

The Potential of Unions to Support People with Mental Health Conditions in the Workplace Union Personnel Training Manual

GOAL:

To provide union representatives with an understanding of a potential role for Unions in supporting people with mental health conditions based on strategies supporting job retention rather than promoting disability leave.

LEARNING OBJECTIVES:

§ Understand what it means to have a mental health condition and how mental health conditions affect work

§ Identify a role for union representatives in assisting workers with mental health conditions in sustaining work

§ Understand community mental health services and how to partner with them

§ Learn about the Americans with Disabilities Act and its relationship to the collective bargaining agreement

§ Develop strategies for helping workers with mental health conditions by identifying and negotiating reasonable accommodations for them

Target Audience: The target audience for this training is union representatives including shop stewards, business representatives or Member Assistance Program staff.

Facilitator: The facilitator for this training is either a community mental health care provider or an union representative, such as an MAP professional, who is knowledgeable about working with people with mental health conditions. The facilitator must be familiar with Unions including the collective bargaining agreement, the world of work (including how to communicate in the language of the workplace and organizational structure) *and* workplace intervention strategies (including issues of disclosure and negotiation of ADA accommodations) to help people with mental health conditions gain and retain integrated competitive employment.

This is an interactive training! You should encourage participation and involvement by asking for questions and comments every few minutes. Keep the question/comment periods brief, 2-3 minutes, then continue.

Training Group Size: The group should not exceed 12-15 participants.

Needed materials: Copies of training handouts for all participants and a dry erase board or flip chart. There are 5 handouts.

Estimated time: 2 hours 30 minutes with allowance for a 10 minute break.

Leader notes: Your directions are in bold type. The material to share with training participants is in regular type and italics.

Introduction (15 minutes)

Welcome participants. Introduce yourself and indicate your connection (expertise) with today=s content.

§ Introduce purpose of the session.

§ Today we are going to talk about the role of Unions in helping workers with mental health conditions be productive and keep their jobs.

§ Let=s make sure we all know one another.

§ Leader: Have participants introduce themselves, the organization they represent, their role and what they hope to gain from this session.

§ Before we start we would like to tell you that we will be using the word Aconsumer@ interchangeably with Amember@ to identify a person/worker with a mental health condition. Some will have serious long standing conditions while others may have temporary symptoms of stress, depression or anxiety resulting from life situations.

§ Chances are that there are union members with whom you work who have mental health conditions.

§ Traditionally, the Union role was to ensure that members received disability payments and if the condition appeared to be long-term, the Union could support the claim for long-term disability payments.

§ Today, however, we are in the midst of a revolution in the way we think about people with mental health conditions and in the way people with mental health conditions see themselves.

§ Consumers of mental health services, thanks to,

§ advances in medication,

§ consumer activism, and

§ shifts in public policy

want to work, are expected to work, and have the skills to work at meaningful jobs.

§ Unions have the know how to be great advocates on behalf of these changes in thinking.

§ It is useful to union personnel to become aware of what it means to work with a mental health condition and acquire the expertise to support members with mental health conditions in the workplace.

§ Much like the current Union response to alcohol and substance abuse recovery, begun more than 30 years ago, of getting treatment and sustaining work whenever possible, today=s response to mental illness should follow the same path. Taking this step will benefit both current and future union members and can enhance both the Union=s public image and its social contribution to the community.

§ In this session we hope to familiarize you with:

§ what we mean by a mental health condition and the prevalence of these conditions,

§ the facts about mental health consumers and their ability to work,

§ the services of the community mental health care provider, and

§ the role of Unions in developing and negotiating accommodations for workers with mental health conditions.

Working with a Mental Health Condition (15 minutes)

In order to help people with mental health conditions in the workplace, it is important to understand what it means to have a mental health condition.

