

# JAN

Job Accommodation Network

Practical Solutions • Workplace Success

## Accommodation and Compliance Series

# Employees with Mental Health Impairments

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**ODEP**

Office of Disability  
Employment Policy

A service of the U.S. Department of Labor's Office of Disability Employment Policy

## Preface

The Job Accommodation Network (JAN) is a service of the Office of Disability Employment Policy of the U.S. Department of Labor. JAN makes documents available with the understanding that the information be used solely for educational purposes. The information is not intended to be legal or medical advice. If legal or medical advice is needed, appropriate legal or medical services should be contacted.

JAN does not endorse or recommend any products or services mentioned in this publication. Although every effort is made to update resources, JAN encourages contacting product manufacturers/vendors and service providers directly to ensure that they meet the intended purposes. This guarantees that the most up-to-date information is obtained.

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Authored by Beth Loy, Ph.D., and Melanie Whetzel, M.A. Updated 12/03/14.

# JAN'S ACCOMMODATION AND COMPLIANCE SERIES

## 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://AskJAN.org/soar>.

## Information about Mental Health Impairments

### How prevalent are mental health impairments?

Approximately 61.5 million Americans, one in four adults, experience a mental health impairment in a given year (National Alliance on Mental Illness, 2013). One in seventeen individuals lives with a serious mental health impairment, such as schizophrenia, major depression, or bipolar disorder (National Institute of Mental Health, 2013).

### What are mental health impairments?

The DSM-5 (the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM)), which is published by the American Psychiatric Association (APA), provides diagnostic criteria for mental health impairments. According to the DSM-5 (APA, 2013), a mental health impairment is:

a mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or

sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.

The National Alliance on Mental Illness (NAMI) (n.d.a) defines a mental health impairment as:

a medical condition that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

### **What are some common mental health impairments?**

JAN receives numerous accommodation questions related to individuals with mental health impairments working successfully. Although there are various definitions and lists of impairments, this document covers those that are received the most by JAN. NAMI provides useful definitions of mental health impairments and statistics on their prevalence. The following (NAMI, n.d.b) is a summary of these:

- **Bipolar disorder**, sometimes referred to as manic depression, “is a medical illness that causes extreme shifts in mood, energy, and functioning. Bipolar disorder is a chronic and generally life-long condition with recurring episodes of mania and depression that can last from days to months that often begin in adolescence or early adulthood, and occasionally even in children.”
  - Estimates indicate approximately 2.6% of American adults, or 6.1 million people, have bipolar disorder (NAMI, 2013).
- **Borderline personality disorder (BPD)** is “an often misunderstood, serious mental illness characterized by pervasive instability in moods, interpersonal relationships, self image, and behavior. It is a disorder of emotional dysregulation. This instability often disrupts family and work, long-term planning, and the individual’s sense of self-identity.”
  - Estimates indicate that 4-5% of American adults have BPD (NAMI, 2013).
- **Major depression** is “persistent and can significantly interfere with an individual's thoughts, behavior, mood, activity, and physical health. Among all medical illnesses, major depression is the leading cause of disability in the United States and many other developed countries.”
  - Estimates indicate that 14.8 million American adults have major depression (NAMI, 2013).
- **Obsessive compulsive disorder (OCD)** “occurs when an individual experiences obsessions and compulsions for more than an hour each day, in a way that interferes with his or her life.”

- Estimates indicate that 2.2 million American adults have OCD (NAMI, 2013).
- **Panic disorder** occurs when a person “experiences recurrent panic attacks, at least one of which leads to at least a month of increased anxiety or avoidant behavior. Panic disorder may also be indicated if a person experiences fewer than four panic episodes but has recurrent or constant fears of having another panic attack.”
  - Estimates indicate that 6 million American adults have panic disorder (NAMI, 2013).
- **Post traumatic stress disorder (PTSD)** is “an anxiety disorder that can occur after someone experiences a traumatic event that caused intense fear, helplessness, or horror. While it is common to experience a brief state of anxiety or depression after such occurrences, people with PTSD continually re-experience the traumatic event; avoid individuals, thoughts, or situations associated with the event; and have symptoms of excessive emotions. People with this disorder have these symptoms for longer than one month and cannot function as well as they did before the traumatic event. PTSD symptoms usually appear within three months of the traumatic experience; however, they sometimes occur months or even years later.”
  - Estimates indicate that 7.7 million American adults have PTSD; this includes 15-30% of veterans (NAMI, 2013).
- **Schizophrenia** “often interferes with a person's ability to think clearly; to distinguish reality from fantasy; and to manage emotions, make decisions, and relate to others.”
  - Estimates indicate that 2.4 million American adults have schizophrenia (NAMI, 2013).
- **Seasonal affective disorder (SAD)** is “characterized by recurrent episodes of depression – usually in late fall and winter – alternating with periods of normal or high mood the rest of the year.”
  - Note: SAD is not regarded as a separate disorder by the DSM-5 (APA, 2013), but it is an added descriptor for the pattern of depressive episodes in patients with major depression or bipolar disorder.

