

Understanding Mental Illness and the Workplace

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Disclaimer

- Information from presentation taken from NAMI's "Mental Illness: An Illness Like Any Other Brochure," the Center for Psychiatric Rehabilitation's website, the U.S. Equal Employment Commission's website (www.eeoc.gov), and an article from Personnel Policy Service, Inc.
- We don't know enough about mental illness for anyone to truly understand it and the specifics of what we do know changes everyday. This presentation is targeted to give you a base functional knowledge of serious mental illness and how it affects the workplace.

**** Key Point ****

- You cannot prevent serious mental illness from affecting your work place, nor should you want to
- People who live with serious mental illnesses and their families can be major assets to organizations
- We've got some baggage, but we're a resource worth cultivating

Overview

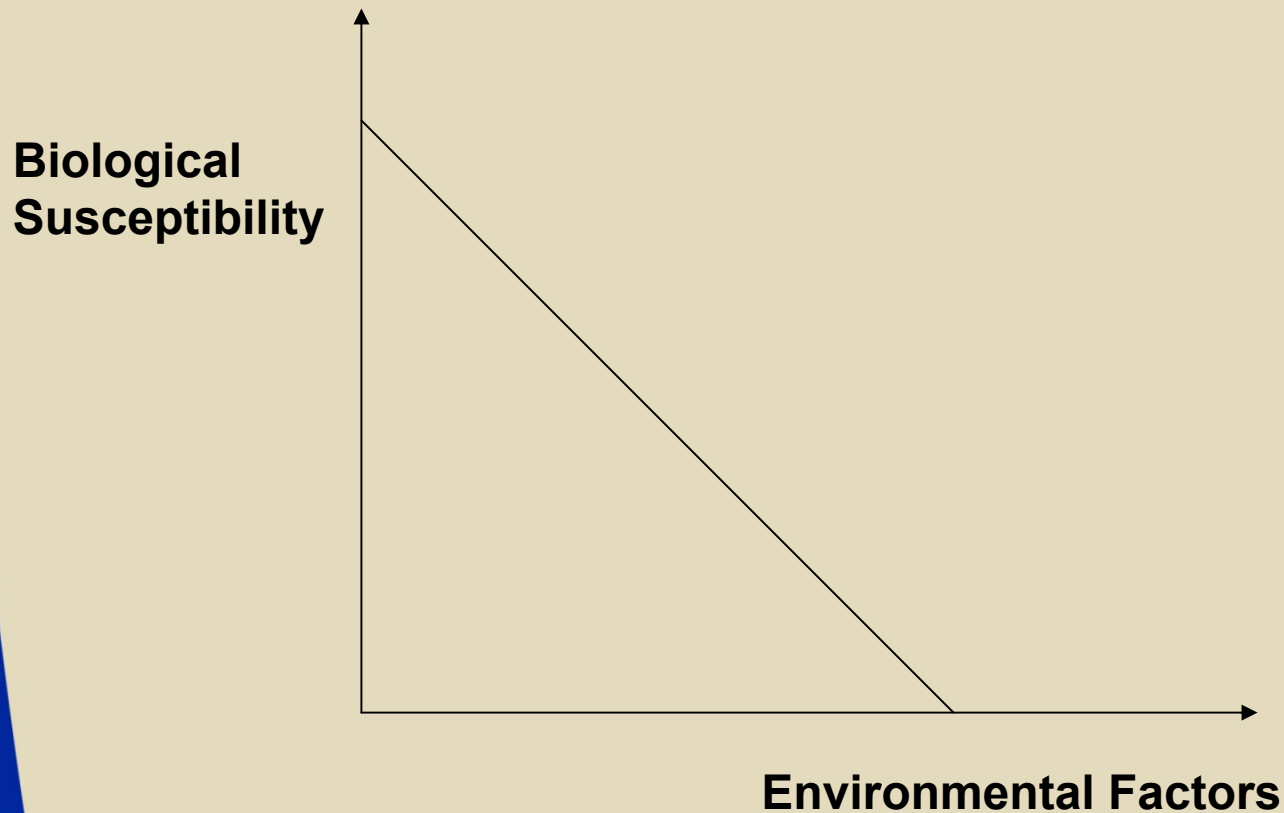
- General discussion of mental illnesses
- Mental Illness and the workplace
- Legal considerations
- Questions

General Discussion of Mental Illnesses

What is Mental Illness?

- A biological disorder that disrupts a person's thinking, feeling, mood, ability to relate to others, and daily functioning.
- A medical condition that often results in a diminished capacity for coping with the ordinary demands of life.