§ Leader: Ask, *What comes to mind when I say mental health condition?*

§ There will be a variety of replies. Most often, words that come to mind have negative connotations such as Acrazy,@ Adangerous,@ or Anuts,@ or people have replies that relate to stories from the news. In some cases, people have personal experience with mental health conditions. They may

mention symptoms or the names of actual conditions.

§ Write participants= responses on a dry erase board or flip chart. It would be appropriate to make observations about the nature of peoples= replies, i.e., whether the words are negative or positive or how people form their perceptions, but don=t spend more than five minutes on this exercise. Then make the following points about characteristics of mental health conditions:

§ Mental health conditions can affect the way that a person thinks, feels and/or behaves.

§ Mental health conditions are medical conditions and as such must be treated by a physician or other health care provider.

§ Symptoms of most mental health conditions are episodic or cyclical in nature, which means that they might reoccur over time. Common symptoms include:

§ Feelings of sadness, loneliness or a loss of interest or pleasure in activities

§ A sense of hopelessness, emptiness or worthlessness

§ Feeling suspicious of others or that others are laughing at you

§ Fear of certain situations, places or events

§ Acting in a way that is not appropriate to the time or place

§ Auditory or visual hallucinations

§ Inappropriate or numbed emotions

§ A greater than realistic sense of well-being and ability

§ Mood swings

§ Repetitive behavior that an individual would rather not engage in

§ Strange or unpleasant thoughts

§ Inability to concentrate or being easily confused or distracted

§ Poor memory or memory loss

§ Increased activity or restlessness

§ There is a broad spectrum of mental health conditions ranging in intensity and duration. For some people, depression may be a temporary disability in response to the loss of a partner, approaching retirement, difficulties with marriage, etc. Others may struggle in an ongoing way with depression, so that major life activities, such as working or running a household, become unmanageable.

§ Substance abuse or chemical dependence problems many times co-occur with mental health conditions. In these cases of dual diagnosis, it is vital to treat both the substance abuse behavior as well as the underlying mental health issue.

§ Having symptoms does not mean that an individual does not have the skills to do the job. Symptoms are a functional impairment, such as being in a wheel chair, that might require some changes for the person in the way the job is done usually.

§ People with mental health conditions who have gone through a treatment program are likely to be taking appropriate medication, are supported by a mental health care professional, and are stable and in recovery. It is those consumers, who are stable and in recovery, who are entering or returning to the workplace.

§ To be stable and in recovery does not mean being completely symptom free.

§ Leader: Ask if there are any questions or if anyone wants to make a comment. You should encourage participation and involvement by asking for questions and comments every few minutes. Keep the question/comment period brief, 2-3 minutes, then continue:

§ Medication is one of the primary treatments, along with therapy, for people with mental health conditions. Medication does not cure the condition, but rather it helps to control the symptoms so that an individual can carry out day to day activities, including work, similar to the way that insulin helps to control someone's diabetes or medicine controls high blood pressure.

§ Although medication is an important treatment for mental health conditions, the medication can have many side effects. The side effects sometimes cause as many problems as the symptoms of the illness that the medication is intended to treat. The side effects can be behavioral or physical. Examples are:

§ Drowsiness

§ Headaches

§ Slurred speech

- § Facial ticks
- § Restlessness
- § Trembling hands
- § Constant mouth movement
- § Lack of facial expression
- § Loss of coordination

§ Leader: Distribute Handout 1, Symptoms of Mental Health Conditions and Side Effects of Medication. This is a resource for participants for later use.

§ The names of the conditions, e.g., schizophrenia, depression, anxiety or bipolar disorder are important to mental health professionals so that they can select the appropriate treatment. Otherwise, the names of the conditions themselves are unimportant because the conditions share many of the same symptoms and the medications used to treat them can cause similar side effects. What concerns us here is that these symptoms and side effects potentially can interfere with someone's ability to meet job requirements.

Prevalence of Mental Health Conditions (20 minutes)

§ Leader: Ask, *Do any of you know someone with a mental health condition?*

§ Encourage descriptions. Allow participants time to answer and describe the situations. Then summarize.

