EMPLOYMENT & RECOVERY

For people living with mental health conditions, work can be an essential step on the path to wellbeing and recovery. While challenges may make it harder to get and keep a job, there are programs designed to help with work readiness and the job search process. Most of these programs help people find jobs to match their skills and interests and provide ongoing workplace support once a person finds employment.

Benefits of a Job
- A daily routine
- Learning new skills
- Financial security
- Health benefits
- Social interaction
- A sense of purpose

Potential Roadblocks
- Frequent absences
- Difficulty communicating with others
- Trouble concentrating
- Difficulty with particular schedules
- Medication side effects
- Stigma, prejudice, and discrimination

Model employment programs have been developed, studied and proven effective for people with mental illness. Yet only a tiny fraction of individuals with mental illness who are willing and able to work get the help they need to succeed in the workforce. Negative stereotypes of mental illness are rampant in the workplace. Many people find that disclosing their mental illness has a chilling effect on hiring and career advancement even though workplace accommodations for mental illness are low cost and easy to implement.

Keep reading for more information on supported employment programs and our next Speaker Series!
Employment & Recovery: IPS

There are legal protections: Individuals with disabilities, including mental illness, deserve fair and equal treatment in the workplace. Federal and state laws are designed to protect individuals with disabilities from discrimination at work. The Americans with Disabilities Act (ADA) is a federal law that applies to any employer with more than 15 employees. The Rehabilitation Act of 1973 is a federal law that applies to all federal government employees and any agency that receives federal funding. Many states also have laws that prohibit discrimination against people with disabilities.

Individual Placement and Support (IPS) Supported Employment is an evidence-based program designed to help you find a job that matches your interests and talents. If you qualify for IPS services, an employment specialist will work with you and your mental health team to help you identify and work toward specific, job-related goals. Once you find a job, your team will continue to provide you with the support you need to succeed in the workplace. There are no time limits on IPS supported employment services. You can receive these services as long as necessary.

Although models such as IPS have been developed to help those with mental illness succeed, there are multiple implementation barriers, including lack of political will, inadequate funding, misaligned policies, stigma and discrimination against people with mental illness. Now is the time to leverage converging trends to break the cycle of mental illness and poverty that has plagued too many for too long. It is time for federal and state policymakers to make a serious commitment to implementing effective supported employment programs so that people with mental illness can recover and become contributing members of society.

Read the full NAMI report - Road to Recovery: Employment and Mental Illness.

Want to learn more about IPS Supported Employment in King County?
Join us for our next Speaker Series!

Thursday, September 29
6:30pm-8:00pm
Ballard Library Branch
5614 22nd Ave. NW
Seattle, WA 98107

Speakers:
Lisa Floyd, King County Behavioral Health Supported Employment Program
Isabelle Kalisa, Hero House
Plus a special Hero House member!
RSVP to selena@namiseattle.org
How long have you two been teaching, and why did you become F2F teachers?

Farrell: I graduated the Family-to-Family class myself 18 years ago, and took the training to become a Family-to-Family teacher in 2003. I also facilitate a monthly support group at JFS. It was an opportunity to use what I had learned when I took F2F: that hope was realistic and recovery was possible. I have an immense respect for families who hang in there and I wanted to hearten them with that message. I have taught the class 15 times.

Joanna: I have volunteered a total of 10 years. The last 8 with my fabulous co-teacher, Farrell. I decided to volunteer because when my son became ill with schizophrenia, NAMI F2F was the singular support that allowed me to hope and not drown in the agony of loss. Later when my second son developed Bipolar Disorder, I was teaching at the time. My students held me up as I once again swirled in the abyss of mental illness in the family.

Can you tell us about the best parts of being a Family-to-Family teacher?

Farrell: Seeing resistant, angry, or frustrated family member change as the class moves forward, and being told that they feel able to soldier on and no longer feel alone at the end of the class.

Joanna: One Dad stated that his wife cried every day for the last 5 months since their son had become ill. They just stayed home all the time now and took care of him. I suggested that he take her out to dinner for “homework” in self care. The next week he arrived with such a smile and described their meal, and his wife smiling for the first time in a long time.

What words of wisdom would you share with other family members trying to support a loved one with a mental health condition?

Joanna: Crawl, scratch, and fight to be in the present moment. We all have what it takes in the present, no matter what!

Farrell: It is much harder to be loving and firm than it is to be firm only when you get angry, but the results can be life changing. Let your family member know that you realize that it takes a lot of courage to live with a mental illness and you have enormous respect for their efforts. Be proud of all your family members and let them know how you feel!

Thank you Farrell and Joanna for making Family-to-Family the life-changing class that it is for so many people looking for support, friendship, and the knowledge that they are not alone.

Homefront: Training October 22-23 (Deadline: October 10)

Help us launch this brand new program! NAMI's Homefront class is a 6-session educational program for families, caregivers and friends of military service members and vets with mental health conditions. Based on the nationally recognized NAMI Family-to-Family program, NAMI Homefront is designed to address the unique needs of family, caregivers and friends of those who have served or are currently serving our country through the military.

