Identifying & Assisting One-Stop Center Customers with Mental Health Difficulties

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Funded under a grant supported by the Office of Disability Employment Policy of the U.S. Department of Labor, grant # E-9-4-3-0104. The opinions contained in this publication are those of the grantee/contractor and do not necessarily reflect those of the U.S. Department of Labor.

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Center on Mental Health Services Research and Policy
Training Outline

Part One:
Mental Illness 101

Part Two:
Understanding the Symptoms of Mental Illness

Part Three:
Helping Customer’s with a Mental Illness Through the Paperwork and Job Search Process
Part One:
Mental Illness 101
Breaking Down the Myths of Mental Illness

What are some of the myths about mental illness that are portrayed in the media?
Breaking Down the Myths of Mental Illness

Five Commonly Held Myths

1. People who have a mental illness are violent.
2. People who have a mental illness can never recover.
3. Mental illness and mental retardation are the same thing.
4. People who have a mental illness can’t live in the community.
5. People who have a mental illness can’t work.
Five Commonly Held Myths De-bunked

1. People who have a mental illness are violent. People who have a mental illness are more likely to be a victim of crime then to commit a crime.

2. People who have a mental illness can never recover. People who have a mental illness can and do recover.

3. Mental illness and mental retardation are the same thing. They are two separate and quite different conditions.

4. People who have a mental illness can’t live in the community. People who have a mental illness can and do live successfully in the community.

5. People who have a mental illness can’t work. People who have a mental illness can and do work in a variety of competitive jobs.

6. People should not work if they are experiencing symptoms. People with mental illness can work in spite of their symptoms, just like folks with other illnesses such as diabetes or heart disease.
Mental Illness 101

What is Mental Illness?

- Mental illnesses are *disorders of the brain*
- Mental illnesses disrupt a person’s thinking, *feeling, moods, and ability to relate to others.*
- Mental illness often results in a *diminished capacity for coping* with the ordinary demands of life.
- The precise *cause* of mental disorders is *not known.*
- According to the Surgeon General, mental health and mental illness are a product of the interplay or *interaction between biological, psychological, and sociocultural* factors.
How Do Individuals with a Mental Illness Want to be Treated?

Here’s What Some One-Stop Customers with Mental Illness Told Us...

• They want to be treated just like any other One-Stop customers.
• They don’t want to be identified in group settings as having a mental illness.
• They want to be viewed as individuals.
• They want to be treated with respect and kindness, including when they are experiencing symptoms.
• They want people to realize that they have abilities, skills, and talents to offer.
• They want to be an equal partner in the process when decisions and choices are being made about their life.
• They want to take responsibility for their failures as well as successes.
What are the Classifications of Major Mental Illnesses?

- Anxiety Disorders
- Mood Disorders
- Schizophrenia Spectrum Disorders
- Substance Abuse and Dependence
What are Anxiety Disorders?

Anxiety disorders are a group of specific conditions that have the shared characteristic of anxiety. Anxiety disorders are very common and co-occur with other conditions such as: phobias, panic disorders, obsessive-compulsive disorders, post-traumatic stress disorder, acute stress disorder, and generalized anxiety disorder, to name a few.

Symptoms and Examples

Phobias
People who have phobias may experience extreme fear or dread of a particular object or situation. Some common triggers are:

- snakes
- flying
- clowns
- open spaces
- elevators
- heights
- public speaking
- closed spaces
- bodies of water

Panic Disorders
Panic disorders involve the sudden and unexpected occurrence of intense terror, fear, and apprehension for no apparent reason. Some common symptoms are:

- sweating
- heart palpitations
- shortness of breath
- tension
- chest pain
- sense of smothering
- trembling
- fear of impending doom
- nausea

Obsessive-Compulsive Disorders (OCD)
OCD involves the use of repetitive, ritualistic behavior to cope with anxiety, to avoid bad thoughts, or to keep bad things from happening. This repetitive behavior often interferes with an individual’s ability to work, attend school, or maintain relationships. Some common behaviors are:

- constant hand washing
- chewing every bite of food the same # of times
- touching door before leaving
- repeating a special word or phrase
- entering every room when arriving
- counting the number of foot steps taken
- repeatedly checking gas on stove
- mopping the kitchen floor a certain # of times

Source: National Mental Health Association (www.nmha.org)
What are Mood Disorders?