We have all been exposed to mental health conditions through what we see and hear on the news and on television and in the movies. Some of you may know someone with a mental health condition. What you may not realize is how common mental health conditions really are. Let's see what is the present situation.

§ Leader: Read each of the questions and the possible answers out loud to the group. Ask for a show of hands to demonstrate who believes a, b, c, etc. is correct. Then identify the correct answer. Correct answers to the following questions are marked with an asterisk (*).

§ How many individuals in the US do you think experience mental health conditions each year?

- a) Twenty million
- b) One hundred thousand
- c) Five hundred thousand
- *d) Five million

§ *How many families include someone who has experienced a mental health condition?*

- a) One in a thousand
- *b) One in five
- c) One in twenty
- d) One in hundred

§ *Which is the most common medical condition for which people seek treatment?*

- a) Cancer
- b) Diabetes
- *c) Mental health conditions
- d) Heart disease

(Questions adapted from the NAMI/FAMI "Understanding Mental Health Conditions" fact sheet)

§ Mental health conditions, like other medical conditions, can affect anyone at anytime. They affect people of all ages, races and economic backgrounds, whether or not there is a family history of mental health conditions.

§ **Leader: Ask**, Now that you know how prevalent mental health conditions are, *do you think that some current union members working regular jobs have mental health conditions? (Leave time for responses.)*

§ **Leader: Ask**, *Did you think that might be true before today?*

§ Leader, allow for a 2-3 minute discussion or comments at this time. People may share examples of workers that they know of who have mental health conditions or they may want to ask about situations in which they have questioned how to handle a situation. Encourage this exploration, and explain that these issues will be addressed in depth as the training proceeds.

§ ALL workplaces employ people with mental health conditions, whether they know it or not. Unions, with their history of advocacy and supporting workers= rights, can play an important part in supporting the rights of these workers.

§ **Leader: Ask**, *What are your expectations for job performance? Make note that*

people with mental health conditions can and do fulfill such performance requirements every day.

**Your Potential Role as Union Representative in
Helping Workers with Mental Health Conditions (10 minutes)**

§ Leader: Ask, *What do you think your role can be in helping workers with mental health conditions? Have you helped anyone with a substance abuse problem? What did you do? Can you see any similarities? How about a person with a physical disability?*

§ Leader: Encourage discussion. Make sure the following points are made.

§ Sometimes changes in a job will allow a person with a mental health condition to perform that job successfully.

§ These changes are typically small and do not affect the central features of the job. Rather, the changes, known as accommodations, allow skilled employees with disabilities the opportunity to use their skills on the job.

§ Union representatives can be key to the success of the accommodation and make the difference between a worker sustaining work or losing the job:

§ As union representatives you know the job, the employer and the coworkers. This is essential information to consumers who need their jobs changed in some way so that they can work effectively despite their symptoms.

§ As union representatives you know the terms of the collective bargaining agreement between the Union and the employer and how jobs are defined within that contract. As mental health care providers and consumers think about job changes, it is important that they understand what the contract allows, how flexible a job title is and ways jobs have been modified in the past without undermining the contract. Only you, as a union representative, have this information and can assess the likelihood of putting in place needed job changes.

§ As union representatives, you are experienced negotiators and a valuable resource to the consumer and the community mental health care provider when it comes to talking to the employer about job changes.

§ As union representatives, you can help coworkers understand and accept the need for accommodation.

LEADER NOTE: This is a good place to take a 10 minute break.

What Union Representatives Should Know About the Americans with Disabilities Act (30 minutes)

To participate effectively in the accommodation process it is important that you know about the Americans with Disabilities Act (ADA) and the Family Medical Leave Act (FMLA). You have probably had some prior experience with these laws and their application to work situations, but there are some special issues for people with mental health conditions. So let's have a review.

