

Mental Illness; Recommendations for Workplace Inclusion

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The Magic of Independent Living

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Able SC

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Today's Presenter

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Who We Are

Able SC is a disability-led organization seeking transformational changes in systems, communities, and individuals.

Since 1994, we've remained a consumer-controlled, community-based, cross-disability nonprofit that seeks to make South Carolina a national model of equity and inclusion for all people with disabilities.

- We are the state's oldest and largest federally recognized disability-led organization.
- More than $\frac{3}{4}$ of our staff are people with disabilities, as are over half of our Board of Directors.

We practice coequality, disability justice and representation, and true inclusion through consumer-driven independence and disability pride.

We didn't just learn this.

As people with disabilities, our work doesn't end when we leave the office. Disability is part of who we are. We live this every day. We are proud to represent all categories of disability, including physical, vision, hearing, psychiatric, intellectual disability, autism and other developmental disabilities and healthcare conditions

Able SC's Mission & Vision

Mission

We are an organization of people with disabilities leading the charge to:

- ***Equip*** people with disabilities with tools to foster pride and to direct their own lives;
- ***Educate*** the community to challenge stereotypes and eliminate barriers; and
- ***Advocate*** for access, equity, and inclusion at the individual, local, state, and national level.

Vision

A South Carolina that is a national model of equity and inclusion for all people with disabilities.



Content Warning

During this presentation we will be discussing serious mental illness. This will include mentions of suicide, intense emotions, addiction, eating disorders as well as anxiety & depression.

About my lived experience

- In-patient, mental health treatment twice in last two years
- 16 years sober
- Daily recovery effort as I live with anxiety, depression, PTSD, and an eating disorder
- I was hired at Able SC by Kimberly Tissot ~2 months after completing my 2021 treatment experience
- Less than a year after my start with Able SC, I was back in treatment
- After being away for 9 weeks in treatment, February through April 2023, I returned to my job at Able SC; stronger, healthier, healing and SUPPORTED! Back in my community.

Rarely, if ever, are
any of us healed in
isolation. Healing is
an act of
communion.

BELL HOOKS

Mental Illness in America

- 21% of adults are experiencing a mental illness, equivalent to over 50 million Americans.
- 4.8% The number of adults reporting intense thoughts of suicide is – over 12.1 million.
- 11% of adults who identified with two or more races reported considering suicide.
- 11% (over 5.5 million) of adults with a mental illness are uninsured.
- In the U.S., there are 350 individuals for every mental health provider.
- 28% of all adults with mental illness reported that they could not receive the needed treatment. Most said they did not receive care because they could not afford it.
- 23% of adults who report having 14 or more mentally challenging days each month were unable to see a doctor due to costs.
- One in eight American adults had a substance use disorder as reported in 2020.
- Mental Illness is a disability and protected under disability rights laws.

Mental Illness in the Disability Community

- Many people have co-morbid diagnosis – more than one disability.
- Adults with disabilities report experiencing frequent mental distress almost 5 times as often as adults without disabilities.
- Symptoms of depression is 2 to 10 times more common in individuals with disabilities or chronic illnesses, and depression is one of the most common “secondary conditions” associated with disability and chronic illness.
- In 2018, about 17.4 million adults with disabilities, which is about 33% of us, experienced feeling frequent mental distress. This means we felt bad mentally for 14 days or more last month.
- Disabled people are 2-4 times more likely to experience alcohol and drug addiction. Feeling stressed can lead to bad health habits {such as drinking too much alcohol or smoking}, needing to go to the doctor more, mental health problems, long-lasting illnesses, and having trouble doing everyday things like getting out of bed and and showering.
- The COVID-19 pandemic has made life and staying mentally healthy more difficult for people with disabilities. We were faced with having to stay away from others, we lost touch with friends, family and caregivers, our daily routines were disrupted, and barriers to much-needed healthcare services increased.
- Data has shown that people with lower intellectual ability had higher rates of symptoms of common mental health problems (25%) compared to those with average (17.2%) or above-average (13.4%) intellectual functioning.

Mental Illness in the Disability Community II

- One study found that 54% of people with a learning disability have a mental illness
- Children with learning disabilities are four and a half times more likely to have a mental health problem than children without a learning disability.
- Adjusting to a new disability or changes in disability often causing adjustment disorders causing significant mental health distress.
- Due to physical & attitudinal barriers, many of us prioritize our physical health, but when a disability affects our overall well-being, it can have a big impact on our quality of life. Ableism, segregation, and always needing to fight for our rights take a toll on our mental health.
- Healthcare providers also tend to focus on our physical symptoms such as chronic pain or mobility issues but pay little attention to our mental health. Ignoring mental health problems only worsens them.
- Self-advocacy is the best way to make sure that both physical and mental health concerns are addressed, and that healthcare providers look beyond our physical disabilities to include our mental health in our treatment plans.