## **Mental Health Impairments and the Americans with Disabilities Act**

### **Are mental health 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 Regulations . . . , 2011). Therefore, some people with mental health 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 an impairment (EEOC Regulations . . . , 2011). For more information about how to determine whether a person has a disability under the ADA, visit <http://AskJAN.org/corner/vol05iss04.htm>.

### **Where can employers get additional information about mental health impairments and the ADA?**

JAN provides resources on mental health impairments and the ADA at <http://AskJAN.org/media/psyc.htm>. This includes accommodation ideas, information on the ADA and its amendments, and guidance from the EEOC. Two EEOC guidances that may be helpful working through the accommodation process are: The ADA and Psychiatric Disabilities at <http://www.eeoc.gov/policy/docs/psych.html> and The ADA: Applying Performance and Conduct Standards to Employees with Disabilities at <http://www.eeoc.gov/facts/performance-conduct.html>.

## **Accommodating Employees with Mental Health Impairments**

(Note: People with mental health 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 mental health 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 a mental health 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 a mental health impairment been consulted regarding possible accommodations?
6. Once accommodations are in place, would it be useful to meet with the employee with a mental health 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 mental health impairments?

### **Accommodation Ideas:**

#### Attendance:

- Allow flexible work environment:
  - Flexible scheduling
  - Modified break schedule
  - Leave for counseling
  - Work from home/Flexi-place

#### Concentration:

- Reduce distractions in the work area:
  - Provide space enclosures, sound absorption panels, or a private office
  - Allow for use of white noise or environmental sound machines

- Allow the employee to play soothing music using an earbud and computer or music player
- Plan for uninterrupted work time
- Purchase organizers to reduce clutter
- Increase natural lighting or provide full spectrum lighting
- Allow flexible work environment:
  - Flexible scheduling
  - Modified break schedule
  - Leave for counseling
  - Work from home/Flexi-place
- Divide large assignments into smaller tasks and goals
- Use auditory or written cues as appropriate
- Restructure job to include only essential functions
- Provide memory aids such as schedulers, organizers, or email applications

#### Emotions:

- Encourage the use of stress management techniques to deal with frustration
- Allow the presence of a support animal
- Allow telephone calls during work hours to doctors and others for needed support
- Allow flexible breaks
- Refer to employee assistance program (EAP)

#### Fatigue:

- Allow flexible work environment:
  - Flexible scheduling
  - Modified break schedule
  - Leave for counseling
  - Work from home/Flexi-place
- Provide a goal-oriented workload
- Reduce or eliminate physical exertion and workplace stress
- Implement ergonomic workstation design

#### Memory:

- Allow use of job coach
- Provide mentor
- Provide minutes of meetings and trainings
- Use auditory or written cues as appropriate
- Allow additional training time
- Provide written checklists
- Use a color coding scheme to prioritize tasks
- Use notebooks, planners, or sticky notes to record information
- Provide labels or bulletin board cues to assist in location of items



### Organization:

- Use daily, weekly, and monthly task lists
- Use calendar with automated reminders to highlight meetings and deadlines
- Use electronic organizers or mobile devices
- Divide large assignments into smaller tasks and goals
- Use a color coding scheme to prioritize tasks

### Panic Attacks:

- Allow the employee to take a break and go to a place where s/he feels comfortable to use relaxation techniques or contact a support person
- Identify and remove environmental triggers such as particular smells or noises
- Allow the presence of a support animal

### Sleep Disturbances:

- Allow for a flexible start time
- Combine regularly scheduled short breaks into one longer break
- Provide a place for the employee to rest during break
- Allow the employee to work one consistent schedule
- Provide a device such as a Doze Alert or other alarms to keep the employee alert
- Provide work areas with sunlight or other natural lighting

### Stress:

- Refer to counseling and EAP
- Allow telephone calls during work hours to doctors and others for needed support
- Allow the presence of a support animal
- Allow flexible work environment:
  - Flexible scheduling
  - Modified break schedule
  - Leave for counseling
  - Work from home/Flexi-place

### Coworker Interaction:

- Encourage the employee to walk away from frustrating situations and confrontations
- Provide partitions or closed doors to allow for privacy
- Provide disability awareness training to coworkers and supervisors

## **Working Effectively:**

Two common issues that JAN receives inquiries on are: (1) what accommodations will work for individuals with mental health impairments when workplaces are implementing substantial changes, and (2) what accommodations will help supervisors work effectively with individuals with mental health impairments. Many accommodation ideas are born from effective management techniques. When organizations are implementing workplace changes, it is important that key personnel recognize that a change in the environment or in supervisors may be difficult. Maintaining open channels of communication to ensure any transitions are smooth, and providing short weekly or monthly meetings with employees to discuss workplace issues can be helpful.

