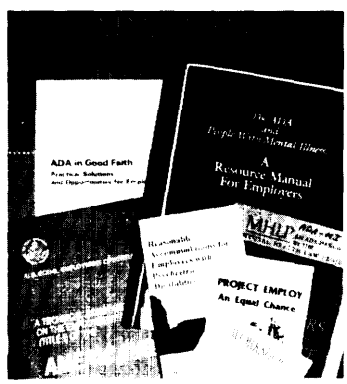
Relevant Federal Agencies' Activities 5

The Americans With Disabilities Act's (ADA's) success depends on many individuals and organizations. Employers and people with disabilities who educate themselves about the law and comply voluntarily will be most important. Consumer, advocacy, and business organizations can assist employers and people with disabilities by providing materials and other forms of educational outreach. State and local governments, who must also meet ADA requirements, will further extend knowledge of and compliance with the ADA by dove tailing their disability programs and business support activities with the law.

The Federal Government must also play a role in translating the law's vision into reality. The ADA requires the Federal Government to prepare regulations and guidelines to implement the law; to enforce the law; to assist those with rights and responsibilities under the law; and to coordinate their enforcement and technical assistance efforts. In addition to these requirements, specified by the ADA itself, the U.S. Congress has ordered Federal research and service agencies to provide technical assistance and to conform their activities with the ADA's mission. Furthermore, the Federal Government is a key source of monetary support for ADA and employment research.

This chapter describes Federal activities relevant to Title I of the ADA and psychiatric disabilities. The agencies and offices discussed in this review are as follows:

- U.S. Equal Employment Opportunity Commission (EEOC);
- National Institute on Disability and Rehabilitation Research (NIDRR);
- Center for Mental Health Services (CMHS);



- National Institute of Mental Health (NIMH); and
- President's Committee for the Employment of People with Disabilities (President's Committee).

The chapter also briefly discusses the research efforts of the National Institute for Occupational Safety and Health (NIOSH). Of course, not every ADA activity supported by the Federal Government is reviewed. Federal programs that collect disability statistics were discussed in chapter three; and although the National Council on Disability (NCOD) is among the Federal Government's most prominent ADA actors, the agency does not devote any special attention to psychiatric disabilities and Title I of the ADA. The U.S. Department of Justice—another key player under the ADA—also is not discussed, as its efforts do not focus on employment.

While the ADA clearly assigns to the EEOC the enforcement of Title I, technical assistance and research responsibilities do not neatly disperse among the various agencies listed above. Before commencing an agency by agency review, this section takes a closer look at technical assistance and research activities.

"Technical assistance" includes just about any form of information dissemination: brochures, public and video presentations, conferences, training programs, toll-free help lines, computer bulletin boards, clearing house activities, posters, or manuals. Compliance with the requirements of a new statute like the ADA depends on awareness and understanding by people whom the law affects. The minimal impact of the Rehabilitation Act's antidiscrimination provisions reflects, in part, the general lack of awareness of this law (21) (see ch. 2). The congressional sponsors of the ADA were well aware of the importance of technical assistance, mandating such activities in the language of the law and in other legislation.

Executive branch agencies have responded to the call for technical assistance with a veritable blizzard of materials and activities (16,30). But surveys of businesses and individuals indicate that the campaign has been inadequate (2,5,8). For example, results from a survey of businesses employing 25 or more individuals revealed that nearly 40 percent of the respondents had little awareness of the ADA (5). Also, a recent Harris poll found that only 30 percent of people with disabilities had heard or read about the ADA (6). Corroborating these observations, a recent report that assessed Federal ADA activities concluded: "The need for information and technical assistance continues to grow, outstripping Federal and State resources" (16). The report highlighted the need for information aimed at small businesses and minorities with disabilities, as well as the requirement for more sophisticated information that focused on specific kinds of disabilities' and complex provisions of the ADA (e.g., health insurance, workers' compensation, and collective bargaining agreements).