Family-to-Family: Training November 4-6 (Deadline October 24)

This class is a 12-week course for families, partners and friends of individuals with serious mental illness taught. This class uses a guided group process to help families gain practical insight, obtain important information about research and resiliency along with increasing their emotional learning and communication skills. (Note: You must graduate the F2F program prior to becoming a volunteer teacher.)
The Double Life of a College Student with Borderline Personality Disorder

We have heard and seen the reports that rates of anxiety and depression are spiking amongst college students, and this is an entirely understandable outcome given how competitive and stressful the current climate is. And while it’s deeply important to discuss feelings of anxiety and depression brought on by the pressures of college, I can’t help but feel somewhat upset that these discussions have neglected to bring the experiences of college students living with other chronic mental illnesses to light. This upsets me because I am one of those students. In addition to my diagnoses of ADHD Inattentive Type and Generalized Anxiety Disorder (GAD), I also suffer from one of the most stigmatized and widely misunderstood mental illnesses, known as Borderline Personality Disorder (BPD).

As someone with BPD, I see the world in black and white polarities—it is difficult for me to reconcile two opposing feelings or concepts. Because of this, I struggle to understand how I can be both a successful student and an individual struggling with a relatively debilitating disorder at the same time. This has caused somewhat of a rift in my understanding of where I stand in society and who I am as a person. On the one hand, I’m a high functioning student. I finished my first year of college with highest honors, and I’ve been selected for competitive positions such as university ambassador and student assistant to faculty advisors. I even work as a research assistant in a mood and behaviors lab that focuses on Non-Suicidal Self-Injury and suicide, two things that many people living with BPD would describe as a daily struggle. On the other hand, I live with a disorder that has a number of crippling effects, such as emotional reactivity and extreme fears of abandonment and rejection, which for me has resulted in years of self-harm and parasuicidal behaviors. As I sit there in my research lab, I often feel like a counterfeit. I wonder if the professor, the graduate students, or the other research assistants in the lab can tell that I have BPD. I worry that they have figured out why I know so much about Dialectic Behavioral Therapy (DBT), the main treatment for BPD, self-injury, and suicidal ideation. I think to myself, you are so stupid for thinking that you deserve to be the one working on these studies and not the one participating.

With every A received on a paper or test, with every day spent working at an open house and giving campus tours, and with every invitation to join various majors and honors programs, exists the dreaded and inevitable crash that comes with finishing my day and returning to my dorm room. When the day is over and I have no classes or unfinished homework to distract myself with, I am forced to confront my thoughts. I become enveloped by loneliness, sadness, and emptiness. I think about how much happier I would be if I possessed the emotional stability and security to have a functional romantic relationship. I wonder how many more friends I would have if I
didn’t constantly operate under the assumption that everyone is repelled by me. I worry about my future, because if this lonely and isolated life is my reality forever, I’m unsure of how I will survive.

Unfortunately, it is very difficult for me to disclose my experiences to others, specifically friends. Although I do not hide my general discontent with life from my friends, they do not know the breadth of this discontent. They do not understand that when I opt not to go out with them to parties or all-school events, it’s not because I just don’t feel like going, but because I am dealing with so much internal pain and chaos that just leaving my room and being around people who seem happy and undisturbed by their minds could trigger me.

There are times when I wish that they were fully aware of my daily battles, which probably stems from an underlying need to be validated. But there is something about BPD that is so perplexing to those who do not suffer from it, and out of a fear of being gravely misunderstood, I keep it a private matter. Thankfully, I have a very supportive family who has the means to send me to therapy twice a week. I know this is a rare commodity, especially in the BPD community, so I am continuously grateful for that. In therapy, I have discussed this feeling of leading a double life to my therapist. In DBT, you are encouraged to think dialectically. The concept of a double life is highly dichotomous, so if I was to think dialectically about my situation, it would go a little something like this: I am a successful student and I struggle with mental illness. As I continue to cope with my diagnosis of BPD, I must routinely remind myself that this is not a zero sum game where my credibility as a functioning and high achieving member of society automatically decreases with each instance of mentally disordered thoughts or actions.

If anyone with BPD is reading this, I want to end by reminding you that this disorder is not a guaranteed barrier between you and your hopes for the future, whether it be college or a different venture. You are not a stereotype, but rather a person with a beautifully unique mind who is capable of achieving whatever it is that you set that beautifully unique mind to.

Resources if you have Borderline Personality Disorder or want to learn more:

The National BPD Hotline (TARA):
1-888-482-7227 (12pm -5pm EST)

Overview of BPD from NAMI
Learn more about the basics of BPD symptoms and treatment

About Dialectical Behavior Therapy (DBT)
Information from the Linehan Institute

Plus, if you’re a NAMI Seattle member you can check out our mental health library which has great books on Borderline Personality Disorder for family members. The book “Stop Walking on Eggshells” by Paul Mason and Randi Kreger is a classic worth reading.

