and we do not come to the interaction with the

\begin{footnotes}
\footnote{126} Turner, supra note 29, at 27.
\footnote{127} Id. at 28-29.
\footnote{128} Willis, supra note 2, at 31.
\footnote{129} Murray, supra note 60, at 12.
\footnote{130} Conversation with Mary Whisner (April 2012).
\footnote{131} Toot, supra note 51, at 227.
\end{footnotes}
mindset that it is going to be a problem. One way career librarians can recreate beginner’s mind is by paying attention to student workers or new employees. Those employees are constantly engaging in new and challenging experiences and coming up with creative solutions to resolve issues.

Create Respectful Ways to Refer to Those with Mental Illness. In an effort to make good on the library profession’s overuse of the term problem patron, particularly with regard to patrons with mental illness, law librarians should aim to speak highly of patrons with mental illness among their colleagues. That way, we can start to combat the stigma faced by people with mental illness. Using descriptive language noted earlier or using the term patron with mental illness is a starting point. But sharing positive, but not patronizing, stories of patrons with mental illness can go a long way.

“In general, under-react." Confronting an agitated patron with an unpleasant demeanor can compound the problem. Torrey, Esposito, and Geller recommend staying calm, and while speaking clearly and with a measured pace, “convey an impression that you have everything under control.”

The above are just some tips for interactions with patrons with mental illness, which are probably good practices regardless of the mental health status of a patron. Law librarians could learn more by consulting with local mental health organizations.

c. Impact of Difficult Situations on Librarians

Regardless of whether they are serving a patron with mental illness, law librarians will occasionally have testing interactions with the public. Some of these interactions may present new challenges that may provide an academic exercise for the librarian. Other interactions may leave the law librarian emotionally drained, upset, or distraught. For the emotionally distraught librarian, it is important to be mindful of her own mental health. To that end, staff should receive training on methods and practices to help cope with unpleasant patron interactions. Kathy Fescemyer suggests different techniques for during and various times after the emotionally challenging incident. Fescemyer begins with “admitting that working with an angry individual is not fun and hurts.” While a similar sentiment should not be shared with all patrons with mental illness, there will be times that due to a mental illness a patron will treat a law

\[\text{\footnotesize{132 Id.}}\]
\[\text{\footnotesize{133 Wahl, supra note 28, at 1599-1600.}}\]
\[\text{\footnotesize{134 Torrey, Esposito, & Geller, supra note 73, at 51.}}\]
\[\text{\footnotesize{135 Id.}}\]
\[\text{\footnotesize{136 Id.}}\]
\[\text{\footnotesize{137 Fescemyer, supra note 137, at 235-244.}}\]
\[\text{\footnotesize{138 Id. at 238.}}\]
librarian in a hurtful manner. Not every opportunity to work with patrons with mental illness will be fulfilling. When it is not an enjoyable experience, law librarians should recognize this and proceed accordingly. Fescemeyer suggests stopping to take a breath at several points during and after the unpleasant interaction. Importantly, deep breaths help mitigate fight-or-flight instincts, which would otherwise have us react aggressively or try to escape the patron as quickly as possible. Among the other tips, Fescemeyer emphasizes communication both in an effort to inform the rest of the staff and administration and to provide an avenue for troubled librarians to vent. Many of Fescemeyer’s other recommendations fall under what may be considered work-life balance. Exercising, hobbies, family and friends (of both human and nonhuman varieties), and sleep all can alleviate stress and improve a librarian’s emotional state after being the recipient of an unpleasant interaction. Finally, Fescemeyer recommends attending anger or stress management classes or counseling if these problems persist. Hopefully, the unwarranted stigma associated with seeking mental health help by our patrons does not attach to our peers in the law librarianship field who need mental health counseling.

While keeping in mind the aforementioned discussions of the tone of the discourse regarding patrons with mental illness and law librarians’ professional and ethical obligations to serve such patrons, law librarians should be mindful of the potential security risk patrons with mental illness may pose in a law library. However, these safety concerns are no different than with any other patron group. Wahl states “the vast majority of people with mental illnesses are neither violent nor criminal.” And the American Psychiatric Association reports that “the majority of violent acts are conducted by persons who are not mentally ill.” Additionally, “mentally ill persons are more likely to be victims of violence than perpetrators, and more likely to hurt themselves than hurt other people.” Efforts to exclude or “rid” patrons with mental illness from a law library will no sooner make it safer than by excluding patrons with blonde hair. In fact, one of the best ways to help prevent violence from patrons with mental illness is to refer them to mental health and community organizations, because most people with mental illness who end up committing acts of violence or causing disturbances do not receive treatment.

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139 It is worth highlighting that many patrons without mental illness can cause emotional discomfort and stress to law librarians, and that “ridding” law libraries of patrons with mental illness will not solve this challenge.
140 Fescemeyer, supra note 137, at 238-240.
141 Id. at 239.
142 Id. at 243.
143 Wahl, supra note 28, at 1599.
144 American Psychiatric Association, supra note 4.
145 Id.
146 If less than 10% of major violent crimes are committed by someone suffering from psychosis, and 20% of the population suffer from a mental illness in a given year, it would seem that those suffering from mental illness are proportionately and absolutely less likely to commit violent crimes than those not suffering from mental illness.
147 Torrey, Esposito, & Geller, supra note 73, at 49.
Also, presuming that members of the public with mental illness pose more of a risk than members of the law school community may be folly. For example, Professor Saks recounts in her memoir that she regularly had violent thoughts while at Oxford and Yale Law School (although she never acted on them).148 That is not to say that Professor Saks is a violent person, but to illustrate that predicting the behavior based on appearance or professional success is not foolproof. Accordingly, restricting public access to the library may not resolve all issues. Though superficial characteristics may not be indicative of potential violence, some predictors do exist. Chief among them is past violent behavior.149 Law libraries are not generally in the business of conducting background checks on patrons, but if a particular patron concerns staff they may reach out to local authorities. Violence against objects could also indicate the potential for further violent behavior.150 Both predictors highlight the importance of creating incident reports for violent acts in the library.

If a particular patron becomes problematic over some length of time a protection order or something similar may be necessary. That scenario provides another instance in which documentation is key.151 Staff should consider coordinating with authorities to determine what steps are to be taken.152 If violent behavior becomes a reoccurring problem, the library may consider restricting access and hiring security guards.153 In addition, librarians should ensure that patrons remain in public areas, because most crimes in a library take place in nonpublic areas.154

Though security precautions and reactions are important, they should not taint our perception of patrons with mental illness. We should remember to comply with our legal and ethical duties in serving patrons with mental illness, and extend to them the respect and service they deserve.

VIII. Conclusion

Patrons with mental illnesses belong in law libraries. These patrons have needs for legal materials just as any other person. They can be faculty, students, attorneys, or members the public. Presuming that all patrons with mental illnesses are dangerous and disruptive only exacerbates the pain and frustration of mental illness and furthers stigma. If law librarians want to do their part in combatting stigma, they should begin by avoiding labels like problem patron and treating those patrons with the respect and compassion that they deserve. Patrons with

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148 Saks, supra note 84, at 95, 98.
149 Willis, supra notes 2, at 35.
150 Id.
151 Turner, supra note 29, at 28.
152 Id.
154 Id.
mental illnesses will not be leaving our libraries soon. They have rights to be there, and hopefully by reducing stigma more patrons who suffer from mental illness will self-identify as such and feel comfortable requesting accommodations if necessary. Lastly, law librarians should remember that their calling is to provide access to legal information to all of the patrons who are able to enter their libraries, regardless of whether they are afflicted with mental illness.