Information on psychiatric disabilities and the ADA rank among the most critical of technical assistance needs (10). As noted in previous chapters, mental disorders and psychiatric disabilities are poorly understood and greatly stigmatized in our society (see ch. 2). With their impact on behavior and social interactions, they raise difficult and somewhat unique employment issues (see chs. 3 and 4) that cry out for technical assistance. Although fairly primitive and generally not critical in its analysis, the response has begun (19). For example, in 1992 the Bazelon Center for Mental Health Law* published *Mental Health Consumers in the Workplace: How the Americans With Disabilities Act Protects You Against Employment Discrimination* for consumers (1 3). In 1993, The American Bar Association and National Mental Health Association published *The ADA and*

[1] Although providing some examples of specific disabilities needing technical assistance attention, the report did not specifically indicate that psychiatric disabilities require such attention, a conclusion of this OTA report.

[2] The Bazelon Center for Mental Health Law was formerly The Mental Health Law Project.

People With Mental Illness: A Resource Manual for Employers (33). And NIDRR funded a technical assistance center with the Washington Business Group on Health (see later discussion).

It is important to keep in mind that the type of technical assistance needed varies, depending on the target audiences' expertise, available resources, and role in implementing the ADA. For example, what will help businesses with fewer than 100 employees differs from that which will assist larger firms. Smaller firms are much more limited in the time, staff, or money that they can devote to learning about a new law and complex area of disability.

In considering the Federal Government's psychiatric disability research efforts, estimates of total Federal expenditures on disability-related research provide a useful perspective.[3] Comprehensive estimates, however, are not easy to derive, given the diverse range of conditions, methods, and sponsors that constitute the disability research enterprise. OTA, citing a survey by the National Institute of Handicapped Research (NIHR, now NIDRR), proffered one of the most comprehensive estimates of Federal disability research dollars more than 10 years ago (22). According to the NIHR survey, 16 agencies and offices devoted nearly $66 million to disability- related research in fiscal year 1979. Nearly half of that amount —$31.7 million—was provided by NIHR. A 1991 Institute of Medicine (IOM) report provides a more recent (if less complete) tally of disability research expenditures (7): NIDRR spent $60 million in fiscal year 1990, which reflects a IO-percent increase from 1979, when adjusted for inflation.[4] The U.S. Veterans Administration devoted $22 million to disability-related research in that same year. In addition, the National Institutes of Health estimated that $78 million was spent over several years on rehabilitation research projects beginning in 1984.

Analysts repeatedly have concluded that the Federal Government's disability research expenditures are much less than the amounts spent on health care research in general or the economic toll of these conditions. For example, the 1982 OTA study estimated that Federal funds spent on disability-related research equaled less than 1 percent of all health-care research dollars, and more recent computations show that the cost of disabilities to the nation each year is 1,000 times higher than the public funds spent on disability research (7,22). Specifically, disability research receives no more than $200 million annually from the Federal Government, while disabilities cost our society an estimated $200 billion each year, including health care expenditures, lost or diminished productivity, and income maintenance (7). Given these expenses and other factors, OTA's conclusion from the 1982 study holds true today:

> The amount of funds devoted to research and development in the disability area is quite small in comparison to the number of people affected, the complexity of the research problems involved, and the total health-care research and development budget.

Many of the characteristics of disability research in general hold true for the psychiatric disability research enterprise: A diverse range of approaches is involved, as described later in the chapter. And despite the costs imposed by mental disorders—an estimated $136.1 billion in 1991, with the largest part, $60 billion, stemming from lost or diminished productivity-only $14.3 million are available for research (17,1 8,23). Those funds total approximately 1.3 percent of the combined total annual budgets of NIDRR, CMHS, and NIMH—the key Federal funders of research (and technical assistance) related to mental disorders and disability-devoted to issues directly relevant to psychiatric disability and employment (table 5-l). Moreover, research on employment and mental disorders is fragmented within the Federal Government, with little interagency coor-

[3] Research devoted to disability as a civil rights issue —as opposed to health, rehabilitative, or socioeconomic issues—is not included in the OTA's estimate of research funding.

[4] Adjusted for inflation using the 1987 implicit price deflator for the Gross Domestic Product (4).