Mood disorders include depression and bipolar disorder (formerly called manic depression). Symptoms may include: extreme sadness or elation, sleep and eating disturbances, and changes in activity and energy levels. Suicide may be a risk with this disorder.

**Symptoms**

**Depressive Disorder** (depressed mood fluctuates little, if at all)
- Sadness, despair, emptiness
- Anhedonia - loss of the ability to experience pleasure
- Low self-esteem
- Apathy, low motivation, social withdrawal
- Excessive emotional sensitivity
- Negative, pessimistic thinking
- Irritability
- Suicidal ideas

**Bipolar Disorder** (mood cycles between sadness and mania)
- Decreased need for sleep
- Grandiosity
- Rapid, pressured speech
- Distractibility
- Increased psychomotor agitation
- Lacking restraint in emotional expression
- Poor judgment - sexual promiscuity, uncontrolled gambling, buying sprees

Source: National Mental Health Association (www.nmha.org)
What is Schizophrenia?

Schizophrenia is a serious disorder that affects how a person thinks, feels, and acts. It is believed to be caused by chemical imbalances in the brain that can produce a variety of symptoms, such as: hallucinations, delusions, withdrawal, incoherent speech, and impaired reasoning.

Symptoms

Positive Symptoms

Delusions (false beliefs), such as “Aliens are watching me.”

Hallucinations (false perceptions), such as hearing voices or seeing things that aren’t there.

Disorganized speech, such as replies that are incoherent or loosely associated with the topic of conversation.

Catatonic behavior, such as holding one position for a long period of time, or excessive movements that appear to be purposeless.

Negative Symptoms

Apathy, the absence of emotion, interest, or enthusiasm.

Flat affect, the absence of facial expressions.

Anhedonia, the loss of the ability to experience pleasure.

Poverty of speech, the absence or reduction of conversation.

Social isolation, a withdrawal from social situations and contact.

Low motivation, a lack of interest or energy to initiate or follow through on ideas or plans.

Source: National Mental Health Association (www.nmha.org)
What are Substance Abuse and Dependence Disorders?

Abuse or dependence is the compulsive use of a substance, such as alcohol or a drug, despite evidence that it is impairing social and occupational functioning. Psychological and physical dependence occurs when the body develops tolerance to the substance, so that the individual needs larger and larger doses to achieve the desired effect.

Is it substance dependence?

A diagnosis is based on the occurrence of 3 or more of the following in 1 year:

- Consuming larger amounts of a substance or use over a longer period than intended
- Persistent desire for substance or unsuccessful efforts to cut down
- Great deal of time spent on efforts to obtain substances, use them, or recover from their effects
- Important social, occupational, or recreational activities given up or reduced because of substance use
- Continued use despite knowledge that substance is likely to cause or exacerbate a persistent or recurring physical or psychological problem
- Tolerance defined as need for markedly increased amounts of substance to achieve intoxication or desired effect; OR markedly diminished effect with continued use of same amount
- Withdrawal as manifested by at least 2 of the following (sweating, rapid pulse, increased hand tremor, insomnia, nausea or vomiting, temporary hallucinations or delusions, physical agitation or restlessness, anxiety, or grand mal seizures); OR by substance use to avoid or relieve these symptoms

Case Examples: Can You Guess the Diagnosis?