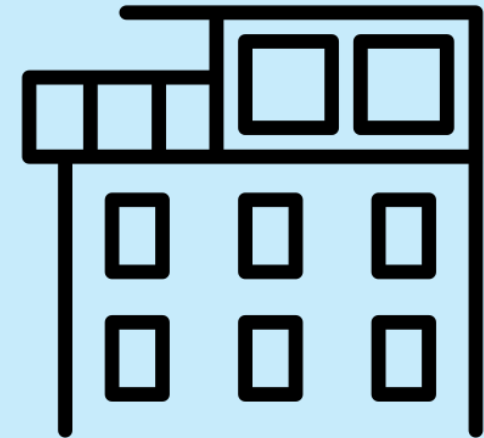
{Example; my last visit to the GP & being weighed.}

Barriers to Mental Health Services

- **Poverty-** Disabled people with mental illness make up a considerable chunk of this number. This makes poverty one of the most significant barriers to mental health care for people with disabilities.
- **Lack of Adequate Insurance Coverage-** 53.9% of adults with disabilities and 16% of those without disabilities had public health insurance in 2018. That's a 37.9% gap due to several factors. First, many people with disabilities work for small businesses that do not offer health insurance to their employees. They may also work part-time or in temporary jobs that do not provide benefits.
- **Discrimination-** Discrimination is a common barrier in the disability community. A recent survey shows that 88% of those severely affected by mental illness report discrimination when seeking services. It takes many forms, from being refused service to being treated differently or unfairly.
- **Transportation & Communication-** Getting to and back to treatment, and difficulty communicating our needs.
- **Lack of Knowledgeable Providers-** Many mental health care providers are not adequately trained to work with people with disabilities. It can lead to providers not understanding the needs of their clients and not providing adequate services.
- **Ignoring The Intersection Of Disabilities And Mental Illness-** People with disabilities often experience trauma which causes depression and anxiety. Yet, all too often, mental health care is not included in disability services.

Relevant Disability Rights Laws

- **The Mental Health Parity and Addiction Equity Act (MHPAEA)** says that if a health insurance plan covers treatment for mental illness or addiction, the carrier cannot make it harder for you to use those benefits compared to coverage for other medical treatments. Insurance companies must treat mental health and addiction care the same way they treat other types of medical care.
- **The Americans with Disabilities Act (ADA)** states that you cannot be treated unfairly because you have a disability. The ADA requires public and state agencies to provide accommodations, so people with disabilities have the same access to services as people without disabilities. The ADA also requires that agencies make sure that these accommodations are available for people with disabilities to get information in a way that meets their needs. This includes any type of equipment to provide services and accessible technology like websites. While all titles are important to note, there is also discrimination within the workplace within Title I. Title I of the Americans with Disabilities Act (ADA) and Section 501 of the Rehabilitation Act are laws that stop unfair treatment at work for people with disabilities, including mental illness. If your job takes negative actions against you because of your mental health or substance use problem, they might be breaking these laws. In 2021, the Equal Employment Opportunity Commission (EEOC) got around 8,400 complaints from people who said they were treated unfairly at work because of their mental health or substance use issues.
- **Section 504 of the Rehabilitation Act of 1973** is a national law that protects people with disabilities from being treated unfairly because of their disability. This law applies to organizations that get financial assistance from any Federal department or agency, including the U.S. Department of Health and Human Services (DHHS). This includes many hospitals, nursing homes, mental health centers, and human service programs (Source 52 – Rehabilitation Act, 1973).



Relevant Disability Rights Laws, 2



- **Section 508 of the Rehabilitation Act** is a national law that states that federal agencies have to provide information in a way accessible to everyone with disabilities. If you need information differently because of your disability, federal agencies have to provide this (Source 53 – Rehabilitation Act, 1973).
- **Section 1557 of the Affordable Care Act** states that you cannot be treated unfairly because of your race, color, national origin, age, disability, or sex. This includes making sure language assistance is available for people who speak limited English and making sure there are accommodations for people with disabilities to have access to services (Source 54 – Patient Protection and Affordable Care Act, 2010).

Examine your personal bias

What is bias?

- Bias is when people have a preference or unfair opinion about something or someone. It means they might treat something or someone differently because of this preference, even if it's unfair. This can happen without them even realizing it. Bias can be based on things like stereotypes or personal feelings, affecting how people make decisions and see the world. It's important to be aware of bias and be fair to everyone.
- Do you have a bias against people with mental illness?
- Do you have a bias against people recovering or attempting to recover from mental illness or addiction?
- Do you because of these biases, exclude people from work, hiring and association with your disability organization?