TABLE 5-1 : Key Federal Supporters of Psychiatric Disability Research

Institute	Principal mission	Funding mechanisms	Total funds Specifically related to psychiatric disability and employment (in $ millions)	Percent of total budget
National Institute on Disability and Rehabilitation Research	Supports research and technical assistance for all disabilities	Supports training and research centers; field-initiated research projects; and a technioal assistance resource center	$3.5[a]	5.6 percent
Center for Mental Health Services	Administers block grants to States for mental health services and supports research	Supports training and research centers; demonstration projects; consumer self-help centers	$1.5[a]	0.36 percent (1 .4% of non-block grant budget)
National *Institute* of Mental Health	Supports mental disorders research	Funds investigator-initiated studies and research centers	$9.3[b]	1.5 percent

[a]Fiscal year 1993.
[b]Fiscal year 1992.

SOURCE: Office of Technology Assessment, 1994.

dination and no agency or office currently offering leadership or making this issue a priority (box 5-l).

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Established by law in 1964, the EEOC, or Commission, enforces Title I of the ADA, as well as Title VII of the Civil Rights Act, the Age Discrimination in Employment Act, section 501 of the Rehabilitation Act, and the equal pay provisions of the Fair Labor Standards Act. The EEOC is composed of five individuals (no more than three from one political party) (figure 5-l),with the chair and vice-chair designated by the U.S. President. As of this writing, no new Chair of the EEOC has been appointed. In addition to national headquarters staff, the Commission has field offices in all 50 States.

The Commission's enforcement of Title I of the ADA, as spelled out by the statute, involves issuing regulations, providing technical assistance to covered entities and people protected by the law, and coordinating activities with the U.S. Departments of Justice and Labor. As noted in the 1993 NCOD report, the EEOC's regulations were issued in the time frame required by the law, and technical assistance activities have been extensive. However, and as documented throughout this OTA report, the regulations, guidance, and technical assistance promulgated by the EEOC provide minimal guidance on many issues specifically relevant to psychiatric disabilities. As reiterated throughout this report, the complexity of psychiatric disabilities and the general lack of knowledge about these conditions engenders the need for further information and guidance, an observation shared by the EEOC itself. "Cases involving individuals with alleged mental disabilities are frequently more complicated than those involving physical disabilities. Investigators may require more time to determine whether a mental impairment exists, whether a disability exists, and whether an individual with a mental disability is qualified (which may involve consideration of whether a reasonable accommodation is needed, and if so, what would be an effective accommodation)" (24,3 1). This concern is magnified by the

BOX 5-1: Interagency (Non)Communication About Psychiatric Disability and Employment

Effecting communication among agencies that share responsibilities and interests is a common bureaucratic dilemma, Several Federal agencies, as described in this chapter and report, have authority over research, technical assistance, program administration, and policy enforcement relevant to psychiatric disability and employment, Despite jurisdictional overlap, each agency has a unique culture and functional role Many observers believe that this heterogeneity is healthy, permitting distinct and potentially useful approaches to flourish. However, redundant or conflicting Federal policies and activities may also flourish in the absence of meaningful communication, While individuals in different agencies informally interact, formal mechanisms of interagency communication lie moribund,

Public Law 102-321 created a new Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Public Health Service, Department of Health and Human Services, thus separating this mental health service agency from the principal mental health research agency—the National Institute of Mental Health (NIMH), That law requires cooperation and consultation between the CMHS and the NIMH in a variety of areas Such communication clearly could help the CMHS move forward with demonstration projects, technical assistance, and services solidly based on research supported by NIMH Also, NIMH's research expertise could assist in program evaluation at the CMHS. Conversely, the CMHS could assist NIMH in promoting research relevant to current practices, policy needs, and real world demands While NIMH and CMHS indicate that they are working together on a report to the U.S. Congress on effective methods of providing mental health services to individuals in correctional facilities, to date, no general mechanism has been elaborated to animate the congressional mandate for information exchange between the CMHS and NIMH,

The U S Congress established the Interagency Committee on Disability Research to promote communication and funding coordination among the committee's 27 member agencies, which include: the National Institutes of Health (including NIMH), SAMHSA (including CMHS); the National Science Foundation; and offices in the U S Departments of Health and Human Services, Education, Labor, and Veterans Affairs, and the National Aeronautics and Space Administration. In existence since 1981, the committee has not met at all during the last year and has never focused directly on psychiatric disability.