Ramone

Ramone is a 35 year-old African American man who has been out of work for a year. He lives with his elderly mother and father in a small apartment. He is excessively shy and seldom makes eye contact. He was laid off from his job as a factory worker and, since then, has made only sporadic attempts to find work. When you ask him how he spends his time he tells you he likes to nap, watch TV, and listen to music in his bedroom. He doesn’t seem to have friends or go out very much. He seldom smiles or laughs at your attempts to lighten the mood. He puts himself down a lot and never expresses pleasure in anything. After working hard to enroll him in a computer training course, you are disappointed in the fact that his attendance is poor and the only excuse he gives you is that he sleeps through his alarm.

Given what you have observed, what diagnosis best characterizes Ramone’s behavior? Why?

Jackie

Jackie is a divorced 55 year-old African American woman living with her mother and and three children. She has a high school education and some vocational training as a lab technician. She worked for eight years in a pharmacy but was fired for poor attendance. She is intelligent, personable, and talkative, and is quick to smile and make a joke. You have sent her to three job interviews for which she seemed well qualified. At the first interview she experienced shortness of breath after climbing 3 flights or stairs and did not stay to fill out the application form. She called the morning of the second interview to tell you she was having heart palpitations and would re-schedule but she never did and the position went to someone else. During the third interview, she abruptly got up and left the building, telling you later that she felt sick to her stomach and had a feeling something “real bad” was going to happen. Your attempts to get her to come into the office for a follow-up meeting have been unsuccessful.

Given what you have observed, what diagnosis best characterizes Jackie’s behavior? Why?

Tyler

Tyler is a 25 year-old African American man living with his girlfriend and two other roommates from high school. His last job ended six months ago when he was fired for workplace theft. He is bright, sociable, and very charming. You enjoy the time you spend with him because he is so eager to improve his life. He is hired almost immediately into a job you help him find at a convenience store but he quits soon after, saying it doesn’t pay enough. He gets another job very quickly but loses it because he can’t remember simple instructions. After this, he asks you for a small loan, telling you that he has borrowed money from all of his family and friends and still can’t make ends meet. During that meeting you notice that his hair is uncombed, he needs a shower, and his pupils are dilated. Something just doesn’t add up with Tyler.

Given what you have observed, what diagnosis best characterizes Tyler’s behavior? Why?
Part Two: Understanding How the Symptoms of Mental Illness Affect Functioning
Have you worked with customers who had mental health difficulties?

Did they tell you they had a mental illness (this is called disclosure) or did you just assume it?

What are some of the challenges you’ve had working with customers who have a mental illness?
How Can the Symptoms of Mental Illness Affect Work Functioning?

Anxiety Can Affect Thought Patterns and Behaviors

- Difficulty coping with people and places that are perceived as dangerous - failure to keep appointments, poor social skills
- Difficulty controlling panic attacks or obsessive-compulsive behavior - sporadic attendance, bizarre behavior
- Difficulty managing anxiety - excessive shyness, fear of others
- Feeling overly dependent on a person or place that has been identified as safe - can’t learn new tasks, refuses to try something new

Depression Can Affect Thought Patterns and Behaviors

- Difficulty coping in general - little self control, immature behavior
- Difficulty making decisions or plans - won’t commit, seems disinterested
- Difficulty following through on plans - unreliable, inconsiderate
- Experiencing low energy - lazy, unmotivated
- Experiencing feelings of guilt, shame, hopelessness, helplessness, and worthlessness - unproductive, sloppy, self-sabotage
How Can the Symptoms of Mental Illness Affect Work Functioning?

**Bi-polar Disorder Can Affect Thought Patterns and Behaviors**

- Difficulty communicating due to rapid speech - won’t listen, talks too much
- Difficulty learning & understanding due to short attention span or restless behavior - inattentive, disorganized
- Poor impulse control may lead to excessive or dangerous behavior - “I feel so lucky I’m going to bet my rent money on the next race.”
- Impaired judgment can lead to hazardous or dangerous life decisions - “I’m going to quit my job and become a fashion model.”

