

**EMPLOYMENT  
FOR PEOPLE  
WITH  
PSYCHIATRIC  
DISABILITIES  
PART I**

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# MENTAL ILLNESS: THE BASICS

- Approximately 57.7 million individuals experience some form of mental illness.
- One in 17 are affected by a serious mental illness such as schizophrenia, major depression or bipolar disorder.
- According to the National Institute of Mental Health, there are 43.7 million U.S. adults with mental illness, nearly 19 percent of the total adult population.
- Nearly half of those receiving federal disability income – 44% of the total – have a mental illness.

# FOCUS FOR PRESENTATION

- PART I
  - Review Barriers to Employment.
  - Discuss various diagnoses, specific challenges they present and potential accommodations.
- PART II
  - Review Supports that Work.
  - Discuss several case studies demonstrating supports and accommodations.
- Beyond Training
  - Successful employment for people with psychiatric disabilities.

# mental illness by the numbers

12-month prevalence for  
illnesses in U.S. adults

1.1%

ABOUT 2.6 MILLION  
AMERICAN ADULTS LIVE  
WITH **schizophrenia**.

6.7%

**Major depressive  
disorder** AFFECTS  
ABOUT 15.7 MILLION  
AMERICAN ADULTS.

26.2%

AN ESTIMATED 61.2 MILLION  
AMERICAN ADULTS ARE  
AFFECTED BY **a mental  
disorder**.

2.6%

**Bipolar disorder**  
AFFECTS 6.1 MILLION  
AMERICAN ADULTS PER  
YEAR.

4.1%

AN ESTIMATED 9.6 MILLION  
AMERICAN ADULTS HAVE  
**Attention Deficit  
Hyperactivity Disorder  
(ADHD)**.

# EMPLOYMENT INEQUALITY

- About 60% of the 7.1 million people receiving public mental health services nationwide want to work, but less than 2 percent receive supported employment opportunities provided by states.
- Large-scale population surveys have consistently estimated the unemployment rate among people with mental disorders to be three to five times higher than their nondisabled counterparts.
- Sixty-one percent of working age adults with mental health disabilities are outside of the labor force, compared with only 20% of working-age adults in the general population.
- Employment rates also vary by diagnostic group
  - 40-60% for people reporting a major depressive disorder
  - 20-35% for those reporting an anxiety disorder.
  - 80-90% for people with serious and persistent psychiatric disabilities (such as schizophrenia)

# WORK *IS* VALUABLE

- Competitive employment yields significant benefits where folks with mental illnesses who are working have a higher quality of life, fewer manifestations of symptoms and lower mental health care costs. (NAMI, 2014)
- Individually, the value of employment is critical to the overall recovery process for individuals with psychiatric disabilities.
- "Work is a critical part of recovery. Even during the recession, the national unemployment rate paled next to what people in the public mental health system routinely experience". NAMI Executive Director, Mary Giliberti, 2014



# EMPLOYMENT BARRIERS



*"I had the dream about meaningful employment again last night."*

# BARRIERS TO EMPLOYMENT

- Barriers caused by symptoms.
- Barriers caused by cognitive impairment.
- Barriers in supported employment.
- Barriers caused by the workplace.
- Barriers caused by stigma and discrimination.





# MENTAL HEALTH DISORDERS AND ACCOMODATIONS

# WORKPLACE HIRING PRACTICES

- Surveys of US employers show that half are reluctant to hire someone with past psychiatric history or currently undergoing treatment for depression.
- Approximately 70% are reluctant to hire someone with a history of substance abuse or someone currently taking antipsychotic medication.
- Half would rarely employ someone with a psychiatric disability.
- Almost a quarter would dismiss someone who had not disclosed a mental illness.
- It is important to note that these behaviors are in direct contravention to the Americans with Disability Act, which requires employers to make reasonable workplace accommodations for people with physical and mental disabilities.

# COMMON MENTAL HEALTH DISORDERS

- Depressive Disorders:
- Anxiety Disorders:
- Psychotic Disorders:
- Personality Disorders:
- Other Disorders:
  - TBI



# DEPRESSIVE DISORDERS

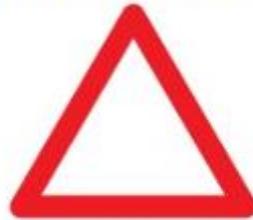
- Sadness is usually a normal reaction to loss. However, in Major Depressive Disorder, sadness:
  - Persists continuously for at least 2 weeks.
  - Causes marked functional impairment.
  - Causes disabling physical symptoms (e.g., disturbances in sleep, appetite, weight, energy, and psychomotor activity).
  - Causes disabling psychological symptoms (e.g., apathy, morbid preoccupation with worthlessness, suicidal ideation, or psychotic symptoms).