In April of 1993, the CMHS replaced the NIMH as a cosigner with the Rehabilitation Services Administration (RSA) and NIDRR on a renewed Memorandum of Understanding (MOU) In effect since 1979, the MOU sets out guidelines for interagency collaboration on service delivery, staff training, and evaluation activities related to the rehabilitation and employment of people with psychiatric disabilities. Representatives from each agency serve as members of a liaison group responsible for informing each other about their agency's activities, exploring possible cooperative efforts, recommending cooperative activities to the chief executives of their agency, and developing and implementing a work plan to carry out approved cooperative activities The MOU specifically mentions as one of its goals the "provision of technical assistance on implementing the Americans with Disabilities Act for persons with psychiatric disabilities " Also, it helps coordinate the cofunding by CMHS and NIDRR of the National Rehabilitation and Research Centers at Boston University and Thresholds Institute in Chicago, Illinois. While proponents contend that the MOU can and has been an important catalyst for interagency cooperation, several experts and advocates commented to OTA about its current ineffectiveness And no efforts have focused on the ADA to date,

(continued)

BOX 5-1 Interagency (Non)Communication About Psychiatric Disability and Employment (cont'd.)

The National Task Force on Rehabilitation and Employment for People with Psychiatric Disabilities (NTREPPD) has tried to promote collaboration among RSA, NIDRR, NIMH, CMHS, and the Social Security Administration. NTREPPD is composed of representatives of professional organizations, service providers, consumers, family members, research and training organizations, advocacy groups, Federal, State, and local government agencies, and others. Its central function is to advise the RSA and NIDRR on policy and research priorities related to rehabilitation and employment issues for people with psychiatric disabilities. The group originated as the RSA Task Force on Vocational Rehabilitation for Persons with Long-Term Mental Illness. In 1991, it became an independent entity and was chartered as NTREPPD, The members of NTREPPD had been meeting quarterly in Washington, DC to share information and develop recommendations about legislation and regulations, research priorities, training and service delivery issues; many observers considered the group vital. More recently, however, many members have desisted meeting attendance, complaining about NTREPPD's voluntary nature and its limited impact on policies.

SOURCE. Office of Technology Assessment, 1994.

fact that charges related to psychiatric disabilities account for approximately 10 percent of all charges, second only to back problems (see chs. 3 and 4).

