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<http://www.jan.wvu.edu/media/Psychiatric.html>
Job Accommodation Network

Accommodation and Compliance Series: Employees with Psychiatric Impairments

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Preface

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Introduction

JAN's Accommodation and Compliance Series is designed to help employers determine effective accommodations and comply with Title I of the Americans with Disabilities Act (ADA). Each publication in the series addresses a specific medical condition and provides information about the condition, ADA information, accommodation ideas, and resources for additional information.

The Accommodation and Compliance Series is a starting point in the accommodation process and may not address every situation. Accommodations should be made on a case by case basis, considering each employee's individual limitations and accommodation needs. Employers are encouraged to contact JAN to discuss specific situations in more detail.

For information on assistive technology and other accommodation ideas, visit JAN's Searchable Online Accommodation Resource (SOAR) at <http://www.jan.wvu.edu/soar>.

Information about Psychiatric Impairments

How prevalent are psychiatric impairments?

Recent studies estimate that about 20 percent of the U.S. population is affected by mental illness during a given year. This estimate is based on surveys that defined mental illness according to the prevailing editions of the Diagnostic and Statistical Manual of Mental Disorders (i.e., DSM-III and DSM-III-R). The surveys estimate that during a 1-year period, 22 to 23 percent of the U.S. adult population (44 million people) has diagnosable mental disorders, according to reliable, established criteria. In general, 19 percent of the adult U.S. population has a mental disorder alone (in 1 year); 3 percent have both mental and addictive disorders; and 6 percent have addictive disorders alone. Consequently, about 28 to 30 percent of the population has either a

mental or addictive disorder (Goldman, 1999).

What are psychiatric impairments?

Psychiatric impairments, also called "mental illnesses," refer collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning (Goldman, 1999).

What are some common psychiatric impairments?

Depression: Depressive disorders are serious illnesses that affect a person's mood, concentration, sleep, activity, appetite, social behavior, and feelings. Depressive disorders come in different forms, the most common being major depression (unipolar depression). Major depression, the leading cause of disability in the United States, affects over nine million adults in a given year. Despite the disabling effects of depression, it is highly treatable.

Bipolar disorder: Bipolar disorder (manic depression) is a brain disorder involving episodes of mania and depression. It affects more than two million American adults. Effective treatments are available that greatly reduce the symptoms of bipolar disorder and allow people to lead normal and productive lives.

Schizophrenia: Schizophrenia is a severe and chronic brain disorder that affects approximately two million Americans today. Schizophrenia impairs a person's ability to think clearly, manage his or her emotions, make decisions, and relate to others. People with schizophrenia suffer terrifying symptoms that often leave them fearful and withdrawn. However, this illness is highly treatable, and new discoveries and treatments are continually improving the outlook for people with this disorder.

Post-Traumatic Stress Disorder (PTSD): is a condition that can occur after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that can trigger PTSD include violent personal assaults such as rape or mugging, natural or human-caused disasters, accidents, or military combat. Many people with PTSD repeatedly re-experience the ordeal in the form of flashback episodes, memories, nightmares, or frightening thoughts, especially when they are exposed to events or objects reminiscent of the trauma. Anniversaries of the event can also trigger symptoms. People with PTSD also experience emotional numbness and sleep disturbances, depression, anxiety, and irritability or outbursts of anger. Feelings of intense guilt are also common. Most people with PTSD try to avoid any reminders or thoughts of the ordeal. PTSD is diagnosed when symptoms last more than one month.

Obsessive-Compulsive Disorder: People with obsessive-compulsive disorder (OCD) suffer intensely from recurrent unwanted thoughts (obsessions) or rituals (compulsions), which they feel they cannot control. Rituals such as hand washing, counting, checking, or cleaning are often performed in hope of preventing, obsessive thoughts or making

them go away. Performing these rituals, however, provides only temporary relief, and not performing them markedly increases anxiety. Left untreated obsessions and the need to perform rituals can take over a person's life. OCD is often a chronic, relapsing illness.

Panic Disorders: Panic disorder is characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms that may include chest pain, heart palpitations, shortness of breath, dizziness, or abdominal distress. These sensations often mimic symptoms of a heart attack or other life-threatening medical conditions. As a result, the diagnosis of panic disorder is frequently not made until extensive and costly medical procedures fail to provide a correct diagnosis or relief.

