Supporting Employees with Mental Illness in the Workplace

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Today’s Presentation

• The facts about mental illness & work
• Evidence-based models & services that successfully return people with psychiatric disabilities to work
• Types of supports that people need to stay on the job, including reasonable accommodations
• Examples of P&A/CAP interventions on behalf of employment rights of workers with mental illness
Facts about Mental Illness and Work

1. There are 3 million working-age adults with severe mental illness in our nation. The vast majority are not in the labor force, & their unemployment rate is 4 times that of non-disabled individuals.

2. A diagnosis of serious mental illness does not predict inability to work; many people work successfully despite significant symptoms.

3. On-the-job accommodations for people with serious mental illness are relatively straightforward and inexpensive. Most accommodations involve flexible scheduling & job modifications at very low cost (<$500) to employers.
Facts about Mental Illness and Work (cont.)

4. Evidence-based practice rehabilitation programs, which help people with psychiatric disabilities, are placing more than 50% of their clients into competitive employment.

5. People with psychiatric disabilities work at all kinds of jobs in the labor market: although nearly 75% of job placements are in entry-level positions, a quarter are in the technical and trade professions.
Facts about Mental Illness and Work (cont.)

6. Employers of individuals with serious mental illness are very positive about their employees’ productivity and commitment on the job.

7. Most people with mental illness want to work. Numerous large-scale surveys find that most consumers rank employment as an important personal life goal and feel that they can work with appropriate services & supports.
Why Encourage Mental Health Consumers to Work?

1. Studies have shown that successful employment for consumers can significantly reduce their use of costly mental health services. A study by the CA Department of Rehabilitation (CDR) found that an average of $187 per month per consumer was saved in public mental health services costs among consumers who returned to work.
Why Encourage Mental Health Consumers to Work? (cont.)

2. Returning people with mental illness to work increases our country’s tax base. The CDR study found that, on average, employed consumers paid $239 each month in federal, state, local, and sales taxes.

3. Helping mental health consumers return to work reduces the number of people on the SSI/SSDI rolls and saves taxpayers money. In the CA CDR study, an average of $200 per month was saved in General Assistance (Public Aid), AFDC (now TANF), and SSI payments.
4. Many live in poverty and need income from employment to break-even financially. In a study of over 800 people with psychiatric disabilities, their income and expenses for one month were examined in detail. The ratios of expenses to income was examined, where break-even = 100%. On average, those who were not employed had only 80% of the income they needed to cover that month’s expenses. Those who were employed had 120% of the money they needed. This difference was significant at p<.01.
Multiple Potential Benefits of Employment For Service Consumers

• For Service Consumers
  ✓ Therapeutic Gain
  ✓ Improvement in Quality of Life
  ✓ Alleviation of Poverty
  ✓ Consumer Choice

• For Society
  ✓ Contribution to U.S. Economy
  ✓ Financial Return Via Taxes Paid
  ✓ Reduction in Use of Benefits
  ✓ Reduction in Costs of Care
Functional Supports Model

• What does the person want?
• What are the person’s dreams & aspirations?
• What is the person good at?
• What kinds of things does the person dislike?
• How does the person define a quality job?
• What types of work connections does the person desire?
• What types of experiences has the person had to assist them in answering the above?
• What services & supports are needed from the state vocational rehabilitation (VR) agency?

(Cornell University & Rehabilitation Support Services, Inc. 1999)
Role of P&A/CAP in Securing Equal Access to State VR Services

Minnesota PABSS intervened on behalf of a 48 year old SSDI beneficiary with major depression and Parkinson’s disease after the state VR agency closed the case because the individual had not been successful in finding work. Once a vocational assessment identified tangible skills for employment, appropriate placement services were arranged.

Best Practices of Vocational Rehabilitation for People with Severe Mental Illnesses
Employment Intervention Demonstration Program (EIDP)

Funded by the Center for Mental Health Services, Substance Abuse & Mental Health Services Administration

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How did the study work?

✓ Consumers who wanted to work were offered an opportunity to participate in a research study.
✓ If they agreed, they were randomly assigned to a supported employment program in the experimental or control group condition.
✓ They completed in-person interviews with researchers every 6 months for 2 years, their employment was tracked weekly, and their services were monitored on a monthly basis.

Participating States

Connecticut    Arizona
Maryland       Massachusetts
Pennsylvania   Maine
South Carolina Texas
Primary Research Questions Addressed Today

1. What services and supports are effective in establishing competitive employment & other positive labor force outcomes?