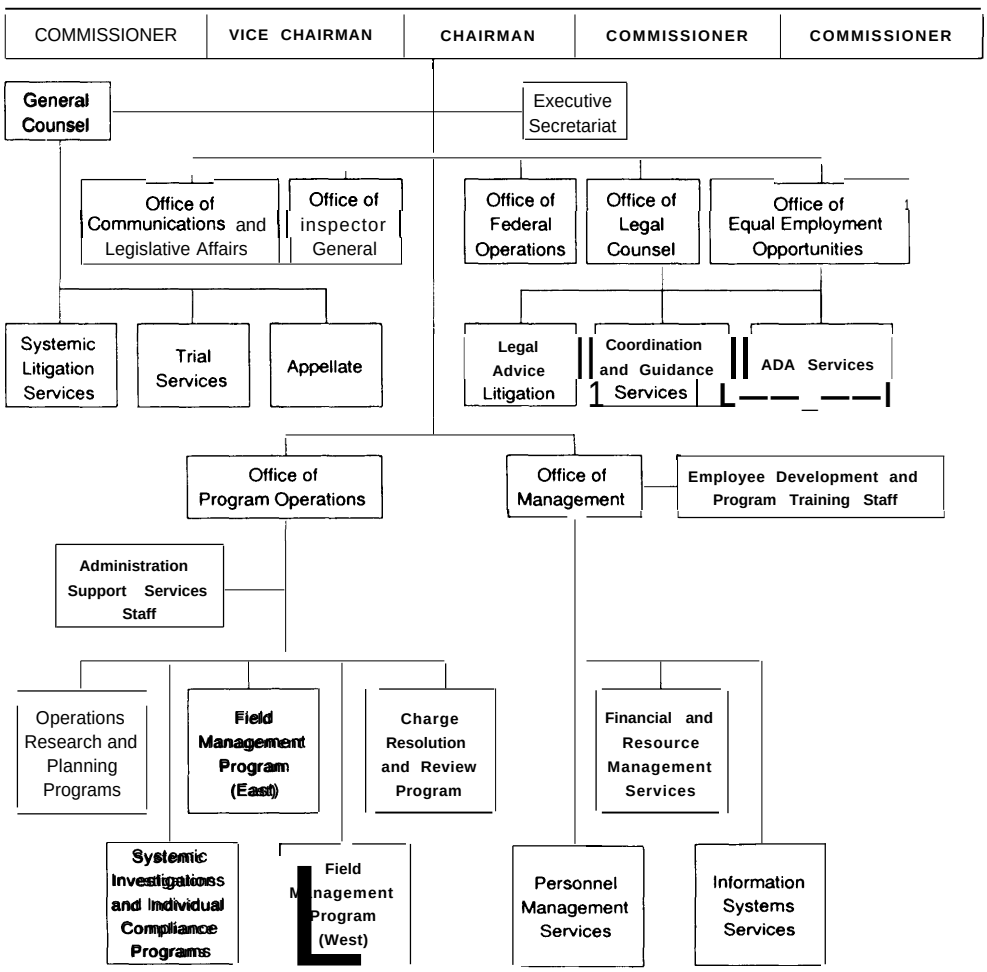
The EEOC's budget, in fiscal year 1991, was approximately $200 million, with $1 million provided to begin the required preparations for implementing the ADA. In addition, in fiscal year 1991, Congress provided EEOC $3.6 million in supplemental funding. In fiscal year 1992, Congress appropriated a total of $211 million, with $4 million for ADA implementation. The EEOC also received a supplemental appropriation providing $1 million available through fiscal year 1993. A total of $222 million was appropriated to the EEOC for fiscal year 1993.

Many analysts have concluded that despite these appropriation increases, the EEOC is under considerable fiscal and staffing strain (e.g., 1,19,20). Between fiscal year 1981 and 1992, while the average annual real rate of the total EEOC budget increased 8.13 percent,[5] staff were being significantly reduced (figure 5-2). Between fiscal year 1980 and fiscal year 1991, staff was reduced by 594 full-time equivalents—a 17.5 percent decrease. Although the U.S. Congress provialed for 32 additional staff positions for ADA implementation in fiscal year 1992, total staff fell from 2,853 in 1990 to 2,791 in 1992. The overall decreases in staff-which with rent, communications, and utilities consume approximately 90 percent of the total budget—were mirrored in the number of investigators. In the field offices, assigned enforcement investigators dropped from 949 in fiscal year 1988 to 782 in 1992, a 17.6 percent decrease. At the same time its staff was being reduced, the EEOC was given more responsibilities-enforcement of the ADA and the Civil Rights Act of 1991. Overall charges of discrimination received by the EEOC increased by 13 percent between fiscal year 1991 and 1992 and continue to rise (31).

These staff and budget figures have significant implications for ADA enforcement and technical assistance activities of the EEOC. For example, the staffing constraints curtail the time available for investigation of charges and conciliation efforts (20,3 1). These constraints are likely to have a particularly acute impact on the investigation of complaints relating to psychiatric disabilities, which raise complex issues and require more time for investigation than other disabilities. Addition-

[5] Adjusted for inflation using the 1987 implicit price deflator for the Gross Domestic Product (4).