§ **Leader ask:** *What is the ADA?*

§ **Augment participants responses with the following information (5 minutes):** The ADA is the Americans with Disabilities Act of 1990. It gives civil rights protections to people with disabilities similar to those provided to individuals on the basis of race, gender, national origin or religion by Title VII of the Civil Rights Act of 1964. It guarantees non-discrimination in opportunity for qualified people with disabilities in employment, public accommodations, transportation, state and local government services, and telecommunications.

§ It is a powerful tool that places responsibility on the Union to protect from discrimination, from both the Union and the employer, a qualified person with a disability who needs assistance to meet job requirements in the workplace.

§ Our main interest is in Title I of the ADA, which is the section related to employment.

§ The ADA prohibits discrimination on the basis of disability in all employment practices including:

§ job application procedures

§ hiring

§ union membership

§ firing

§ advancement

§ compensation

§ training

§ other benefits of employment

§ recruitment

§ advertising

§ tenure

§ layoffs

§ leave

§ fringe benefits

§ Leader: Distribute Handout 2, ADA True/False Questionnaire. Ask participants to take a few minutes to complete it. Even if the trainee has not heard of the ADA or has little idea what it is about, encourage him or her to guess at what he or she thinks the correct answer might be.

§ After several minutes read each item and ask the group whether they believe the item is true or false and why. It is important to give examples. Explanatory material and examples are provided below but additional examples from the group should be encouraged.

§ 1. *People with mental health conditions are covered by the ADA.*

§ True: Mental health conditions such as bipolar disorder, major depression, and schizophrenia are covered by the ADA.

§ Even if someone has been stable and without hospitalization for a long period of time, he or she is still protected under the ADA because when his or her symptoms are active they result in substantial limitations of major life activities. Therefore, the worker qualifies for protection as a person with a history of a mental health condition.

§ Major life activities include seeing, hearing, speaking, walking, breathing, sleeping, performing manual tasks, learning, caring for oneself and working.

§ In the ADA, a person with a disability is defined as someone who:

§ has a physical or mental impairment that substantially limits one or more of the major life activities of the individual,

§ has a record of having such an impairment (such as a person with a history of cancer or mental illness), or

§ is regarded as having such an impairment.

§ The impairment must be

§ long-term, and

§ cause restriction to one or more major life activities.

§ A serious persistent mental health condition is covered because it can be permanent and can affect the ability to carry out major life activities, while an adjustment disorder following a divorce might not be covered because it is not long-term and/or does not substantially limit any major life activities.

§ Examples of mental health conditions not covered:

§ depression following the death of a family member,

§ anxiety around a life transition (moving to a new home or the birth of a child), or

§ stress because of a big assignment at work.

§ But you know from your experience that people in these situations need special consideration. It is probably not that unusual, in the course of performing your responsibilities as a union rep, for you to help them.

§ **Ask**, *What arrangements do you make?*

§ **Leader:** May suggest short-term leave, union brothers and sisters help them get work done or you refer them to a health care facility

§ So consider these examples of mental health conditions that are covered:

§ obsessive compulsive disorder,

§ schizoaffective disorder, and

§ bipolar disorder.

§ They need similar help, but perhaps for longer.

§ 2. *A consumer is no longer protected by the ADA if medication has alleviated all the symptoms of a severe mental health condition.*

§ False: The corrective effects of medication should NOT be considered when deciding whether an impairment substantially limits a major life activity. Therefore, individuals who take medication that improves their performance of major life activities are still covered under the ADA so long as there is evidence that indicates that this impairment limited a major life activity when it was active, thereby qualifying the individual as someone with a history of a mental health condition.

§ 3. *A consumer must disclose at the workplace that he or she has a disability in order to be covered by the Americans with Disabilities Act.*

§ True: A consumer is not protected by the ADA unless he or she discloses that he or she has a disability. The disclosure, however, is limited and under the control of the consumer. For example, diagnosis does not need to be disclosed.

