Mental Illness in the Workplace

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NAMI
National Alliance on Mental Illness

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National Alliance on Mental Illness

- We are a National non-profit, grassroots, self help, support and advocacy organization dedicated to the welfare of people with mental illness
- We advocate at the local, state & national levels

NAMI's Goals:

- Improving the lives of people with mental illness
- Supporting their families
- Reducing stigma by community outreach

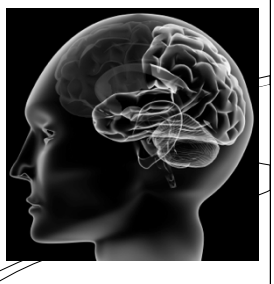
Mental Illness: What it is and how it impacts the workplace

- ✧ Symptoms
- ✧ Response
- ✧ Follow-up

Mental Illness Information

Mental Illness
The Causes

- Inherited
- Biological factors
- Life experiences
- Brain Chemistry



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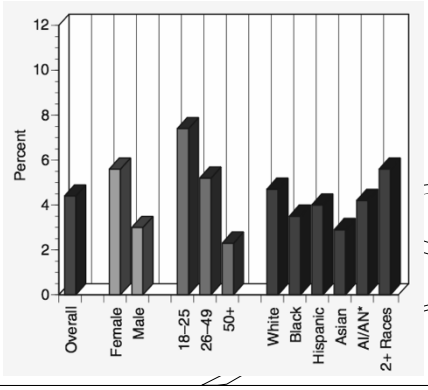
traits, life experiences and biological factors can all affect brain chemistry linked to mental illnesses."

Mayo Clinic 2012

Mental Illness in US Adults



National Institute of Mental Health

- 50% of adult cases of mental illness had signs and symptoms by age 14
- 75% of all adult cases have begun by age 24
- Left untreated these disorders can lead to a more severe, more-difficult-to-treat illness and a poorer lifetime prognosis

http://www.nimh.nih.gov/statistics/index.shtml

Schizophrenia

Added to the Person

- Hallucinations: seeing things that don't exist or hearing voices
- Delusions: believing ideas that are obviously false (i.e.: people are reading their minds)

Cognitive/Disorganized Symptoms

- Confused thinking and speech
- Nonsensical behavior

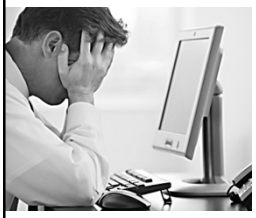
Taken Away from the Person

- Emotional flatness or lack of expression
- Inability to start and follow through activities
- Speech that is brief and lacks content
- Seeming lack of pleasure or interest in life

Bipolar Manic Phase

- Hyperactivity, rapid speech
- Impaired judgment
- Increased spending and sex drive
- Aggressive behavior, anger
- Grandiose notions, delusions
- Exaggerated feelings of productivity and self-confidence
- Loss of control, disorganization, extreme irritably and eventual dysfunction

Bipolar Depressive Stage



- Loss of capacity for pleasure
- Profound sadness
- Sleep and appetite changes
- Decreased concentration
- Low self esteem and thoughts of suicide

Major Depression

- Changes in sleep: Sleeping too little or too much
- Changes in appetite: Increased or decreased
- Impaired concentration and decision making
- Loss of energy: Can't perform daily duties
- Loss of interest : Can't experience pleasure
- Low self esteem: Guilt, negative thoughts
- Feelings of hopelessness: Belief that nothing will change, thoughts of suicide

Obsessive Compulsive Disorder (OCD)

Unwanted thoughts or impulses that repeatedly build up in a person's mind, like:

- Obsessions
  - Fear of contamination
  - Fixation on lucky and unlucky number
  - Need for symmetry or exactness, (person is aware of irrational behavior, but can't stop)
  - Trying to avoid the thoughts creates anxiety
- Compulsions
  - Fixation on handwashing, counting, checking, hoarding, arranging
  - There may be momentary relief, but the person feels that these rituals must be performed or else something bad will happen

Panic Disorder

Unexpected and repeated episodes of intense fear accompanied by physical symptoms:

- Chest pains, heart palpitations, or shortness of breath
- Dizziness or abdominal stress
- Hot or cold flashes
- Choking or smothering
- Feelings of dying
- Feelings of losing control of one's mind

Post Traumatic Stress Disorder PTSD

- Dissociation (feeling unreal or cut off from own emotions)
- Nightmares
- Flashbacks
- Heightened fear
- Poor concentration
- Sleeplessness
- Anxiety

PTSD can happen to anyone who has experienced life threatening or overwhelming traumatic events.