FIGURE 5-1: Organization of the U.S. Equal Employment Opportunity Commission

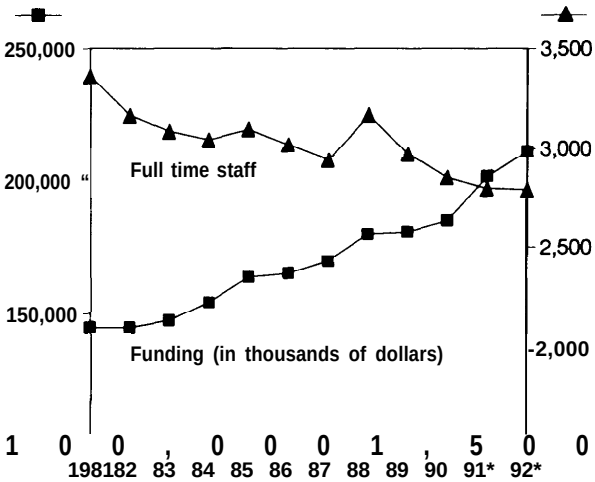


DISTRICT, AREA" AND LOCAL OFFICES

Field Management Programs (East)				Field Management Programs (West)			
Atlanta Savannah	Charlotte Greensboro"' Greenville"' Ralelgh	Memphis Little Rock" Nashville	New York Boston* Buffalo"*	Chicago	Houston	Milwaukee Minneapolis	San Francisco Fresno Honolulu Oakland SanJose
Baltimore Norfolk* Richmond*	Cleveland Cincinnati*	Miami Tampa"	Philadelphia Newark" Pittsburgh	Dallas Oklahoma City"	Indianapolis Louisville"	Phoenix Albuquerque"	Seattle
Birmingham Jackson" ,	New Orleans	St. Louis Kansas City"	Washington, DC Field Office	Denver	Los Angeles San Diego	San Antonio El Paso"	
				Detroit			

SOURCE U S Equal Employment Opportunity Commission, 1993

FIGURE 5-2: EEOC Funding and Staff: Fiscal Years 1981 to 1992



Although total funding to the U.S. Equal Employment Opportunity Commission experienced a real, average annual rate of increase of 8.3°/0 since 1981, full time staff positions declined by approximately 17%.

***includes supplemental for ADA.**

SOURCE: US. Equal Employment Opportunity Commission, 1993.

al technical assistance and monitoring or other research efforts are also likely to be restricted.

Title I of the ADA orders the EEOC to use the same enforcement procedures as used for Title VII of the Civil Rights Act of 1964. In general, charges are received and investigated by the field and headquarters offices. The EEOC's 1992 Technical Assistance Manual provides a detailed description of the enforcement process, which is summarized below (30).

The process begins when an applicant or employee files a charge of discrimination with the EEOC. A group or organization may also file a charge on behalf of an individual. Commissioners also may file charges when they have evidence of discrimination but no charging party. It is incumbent upon the charging party to file with the EEOC within 180 days of an alleged discriminatory act.[6] Charges, including basic identifying information, the nature of the alleged discrimination, and the disability involved, can be filed in person, by telephone, or by mail.

Investigating officers in the field offices investigate each claim: They review the written charge and interview the charging party, witnesses, and the employer or alleged discriminator (the respondent). In approximately 95 percent of charges, the investigator finds no cause to believe discrimination occurred under the statutory definition. The charging party still maintains the right to sue privately, however.

In approximately 5 percent of cases in which the investigator finds reasonable cause to believe discrimination has occurred, the EEOC attempts to resolve the issue and to avoid litigation. If conciliation fails, the EEOC may file a lawsuit on behalf of the charging party, or it may issue a right-to-sue letter to the charging party. Most charges are conciliated or settled before a court trial begins, and EEOC-initiated lawsuits account for less than 5 percent of all cases that reach court.

Investigators in EEOC field offices are critical for the enforcement of Title I of the ADA. They are the engine of charge investigation. Each investigator's high case load can obviously diminish the quality of each investigation. Knowledge of the ADA and psychiatric disabilities is another critical factor. To ascertain field office investigators' resources on psychiatric disabilities and the ADA, OTA contacted each of the 50 field offices asking questions about training received on the ADA in general, psychiatric disabilities, other available resources, and the perceived need for further assistance (see ch. 5 appendix).[7]

EEOC headquarters provided general training to all field offices on Title I of the ADA in two sessions: The first session was in 2 days to provide a legal analysis of ADA principles. A second week-

[6] Up to 300 days may be available for filing a charge in the event that other State or local laws are involved.

