

**Event:** Employment for People with Psychiatric Disabilities – part 1

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Please stand by for real time captions.

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Good morning. This is Chandra Carey from the University of North Texas. We would like to discuss, employment for people with psychiatric disabilities. I want to make sure that everyone is operational with the control panel. Scroll down on the control panel, there is a question box. If you open up the box, you can type in comments. I would like to see everyone's name. If you are on the session. And this is going to go into the portal as well. Below the control panel, there is a PDF file for today's presentation. And if you did not get the download in the response email, you may download it now. I would like to share with you, we are going to share quite a few IDs -- IDs -- ideas. In regards to supporting people who have a psychiatric disability.

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Good morning everyone and thank you for joining us. I hope we can have a interactive session as we talk about employment for those who suffer from psychiatric disabilities. In my experience, and I would like to hear from you as well, to talk through employment barriers exist. And I know we cannot cover all of them comprehensively. But what I have seen with people that I have worked in the past, I researched this. Now we can deal with some specific issues. And as we are going through and hearing what is happening, please jot down a few notes or questions, and you can send them in. And over the next few weeks I can respond to those questions.

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As I mention before, we want to talk about employment and various diagnoses and the challenges that people face. You should be aware from a diagnosed six -- diagnostic standpoint, and -- what works well. I do have examples, in the past that did not work very well. I hope that you will continue to have success employing individuals who have a psychiatric disability.

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This slide talks about what we know as the basic. I am sure this is something that you are familiar with. These are how individuals are impact -- and when I use the term mental illnesses I used the parole or -- plural term. Sometimes people like to lump them all together. But as we know from all of our work together, there are distinct characteristics for each diagnosis. And how each diagnosis can interact with the person.

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Just to talk a little bit about mental illness. I will not read what is on the screen in front of you. But the field in research, look at mental illnesses as a need -- there is also a chemical structure in the brain. And it can cause patterns of behavior. It goes from

mild to very severe behavior. And when this impairs the person's ability to cope with life or demands, we as professionals to help individuals find employment. And this is where we find challenges. This slide talks about what the numbers look like for various mental illnesses. And one of the ones that I think -- that carry the most significant amount of stigma is schizophrenia. As you can see they have the smallest individuals who are impacted. Approximately 1% of the population. And 26 point to present of -- 56.2% of the population does suffer from mental illness and this also includes brain injury. And in Texas just to give you what those numbers look like. There are about 6 million Texans that have a mental illness. That will require treatment. And this includes 5 million adults and about 1 million children. Texas specifically we have 750,000 individuals who are living with a severe mental illness. Specifically we are looking at schizophrenia and other psychotic disorder or major depression. What we also see in Texas, of those individuals, are impacted by a severe mental illness. But only 11% are receiving services. This is anyone who can access ADHS or individuals who are working through [Indiscernible] . And why we have this significant individuals who have severe mental illness, we see 500 of them are not receiving any services. And that can have a big impact on what you are seeing as you work with individuals who are trying to be employed. They may not have mental health support. And all -- and this can impact their ability to find employment.

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We do have a question.

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Where does the posttraumatic distress disorder said in quest -- fit in?

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It is formally underneath the [Indiscernible] but now it has its own category . What happens is, as they move forward -- they will probably consider as one of the more severe mental categories. Something like schizophrenia or by -- bipolar disorder. This will impact in -- an individual that had experienced a traumatic event in their life. And as we know our veterans population has a high percentage. These are individuals who returned from multiple terms -- tours. My hope is that it is going to be considered a severe category. Because there is a huge funding stream tied to a severe disorder. But that was a great question. But right now it has its own diagnostic category. So that you can continue to get funding support. And this way they will have different treatment options.

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We are familiar with employment in quality -- inequality.

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About 6% of the people receiving public mental health services nationwide want to work. But less than 2% receive support employment opportunities provided by the states. And this is an avid -- this is evidence-based practice to help somebody become an Lloyd -- employed. And to provide service to the individuals who need it would be

extremely costly. What we have found in our research, regarding challenges, employers are hesitant to hire people that need support. There is legislative matters regarding ADA for individuals who have a disability in the workplace. But there is still some pushback from industry. And this goes along with the cost and who should shoulder the cost. So what we know that individuals who have mental illnesses, or diagnosed with a mental disorder, are five times higher to be unemployed. We know that only about 60% of individuals who have a psychiatric disorder are outside of the workforce. I know our employment numbers are churning the corner. But you know it is a challenge, for individuals who have a disability. And it is even worse for those who have a psychiatric disability. Now I want to talk about, employment rates. They do vary by diagnostic group. We talked about posttraumatic syndrome. These are the rates for people who have [Indiscernible] and they are better than someone who has a serious mental illness like schizophrenia. So there are variances to employment based on diagnostic category. And there are multiple factors that can contribute to that. I think it is important to know that when you work with different individuals who have different diagnosis, they bring their own individual manifestation to the table. But it is good to know, where the barriers are. And how difficult those barriers are going to be. We will talk about accommodations for each diagnostic category. And how to overcome some of the barriers.

