

Making It Work With Mental Health Challenges...



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The workplace is inherently stressful — periodic evaluations, supervisor quirks, management changes, unfriendly co-workers, and the ever-present possibility of a pink slip landing in your inbox — it's a lot for employees to handle. And it can be even more challenging if you're someone dealing with mental health issues.

Almost one in five adults in the United States today, struggles with some form of mental illness — about 57.8 million people, according to the National Institutes of Health. Only about 7 million of these, however, are actually being served by the public mental health system, says the National Alliance on Mental Illness (NAMI), a grassroots group with about 1,000 state and local affiliates.

A 2017 NAMI report found, "The majority of individuals with serious mental illness express the desire to work, yet their employment rates are estimated to be 22 percent, with little more than half of that percentage working full-time."

Many could also be considered under-employed — a person with a law degree working as a secretary; a former computer programmer working as a security guard; or a former librarian working as a bookkeeping clerk.

Mental health consumers often find looking for a job to be as stressful and challenging as holding a job. Depression and/or anxiety prevents many from applying for



Peer Support Specialist Carl Blumenthal.

employment opportunities or seeing the interview process through. Feelings of low self-esteem, reinforced by previous failures at the job search, only exasperate the problem.

“While an employer is not allowed to ask questions about a person’s mental and physical health, a person’s resume with a lot of gaps and the way they present themselves in an interview, if they get that far, can tip off an employer who can find other reasons for not hiring,” says Carl Blumenthal, a peer support specialist at Vibrant Emotional Health, a mental health support organization in New York.

Once they’re on the job, people with mental health issues will face the same problems as the rest of the workforce. At the same time, however, there will be additional concerns.

“Once employed, a person with mental illness could experience discrimination from co-workers and have difficulty developing relationships or knowing when to self-advocate,” note officials at ACCESS-VR, a division of the New York State Department of Education that helps people with disabilities

achieve and maintain employment. “Some people could struggle with time and attendance issues because their work schedules don’t support their treatment regime or the effects of medication.”

And there’s always the question of whether or not these individuals should reveal their mental health issues. If they don’t, supervisors might not understand why they are working more slowly, or making more mistakes, than usual. But if they do, they may expose themselves to ridicule from co-workers.

“I don’t live in hiding,” says Christina Bruni, author of *Working Assets: A Career Guide for Peers - Finding and Succeeding at a Job Living with a Mental Illness*. The cost of not speaking out is too great when individuals with mental illnesses express interest in getting jobs, having a life partner, and achieving goals that people who are ‘normal’ can create for themselves.”

The concept of supported employment is steadily gaining ground as a partial “fix” for on-the-job problems. With supported



“I don’t live in hiding,” author Christina Bruni.

employment, mental health counselors and nonprofit agencies can steer applicants step-by-step through the job application process. Then, once the client is on the job, specialists periodically visit the work site, meeting with both the client and the employer, helping to establish working conditions that are satisfactory to both.

Supported employment, however, should not be confused with old-fashioned “sheltered-workshops” where consumers do repetitive tasks all day, such as packing boxes, often at sub-minimum wages. “There have been state and federal laws either passed or proposed lately that are supposed to phase out sheltered workshops, but they all have loopholes, so the practice continues,” Blumenthal says.

Some graduates of employment support programs go on to work as advocates or counselors within the mental health community. Such is the case, for example, with the New York-based Howie the Harp Advocacy Center, which trains consumers for roles within human services. Howie the Harp is named for the organization’s first advocacy director — the late Howard Geld — who played harmonica on the streets of Greenwich Village before he became an activist.

“Many HTH graduates go on to work within Community Access, which is the parent organization of HTH. For example, graduates of HTH have gone on to work in Community Access’ advocacy department, supported education program, adult home initiative, mobile teams, housing sites, respite center, HTH itself, and other programs throughout the agency,” says HTH Director of Advocacy Laura Rhymer.

The rights of workers with mental illness, as well as other disabilities, are protected by the federal Americans With Disabilities Act of 1990 (ADA), as well as a variety of laws in the states. Under the ADA, employers may be required to provide reasonable accommodations to people with disabilities,

as long as they don’t cause undue hardship on the employers themselves.

Examples of such accommodations, according to NAMI, are sick leave, more breaks, scheduling flexibility and noise reduction. Measures like these could actually help employers because they also increase overall employee productivity.

Sometimes, however, the person with a medical condition isn’t aware that the ADA exists, says Bruni. “Your supervisor (and this has happened in real life) can write you up for workplace violations and then fire you. If you knew the ADA allowed you to get a reasonable accommodation — and the goal of this is to be able to perform your job better — you could’ve notified HR that you have a disability and need job changes.”

The sources we interviewed for this article all offered “success stories.” Here are two.

Bruni, soon after graduating from college, was diagnosed with schizophrenia. When she was 22, her grandfather slipped into a coma, and this proved to be her breaking point. She was willingly hospitalized, given a prescription for antipsychotic medication, and put into a day program. The staff didn’t believe that recovery was possible for her, but she continued to believe in herself.

At one point, she and her psychiatrist made the decision to wean her off all medications. But this didn’t work, and since then Bruni has taken her medication as prescribed. “Christina credits her success to her ongoing treatment,” the CURESZ Foundation’s website says. In 2000, she graduated from Pratt Institute with a master’s in library science, and she has been working as a librarian for 23 years.

Blumenthal was deeply affected by his brother’s own severe mental illness and according to his bio on the consumer-run “City Voices” website, was sent to a psychiatrist at age 11. He was later diagnosed with bipolar disorder in college after his first

suicide attempt. For 25 years, Blumenthal worked as an urban planner, and eventually volunteered for NAMI NYC Metro. In 2002, he became a peer specialist.

In 2006, he experienced another severe depression, which led to two suicide attempts. Blumenthal took a “five-year hiatus” from work, during which time he cared for his brother before he died. “This experience reignited my passion for supporting peers with behavioral health challenges,” he says. Blumenthal has since returned to work.