[7] Forty field offices provided information to OTA. The appendix to this chapter describes the request for information from the EEOC field offices.

long session focused on how to investigate and process complaints related to the ADA. The EEOC headquarters also provided an investigation manual, the "Desk Book," and the "Technical Assistance Resource Directory "-a comprehensive list of agencies and services available, by locale.

How well did these information resources cover psychiatric disabilities? Given the general focus of these training sessions and materials, it is not surprising that the answer to this question is "sparsely." The week-long training on investigatory procedures used hypothetical cases for discussion purposes; only one of the cases dealt with an employee with a mental disability who required time off from work for periodic treatment or diagnostic services.

While investigators have received little formal information on psychiatric disabilities from headquarters, some field offices have tapped into additional resources. Twelve of the 40 respondents have sponsored seminars by local experts, and 15 have connected with a local network of experts to call for assistance on a case-by-case basis. Most field offices indicated that additional training on psychiatric disabilities would be very helpful. One of the most suggested needs was training or assistance for the initial stage of the investigation, including guidance on the types of information that are important. For example, 28 of the 40 responding field offices said information on the nature of mental illness, impact on employment functioning, and useful accommodations would be very useful. EEOC headquarters could address this resource need with additional guidance in technical assistance manuals and policy papers. Other Federal agencies, including NIDRR, CMHS, and NIMH, could also develop resource information in consultation with the EEOC. Nearly all of the field offices indicated that seminars would be useful. However, individuals associated with the Washington, DC and Chicago IL field offices indicate that intensive training sessions or seminars do not suffice. Since people with disabilities, the workplace issues that arise, and the philosophy of the ADA require case-by-case assessment, outside experts, who can be consulted as needed, are among the most useful resources. The issue thus becomes identifying local, knowledgeable experts. The Federal Government may be able to help by bringing together EEOC field offices with federally-funded service providers, including those funded by mental health block grants, vocational rehabilitation funds, and the community support program supported by the CMHS.

NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH

NIDRR is the lead Federal agency supporting disability research. Located within the Department of Education's Office of Special Education and Rehabilitative Services (OSERS), NIDRR develops and implements long-range plans for rehabilitation research, coordinates the work of all Federal agencies supporting or conducting such research, and disseminates research results to businesses, professionals, and people with disabilities.

With an annual budget of $62 million in fiscal year 1992, NIDRR's research portfolio emphasizes clinical and applied studies in conjunction with service provision. Psychiatric disabilities are not the prime focus of NIDRR's program; rather its research portfolio spans all disabilities. Of the $62 million spent in fiscal year 1992, 5.6 percent—$3.5 million—went to psychiatric disabilities (25). NIDRR, along with CMHS, funds two Rehabilitation Research and Training Centers that focus on people with severe and chronic mental disorders: Boston University's Center for Psychiatric Rehabilitation, and Thresholds National Research and Training Center located in Chicago, Illinois. Both of these centers receive additional funds from NIDRR for field-initiated research projects. The Boston University's Center receives funds to explore the long-term outcomes of a specific rehabilitation program, and the possibilities of including consumers in the conduct and definition of research regarding services. Thresholds National Research and Training Center received a

field-initiated research grant supporting research on the effectiveness of educating State rehabilitation counselors about the ADA and psychiatric disabilities.

NIDRR has recently increased its commitment to psychiatric disabilities. In September 1992, NIDRR sponsored a consensus validation conference on "Strategies to Secure and Maintain Employment for Persons with Long-Term Mental Illness." A panel of experts commissioned papers summarizing research in the field and heard one day of testimony from consumers, providers, family members, and researchers. NIDRR also awarded the Matrix Research Institute a $400,000 per-year grant, for 4 years, for support of a Rehabilitation Research and Training Center on Long Term Mental Illness.