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We know how important work is. When we talk about work and how valuable it is we talk about life. And how people are interacting in the community. And they will oftentimes have a higher quality of life. So we know there are benefits to working. But what we do not understand, even more so than quality of life, to allow production to -- to be productive in a community. God -- I have worked in the past, to promote the recovery process as an ongoing, long-term management for individuals who have a psychiatric disability. And having work is a critical part of the recovery process. But there are some barriers. What we know about the barriers, they can be because of limited access and support. There is a fear of losing benefits. Sometimes there is a personal relet dense. Or -- sometimes there is a personal reluctance. There can be a lack of confidence. The -- there is and -- discouragement on being gainfully employed. One time I was a [Indiscernible] expert . -- What time I was a [Indiscernible] expert . I think this was very common for individuals because of a psychiatric disorder to have to go through the appeal process. As I was participating in a hearing for this individual who had a major disorder. Early on, they had [Indiscernible] and it was very difficult for that person at that point in time. The judge was giving an overview of it. The representative asked, if they had worked there for -- worked before? And one of the family members with the individual, the family said she cannot work again. So the external discouragement comes not just from society but also for individuals who are supporting those who have psychiatric disability. Because of their lack of understanding. And their fear of losing care for the folks they

are supporting. And this can present as a barrier. And this is a cartoon that I like to use. I cannot remember where I found it. Here we have a guy laying on the couch and talking to his therapist and he says, I had the dream about meaningful employment again last night. People who have mental illnesses want to be engaged in they want to work and they want to be heard have just the same -- and they want to be productive just like we are. They do have a high unemployment rate. I was talking with Maureen, and we were talking about some of the challenges. I was reflect upon several. But I had one client, who worked very hard. We found a perfect placement. But she had significant barriers interacting with others. So I wanted to find a position for her at the library. Because it was a quiet space and there was not a lot of interaction. But all of the things I thought would be perfect for her. And she seemed very excited about it. She got the job but she was there for only about a week. And so the library called, and they try to figure out what happened. I was trying to contact her to figure out what happened. She told me, it was boring. And it was legitimate. But that was disappointing when it happens. I felt like we had worked hard and had something good setup for her in that she would be successful. But something was missing. But there are so many barriers for somebody to be successfully employed. But for us it makes us -- but for us it does make everything difficult. There are so many factors, that make it very difficult. And that is a significant barrier. Because we work very hard but we have many challenges. And it is challenging, so we are not able to help individuals to maintain success.

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Before I want to talk about barriers, I want to see if there are any questions on what we have talked about so far?

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I am so glad you share your stories. This is something that was shared -- somebody had a lot of peer support. We had a similar story when we were [Indiscernible] . Looking like we had met all of the criteria -- but nothing happened. What the specialist reminded me of, it was successful but that person had worked even though it was only for a week. But keeping that energy level up is very difficult part --.

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We have certain numbers, that we have to meet to maintain our own level of success professionally. It is so important for us to have personal measure of success. Let's think about a rough time that you had, or requirement or measure. If we can use that as a way to invigorate ourselves, and be excited about what we can do -- because it can be -- take the wind out of you. Sometimes you feel that you got to a point and you are really proud of it but it does not work out. And we need to articulate all of this to the folks that we work with. One of the lessons I learned in my career, my supervisor - - I was talking to my supervisor. And I wanted to make sure that what I did, to have a better understanding. And I wanted to learn that challenges that she had. And I wanted to know her holistically. I tried to build a relationship and this is key to understand the

client holistic glee. -- Understanding the client holistically. What she suggested, every once in a while when you are talking to a client, drop in a question about a hobby. Something typically I would not talk to the client about. That would give me a better sense of -- for this particular client. I do not have a happy understanding -- ending for this client. What happened, we tried a placement for the client. She did not even make it, and she had a set back with her diagnoses. And it prevented her from gaining the position. And so there are times when things are not going to wrap up neatly. But we should have measure of success personally. And we also have to have heard -- professional goals. And it can be very difficult.