2. What service recipient characteristics are related to employment success?

3. What is the relative impact of amounts and types of services on employment outcomes?
All of the Experimental Interventions Provided…

- fully integrated clinical, case management, & vocational services
- multidisciplinary provider teams representing mental health, vocational rehabilitation, concurrent mental health & substance abuse tx, benefits counseling, etc.
- rapid job search and placement activities
- a desired outcome of competitive employment
- jobs that were customized to meet the needs and preferences of consumers
- ongoing supports available with no time limits
Types of Vocational Models Tested

Arizona: Supported Employment (SE) vs. Services as Usual
Connecticut: Individual Placement & Support (IPS) vs. Services as Usual
Maryland: Individual Placement & Support (IPS) vs. Services as Usual
South Carolina: Assertive Community Treatment + Individual Placement & Support (ACT+IPS) vs. Services as Usual
Pennsylvania: Long-term Employment Training and Supports (LETS) vs. Services as Usual
Maine: Employer Consortium & Family-Aided Assertive Community Treatment (FACT+Consortium) vs. (FACT) only
Massachusetts: Program of Assertive Community Treatment (PACT) Vocational Model vs. ICCD Clubhouse
Texas: Supported Employment and Employment Assistance through Reciprocity in Natural Supports (SE+EARNs) vs. Supported Employment only
Role of P&A/CAP in Securing Equal Access to An Array of Employment Service Options

• Community rehabilitation programs
• One-Stop Career Centers (Dept of Labor)
• Employment Networks (Ticket to Work)
• State VR

P&As/CAPS have been successful in assisting clients with accessing, understanding, and utilizing these alternative systems [in addition to VR].

EIDP Study Participants

- Roughly half were male & half female
- Ages ranged from 18-76 years; average=38 years
- 48% Caucasian, 31% African-American, 14% Hispanic/Latino, 7% mixed/other
- 90% diagnosed w/schizophrenia, bipolar disorder, or major depression
- 64% with concurrent substance abuse diagnoses
- Average of 6 lifetime psychiatric hospitalizations, 24% hospitalized within 6 months prior to study entry
- 96% prescribed psychiatric medications, 43% taking 3+ meds
- 40% had co-occurring physical disabilities or serious health conditions
- Close to half (47%) had no employment in the 2 years prior to study entry
EIDP Key Findings: Achieving Employment Outcomes
Economic Productivity of All EIDP Participants

Over a 24-month period...

• 2230 jobs were held by clients, an average of 2.2 jobs per worker

• $4.7 million was earned by clients, an average of $5,786 per worker

• 820,293 hours were worked by EIDP clients
Features of All Jobs Held by EIDP Participants

- Jobs paid an average of $5.91 per hour
- 86% of all jobs held were at minimum wage or above
- Client’s jobs averaged 19.4 hours per week
- Only 17% of all jobs were full time (35+ hours per week)
Proportion of EIDP Participants Engaged in Any Paid Work

- 30% of those receiving services for 3 months
- 42% of those receiving services for 6 months
- 50% of those receiving services for 9 months
- 54% of those receiving services for 12 months
- 61% of those receiving services for 18 months
- 64% of those receiving services for 24 months

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The longer people received services, the more likely they were to become employed. Vocational rehabilitation is a long-term process for many consumers.
Outcomes Measured in the Experimental vs. Control Group Analyses

- Competitive Employment*
- Work for 40+ hours per month
- Earnings
- Any Work for Pay

*Why Competitive Employment?*
  - pays minimum wage or higher
  - located in mainstream, integrated settings
  - not set-aside for mental health consumers
  - job is consumer-owned
Role of P&A/CAP in Breaking Down Barriers to Community Employment

The Louisiana P&A was contacted by an individual who wanted to move from a sheltered workshop to a job with a community employer, but met with family and provider resistance. The P&A was able to secure the necessary services to help them achieve that goal.

Participant Features Controlled For

- Gender
- Ethnicity
- Age
- Education
- Prior Work History
- Symptoms
- Functioning
- Marital Status
- Drug/Alcohol Abuse

- Co-resident Children < 18 years old
- Diagnosis of Schizophrenia
- Co-occurring Health Problem or Disability
- Receiving Disability Income
Findings: Effects of Study Condition

Controlling For Participant Characteristics...