Borderline Personality Disorder (BPD)

- Frantic efforts to avoid real or imagined abandonment
- Pattern of intense and unstable personal relationships
- Identity Disturbance
- Impulsivity in at least two areas that are self-damaging
- Recurrent suicidal behavior, suicide gestures or threats or self-mutilating behavior
- Mood instability
- Chronic feelings of emptiness
- Inappropriate anger
- Transient stress-related paranoid ideation

Co-Occuring Disorders

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occur. In other words, individuals with substance use conditions often have a mental health condition at the same time and vice versa.
• Approximately 8.9 million adults have co-occurring disorders; that is they have both a mental and substance use disorder.
• Only 7.4% of individuals receive treatment for both conditions with 55.8 percent receiving no treatment at all.

Predictable Stages of Emotional Reactions

I. Dealing with Catastrophic Events

- Crisis / Shock
  - Feeling overwhelmed, dazed
- Denial
  - Protective response
  - Normalize what is going on
- Hoping-against-hope
  - Dawning of Recognition
  - Hoping life will go back to normal

Stage I.

NEEDS:

- Support
- Comfort
- Empathy
- Help finding resources
- Early intervention
- Prognosis
- NAMI

II. Learning to Cope
"Going through the Mill"

- Anger/Guilt/Resentment
  - Blame the victim
  - Should snap out of it!
  - Fear that it is our fault, Self-blame
- Recognition
  - Mental illness becomes reality in our lives
  - Know it will change life as we know it
- Grief
  - Tragedy
  - Uncertain future
  - Sadness

Stage II

NEEDS:

- Vent feelings
- Keep hope
- Education
- Self-Care
- Networking
- Skill training
- Letting Go
- Co-operation from system
- NAMI

III. Moving into Advocacy

- Understanding
  - Gain sense of child's suffering
  - Respect for courage to cope with illness
- Acceptance
  - Bad things do happen to good people
  - Nobody's fault
  - We will hang in and manage
- Advocacy/Action
  - Focus anger and grief towards advocacy
  - Fight discrimination
  - Get involved

Stage III.

NEEDS:

- Restore balance in life
- Responsiveness from system
- Advocacy, Action, Activism
- NAMI

How Can You help?

- De-stigmatize mental illness.

- Compare brain disorders to other illnesses like diabetes and epilepsy
- Recognize that treatment is highly effective
- Emphasize better research is underway to ensure safe, appropriate medications and therapies.

Let Them Know

- Early intervention and treatment are essential protective and proactive steps
- Taking action will lessen severity of disorder
  - Stress that treatment works
  - A psychiatrist is best qualified to diagnose a serious mental illness

Be Sensitive to Differences

- While living with a mental illness is difficult for everyone, some situations present special concerns:
  - Single parents or caregivers
  - Economic hardship
  - Recent change in relationship status
  - Different racial or ethnic groups with different perspectives on mental illness, often laden with stigma

Supervision Issues

Mental illness in the workplace

- Hidden disabilities
- Strain on co-workers' relationships
- Poor work habits vs. mental illness
- Concerns about manipulating the system
- Complex ADA issues

No Excuses

- Mental illness is not an excuse to terrorize, harass, or disrupt the workplace.
- Everyone has to be responsible for his own behavior.
- Make sure standards are clear and consistently applied.

Supervisors' reactions to employees with mental illness

- Hopelessness – Things will never change
- Uncertainty – How to respond to frustrations
- Isolation – Lack of support from the organization
- Intimidation – No experience or too personal experience
- Balance – Being too sensitive or not sensitive enough to enforcing performance standards

Why don't supervisors react?