§ The workplace has the right to verify the presence of a disability by asking the consumer to see one of its physicians. The specific information, however, is confidential. The physician only needs to tell management of the presence or absence of an ADA covered disability. The details are not reported without the consumer=s written informed consent.

§ Generally speaking, the ADA requires that all information pertaining to an individual=s disability must be kept in a confidential file apart from the usual personnel file. Supervisor and managers may be told about necessary restrictions on the work duties or necessary accommodations, first aid and safety personnel may be told if the disability might require emergency treatment, and government officials may be told if they are investigating compliance with the ADA.

§ Union representatives can be helpful in the disclosure process. If a member discloses to his or her shop steward or business agent, that person can help to facilitate the accommodation process.

§ 4. *The ADA can help a consumer if he or she is having trouble meeting workplace requirements because of the symptoms of the mental health condition or side effects of medications.*

§ True: The ADA obligates employers and Unions to make accommodations for all qualified consumers. Accommodations are changes to those parts of the job or work setting that interfere with meeting job requirements.

§ There are limits on how much protection and accommodation is assured by the ADA. Recent court decisions have indicated that certain aspects of the collective bargaining agreement hold priority over ADA requirements, e.g., seniority rights.

A recent Supreme Court ruling (United States v. Barnett, U.S., 122 S.Ct. 1516, 2002 U.S. Lexis 3034, 13-24) upheld the seniority system in the collective bargaining agreement against a request for an accommodation. IN THIS CASE, allowing someone a job change that bypassed the seniority system, the career ladder on which all other employees base their career trajectory, was not seen as a reasonable accommodation. However, the ruling did not state that this exception should never be made. If, for example, there had been a precedent for this type of exception at this company, then this accommodation may have been acceptable. The ADA tries to keep people in their current job title by making adjustments.

§ Keep in mind that during all these aspects of the employment process (i.e., training, advancement, firing, etc.), the terms of the collective bargaining agreement are respected.

§ Any changes to the collective bargaining agreement must be negotiated as an exception. Note that exceptions can provide precedence so it is important to be careful what exceptions you agree to. Any change that requires an exception to the collective bargaining agreement is a sort of last resort, and it must be negotiated. For this reason, your expertise around how a job title can be modified so that a person can perform effectively without creating a precedent is most helpful.

§ Because of the hard work that Unions do to negotiate and protect specific terms of employment for all members in each contract, the implementation of the ADA is sometimes tricky in Union settings. As union representatives your knowledge of the contract, job titles and familiarity with the workplace, employers, supervisors and members is invaluable.

§ Employers are only required to make reasonable accommodations IF:

§ The individual with a mental health condition is otherwise qualified.

§ The consumer has disclosed.

§ The accommodation would not result in A undue hardship@ (cost too much).

§ The accommodation does not interfere with the member/worker with a mental health condition performing the essential functions of the job.

§ 5. *The consumer must disclose to the Union in order to determine which accommodations will be implemented.*

§ False: Union representatives should also be involved but can be only with the

consumer=s consent. The union representative should be a resource and source of support through accommodation negotiation and implementation.

Accommodations are negotiated, not mandated. Consumers have a role in this process. The consumer, along with the supervisor, plays an active role in identifying which accommodations might best help him or her meet job requirements, and how these accommodations will be set in place.

§ 6. The Americans with Disabilities Act has precedence over the collective bargaining agreement.

§ False: The courts have upheld priority for seniority rights as specified in the collective bargaining agreement in most ADA cases. The ADA does not require that companies bend their seniority rules so people with disabilities can have certain jobs. A recent court decision stated that in normal cases, the provisions of the collective bargaining agreement would hold sway. Exceptions can be negotiated on a case by case basis, especially where there has been precedent or if the parties develop a memorandum of understanding (MOU) that an accommodation WILL NOT BE REGARDED AS PRECEDENT.