Take a stand against stigma – your own and others

What is stigma?

- Stigma is a label or a negative belief that some people have about others who differ from them in some way. It often exists when people need help understanding or are afraid of something unfamiliar. It can lead to unfair treatment or judgment of those seen as different.
- Stigma is hurtful and makes it harder for people to be accepted or get the help they need. It's important to challenge stigma and treat everyone with respect and kindness, no matter how they might differ from us.
 - Do you have stigma against people with mental illness?
 - Are you comfortable working beside someone with a psychiatric illness? If not, why not?
 - What is a way you can advocate for colleagues living with a mental health diagnosis?

Ableist language in the workplace & beyond

Do not use

Crazy;

Maniac;

Lunatic;

Demented;

Schizo;

Psycho;

Feeble-minded.

Do not use mental illness as a descriptor:

- The weather is “bi-polar” today; I don’t know what to expect.
- That consumer was “going crazy” as I explained his options.
- What are some alternatives?

Alternatives to Ableist Language

- Individual with a psychiatric disability
- Individual with a mental health diagnosis
- Neurodivergent/neurodiverse person

Learn better do better. People with psychiatric illness do not want to be further stigmatized by the language used to describe us. Adjust your language and when you hear others using ableist terms or phrases, call them out and offer alternatives!

Impact of Ableism on the Disability Community

- Ableism is when people treat others unfairly or make assumptions about them based on their having a disability. It includes judging someone or not giving them the same opportunities as others because they have a disability. Ableism is not fair and can hurt people's feelings and opportunities.
- Ableism is a form of discrimination, it increases stress, depression, anxiety and related health conditions in the disability community.
- Prejudice continues to plague the disability community. Some of us have mobility disabilities, some live with chronic pain, our bodies don't always cooperate in ways we want or need them to. We may look or act differently due to our disability. A lack of understanding and unwillingness to learn about people with disabilities, can lead to social isolation. And social isolation increases depression.
- Dealing with all these problems can be tough on a person's mental health. Having a disability, whether it's something we've all our lives or something that happened later in life, makes us at increased risk for developing a mental illness. On top of that, feeling lonely, facing mistreatment from caregivers, and struggling to get proper care can make the risk of mental illness even higher.

Lose the disability hierarchy

- The disability hierarchy is when people think some disabilities are more important than others. For example, they might believe that physical disabilities are more serious than mental health conditions.
- This can lead to unfair treatment and not giving enough help to some people with disabilities.
- It is important to remember that all disabilities are important, and everyone should be treated with kindness and respect, no matter what kind of disability they have.
- We shouldn't compare or rank disabilities because each person's experience is valid and unique.
- We should support and understand everyone with disabilities equally – including people living with mental illness!

Prohibit bullying

- Bullying is doing or saying things that can hurt someone emotionally, making them feel left out or upset. Sometimes, it may involve physical harm. Bullying usually happens more than once & follows a pattern. Bullying is meant to intimidate, insult, or embarrass a specific person or group.
- Everyone in an organization is responsible for anti-bullying efforts. Still, leadership needs to be an example & safeguard the safety & well-being of all staff. In many organizations, leadership is essential in keeping their team physically and mentally safe. This means they must prevent things that could harm their employees' well-being.
- It is ok to have a difference of opinion or a disagreement with someone at work. Still, it is never ok to intentionally mistreat or hurt their feelings. People living with psychiatric illness may be particularly vulnerable (see Mandy) to having their feelings hurt. Educate staff on bullying and how to avoid it, and reiterate that bullying behaviors are never acceptable.

What if the bullying comes from a person with mental illness?

- Make clear to them that their behavior is unacceptable & must stop immediately.
- When a person has a disability, it does not allow them to continue behaviors that harm others.
- Offer education against bullying behaviors and mental health treatment. Ultimately, if behaviors do not change, dismissal is the answer.

Be Kind. You never know what someone is going through.

Make your organization a safe space

- Let staff know that mental health will be treated in the same way as physical health. Leadership should strive to be approachable and confident having conversations about mental health.
- Normalize conversations about mental health and encourage open dialogue. {Example of our Mental Health – Tips & Tricks Teams chat}
- Schedule regular one-on-one meetings to catch-up & ask staff how they are. These are opportunities to build trust & discuss small problems before they turn into something larger.
- Model understanding & kindness. Ask fellow staff how they are in and out of the workplace & truly listen to their response.
- When folks are having struggles ask, “What can I do to support you?”