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Let's move on to talk about some of the barriers. There are several different barriers on this slide. But they -- but this is not all of them. Barriers caused by symptoms, cognitive impairment, support in employment, stigma and discrimination. And when we talk about barriers, what we do know that individuals who have a mental illness tend to have a higher absentee rate. And that could be related to somebody who is suffering from mental illness. Often time that highest absentee rate is associated with the medical treatment or recovery or medication. What we also know is that [Indiscernible] . So if somebody has a difficulty in connecting with others, they are less likely to build a relationship. And they are less likely to be successful working alongside coworkers. And working and taking critical feedback. And so the overall employment richer for this individual -- employment for this individual. We have to know what the category looks like under diagnoses and how it impacts the person. If they are taking medication. What happens after they take medication? Does that make them sleepy? If they do have to have a doctors appointment, to address their medical care, can they see the doctor after hours or on the weekends? We have to have a better understanding what kind of environment or work schedule that person is experiencing. And now we know there are barriers that are caused by cognitive impairment. There tends to be cognitive impairment like attention span. The number of things they can pay attention to at one time. We know they sometimes [Indiscernible] and how quickly they can follow a task. This is something that we have to be aware of. They tend to have impairment with their working and verbal memory. Receiving verbal instruction or feedback. And because they have those impacts that affect their memory this might not be the best way to operate. We need to provide written instructions. So the person is not having a negative impact. We also know there is sometimes an issue with verbal learning. And again it is teaching somebody verbally about a task versus physically doing it. And lastly, and this is a key one. Executive functioning is impacted. Here we are talking about your ability to think abstractly or logically or rationally. So you can make good decisions. We all have moments in life that we can think about -- when we did not make the best decision. I do not want to say people who have severe mental illnesses are the only folks who can have those experiences. But it is something that we see quite frequently in this population. Along with the

other cognitive impairments. I had a client that was working at target, and he had multiple disabilities. And schizophrenia was one of the diagnosis. So he worked with the team. And the team he worked on did all of the -- they would do the cleaning or gather all of the carts. But some of the people on his team have decided to take a break during the work day, and they were younger folks. And what they were doing was harmless but they were not on the job. There were about seven people on the team. There were a few who said, I am going to go back into the store and work. But my client did not do this. And he had previous reprimands, so he end up losing his job. He did not have the abilities to connect the dots. So thinking through how these various aspects might impact the individual that you are working with is very important. Because these impairments can cause complications on any job. We have people who cannot [Indiscernible] with the supervisor . In this technical world we are in, when you have someone who is working in a technology setting, you can see where the cognitive impairment will cause difficulties. So it might not be the best setting. And some of the difficulties when we talk about verbal learning. The way these can play out -- anxiety, memory loss, distraction -- and not being rational or logical on-the-job. And these situation can prevent somebody from saying -- staying in their position. And sometimes they will have incidences over in over again and it will cause them to lose their job. Next is supportive employment.

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It is a evidence-based practice. There is a lot of research highness. I am a big proponent of supportive employment. However I know that not everybody benefits from supportive employment. It has to be implemented in order for it to be success -- successful. Who is going to deliver the level of support? This can be a very difficult position for the employee. And depending on the resources that the agency have, and what the employer is willing to provide. So we have these challenges. And there are some individuals who are never placed. And there are some individuals who quickly and their job end their jobs.

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And some of them have heavy support that they rely on that support so when the support is removed, they do not have the skills to be successful in their position. So supportive employment does present challenges. The previous model of -- this is called work harmony. We help them to understand the world of work. We show them how they can do the job and that we would place them in a position. But what we found, it could take anywhere from three months to a year. You would have -- people who would follow out of the -- file out of the system. So supportive employment came along and said, the most important thing is if somebody wants to work we want to get them work. It is called the immediate benefits. But in order for that to work, in the practical way the way the model is set up, you really do have to have appropriate support from they agency and appropriate by the end from the client and from the employer. And that all has to mesh together. There are opportunities where this can

work well and in other opportunities it is not a success. So there are barriers when it comes to supportive employment. And the other area, are barriers caused by the workplace. Was that site setting accommodating to whatever that person is bringing to the table? How -- what kind of impairment do they have and how do they interact with each other? And how do we accommodate for it? And the employer needs to have buy-in on that. We had a supervisor who was very excited about having a diverse workplace. And they were completely -- they had a [Indiscernible] but the coworkers did not have a buy-in. They wanted to know why is this person here? Why does this person, and talk to our owner? So this is tied into stigmatizing thoughts about individuals who have a site -- disability. And at Target, he wanted to go with the flow. But he did have an issue with his coworkers. But employees talk. So people knew there was something about him outside of his visible disability. So he had been a little isolated. I think he went along with the people so he could feel a connection with his coworkers. Up -- barriers to employment. This can be significant and it can cause challenges in the work that you have. But again, there has to be an understanding for you. And how this person might be impacted in each of these areas. And there are things that you can work on to accommodate them prior to finding a site. You have to get information to understand what their interests are. And what are the accommodations?

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.gov back -- And this [Indiscernible] , and looking at barriers at the workplace. And discrimination. People are hesitant to hire somebody who has a psychiatric history. There is a stigma about having a disability. Some of the myths is that people with that psychiatric -- with a psychiatric disability are unstable.