Big Unanswered Question: Why Do People Have Mental Illnesses?



Serious Mental Illnesses

- Schizophrenia
- Bipolar Disorder
- Major Depression
- Anxiety Disorders (including Post Traumatic Stress Disorder and Obsessive Compulsive Disorder)
- Borderline Personality Disorder

Schizophrenia

- Interferes with person's ability to think clearly, manage his or her emotions, make decisions, and relate to others.
- Many people living with Schizophrenia have hallucinations and delusions, meaning they hear or see things that are not there, and believe things that are not real or true.
- Outlook for people with this illness has improved during the last 25 years, many are able to improve dramatically with medication and psychosocial rehabilitation.

Bipolar Disorder

- Also known as manic depression illness causes episodes of mania (severe highs), depression (severe lows), and mixed states.
- Episodes may last for days, weeks, or months. Often separated by periods of fairly ordinary moods.
- Most people living with Bipolar Disorder (80-90%) can achieve recovery with a personalized treatment plan that includes treatment with a mood stabilizer, psychosocial therapy, and psychoeducation.

Major Depression

- Serious medical illness that is much more than temporary feelings of feeling sad or blue.
- Major Depression involves disturbances in mood, concentration, sleep, activity, appetite, and social behavior.
- Leading cause of disability in the United States.
- If untreated, Depression may lead to suicide.
- Three basic types of treatment: medication, psychotherapy, and electroconvulsive therapy. Peer support and education also helpful.

Obsessive-Compulsive Disorder (OCD)

- Anxiety disorder characterized by obsessions and compulsions.
 - Obsessions – recurrent, involuntary thoughts, ideas, impulses, or worries
 - Compulsions – repetitive behaviors designed to reduce the discomfort of the obsessions. (e.g. hand washing, counting, hoarding)
- While anyone can experience obsessions and compulsions, OCD occurs when these feelings and behaviors persists for more than an hour each day and interfere with daily functioning.
- In general, a combination of medication and behavioral therapy can effectively reduce the symptoms of OCD.

Panic Disorder

- Anxiety disorder characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms including chest pain, heart palpitation, shortness of breath, dizziness, or abdominal stress.
- Episodes are uncontrollable neurological response to ordinary, non-threatening situations.
- Anyone can have panic attacks, but panic disorder generally requires four or more episodes per month
- Many people develop anxiety or phobias based on the situations surrounding their panic attacks
- A combination of cognitive or behavioral therapy and medication is the standard treatment, although cognitive-behavioral psychotherapy alone may be effective in some cases.

Post-Traumatic Stress Disorder (PTSD)

- Anxiety disorder that can occur after someone experiences a traumatic event that caused intense fear, helplessness, or horror.
- More than just a brief state of anxiety or depression after an event.
- People with PTSD continue to re-experience the traumatic event; avoid individuals, thoughts, or situations associated with the event; and have symptoms of excessive emotions.
- Symptoms usually appear within 3 months of experience, but can occur months or even years later.
- Likelihood of developing is greatest with people who experience trauma early in life or experience multiple events.
- Types of therapy: behavioral therapy, cognitive therapy, group therapy, and medication.

Borderline Personality Disorder (BPD)

- Characterized by impulsivity and instability in mood, self-image, and personal relationships.
- Symptoms:
 - Marked mood swings
 - Anger
 - Impulsiveness
 - Recurring suicidal threats
 - Unstable, intense personal relationships
 - Marked, persistent uncertainty
 - Chronic boredom or feelings of emptiness
 - Frantic efforts to avoid abandonment
- Often paired up with depression, bipolar disorder, eating disorders, and/or alcohol and substance abuse.
- A combination of psychotherapy and medication appear to provide the best results for treating BPD.

Co-Occurring Disorders

- Mental illnesses and alcohol and substance abuse disorders are often intertwined
- Roughly 50 percent of individuals with severe mental disorders are affected by substance abuse. *Journal of the American Medical Association (JAMA)*
- Thirty-seven percent of alcohol abusers and 53 percent of drug abusers also have at least one serious mental illness. (*JAMA*)
- In order to recover from either illness, treatment must address both diagnoses

Mental Illness and the Workplace

Signs of Mental Illness

- Marked personality change over time
- Confused thinking; strange or grandiose ideas
- Prolonged severe feelings of depression and anxiety
- Feelings of extreme highs and lows
- Heightened anxieties, fears, anger or suspicion; blaming others

Signs of Mental Illness (cont.)