- Fear of mental illness and strategies for assisting employees with symptoms
- Lack of clarity about how/when to make accommodations
- Frustration and resentment at feeling responsible for solving the problem
- Fear of potential consequences
- Hope that the problem will resolve itself

Self-Destruct Spiral

When a workgroup member has distracting behavior due to mental illness and the supervisor does not respond, a predictable cycle of behavior develops

- In order to BREAK the self-destruct mode, the supervisor can:
  - Assist the employee in getting help
  - Find respectful ways of returning the focus to work, not the "problem"
  - Help the employee in need to focus on work performance

Supervisors should focus on…

- Work performance, not personal issues
- Relevant, not "interesting" issues
- Clear, performance-based goals
- Good management practices

Typical ADA Accommodations

- Schedule adjustments
- Benefit adjustments
- Support system
- Environmental issues
- Supervision style
- Assignment changes
- Communication
- Assistive devices
- Job description

Best Practices

- Use a process of clearly-defined steps
- Keep confidential medical information with HR
- Communicate!
  - Be clear about next steps
  - Don't commit "assumicide"
  - Stigma-busting
- Collaborate with others in the organization
  - HR
  - EAP
  - Legal affairs

Myth-Busting for Supervisors

- "I can't address performance issues with an employee who has mental illness."
- "Mentally ill employees can't work well with others."
- "Having a mentally ill worker means more grievances and workplace hostility."
- "A mentally ill worker is an employee relations nightmare."
- "I understand accommodating for a physical disability, but a mentally ill employee can manipulate the system."

Seven-Step Model

1. Recognize Dilemma and Seek Consultation
2. Clarify Facts of the Situation
3. Understand and Manage Workgroup Response
4. Take the First Step
5. Monitor the Employee's Progress
6. Follow Through with Disciplinary Consequences
7. Debrief and Solidify Learning

Step One: Questions to Ask

- What specific behaviors are cause for concern?
- What are the warning signs you see in the workgroup?
- What are you afraid will happen?
- Why haven't you taken action before now?

Step Two: Questions to Ask

- When did the problem start?
- How serious is the situation?
- Are there safety risks?
- How relevant is ADA?
- What do you think are your responsibilities?

Step Three: Questions to Ask

- What workgroup dynamics do you recognize that could be signs of a problem?
- What are the obstacles to change that you can see?
- Can you develop a clear action plan with necessary supports?

Step Four: Questions to Ask

- What can you do to plan what you will say to my employee?
- How can you keep your focus on the work and not about personal issues?
- What resources can you offer your employee?
- How can you show that you care about your employee as well as his/her performance?

Step Five: Questions to Ask

- What do you need to do to follow up?
- How should you continue to monitor your employee's performance?
- What resources are available that can help with a transition back to work after absence?
- How can you be a positive role model?

Step Six: Questions to Ask

- Have you been clear about the performance expectations?
- Do you have the proper documentation?
- How can you balance the needs of this employee with the entire work group?

Step Seven: Questions to Ask

- What have you learned from this experience that will help me grow as a supervisor?
- What steps can you take when you see problems beginning to develop?
- What suggestions do you have for improving the consultation process?

Adapted from:
Managing Mental Illness in the Workplace
Rita R. Handrich, Ph.D

Wrapping Up

Questions and Answers

NAMI Austin Can Assist

- Provide people with resources:
  - Encourage them to contact **NAMI Austin** for:
    - Referrals
    - Support groups
    - Education classes
  - Urge them to seek support for themselves
  - **Education is key to understanding**

Contact NAMI Austin

- **NAMI** (National Level): www.nami.org
  - 1-800-950-NAMI
- **NAMI Austin: www.namiaustin.org**
  - **512-420-9810 (Gisele Schaefer, Outreach Coordinator)**
- **Adrienne Kennedy, President of NAMI Austin**
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- **Rose McCorkle, Education Liaison NAMI Austin**
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