– in both the experimental and control groups, people’s employment outcomes improved over time

– those in the experimental groups had better outcomes than those in the control groups

– the advantage of the experimental group participants increased over time relative to the control group
Participant Characteristics Did Influence Outcomes

• After controlling for the effects of time and study condition, some participant characteristics had an effect on employment outcomes. Most consistently, those with better outcomes were...

  • people with better work histories
  • people with fewer symptoms (positive or negative)
  • younger people
  • people with lower levels of functional impairment
  • people with no health problems or co-occurring disabilities
  • people not receiving disability income
  • people with diagnoses other than schizophrenia
  • people without co-occurring substance abuse problems

• Even though participants with some characteristics did better than others, the experimental models worked better...

  REGARDLESS OF CONSUMERS’ PERSONAL CHARACTERISTICS
Types of Services Measured in EIDP Study

**Vocational**

- Vocational Assessment/Evaluation
- Client Specific Job Development
- Collaboration with Employer
- Vocational Support Groups
- Collaboration with Family/Friends
- Vocational Treatment
  - Planning/Career Development
- Off-Site Skills Training/Education
- Off-Site Vocational Counseling
- On-Site Job Support
- Transportation

**Clinical**

- Case Management
- Family/Couples Counseling
- Emergency Services
- Evaluation/Diagnosis
- Individual Counseling
- Group Counseling
- Medication
  - Evaluation/Maintenance
- Partial Hospital Program
Effects of Specific Program Components

The following types of services were associated with better outcomes...

- **Vocational Services**
  - job development
  - on-site job support
  - collaboration with employers
  - vocational assessment
  - vocational treatment planning
  - vocational counseling
  - job-related transportation assistance

- **Clinical Services**
  - individual counseling
  - partial hospital programs (many of which were psychosocial rehabilitation programs)
Role of P&A/CAP in Breaking Down Barriers to Community Employment

Texas PABSS assisted an individual, with visual impairment and mental illness, retain eligibility for paratransit services after the individual was told, following 20 years of services, that he must use regular transportation.

Effects of Program Components

• To our models, we added the total cumulative hours of vocational services received, and the total cumulative hours of clinical services received

• We controlled for the same participant characteristics

• We predicted the same four employment outcomes
What We Found About Services...

- People received many more hours of clinical services than vocational services
Amount of Employment Services Received Over Time: Hours of Vocational vs. Clinical Services per Person by Month

Month of Program Participation
What We Found About Services...

• People received many more hours of clinical services than vocational services
• Controlling for all other factors, those who received more total hours of vocational services had better employment outcomes
• Those who received roughly equivalent total hours of clinical and vocational services had better vocational outcomes
• People had better outcomes when clinical & vocational services were well-integrated
What Do We Mean by Clinical & Vocational Services Integration?

Level of services integration was defined as “high” when vocational & mental health services were delivered...

- by the same agency
- at the same location
- using a single case record
- with regularly scheduled meetings of vocational & clinical providers (i.e., daily or no less than 3 times/week)
Summary of Evidence

• People who receive a relatively balanced amount of well-integrated and coordinated vocational and clinical services have much better employment outcomes than those who receive non-integrated services.

• People’s employment success increases over time, making it important that programs be prepared to offer ongoing support and services that build on career achievements.

• Integrated employment services result in positive employment outcomes regardless of consumers’ personal characteristics, health problems, diagnoses, symptom levels, work histories, and functioning levels.
Translating Evidence Into Practice

• People need to receive more vocational services to complement the levels of clinical services they are offered.

• Some people may need extra assistance or tailoring of programs to meet special needs (e.g. help with medical problems, support for dealing with troublesome symptoms, extra training for those with little prior work experience, tx for substance abuse problems).

• Jobs need to be of higher quality, better paying, and at higher levels of expertise to move consumers out of the level of the working poor.
To learn more about the study, visit its website...

www.psych.uic.edu/eidp

- full descriptions of study conditions including research & provider contact information
- downloadable protocols & documentation
- latest study findings & publications
- downloadable presentations re: the study
- links to relevant sites
Working with Service Consumers: Supports, Challenges, and Resolutions in Four Key Phases (and the role P&A/CAP can play)

1. Pre-Service
2. Direct Service
3. Indirect Service
4. Post-Employment
Examples of Pre-Service Job Supports

• Negotiating job schedule, pay, benefits, etc.
• Educating caregivers that work is a viable option
• Assisting consumer with job application process, job interviewing, & work orientation activities
• Educating consumer & caregivers re: effects of employment on social security/welfare benefits
• Informing employer about tax credits & assisting consumer in certification
• Interfacing with state VR counselor re: services
• Interacting with treatment team  
  (O’Mara, 1986)
P&A/CAP Assistance to Ensure ADA Compliance

The Illinois P&A filed an ADA lawsuit against a nursing home which fired a new hire after she disclosed, in a new employee orientation, that she had a mental illness. The settlement included a monetary award, a revision of the employer’s forms, and the implementation of a personnel policy prohibiting disability discrimination.