Supervisors can also implement management techniques that support an inclusive workplace culture while simultaneously providing accommodations. Successful techniques include the following:

- Provide positive praise and reinforcement,
- Provide day-to-day guidance and feedback,
- Provide written job instructions via email,
- Develop clear expectations of responsibilities and the consequences of not meeting performance standards,
- Schedule consistent meetings with employee to set goals and review progress,
- Allow for open communication,
- Establish written long term and short term goals,
- Develop strategies to deal with conflict,
- Develop a procedure to evaluate the effectiveness of the accommodation,
- 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, and
- Encourage all employees to move non-work related conversations out of work areas.

## **Situations and Solutions:**

A secretary with post-traumatic stress disorder (PTSD), who had been carjacked several years earlier, experienced significant anxiety during commutes after dark. This caused difficulty concentrating and irritability. She was accommodated with the ability to have a support animal at work and a flexible schedule with work from home during periods of minimal sunlight.

A graphic designer with a panic disorder experienced recurrent panic attacks when traveling during peak traffic times. He was required to drop off design orders and pick up print proofs from a print shop when necessary. He was accommodated with a schedule that gave him the opportunity to drop off and pick up materials when coming to work in the morning.

A baker with OCD repeatedly checked ingredients for recipes. The individual was accommodated with a computerized checklist for each baked good recipe on the menu. He was allowed time in the morning to arrange and check off items to be used during the day. When he felt the urge to recheck the ingredients he could do this quickly by using his daily checklist. This checklist was placed in a handheld computer that resembled the two-way radios used by all employees.

A grocery store bagger with SAD had difficulty working an early schedule due to oversleeping. She also experienced fatigue and depression during late fall and winter months. She was accommodated with an afternoon schedule and was moved to the front of the store, which had windows that let sunlight enter her workspace.

An accountant for a large agency had bipolar disorder. His duties included research, writing, and filing reports. He had difficulties with concentration and short-term memory during very busy periods that required long hours. He was accommodated with a more consistent caseload that did not result in extreme fluctuations in workload. He was provided a work area that was away from noise and given earbuds to listen to music. He also met briefly with his supervisor once a week to discuss workload issues.

An electrician with severe depression needed to attend periodic licensure trainings. The person had difficulty taking effective notes and paying attention in the meetings. The individual was accommodated with notes from remote Communication Access Realtime Translation (CART) service.

A veteran with PTSD was working for state government on a team project. The employer decided to move the team's office to the basement of a building. Once the move occurred, the veteran realized that the noises in the basement were triggering memories of explosions and causing flare ups of his PTSD. The employer did not want to move the entire team again but was able to find an office on the first floor of the same building for the veteran. The rest of the team remained in the basement, but team meetings were held upstairs.

### **Products:**

There are numerous products that can be used to accommodate people with mental health impairments. JAN's Searchable Online Accommodation Resource (SOAR), accessible at <http://AskJAN.org/soar>, is designed to let users explore various accommodation options. Many product vendor lists are accessible through this system; however, JAN provides these lists and many more that are not available on the Website upon request. Contact JAN directly if you have specific accommodation situations, are looking for products, need vendor information, or are seeking a referral.

## Resources

### **Job Accommodation Network**

West Virginia University  
PO Box 6080  
Morgantown, WV 26506-6080  
Toll Free: (800)526-7234  
TTY: (877)781-9403  
Fax: (304)293-5407  
jan@AskJAN.org  
<http://AskJAN.org>

The Job Accommodation Network (JAN) is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities.

### **Office of Disability Employment Policy**

200 Constitution Avenue, NW, Room S-1303  
Washington, DC 20210  
Toll Free: (866)633-7365  
TTY: (877)889-5627  
Fax: (202)693-7888  
<http://www.dol.gov/odep/>

The Office of Disability Employment Policy (ODEP) is an agency within the U.S. Department of Labor. ODEP provides national leadership to increase employment opportunities for adults and youth with disabilities while striving to eliminate barriers to employment.

### **Anxiety Disorders Association of America**

8701 Georgia Avenue  
Suite 412  
Silver Spring, MD 20910  
Direct: (240)485-1001  
Fax: (240)485-1035  
<http://www.adaa.org>

Anxiety Disorders Association of America provides resources for clinicians, researchers, and other treatment providers in all disciplines. Resources are provided for anxiety disorder sufferers, family members, and other interested parties.