**Schizophrenia Can Affect Thought Patterns and Behavior**

- Cognitive impairments may make it difficult to process, remember, and use information - problems learning the job, poor memory
- Cognitive and communication impairments may make it difficult to identify and discuss needs/problems - won’t take supervision, poor communication with co-workers
- Negative symptoms such as apathy and low motivation - can’t take initiative, never follows through
- Positive symptoms such as delusions and hallucinations may affect interpretation of new information and people - low trust, not a team player
How Can the Symptoms of Substance Abuse Affect Work Functioning?

Chronic Alcohol Users May Have Difficulty With:

- Learning
- Memory
- Abstract thinking
- Planning
- Complex problem solving
- Solving new problems

Unaffected skills
Language
Arithmetic
Attention
IQ

Chronic Cocaine Users May Have Difficulty With:

- Abstract thinking
- Attention
- Short-term memory
- Concentration
- Non-verbal problem solving

Unaffected skills
Language
How Can Psychiatric Medications Affect Work Functioning?

Like taking prescription drugs for a physical illness, people with a mental illness also take medications to help control their symptoms. The goal of these medications is to help improve how the brain functions by working to balance its chemistry. As with all medications, psychiatric meds can produce undesired changes in how the body works, called side effects. These side effects can range from mild to severe, depending on the medication, the dosage, and the individual. Side effects can also affect how a person is able to function in social, work, or school settings.

Common Side Effects

- Blurred vision
- Dry mouth
- Weight gain
- Constipation
- Restlessness

- Slurred speech
- Insomnia
- Hand tremors
- Diarrhea
- Difficulty getting up in the morning

- Flat affect (no expression)
- Nervous, constantly moving
- Sensitive to sun
- Fatigue
- Fatigue
Tips for Managing Common Side Effects of Psychiatric Medications

If side effects are impairing your customer’s ability to work, there are some tips that you can suggest. Since they may be using a combination of medications, recommending over-the-counter remedies is not advisable. The best solutions are usually ones that are as natural and chemical-free as possible. Also, encourage customers to talk with their psychiatrist or physician about ways to manage their side effects.

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<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>crackers, peppermint tea or mints</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>hard sugar-free candy, mints, fluid</td>
</tr>
<tr>
<td>Swollen feet/ hands</td>
<td>increase movement, decrease use of salt, drink tea</td>
</tr>
<tr>
<td>Increased need for a bathroom break</td>
<td>decrease caffeine</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>bananas, rice, applesauce, tea</td>
</tr>
<tr>
<td>Constipation</td>
<td>prune juice, raisins, dried fruit</td>
</tr>
<tr>
<td>Drowsiness, Fatigue</td>
<td>ask physician if sedating medications can be taken at night rather than in the morning</td>
</tr>
<tr>
<td>Memory difficulties</td>
<td>write down important information, put important information on notes or signs around home or work space, do memory exercises</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>use large text for written information, read information aloud, look for jobs that don’t require visual attention to fine detail</td>
</tr>
<tr>
<td>Insomnia</td>
<td>chamomile tea, warm milk, warm bath before bed, no caffeine after 4:00 p.m.</td>
</tr>
<tr>
<td>Nervousness, Agitation</td>
<td>teas designed to calm, aromatherapy, soothing music, deep breathing, stress ball, exercise</td>
</tr>
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Part Three: Helping Customers with a Mental Illness Manage the One-Stop Paperwork and Job Search Processes
How Do You Learn?

When working with new customers, it’s a good idea to take a moment to ask them how they prefer to receive new information. Find out which learning technique, such as hearing, reading, viewing, or doing, helps them to best remember and learn new information.

The following strategy works well for everyone, regardless of the status of their mental health. It acknowledges that different people have different learning styles. Use the checklist on the following page when you first start to work with a new customer.
How Do You Learn?

What helps you to learn new information or how to do a new task?