Examples of Direct Service Supports

- Assisting consumer with transportation plans
- Assisting in obtaining needed work supplies
- Role modeling appropriate ways to interact with consumer for coworkers & supervisors
- Monitoring pay rate, benefits, job schedule
- Enhancing workplace social skills, as needed
- Interfacing with employers re: consumers’ progress at work
- Negotiating reasonable accommodations including the disclosure process
- Guarding against workplace “exploitation” or discrimination

(O’Mara, 1986)
P&A/CAP Assistance with Reasonable Accommodations

• A schoolteacher requested that she be allowed to bring her psychiatric service animal to school as a reasonable accommodation. The school initially denied her request, but with the help of the Maine P&A, she was allowed to bring the dog to work.

• The California P&A advised a woman with a psychiatric disability about her right to continued leave as a reasonable accommodation after her leave under the Family and Medical Leave Act expired

Examples of Indirect Job Supports

• Ensuring smooth transitions in SSI/SSDI benefits or assisting in applying or reapplying
• Assistance in obtaining adequate health care & medication management*
• Assistance with money management & budgeting
• Facilitating access to specialized job training or supported education to advance consumer careers
• Advising and supporting consumer decision making re: asking for raises, promotions, workplace romance, & coworker socializing
• Teaching job-related stress management techniques
• Monitoring potential workplace substance use

(O’Mara, 1986)
Top Six Problematic Behaviors in the Workplace

1. Tardiness on a regular basis.
2. Numerous absences without notification.
3. Inappropriate social interactions.
4. Bizarre-appearing or uncontrolled behaviors and mannerisms (e.g., symptoms, side effects)
5. Continual breaking of rules in spite of repeated warnings.
6. Low productivity
Deal with Problematic Workplace Behaviors by Reframing

**Initial Thought**
- You’ve got to stop being late for work!
- You can’t bother your coworkers by chattering while they’re working!
- I’ve never seen so many mistakes in a job!
- No one else here has such a sloppy desk!

**Responsive Reaction**
- Can I help you get to work earlier?
- Why don’t you have lunch with coworkers or talk during break?
- You had a rough time with this job, didn’t you?
- I see your priorities are on the assignment & not neatness
To Reframing, Add Specific, Targeted Behaviors and Supportive Interventions Involving the Client, Employer, Friends/Family, and Other Natural Supports
Problem Areas & Intervention Strategies

Work Productivity/Quality
- Compare client’s current productivity/quality against criteria established during training
- Compare client’s rate/quality with coworkers thru direct observation & data collection
- Review standards with the employer
- Elicit client’s suggestions for improvement
- Arrange for client to practice acceptable rate/quality
- Model acceptable quality/rate for consumer

Tardiness/Absenteeism
- Review time cards to determine extent of problem and obtain a baseline
- Ask if worker is avoiding work or is unhappy on the job
- Review importance of promptness & good attendance with the worker
- Elicit support of family/roommates to improve attendance & timeliness
- Teach client to use alarm clock or other time management strategies
Problem Areas & Intervention Strategies

Difficulties w Social Interactions
• Observe worker interacting with others
• Talk with coworkers to find out their perceptions
• Determine under what circumstances & how often the behavior occurs (e.g., overly friendly with customers but not coworkers)
• Model appropriate social interactions for the person
• Educate coworkers about appropriate interactions with the worker (e.g., what is acceptable, not acceptable)

Change in Boss or Management
• Explain worker’s history with company & past performance
• Educate new manager re: available employer supports and services
• Increase visits to job site to establish rapport and build confidence of new supervisor, if warranted
• Elicit worker’s impressions of new supervisor and how to build positive working relationship
• Explain availability of job site intervention if needed
P&A/CAP Assistance to Ensure ADA Compliance

A young woman in Iowa who had been employed for five years at a local hospital began experiencing employment problems when her supervisor changed and she was being “pushed to work faster.” Her advocate from the Iowa PABSS suggested a letter from the client’s doctor could outline her limitations to the new boss and offered suggestions for reasonable accommodations along with providing a contact to the Human Resource Department so the client could access guidance from the Employee Assistance Program. The woman is still employed in the position.