**BPDWORLD**

mail@bpdworld.org

<http://www.bpdworld.org>

BPDWORLD has information that focuses on borderline personality disorder (BPD) The Website has information available to all, including depression, self-harm, anxiety, and much more. The site offers the best support services available on the net with forums, chat, peer support ticket system, live chat to our volunteers, and a great journal system.

**Center for Psychiatric Rehabilitation**

Boston University

940 Commonwealth Avenue West

Boston, MA 02215

Direct: (617)353-3549

Fax: (617)353-7700

psyrehab@bu.edu

<http://cpr.bu.edu/>

The Center for Psychiatric Rehabilitation conducts research, develops educational materials, disseminates new knowledge, and provides training and program consultation in the area of psychiatric rehabilitation.

**International Obsessive Compulsive Foundation, Inc.**

PO Box 961029

Boston, MA 02196

Direct: (617)973-5801

Fax: (617)973-5803

info@iocdf.org

<http://iocdf.org>

The International Obsessive Compulsive Foundation, Inc., educates the public and professional communities about OCD and related disorders; provides assistance to individuals with OCD and related disorders, their family and friends; and supports research into the causes and effective treatments of OCD and related disorders.

**Judge David L. Bazelon Center for Mental Health Law**

1101 15th St. NW

Suite 1212

Washington, DC 20005

Direct: (202)467-5730

TTY: (202)467-4232

Fax: (202)223-0409

communications@bazelon.org

<http://www.bazelon.org>

The Bazelon Center is a national, non-profit organization that engages in legal advocacy for people with mental disabilities.

**Mental Health America**

2000 N Beauregard Street, 6th Floor  
Alexandria, VA 22311  
Toll Free: (800)969-6642  
Direct: (703)684-7722  
Fax: (703)684-5968  
<http://www.nmha.org>

Mental Health America is a charitable organization with more than 80 years of success in addressing the mental health needs of our communities, state, and nation. Founded in 1909 as the National Committee for Mental Hygiene by a former psychiatric patient named Clifford W. Beers, NMHA has always depended on volunteers to change the way Americans think about mental health and mental illness. NMHA volunteers all over the country work to meet the mental health needs of their communities through a wide array of services.

**National Alliance on Mental Illness (NAMI)**

3803 N. Fairfax Dr., Ste. 100  
Arlington, VA 22203  
Toll Free: (800)950-6264  
Direct: (703)524-7600  
Fax: (703)524-9094  
<http://www.nami.org>

NAMI is dedicated to improving the lives of individuals and families affected by mental illness. NAMI focuses on three cornerstones of activity that offer hope, reform, and health to the American community: Awareness, Education, and Advocacy.

**National Institute of Mental Health (NIMH)**

Science Writing, Press, and Dissemination Branch  
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Fax: (301)443-4279  
[nimhinfo@nih.gov](mailto:nimhinfo@nih.gov)  
<http://www.nimh.nih.gov>

NIMH offers a variety of publications and other educational resources to help people with mental disorders, the general public, mental health and health care practitioners, and researchers gain a better understanding of mental illnesses and the research

programs of the NIMH. All publications and educational materials are written by science writers, in collaboration with NIMH scientists and outside reviewers.

**National Institute on Disability and Rehabilitation Research (NIDRR)**

U.S. Department of Education  
400 Maryland Avenue, SW, Mailstop 2700  
Washington, DC 20202  
Direct: (202)245-7640  
Fax: (202)245-7323  
nidrr-mailbox@ed.gov  
<http://www2.ed.gov/about/offices/list/osers/nidrr/index.html>

NIDRR provides support for a comprehensive program of national and international research into all aspects of the rehabilitation of people with disabilities and their successful integration into education, work, and community life.

**National Mental Health Consumers' Self-Help Clearinghouse**

1211 Chestnut Street  
Suite 1100  
Philadelphia, PA 19107  
Toll Free: (800)553-4539  
Direct: (215)751-1810  
Fax: (215)636-6312  
info@mhsselfhelp.org  
<http://www.mhsselfhelp.org>

Founded by the Mental Health Association of Southeastern Pennsylvania, the purpose of the Clearinghouse is to encourage the development and growth of consumer self-help groups.

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

SAMHSA  
1 Choke Cherry Road  
Rockville, MD 20857  
Toll Free: (800)662-4357  
TTY: (800)487-4889  
Fax: (240)221-4292  
SAMHSAInfo@samhsa.hhs.gov  
<http://www.samhsa.gov>

SAMHSA's mission is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental health impairments. Treatment locator helps you find services by state.

## References

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