About the Author:
Anna is from Seattle and attends college in New York City. She came back to Washington this summer to intern with NAMI Seattle. She loves chubby dogs and mental health advocacy.
What they say about mental health treatment:

Democratic Platform

We must treat mental health issues with the same care and seriousness that we treat issues of physical health, support a robust mental health workforce, and promote better integration of the behavioral and general health care systems. Recognizing that maintaining good mental health is critical to all people, including young people’s health and development, we will work with health professionals to ensure that all children have access to mental health care. We must also expand community-based treatment for substance abuse disorders and mental health conditions and fully enforce our parity law. And we should create a national initiative around suicide prevention across the lifespan—to move toward the HHS-promoted Zero Suicide commitment.

Republican Platform

In [the Affordable Care Act’s] place we must combine what worked best in the past with changes needed for the future. We must recover the traditional patient-physician relationship based on mutual trust, informed consent, and confidentiality. To simplify the system for both patients and providers, we will reduce mandates and enable insurers and providers of care to increase health-care options and contain costs. Our goal is to ensure that all Americans have improved access to affordable, high-quality healthcare, including those who struggle with mental illness.

What they say about mental health and Medicaid:

Democratic Platform

Democrats have been fighting to secure universal health care for the American people for generations, and we are proud to be the party that passed Medicare, Medicaid, and the Affordable Care Act (ACA). Being stronger together means finally achieving that goal. We are going to fight to make sure very American has access to quality, affordable health care. We will tackle the problems that remain in our health care system, including cracking down on runaway prescription drug prices and addressing mental health with the same seriousness that we treat physical health.

Republican Platform

Medicaid presents related, but somewhat different challenges. As the dominant force in the health market with regard to long-term care, births, and persons with mental illness, it is the next frontier of welfare reform. It is simply too big and too flawed to be administered from Washington. Most of the vaunted expansion of health insurance coverage under Obamacare actually has been an unprecedented expansion of the Medicaid rolls in many states. We applaud the Republican governors and state legislators who have undertaken the hard work of modernizing Medicaid. We will give them a free hand to do so by block-granting the program without strings. Their initiatives – whether premium supports for purchasing insurance, refundable tax credits, alternatives to hospitalization for chronic patients, disease prevention activities, and other innovations – are the best strategy for preserving Medicaid for those who need it the most. Block granting Medicaid is particularly needed to address mental health care. Mental illness affects people from all walks of life, but there has been little success in developing effective system-wide medical models for addressing mental health.
What they say about veterans’ mental health:

Democratic Platform

Our country has a sacred, moral responsibility to keep faith with all our veterans and wounded warriors. We must take care of those who have put their lives on the line to defend us. That is why we will push for more educational benefits and job training, end chronic homelessness and combat suicide, and protect and preserve the post-9/11 GI Bill for future generations. We will also ensure that reservists and Guard members are treated fairly when it comes to employment, health, education benefits, deployment, and reintegration.

We are outraged by the systemic problems plaguing the Department of Veterans Affairs (VA). We will fight for every veteran to have timely access to high-quality health care and timely processing of claims and appeals. We must also look for more ways to make certain the VA provides veteran-centric care, such as providing women with full and equal treatment, including reproductive health services; expanding mental health programs; continuing efforts to identify and treat invisible, latent, and toxic wounds of war; treating post-traumatic stress; and expanding the post-9/11 veteran’s caregiver program to include all veterans. We reject attempts by Republicans to sell out the needs of veterans by privatizing the VA. We believe that the VA must be fully resourced so that every veteran gets the care that he or she has earned and deserves, including those suffering from sexual assault, mental illness and other injuries or ailments.

Republican Platform

The burden of our country’s extended military involvement in the Middle East has taken a toll on our service personnel. Suicides among our military – active duty troops, reservists, National Guardsmen, and veterans – are at shocking levels, while post-service medical conditions, including addiction and mental illness, require more and more assistance. More than ever, our government must work with the private sector to advance opportunities and provide assistance to those wounded in spirit as well as in body, whether through experimental efforts like the PAWS (Puppies Assisting Wounded Servicemen) program for service dogs or through the faith-based institutions that have traditionally been providers of counseling and aid.

(on Medicaid, Continued)

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View the full platform from both parties on NAMI.org

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OFFICE HOURS
The NAMI Seattle office is staffed 9am–5pm Monday-Thursday with evening Helpline hours on Wednesdays from 5pm-7pm.

Callers to our Helpline at 206-783-9264 will reach a staff member, intern or volunteer who will offer supportive resources and referrals.

FIND US ONLINE
For support group calendars, NAMI signature program information, scholarship and volunteer applications, visit our website: www.namiseattle.org

MARK YOUR CALENDAR

Speaker Series: September 29
Supported Employment in King County (See pg. 2 for details!)

NAMI Washington State Conference: Sept 30 - October 2

The Depressed Cake Shop is back!
Join us for sweet sad treats to benefit NAMI Seattle. This is a family, kid, and dog-friendly event - and we’ll have limited quantities of gluten free and vegan treats available. Get updates on which bakeries are joining the fun, raffle prizes, and other details on our Facebook event page.

Saturday October 8
12pm-4pm
Optimism Brewing Company
1158 Broadway,
Seattle WA 98122