Make room for emotions

- Remember that the goal, the work, of an organization is {or should be} about people with all disabilities. It is not just about the tasks we complete.
- Our brains, well most of them , are motivated by emotional connections. When we feel like we are valued and are secure, it makes a huge difference in how we perform.
- Do not minimize or criticize staff or colleagues for showing authentic emotions. Emotions are a natural response to stressful situations & people are equipped in different ways to handle emotions.
- Reassure your fellow staff members that your workplace is safe and judgement free and that emotions are allowed and welcomed, even when difficult.



Offer a hardy EAP

- An Employee Assistance Programs (EAPs) provides help and instructions to employees needing support with their disability – this includes resources to assist with mental health.
- The best (EAPs) are readily available to staff, are easy to understand, and are quickly utilized by employees when they need help. Too much delay or complication is not helpful when someone is in a mental health crisis. Ensure the EAP your organization chooses offers robust support to those of us with a mental illness or recovery-related issue.
- Encourage use by reminding staff about the EAP often.

- [Example of Sara re., Suicide Prevention Month]

Offer accommodations

A workplace accommodation is a change or adjustment made by an employer to help an employee with a disability perform their job effectively. Some examples include;

- **Flexible Scheduling:** Changing when the workday starts or finishes. Adding additional time for breaks, leave time for healthcare, & offering part-time hours.
- **Flexible Leave:** Using sick leave for a mental health break or offering unpaid leave if long-term treatment is needed.
- **Specialized Equipment & Assistive Devices:** Offering instructions in both written and spoken word may prevent confusion & provide additional clarity. Perhaps there is a need for noise blocking headphones to reduce noise or distractions.

{Example: Kimberly's approach while we were discussing position.}

Offer accommodations II

- **Modifying the Work Environment:** Placement of walls or partitions to cut down on noise, offer privacy, and lessen distractions.
- **Work-from-home options:** This is a great way to let employees with mental illness get the downtime they may need. Perhaps they need to sleep in or work in their pj's all day; maybe they need time alone or time to spend with their pets!
- **Offering a Job Coach or Mentor:** a colleague other than a direct supervisor to offer support and encourage professional growth & development. This is especially important when one's mental illness causes them to question their job performance.
- **Adjusting Training and Supervision:** Increasing timelines for projects, lengthening time in training or professional development opportunities, a willingness to be flexible & offer grace upon occasion.

Encourage communication & dialogue

- Encourage open communication between staff members. Allow an exploration of different ideas and opinions as long as no one is arguing or belittling another's ideas. By doing so, we show that we value everyone's perspective. We want everyone to respect each other, even with very different opinions.
- Encouraging open communication & dialogue will build trust and secure that safe space we mentioned earlier. This is especially important for people with mental illness who struggle to feel a sense of belonging; they may struggle with self-confidence or feel like their contributions are not valued. Reassurance can make or break a person with mental health issues. Somedays, it really can be that simple.
- When people feel comfortable sharing their ideas, are given the space to learn and improve without judgment, and are properly supported, we are more likely to ask for help when needed. We are more likely to seek that support in their workplace.

Expect {and encourage} people with Mental Illness to seek mental health treatment

Life happens. Our illnesses evolve. Medicines stop working. Our brains change. Treatment is required. When a staff member needs mental health treatment, specifically in-patient treatment;

1. Listen & respond with openness, encouragement and a lack of judgement.
2. Ensure confidentiality. It is the individual's choice if they want others in the organization to have information about their treatment plans.
3. Develop a plan of action for the employee's responsibilities while they are away. The employee may participate in this if there is time, otherwise, it may fall to their supervisor. Remember, it will be ok if not every task gets accomplished.
4. Send the staff member get well cards and gifts just as you would someone with a physical illness or extended recovery.
5. Offer reassurance that their position will be there upon their return.

Encourage mental health treatment continued

7. Be clear to the staff member that their return to work should not be rushed and they should take as long as they need to recover.
8. Keep the employee notified of changes that occur while they are away.
9. Offer flexibility and support upon their return. {Example, part-time hours.}
10. Expect surprises & go with the flow when they happen! {Example, 2-3 weeks v. 2-3 months.}



Promote & celebrate a recovery-oriented workplace



This is important for those inside and outside of your organization!

- Publicize recovery related efforts and events. Allow attendance at these events to count towards work hours / time on the clock. {Example, Out of the Darkness Walk}
- Humanize people with mental illness, tell their stories. {Example, Recovery Month, Recovery Friday series}
- When hosting events where alcohol is served – make sure there are plenty of alternatives available. Although not all people with mental illness choose to limit or abstain from alcohol, many must due so to avoid side effects with their medications.
- Reiterate to staff, other organizations and agencies, as well as to the public that your organization views mental illness, substance use recovery and their related disorders as valid and as deserving of consideration as physical disabilities.
- If an employee recognizes or celebrates a mental health or recovery milestone – celebrate with them and for them. They've earned it!

Questions?

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Sources

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