§ 7. The ADA requires that an employer hire someone with a disability even if that individual cannot meet all the job qualifications.

§ False: No unqualified applicant or employee with a disability can claim employment discrimination under the ADA. The ADA cannot help someone just because he or she has a disability. In order to be protected, the individual must be qualified to do the job, which means having the skill, experience, education and other requirements of an employment position and being able to perform the essential functions of the job with reasonable accommodation.

§ Essential functions are the constant and necessary components of a given job. Essential functions are determined on the basis of a variety of factors including the collective bargaining agreement, which might specify the amount of work time taken up with a particular task, the proportion of the total job function taken up by the particular tasks and whether all employees with the same job title must perform this particular component of the job.

§ For example, an employee with a mental health condition works as a data entry clerk. After being prescribed new medication, a side effect of this new medication schedule is extreme grogginess and inability to concentrate in the morning. The employee finds it difficult to enter data accurately for the first hour or two of the day. The employee requests that he be assigned to other tasks in the morning that would not require the same concentration. The employer is not required to make this accommodation because it involves reallocating an essential function of

the job - data entry. A more appropriate accommodation might be flex time - arrive later and stay later - in order to complete all essential job functions or the employee can be encouraged to rise earlier so that several hours elapse between medication and report to work.

§ 8. *The ADA can help someone get his or her job back after he or she has been fired.*

§ False: It is too late if the consumer waits until after he or she has been fired to disclose. Disclosure must happen while still employed. Although disclosure can occur while going through job jeopardy proceedings, it is usually better to disclose and ask for accommodation before things deteriorate to that point.

§ 9. *The ADA can help a consumer if he or she is being treated unfairly at work because of his or her condition.*

§ True: The ADA protects consumers against discrimination in the workplace from both the employer AND the Union. If a consumer experiences harassment, denial of benefits or promotion, or other discrimination, he or she can file a complaint with the Equal Employment Opportunity Commission.

How to Make a Referral and Follow-up to Gain Service for Members (35 minutes)

We are now going to read about a situation with a worker with a mental health condition to help illustrate how you might go about helping a brother or sister who comes to you with a problem at work.

§ **Leader: Distribute Handout 3, Situational Example. Read example out loud.**

Then:

§ Imagine that Don comes to you for help. What steps should you take to protect his job?

§ I will be discussing the steps outlined in Handout 4. **Distribute Handout 4. Review the handout by reading out loud and emphasizing these additional points. Ask for comments or questions. Do not spend more than 10 minutes going over these steps. You will review them in the next activity.**

§ Gain an understanding of the situation.

§ What types of problems does the member experience?

§ Are there problems with tasks, routines, managing the physical environment or with relationships with the supervisor and coworkers?

§ Are the problems outside of work but affect the ability to do the job (e.g., legal problems, need for time off to see treatment provider, transportation to and from work)?

§ What supports or resources are available to and/or used by the member?

§ Is the member receiving vocational services from a community mental health care provider? A great resource to you are the community mental health care providers. Community mental health care providers understand the symptoms experienced by consumers and how those symptoms might interfere with work. They are often available to provide ongoing support at the workplace or to help with problems outside of work but that affect getting the job done.

§ One way to learn about the issues at work faced by the consumer is to suggest a three way meeting with the member and the provider. If this is not possible, arrange a conference telephone call. Allow member and provider to describe issues in the workplace and what accommodations might solve those issues.

§ Many Unions have a MAP (Member Assistance Program) or the workplace has an EAP (Employee Assistance Program) that provides support services to employees. Does yours? Has the member been to the MAP or EAP to ask for assistance? Should you involve the MAP staffer?

§ Interpret to coworkers to help them understand the situation faced by the member with mental health condition.

§ Has the member already disclosed to the supervisor or others at the workplace?
§ If not, is the member willing to disclose? To whom? What? When?
Has a plan been formulated? Can you advise on this issue?

§ Are any accommodations already in place? What are they? Why are they not working?