Examples of Post Employment Services

- Assisting employee with resignation or job termination processes
- Counseling employee, caregivers, & employers on effects of job separation
- Assisting with notification of Social Security, (re)application for SSA benefits, application for unemployment insurance
- Assisting employee in finding another job
- Assisting employee in furthering education/training
- Referring employee to needed services & supports
- Advocating with state VR for post-employment services

(O’Mara, 1986)
P&A/CAP Assistance to Ensure ADA Compliance

A woman’s supervisor disparaged her after she returned from a medical leave because of a mental illness. She was ultimately terminated. The Illinois P&A negotiated a favorable settlement, which required the employer to conduct a sensitivity training on mental illness for its management staff.

Working with Employers: The Forgotten Partners

Using What We Know from Research Studies to Identify Evidence-Based Principles for Supporting Employers
What do employers tell us when we ask them about their experiences?

They say that these workers...
- are equally productive
- show great commitment to working
- have a strong desire to prove they can do the job
- interact well with colleagues
- become loyal, dependable employees
- gain their co-workers’ support and respect
- are not difficult to accommodate
Research tells us that:

- the most negative attitudes toward workers with mental health problems occur among those employers with **NO EXPERIENCE or EXPOSURE** to employees with these challenges.
In studies comparing employers who have hired and supervised workers with mental health problems with those who have not...

- Employers with experience are significantly more positive about the capabilities of these workers.
- This tells us that…

“Familiarity breeds respect”
Employers need...

• *direct exposure* to workers coping with mental health problems
  – internships, mentor-protégé relationships, diversity training programs

• opportunities to *interact and network with other employers*
  – to recruit their colleagues as new employers, and to gain positive reinforcement for their efforts
Employers need…(continued)

• **building of natural supports in the workplace**
  – through trained and educated EAP staff, Human Resources personnel, and Continuous Quality Improvement efforts to enhance the quality of the work environment for everyone

• **direct support from service providers who work with those who have mental health disabilities**
  – someone to call with questions or concerns
  – assistance in a crisis situation
# Do’s & Don’t of *Employer-Sensitive* Job Crisis Intervention

**Do…**

- Try to buy time to investigate the situation fully from all parties’ perspectives
- Legitimize the complaint & be sensitive to the employer’s problem
- Sensitively assess the need for a psychiatric evaluation
- Use the least intrusive method respecting everyone’s privacy, barring an emergency
- Be creative & have backup plans prepared

*(O’Mara & Bianco, 1999)*

**Don’t…**

- Ignore the employer if you’re needed on the job site immediately
- Accept the employer’s complaint at face value without investigation
- Assume every crisis is psychiatric in nature
- Ignore the consumer’s feelings, opinions, & viewpoints
- Assume your first plan will be successful or acceptable to the employer or client
Vocational Support Staff: A Group Whose Needs Are Often Overlooked

Meeting the Needs of…

✓ Job coaches
✓ Employment support staff
✓ Job developers
✓ Benefits counselors
Challenges Faced by Vocational Support Staff

• Typically the lowest paid
• Sometimes the least experienced
• Often poorly integrated into the “service team”
• May receive little or no supervision
• Yet they are responsible for highly complex interactions & negotiations
• And they are especially vulnerable to stress & burnout
P&A/CAP Assistance to Ensure ADA Compliance

Because a job coach and a supervisor were not reasonably accommodating a woman with a neurological disability, she was terminated. Due to the Idaho P&A’s intervention in the case, disciplinary action was taken against the job coach, communication was improved, and the employer initiated reasonable accommodations training for its staff.

Resources Are Available

✓ For consumers
✓ For providers
✓ For employers
UIC NRTC Vocational Materials
(available at replacement cost or no cost upon request)

- Seeking Supported Employment Program: What You Need to Know (consumer guide)
- Managing Workplace Conflict (consumer guide)
- On-the-Job Series (Social Skills, Stress Management, Drinking & Drug Use)
- Assessing Vocational Performance Among Persons with Severe Mental Illness
- Providing Vocational Services: Employment Support
- Positive Partnerships (consumer/provider guide)
- The Community Scholar Series
- Peer Support for Students in Post-Secondary Education
Web Site Address for Vocational Materials from the UIC National Research & Training Center

http://www.psych.uic.edu/uicnrtc
Thank you!