# DEPRESSION

## THE WARNING SIGNS



Feelings of  
hopelessness and  
pessimism



Feelings of  
worthlessness, guilt  
and helplessness



Thoughts of  
death or suicide



Restlessness



Irregular sleep



Decreased energy



Changes in mood



Insomnia



Difficulty  
making decisions



Appetite and  
weight loss



Persistent sad, anxious  
or empty mood



Tearfulness

Learn these signs for your own safety and the safety of others.

Failure to do so may result in fatality (15% of people who suffer from depression make an attempt on their lives).

If you, or someone you know, experience 4 of these symptoms over a number of weeks seek professional advice immediately.

# DEPRESSIVE DISORDERS:

- Vocational Implications
  - Manifestations may be associated with cognitive impairments
  - Poor concentration & marked forgetfulness
  - Low self-esteem & self-confidence; potential excessive feelings of guilt
- Vocational Accommodations
  - Highly structured daily routine
  - Job task “to-do” lists
  - Job duty reminders/alarms
  - Positive self-talk reminders at desk

# BIPOLAR DISORDER

- Bipolar disorder, is a brain disorder that causes unusual shifts in a person's mood, energy, and ability to function.
- Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe. They can result in damaged relationships, poor job or school performance, and even suicide.



# BIPOLAR DISORDER

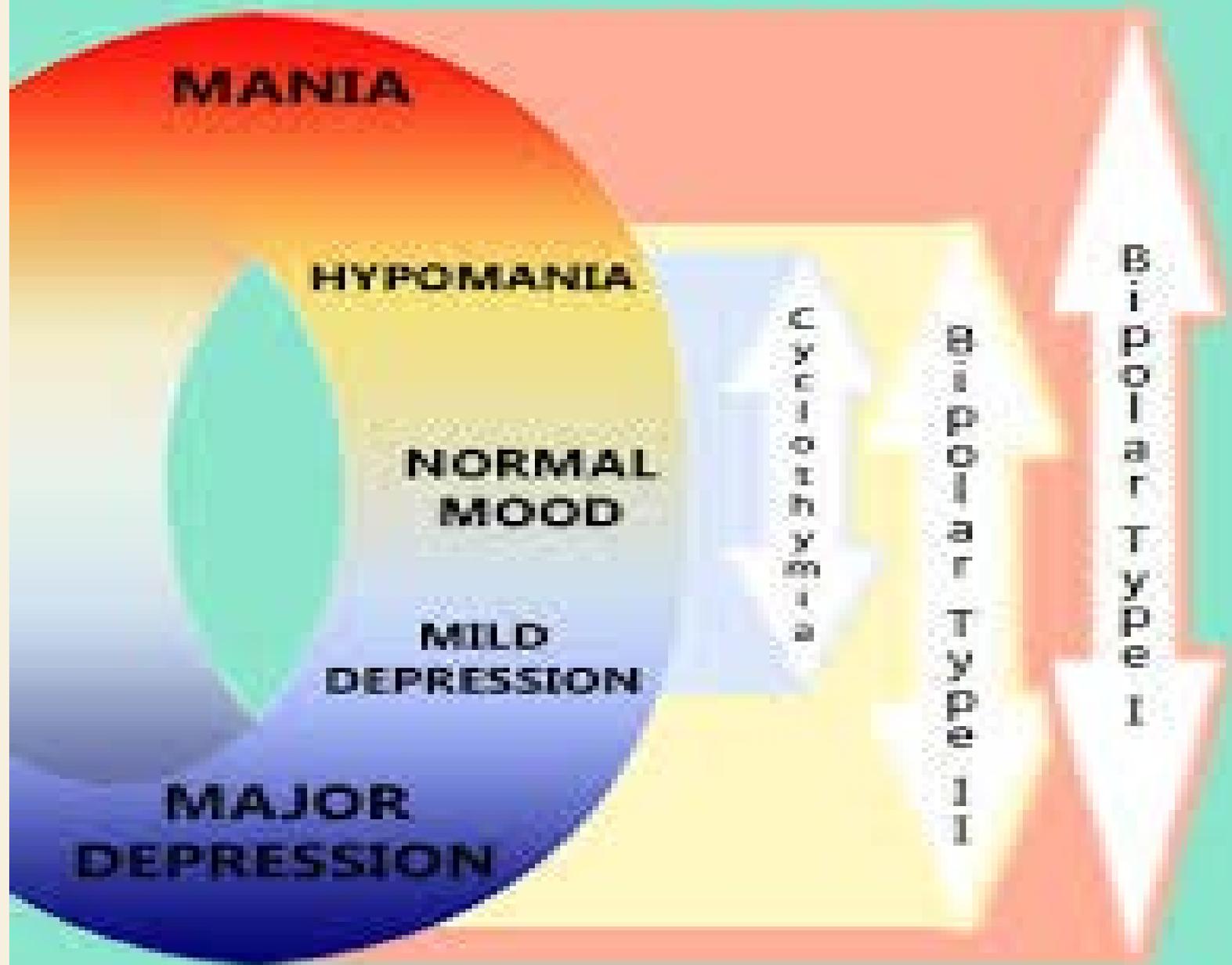
- Vocational Implications

- Inflated self-concept
- Excessive, inappropriate motivation
- Reduced level of interpersonal functioning
- Distractibility
- Poor judgment, poor stress tolerance