§ Determine what the member wants you to do.

§ Listen to the consumer and provider so you know all about the consumer=s situation.

§ Give advice.

§ Help negotiate an accommodation.

§ Help communication between the consumer and the workplace.

§ Provide an understanding of the member=s rights.

§ Help him or her learn what the Union can do to help.

§ Advise the member how the Union can be helpful.

§ Help the member and provider understand the job requirements.

§ Clarify the member=s rights under the collective bargaining agreement.

§ Provide an understanding of the culture of the workplace and how to approach a supervisor and a work group.

§ Assess whether or not a proposed accommodation conflicts with the provisions in the collective bargaining agreement.

§ Suggest to the member any accommodations you think might be useful and easier to negotiate than those the member suggests.

§ Transfers are not always the best accommodation and they are usually not feasible within the collective bargaining agreement. Relationship issues often follow a member with a mental health condition, and a more interpersonal accommodation would address the specific problem better than a transfer.

§ Think about whether any members in the same job title do different tasks, or have a different routine. If they do, this may give you a way to accommodate the member=s job.

§ The accommodation that is negotiated may not always be the best accommodation, but if it allows the person to do his or her job and remain on the job, then it is a good accommodation.

§ Participate in the negotiation of accommodations with the consumer (and provider if requested by the consumer), management, the supervisor and other relevant workplace players, serving as the member=s advocate.

§ If negotiation is unsuccessful because of some unfair procedures or behavior, file a grievance, and work with the provider to gain written documentation to assess whether there is a basis to support the negotiation, and, if the negotiation is unsuccessful, the arbitration.

§ Identify and serve as an intermediary to other union resources that might be helpful.

§ The national or international office of the Union may have resource people that specialize in working with people with disabilities.

§ In New York City the Central Labor Council (see Resource List, attached), which acts as an MAP to many small locals and offers mental health services and referrals to community agencies, can be contacted as a resource.

§ IAM CARES (see Resource List, attached) offers technical assistance to Unions on the issues of disability and accommodation (among others).

§ Advocate for union members with mental health conditions.

§ Help employers understand that investing in people with disabilities is good business; use the strengths perspective concerning what they have already accomplished, the skills they have, and their interest and motivation leading them to work.

§ Educate other union representatives, shop stewards, peer advocates and coworkers on issues of mental health conditions to lower stigma and let others know people with mental health conditions have the skills to succeed at work.

§ Interpret with coworkers to help them understand the situation faced by the member with a mental health condition.

§ Leader: Divide the group into groups of 5-6 reps. Have the groups re-read the situation facing Don on Handout 3 and then answer the two questions on Handout 3. After 15 minutes bring the group back together and have each group report on their answers. Discuss any issues that come up. Be sure the following information is covered in the debrief (10 minutes):

§ 1. Find out what is the situation i.e., What is Don=s job title? What are his job duties? With whom does he work? Ask for a description of his current situation.

§ Don is in a maintenance position.

§ His tasks include cleaning and distributing supplies.

§ He interacts with the truck cleaners and is around the public somewhat.

§ Recently Don has been complaining about, and getting more agitated about, his coworkers.

§ He has a history of leaving assignments when he becomes symptomatic and starts to have problems with coworkers.

§ Don has a mental health condition.

§ As the union representative, you could:

§ Help to provide an understanding of the culture of the workplace. The aggressive teasing may not be directed at Don but instead be the way in which coworkers get along normally. As the union rep, you may be able to help Don to approach his supervisor and his work group around the way this behavior affects Don.

§ Suggest any accommodations that might be useful and able to be negotiated. This has been a repeating problem within the workplace for Don. Perhaps he can wear earplugs or music so that he does not hear the teasing. If Don is willing to disclose to the workgroup, they may be able to change some of their behavior around him. Can he schedule his cleaning times so that he crosses paths with other workers less frequently?