Seasonal Affective Disorder: SAD may be an effect of this seasonal light variation in humans. As seasons change, there is a shift in our "biological internal clocks" or circadian rhythm, due partly to these changes in sunlight patterns. This can cause our biological clocks to be out of "step" with our daily schedules. The most difficult months for SAD sufferers are January and February, and younger persons and women are at higher risk. Symptoms Include: regularly occurring symptoms of depression (excessive eating and sleeping, weight gain) during the fall or winter months. Full remission from depression occurs in the spring and summer months. Symptoms have occurred in the past two years, with no non seasonal depression episodes. Seasonal episodes substantially outnumber non seasonal depression episodes (American Psychiatric Association, 1994).

Psychiatric Impairments and the Americans with Disabilities Act

Are psychiatric impairments considered disabilities under the ADA?

The ADA does not contain a list of medical conditions that constitute disabilities. Instead, the ADA has a general definition of disability that each person must meet (EEOC, 1992). Therefore, some people with psychiatric impairments will have a disability under the ADA and some will not.

A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or is regarded as having such an impairment (EEOC, 1992). For more information about how to determine whether a person has a disability under the ADA, visit <http://www.jan.wvu.edu/corner/vol02iss04.htm>.

Where can employers get additional information about psychiatric impairments and the ADA?

The EEOC has a publication called "Psychiatric Disabilities and the ADA," which is available online at <http://www.eeoc.gov/policy/docs/psych.html>.

Accommodating Employees with Psychiatric Impairments

(Note: People with psychiatric impairments may develop some of the limitations discussed below, but seldom develop all of them. Also, the degree of limitation will vary among individuals. Be aware that not all people with psychiatric impairments will need accommodations to perform their jobs and many others may only need a few accommodations. The following is only a sample of the possibilities available. Numerous other accommodation solutions may exist.)

Questions to Consider:

1. What limitations is the employee with the psychiatric impairment experiencing?
2. How do these limitations affect the employee and the employee's job performance?
3. What specific job tasks are problematic as a result of these limitations?
4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?
5. Has the employee with the psychiatric impairment been consulted regarding possible accommodations?
6. Once accommodations are in place, would it be useful to meet with the employee with the psychiatric impairment to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?
7. Do supervisory personnel and employees need training regarding psychiatric impairments?

Accommodation Ideas:

▶ Maintaining Stamina:

- ▶ Allow flexible scheduling
- ▶ Allow longer or more frequent work breaks
- ▶ Provide additional time to learn new responsibilities
- ▶ Provide self-paced workload
- ▶ Provide backup coverage for when the employee needs to take breaks
- ▶ Allow time off for counseling
- ▶ Allow use of supported employment and job coaches
- ▶ Allow employee to work from home during part of the day or week

▶ Maintaining Concentration:

- ▶ Reduce distractions in the work area

- ▶ Provide space enclosures or a private office
- ▶ Allow for use of white noise or environmental sound machines
- ▶ Allow the employee to play soothing music using a cassette player and headset
- ▶ Increase natural lighting or provide full spectrum lighting
- ▶ Allow the employee to work from home and provide necessary equipment
- ▶ Plan for uninterrupted work time
- ▶ Allow for frequent breaks
- ▶ Divide large assignments into smaller tasks and goals
- ▶ Restructure job to include only essential functions

▼ Difficulty Staying Organized and Meeting Deadlines:

- ▶ Make daily TO-DO lists and check items off as they are completed
- ▶ Use several calendars to mark meetings and deadlines
- ▶ Remind employee of important deadlines
- ▶ Use electronic organizers
- ▶ Divide large assignments into smaller tasks and goals

▼ Memory Deficits:

- ▶ Allow the employee to tape record meetings
- ▶ Provide type written minutes of each meeting
- ▶ Provide written instructions
- ▶ Allow additional training time
- ▶ Provide written checklists

▼ Working Effectively with Supervisors:

- ▶ Provide positive praise and reinforcement
- ▶ Provide written job instructions
- ▶ Develop written work agreements that include the agreed upon accommodations, clear expectations of responsibilities and the consequences of not meeting performance standards
- ▶ Allow for open communication to managers and supervisors
- ▶ Establish written long term and short term goals
- ▶ Develop strategies to deal with problems before they arise
- ▶ Develop a procedure to evaluate the effectiveness of the accommodation

▼ Interacting with Coworkers:

- ▶ Educate all employees on their right to accommodations
- ▶ Provide sensitivity training to coworkers and supervisors
- ▶ Do not mandate that employees attend work related social functions
- ▶ Encourage all employees to move non-work related conversations out of work areas

▼Difficulty Handling Stress and Emotions:

- ▶Provide praise and positive reinforcement
- ▶Refer to counseling and employee assistance programs
- ▶Allow telephone calls during work hours to doctors and others for needed support
- ▶Allow the presence of a support animal
- ▶Allow the employee to take breaks as needed

▼Attendance Issues:

- ▶Provide flexible leave for health problems
- ▶Provide a self-paced work load and flexible hours
- ▶Allow employee to work from home
- ▶Provide part-time work schedule
- ▶Allow employee to make up time

▼Handling Changes in the Workplace:

- ▶Recognize that a change in the office environment or in supervisors may be difficult for a person with a psychiatric impairment
- ▶Maintain open channels of communication between the employee and the new and old supervisor to ensure an effective transition
- ▶Provide weekly or monthly meetings with the employee to discuss workplace issues and productions levels

Situations and Solutions:

A state rehabilitation counselor with Obsessive Compulsive Disorder had difficulty completing paper work on time because he was continually checking and rechecking it. JAN suggested making a checklist for each report and checking off items as they are completed. When he feels the urge to recheck the report he can do this quickly by using his checklist. JAN also suggested allowing him time off the telephone each day to complete paperwork and file information.

An administrative assistant in a social service agency has bipolar disorder. Her duties include typing, word processing, filing, and answering the telephone. Her limitations include difficulties with concentration and short-term memory. Her accommodation included assistance in organizing her work and a dual headset for her telephone that allowed her to listen to music when not talking on the telephone. This accommodation minimized distractions, increased concentration, and relaxed the employee. Also, meetings were held with the supervisor once a week to discuss workplace issues. These meetings are recorded so the employee can remember issues that are discussed and can replay the information to improve her memory.

A repairperson who has severe depression needed to attend periodic work related seminars. The person had difficulty taking effective notes and paying attention in the

meetings. JAN suggested that a coworker use a notebook that made a carbon copy of each page written. At the end of the session, the coworker gave the carbon copy of the notes to the repairman. Once he was able to give full attention to the meetings, he was able to retain more information.

An office manager who has been treated for stress and depression was unable to meet crucial deadlines. She had difficulty maintaining her concentration and staying focused when trying to complete assignments. She discussed her performance problems with her supervisor and accommodations were implemented that allowed her to organize her time by scheduling "off" times during the week, where she could work without interruptions. She was also provided a flexible schedule that gave her more time for counseling and exercise. The supervisor trained her coworkers on stress management and provided information about the company employee assistance program.

An Affirmative Action Officer for a university requested suggestions to accommodate a professor who was experiencing anxiety and panic attacks stemming from working at night and being in a large crowd. The JAN consultant suggested scheduling her classes for morning or afternoon, limiting the size of the class, or allowing teach classes primarily in the summer when the days are longer and there are fewer students on campus.

A JAN consultant spoke with a Director of Employee Relations for a midsize insurance company about a Claims Representative who was being treated for stress and depression. The employee was experiencing difficulty staying on task and meeting deadlines. The JAN consultant suggested restructuring the job to eliminate nonessential job functions such as making copies of files and greeting walk-in customers. He also suggested relocating her office out of the front reception area to reduce distractions. The employee was scheduled one hour of every afternoon off the telephone to complete tasks without interruption. She also met with her supervisor every Monday to set goals and discuss weekly projects.

A supervisor of a printing company requested information on how to accommodate an employee who was experiencing reduced concentration and memory loss due to mental illness. His job required operating copy machines, maintaining the paper supply, filling orders, and checking the orders for accuracy. He was having difficulty staying on task and remembering what tasks he had completed. A JAN consultant suggested laminating a copy of his daily job tasks, checking items off with an erasable marker, and using a watch with an alarm to remind him to check his other job duties.

Products:

There are numerous products that can be used to accommodate people with limitations. JAN's Searchable Online Accommodation Resource (SOAR) at <http://www.jan.wvu.edu/soar> is designed to let users explore various accommodation options. Many product vendor lists are accessible through this system; however, upon request JAN provides these lists and many more that are not available on the Web site.

Contact JAN directly if you have specific accommodation situations, are looking for products, need vendor information, or are seeking a referral.

Resources

References

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