Check all that apply

Reading the information. ___

Listening as the information is read to me. ___

Having instructions written down for me. ___

Learning information a little bit at a time. ___

Learning information slowly. ___

Actually doing the new task. ___

Looking at pictures of what I’m supposed to do. ___

Talking about it step-by-step. ___

Watching someone do the task first. ___
Paperwork as a Barrier

- People with mental illness who become One-Stop customers may have difficulty with the paperwork & planning processes typical of most centers.

- Based on what you know about how your customer learns best, you can suggest strategies or provide assistance that will be very helpful.
Dealing with Paperwork

Supporting Customers’ Understanding and Learning

- Ask customers if they need help reading and/or filling out paperwork.
- Ask customers if they need to have any part of the paperwork explained to them.
- Give information in short easy-to-understand sentences.
- Write down verbal instructions or directions that may be long and detailed.
- Repeat complicated information several times during the course of a conversation.
- When repeating information, phrase it in different ways each time. Customers may understand one version of the information better than another.
- Have customers who experience high levels of symptoms repeat information back to you.
- Be prepared to “refresh or remind” customers of previously learned information.
- Talking is good. For customers with good verbal skills, talking through a process may be easier than reading about it.
- Use visual and hands-on instruction. For customers who may have difficulty hearing or reading, they may learn best by doing the task while they are hearing you talk about it.
Job Development Challenges

- Getting and keeping a job is challenging for anyone, especially individuals with a mental illness because of symptoms, side-effects, job discrimination, and societal stigma.

- There are many ways you can help your customer set employment goals, make plans, and then follow through with those plans.
Job Development Solutions

Supporting Customers’ Plans and Goals

Psychiatric symptoms such as helplessness, despair, or disorganized thinking, can impair a customer’s ability to create a plan that gets them from A to Z.

- Offer assistance with planning the big and little goals.
- Make plans simple and easy-to-follow.
- Encourage customers to think through plans out loud.
- Map out plans step-by-step in writing. You and your customer should each keep a copy.

Supporting Customers’ Follow Through

Due to the effects of psychiatric symptoms and medications, staying focused and on track can be very hard for some customers.

- Encourage them to check-in with questions and to discuss how things are going.
- Give them a reminder call the day before a job interview or appointment.
- Have them write important dates down on a calendar.
- Help them to see beyond setbacks or rejections with a word of encouragement.
Reasonable Accommodations

- Under the Americans with Disabilities Act, individuals with mental illness can request a reasonable accommodation to help them perform better at their job.
- To do this, the individual will need to disclose his or her disability.
- On the following pages are examples of reasonable accommodations for people with mental illness.
On-the-Job Accommodations

Changes in Physical Environment

• Modify the physical environment in an office to minimize distraction from environmental stimuli; for example, move a noisy printer or unneeded telephone away from the employee’s work area.

• Use partitions to create private work stations.

• Move an employee to an enclosed office.

• Allow an employee to work at home, if possible, and provide any necessary equipment.

• Install full spectrum lighting in the office.

Flexible Scheduling

• Allow longer or more frequent breaks when necessary.

• Allow time off for regular professional counseling or other medical appointments.

• Develop flexible work schedules, such as allowing an employee to arrive a few hours later than the regular starting time and stay a few hours later at the end of the day.

• Provide back-up coverage during periods of extended leave, such as hospitalization, and develop back-up plans in anticipation of a possible future episode of illness.

Job Restructuring/Job Training

• Restructure job duties to include only the primary functions of that position.

• Exchange problematic secondary (marginal) job duties with a co-worker for other responsibilities that an employee would be able to accomplish.

• Make job sharing available; split one position’s responsibilities between two part-time employees.

• Offer more part-time opportunities.
On-the-Job Accommodations

Job Restructuring/Job Training (continued)

- Develop specialized or individualized training to prepare an individual for a job for advancement.
- Provide employees with additional time to learn new jobs or new responsibilities.
- Create opportunities for changing jobs or moving laterally within the same organization if one position is causing an employee difficulties.
- Implement flexible return-to-work plans; for instance, after a period of hospitalization, an employee may be given modified hours and responsibilities, allowed to create a self-paced work load, or be moved to a vacant position.