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Can you still see the PowerPoint ?

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Yes it is good at this point.

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Thinking about the workplace hiring practices and how the individual can be impacted by discrimination. And this is something we have to consider and talk about. I remember, talking about how important it is that we have a discussion about stigma. Because there is a concept called self stigma. This is the lack of self-confidence -- or systematic issues. So it is important for us to consider this as well. When we are looking for employment opportunities.

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Now we are going to talk about common mental health disorders that you will likely see. We want to talk about other general categories. I am going to put all of this up at once because I see we only have a few minutes left. But I will add all of this to the presentation for next week. Then we can tackle some issues that you guys are experiencing. With depressive disorders. People think about depression as having the

blues. But as you know, it has more criteria surrounding it. And it can impact the overall ability to work. So there is a [Indiscernible] and it can cause functional impairment. It can cause physical and mental dysfunction. What you also might see, individuals who may have inappropriate levels of guilt about the things they had experienced. And they will carry that with them. Because those inappropriate levels of guilt, can be a precursor to someone having suicidal [Indiscernible] weird this is a pathway for people to start thinking that it is too much of a burden, so how can I resolve this? And what we can see regarding cognitive impairment, is a high level of poor concentration and not being able to focus. And also individuals who have depressive -- depressive disorder. If they are experiencing depression they may be very indecisive. They cannot take the lead or follow through. So you want to think about the impact. You will also see irritable moods. And this can cause significant friction. And here are some of the warning signs. These are things that you should be aware of. And if you get a sense of some of these warning signs it is very important for you to investigate. Maybe you can get counseling for them. And here are some other factors that might be a barrier to getting employment.

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And here I gave you some of vocational [Indiscernible] . They have poor concentration. Lack of self-confidence. And inappropriate levels of guilt. And having a structured daily routine will take away the need for them to make decisions. They have structure so they know exactly what they have to do. Having a to do list. Also having reminders or alarms to make sure they stay on task. Help them to promote concentration. And also, and this is something that I have done, I had them think about all of the positive aspects they have. And say you are good at this and you can do this. And this is a constant reminder that they are good. It could be accommodation that you can use. You can also work with the supervisors and managers, on how to give positive feedback. So they use what is called a sandwich approach. So you talk about something that is positive that the person has done, then you add a constructive critique and then you and -- end on a positive note. But use them much that in between positive feedback. Because they lead -- leave with a positive feedback. And hopefully some of the systematic barriers, like self-confidence -- [Indiscernible]

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Bipolar disorder. This causes unusual shift in mood and energy. People have extreme highs and extreme lows. And levels of high anxiety and levels of major depression. So Byler -- so bipolar disorder, there are different categories in the diagnostic title. It is based on how someone cycles through their anxiety and depression. And it is very different from the normal ups and downs that everyone experiences -- and this is major depression disorder. And here are some of the vocational implication for bipolar disorder. If they have a extreme high they might have inflated self-confidence. You might see people who have inappropriate motivation. They might be trying to take on extra duty. Even if it is outside of their skills. And when they are

[Indiscernible] they cannot interact with people . Maybe they are experiencing a major depression episode -- and they will want to isolate themselves. When we talked about absenteeism, with bipolar disorder do see a lot of absenteeism during the cycle of depression. Sometimes they will not even show up. So you may want to talk about how to recognize the triggers and implement strategies. So if the mood is coming on -- what can we do? They can use sick leave or call their boss. But you want to build this in before it becomes a negative impact that work. And again we have poor judgment. They have to structure their lifestyle with daily routine. Make sure they have a clear defined deadline. And you want to make sure they have written instruction with specific timeline and specific deadlines. And you want to clearly state the limits. Sometimes they have inappropriate motivation. And you want to make sure they understand the culture of the position. But if there is a culture where there is a [Indiscernible] to it -- I know that at Google headquarters they have a very loose culture. You can bring your hats -- pets or take naps at work. And so they might not be successful in a environment like this. And you want to have a flexible schedule. Looking at when a person comes in. Maybe they can come in two hours later in staying two hours [Indiscernible] . I speak we only have -- I think we only had -- have two minutes to go. Next time we will talk about anxiety disorders. And also personality disorders. And I am seeing more and more of personality disorders and so we will talk about that in the next session. I encourage you guys if you have any questions on a specific case, forward that so I can look at that. And I can help you with the people that you are working with. And I will bring a couple of case studies that we can work through.

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Thank you so much. What a lot of information in one short hour. I want to thank all of our participants. Please be sure you send us your comments, stories or questions. And if you send that in, we will go through everything you send in. And I want to thank Chandra Carey so much. You guys have a great day. And I will see you next Thursday.

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Goodbye.

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