§ Assess whether or not a proposed accommodation conflicts with the provisions of the collective bargaining agreement.

§ If Don requests this, you can participate in the negotiation of accommodations with management, the supervisor and other relevant workplace players.

§ If negotiation is unsuccessful, as the union rep, you would be able to advise on the grievance process and help to file a grievance if justified by what you view as discriminatory behavior. You could work with the provider to offer written documentation to support the grievance and, if the grievance is unsuccessful, the arbitration.

§ Other union resources that might be helpful are:

§ The district or national office of the Union may have information on the ADA and accommodation requests that could be useful to you. It is possible that there is a person or office that deals with issues of disability.

§ 2. As the union rep, you want to set goals for the meeting with Don and his provider. You want to protect his job and open up communication with the supervisor.

§ It is up to Don and his provider whether or not they will participate in the meeting. They can have as active a role as they would like, but this should be decided upon ahead of time.

§ As the union rep, it would be helpful for you to know the details of Don=s job title and whether there is any variety in the way the job with this title is performed. That way, if you are asking for an accommodation or flexibility you may be able to refer to some precedent to base it on.

§ You should have information about the ADA because it is relevant to Don=s situation as a person with a chronic long-term mental health condition and some suggested accommodations that do not conflict with the collective bargaining agreement such as scheduling tasks differently so as to interact less with coworkers, using earplugs or trying an intervention with the workgroup.

§ As the union rep, it is helpful for you to know Don=s history with his supervisor and his workgroup, i.e., who are the supportive coworkers and how does the work get done. This will help you speak to the supervisor and negotiate for support for Don.

§ What outcome are you seeking? Does Don want to get along better with his coworkers or simply be able to maintain his job? Does Don want to have a more involved supervisor or will this make him less comfortable on the job?

§ How will you support Don? Be specific.

§ Leader: Refer to Handout 4 as a guide that union reps can refer to in the future.

§ Leader: Ask, *What=s in it for the Union?* Encourage discussion. Be sure to point out:

§ Situations such as Don=s offer opportunities for the Union to:

§ Meet an individual member=s needs.

§ Set an example so that other workers will see that the Union can be depended upon for support when they need help - this will increase members= loyalty and commitment.

§ Assert the Union=s power in relation to the employer without having to adapt an adversarial relationship.

§ Develop relationships with a community provider that can be valuable when

services are needed for other members and/or their dependents for both long-term and transient mental health conditions. In fact, it is probably a good idea for you to develop relationships with community mental health resources so that you can meet varied needs of members even if you do not participate in an ADA negotiated accommodation.

How to Work with a Mental Health Facility (5 minutes)

There are likely to be many situations in which you can take a leadership position in providing service to members with mental health, substance abuse or other disability concerns.

§ Leader: Use the following questions to generate discussion.

§ Have you worked before with mental health facilities? What has been your experience?

§ Leader: Likely answers will indicate problems with costs, waiting lists, lack of empathy for working people, programs designed largely for non workers, bureaucratic procedures, hours not useful for worker. Try to make the following points.

§ Lack of contact may be part of the reason. Mental health facilities need to learn more about the workplace.

§ Once you are helpful to a mental health facility, you gain credibility to make suggestions.

§ When you have a member who needs service, use your advocacy skills. Furthermore, members often have insurance which represents income to the facility - that you can make paying referrals gives you negotiating power.

Summing Up (5 minutes)

You have a potentially very important and powerful role in helping members with mental health conditions keep their jobs and be productive. You understand the employer, the workplace culture and how to negotiate, so don't underestimate your value to the process.

§ Leader: Debrief with participants. Ask:

§ What do you think? Have you done this work in the past? Can you see yourself doing this work? Why or why not?

§ What suggestions do you have to make the process more effective?

§ Leader: Distribute Handout 5, ADA/Disability Resources. This handout includes addresses and contact information for the resources that we talked about in training today. We hope that they will be of use to you.