- Vocational Strategies

- Structured lifestyle with daily routines
- Clear and predictable timeframes/deadlines
- Clear limits with regard to behavior and dress
- Flexible scheduling

# Bipolar Disorder Mood Cycling



# ANXIETY DISORDERS

- Persistent and irrational fear is the hallmark of all anxiety disorders.
- Generalized Anxiety Disorder encompasses a general fear or expectation of a perceived traumatizing event and/or situation
- PTSD
  - Condition frequently accompanied by depression
  - Persistent recollection of traumatizing event
    - Sleep difficulties
  - Persistent experiencing of the event
    - Nightmares or flashbacks
    - Emotional numbing, avoidance of things reminiscent to the event; detachment, loss of interest in previously enjoyed activities

# 6 Main Types of Anxiety Disorders



## Generalized Anxiety Disorder

*Long-lasting anxiety not specific to a situation or object.*



## Panic Disorder

*Quick hit of terror often followed by trembling and difficulty breathing.*



## Obsessive Compulsive Disorder

*Repetitious obsessions and compulsions.*



## Social Anxiety Disorder

*Intense fear in and of social interactions managed with avoidance.*



## Specific Phobias

*Fear of a specific situation or object.*



## Post-Traumatic Stress Disorder

*Anxiety from a traumatic experience.*

# ANXIETY DISORDERS

- **Vocational Implications**

- Restricted behavioral choices
- Hypersensitivity to criticism or rejection
- Decreased energy level
- Poor interpersonal functioning

- **Vocational Strategies/Implications**

- As much control as possible over work environment
- Option to work with partner to reduce loneliness and increase social support
- Ongoing positive feedback
- Work at own pace to minimize self-consciousness

# PSYCHOTIC DISORDERS

- Schizophrenia affects almost 1% of the general population, meaning 1 out of every 100 people will develop it.
- Schizophrenia causes two groups of symptoms, which are referred to as negative symptoms and positive symptoms:
  - **Negative symptoms** are those that represent a lack of normal functioning
    - usually occur first and can be confused with other health problems such as depression or substance use.
  - **Positive symptoms:** those that represent clearly abnormal behaviors such as delusions, hallucinations and thought disorder

# Other Psychotic Disorders

## Schizoaffective Disorder

- Mood disorder (depression/mania) with schizophrenic symptoms; prognosis better than schizophrenia

## Brief Psychotic Disorder

- Sudden onset may/may not be preceded by severe psychological stressor, symptoms last a day to a month, return to full premorbid functioning

## Schizophreniform Disorder

- Identical to schizophrenia except entire duration (all phases) 1 month but less than 6 months, good prognosis if affect not blunted or flat

## Delusional Disorder

- One or more delusions that persist for at least a month; Erotomantic, Grandiose, Jealous, Persecutory, Somatic

## Shared Psychotic Disorder (folie a deux)

- Delusional thinking gradually imposed on passive partner

## Psychotic Disorder due to General Medical Problem

## Substance-Induced Psychotic Disorder

# PSYCHOTIC DISORDERS

- **Vocational Implications**

- Profound impact on work relationships
- Disinterest in achievement or promotions
- Passive or avoidant in response to performance demands
- High task error rate
- Poor stress tolerance

- **Vocational Strategies/Accommodations**

- Social support in the work place and outside
- Open and direct communication
- Vocational and psychiatric support from voc rehabilitation counselors, mental health professionals in mediating work situations

# PERSONALITY DISORDERS

- According to the Job Accommodation Network, a personality disorder is:
  - an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment (APA, 2013).



ANTISOCIAL



BORDERLINE



HISTRIONIC



NARCISSISTIC

# PERSONALITY DISORDERS

- **Vocational Implications**

- Difficulty dealing with emotions
- Challenges with appropriately handling stress
- Challenges with maintaining appropriate boundaries & interacting with supervisors/co-workers
- Difficulty accepting supervision

- **Vocational Strategies/Accommodations**

- Provide detailed, written feedback
- Encourage use of stress management techniques
- Provide training on appropriate social interactions
- Provide daily written job instructions
- Provide consistent progress review meetings



# QUESTIONS??

Talk with you soon!!