Developing Work Plans

- Provide clear explanations of job duties, responsibilities, expectations and consequences for not meeting them.
- Write instructions so that an employee can refer to them while working.
- Schedule regular meetings for an employee to meet with a supervisor or colleague in order to establish hourly, daily, or short-term goals.
- Break duties into smaller steps
- Utilize computer technology where possible, such as scheduling or time-line programs.

Providing Feedback

- Train supervisors to provide positive feedback, praise, and positive reinforcement.
- Create guidelines for supervisees when giving negative feedback.
- Encourage employees who personalize criticism to appraise their own work before receiving feedback from a supervisor.
- Arrange for an applicant or employee to work under a supportive and understanding supervisor.
On-the-Job Accommodations

Additional Supports

• Identify employees willing to provide support for colleagues with disabilities.

• Utilize these natural peer supports to provide a variety of assistance, including general instruction, assistance on a project, or help in developing problem solving techniques and coping strategies.

• Develop a system of rewards for colleagues who offer support to employees with disabilities (e.g., food, name in newsletter, or parking spot).

• Allow job coaches to assist employees on-the-job.

• Provide easy access to a supervisor so that employees can discuss difficulties on-the-job.

• Allow telephone calls, under agreed upon conditions, to friends or others for support during stressful situations.

• Make use of an Employee Assistance Program (EAP) so that employees have access to low-cost clinical services or referrals.

**Advantages to Build On**

- While customers with mental illness face special challenges, they also bring some advantages to the table.
  - Extra determination & commitment
  - Support from other providers
  - Help from their Circle of Care
  - Intelligence & motivation
  - Desire to fit in & do well

- By recognizing and learning to work with these advantages, you can guide your customer to a successful career outcome.
What are the Vocational Strengths of Individuals With a Mental Illness?

- They are loyal employees.
- Their job performance is as good as (sometimes better than) non-disabled workers.
- Because they work so hard to get their job, they are more likely to work to keep their job.
- They have a strong desire to fit in and be accepted by co-workers.
- They are intelligent and highly motivated.
- They are able to positively interact with others at work.
- Many have extensive and varied work experiences.
- If on-the-job accommodations are needed they are usually easy to implement at a reasonable cost.
You Are Not Alone: Creating Successful Partnerships

**Self-Determination**

In the not so distant past, persons with a mental illness were not given choices about their lives. Instead of being asked what they wanted, they were told what they should do. Because of this, persons with a mental illness have worked hard to have the right to make their own choices about their own lives. Their efforts have culminated in a concept and movement called Self-Determination, in which they seek to have, like anyone else, the ability to have full power over their lives.

**Continuity of Care**

Continuity of care is a social service philosophy and practice that focuses on communication and cooperation between all the service providers of a customer. Open communication helps to avoid conflicting treatment goals and allows service providers to exchange information that is beneficial to meeting customer goals. For you to help ensure continuity of care, customers need to sign a consent form with you and their other providers. Communication between providers is allowed only after a consent form has been signed by the customer.

**It Takes A Village - Circles of Care**

Success for anyone requires the support of people such as family members, significant others, friends, and spiritual leaders. An individual with a mental illness is no different. In fact, having others believe in their ability to succeed is an important rehabilitative key. Having people who are in the day-to-day life of a customer to provide help and encouragement can make all the difference between losing or keeping a job. With your customer’s permission, bring family and friends into his or her Circle of Care, letting them know about job search strategies and goals. This Circle of Care can provide natural support acting as cheerleaders, problem solvers, and all-around resources. As with providers, a consent form must be signed by the customer in order for you to talk to others outside of your One-Stop Career Center. It’s important to discuss with the customer the significance of identifying people for their Circle of Care who are positive influences on their lives.
Thanks for joining us today!