- Social withdrawal, diminished friendliness, increased self-centeredness
- Denial of obvious problems and strong resistance to offers of help
- Dramatic persistent changes in eating or sleeping habits
- Substance abuse
- Thinking or talking about suicide

Potential Changes in Work Habits

- Consistent late arrivals or frequent absences
- Low morale
- Lack of cooperation or a general inability to work with colleagues
- Decreased productivity
- Increased accidents or safety problems
- Frequent complaints of fatigue or unexpected pains
- Problems concentrating, making decisions, or remembering things
- Making excuses for missed deadlines or poor work

Potential Changes in Work Habits (cont.)

- Problems concentrating, making decisions, or remembering things
- Making excuses for missed deadlines or poor work
- Decreased interest or involvement with one's work

Doesn't Just Affect Employees

- One-in-five families are affected by serious mental illness
- Mental illnesses is going to affect employees across the scope of your organization
- The challenges of caring for someone with these life-threatening illnesses can alter an employee's work
- When their family member is in crisis, it is a potentially deadly situation and employers need to realize that

Treatment Works

- Serious mental illnesses are biological conditions of the brain and they respond positively to treatment
- While serious mental illness cannot be cured, recovery is possible
- Recovery requires treatment by both a psychiatrist and a therapist
- NAMI offers education courses for individuals affected by serious mental illness and their families

Legal Considerations

(Disclosure: these are just guidelines contact legal counsel for specific advice on your situation)

Americans with Disabilities Act (ADA)

- ADA requires an employer with 15 or more employees to provide reasonable accommodation for individuals with disabilities, unless it would cause undue hardship
- Three categories of reasonable accommodations:
 - Changes to a job application process
 - Changes to a work environment, or to the way a job is usually done
 - Changes that enable an employee with a disability to enjoy equal benefits and privileges of employment

Most Common Functional Limitations

- Interacting with others
 - Interviewing for the job, describing strengths and weaknesses, clarifying instructions, asking for help, starting conversations with coworkers
- Learning the job
 - Remembering the routine, following instructions, learning new tasks
- Maintaining work pace/stamina
 - working three hours without breaks, standing for long periods, taking scheduled breaks, completing tasks in allotted times, managing time
- Managing symptoms/ tolerating stress
 - relaxing recognizing stressors, managing negative feelings, managing internal distractions

Types of Workplace Accommodations

- Restructuring jobs
 - Reassign fill in reception duties to other receptionist
- Adjusting work schedules
 - Time off for therapy appointments
 - Later starting time because of morning drowsiness caused by medications.
- Flexible leave
 - Use of sick leave for mental illness reasons
 - Extended leave without pay due to hospitalization
- Specialized equipment and assistive devices
 - Use of e-mail to deliver daily instructions

Workplace Accommodations (cont.)

- Modifying work sites
 - Install wall partitions around workstation to minimize distractions
- Providing special transportation
 - Assign parking space closer to building to manage panic condition
- Providing human assistance
 - Job coach or mentor can accommodate someone with a serious mental illness in the same manner that readers or interpreters can accommodate other disabilities

What Accommodations Are Not Reasonable

- An employer does not have to eliminate a primary job responsibility
- An employer is not required to lower production standards that are applied to all employees, though it may have to provide reasonable accommodation to enable employees with disabilities to meet them
- An employer does not have to provide personal use items
- An employer never has to excuse a violation of a uniformly applied conduct rule that is job-related and consistent with business necessity.

Confidentiality

- The ADA specifically prohibits disclosing medical information about disabilities to coworkers
- If coworkers ask about it, you can tell them that the issue is personal and therefore covered by privacy laws
- Employers may also find it helpful to provide all employees with general information regarding laws that require employers to meet certain employee needs (e.g. the ADA and Family and Medical Leave Act)

Family and Medical Leave Act (FMLA)

- FMLA generally covers employers with 50 or more employees in 20 or more workweeks per year and all public agencies and schools
- Eligible employees may take up to 12 weeks of unpaid leave under FMLA for their own “serious health conditions” or to care for a parent, spouse, or child who has a “serious health condition.”
- Serious mental illnesses should qualify if the patient undergoes inpatient care or continuing treatment by a health care provider
- Leave may be intermittent, if necessary

FMLA and the ADA Intersect

- Leaves granted to a disabled employee as an ADA accommodation also may count against the employee's 12-week FMLA entitlement if the impairment qualifies as a "serious health condition"
- Conversely, if a disabled employee on FMLA leave cannot return to work after 12 weeks, the employee may be entitled to FMLA leave as an ADA accommodation
- If you're that far in the weeds, it is probably time to talk with an attorney

Questions?