The U.S. Congress has assigned NIDRR with considerable responsibilities under the ADA. Specifically, 15 grantees receive approximately $5 million in funds from NIDRR to provide information, training, and technical assistance to businesses and agencies with duties and responsibilities under the ADA. In addition to 10 regional Disability and Business Technical Assistance Centers, two National Peer Training Projects provide education about the ADA: One project targets staff, associates, and volunteers at independent living centers, and the other targets individuals with disabilities and their family members. Three materials development projects develop and test technical assistance, training materials, and programs for use by the Technical Assistance Centers and the Peer Training Projects. While these ADA-technical assistance activities include information on psychiatric disabilities, in general, they have had but little impact on consumers and employers (box 5-2). Recognizing that more technical assistance is still needed, NIDRR recently provided $120,000 for each of 3 years for a resource center on psychiatric disabilities organized and coordinated by the Washington Business Group on Health (WBGH), a nonprofit membership organization of employers. The purpose of the center is to provide information and technical assistance to employers, advocates, service providers, unions, and others to assist in achieving voluntary compliance with Title I of the ADA. Among the project goals are: The creation of widespread awareness among employers about their responsibilities under the ADA; the establishment of a WBGH/ADA Resource Center consisting of a database of effective employer policies, "best practices" and resource individuals and materials; the provision of information and technical assistance; the production and wide dissemination of a series of ADA mental health information briefs; and the production of an employer's guide to accommodating individuals with mental disabilities in the workplace.

CENTER FOR MENTAL HEALTH SERVICES

Public Law 102-321 created a new Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Public Health Service, Department of Health and Human Services (DHHS).[8] The CMHS is the Federal Government's leading administrator of funds devoted specifically to mental health services. The largest portion of its budget—$278 million of a total of $385 million in fiscal year 1993—funds mental health block grants, the categorical Federal support of community mental health and social service programs (table 5-2) (28).[9]

[8] Prior to October 1992, CMHS and NIMH were both part of NIMH.

[9] It is relevant to note that P.L. 102-321 identifies service providers other than Community Mental Health Centers, including psychosocial rehabilitation agencies, as potential block grant fund recipients.

BOX 5-2: Disability and Business Technical Assistance Centers

The National Institute on Disability and Rehabilitation Research (N IDRR) has funded 10 regional Disability and Business Technical Assistance Centers—DBTACs—since 1992, The 10 DBTACs represent one of the Federal Government's principle sources of ADA technical assistance. They aim at providing employers, people with disabilities, and others with responsibilities under the ADA with information, training, technical assistance, and referrals to local sources of ADA information and expertise These centers currently are funded with 5-year grants, but NIDRR's aim is to develop a system whereby the regional centers eventually will be regarded as State and local resources and affiliated with State and local governments For this reason, the DBTACs are encouraged to establish relationships with State and local agencies throughout their regions

To help identify needs and coordinate activities, the DBTACs have organized regional, State, and local advisory committees made up of representatives from small and large businesses, State and local service providers, citizens with all types of disabilities and their family members, and disability support and advocacy groups To reach as many people with an interest in the ADA as possible, the DBTACs are developing mailing lists of people with disabilities; employers; personnel and recruitment agencies, business groups such as chambers of commerce, small business associations, better business bureaus, minority business associations, and others; State and local government agencies; disability advocacy groups, and service providers The mailing lists are used for direct-mail campaigns to draw attention to the provisions of the ADA and the DBTACs resources, and to generate information for data bases and reference guides on local sources of ADA information and expertise. Each of the DBTACs provides a toll-free technical assistance hot line for information and referrals. Also, the DBTACs provide training sessions, including regional conferences, and State and local workshops, and presentations.

Several DBTACs have focused to some extent on psychiatric disabilities Their advisory committees and mailing lists include individuals with psychiatric disabilities and advocacy/consumer groups representing this constituency. One DBTAC in Washington State helped to craft language for the 1993 State Civil Rights Act barring discrimination in employment for people with mental disabilities, and helped to develop training about workplace accommodations for people with psychiatric disabilities Another DBTAC is working cooperatively with IBM to develop a self-paced software program about Title I of the ADA with situational examples that will include accommodating people with psychiatric disabilities in the work place The Northeast DBTAC in Trenton, New Jersey is developing a televised panel discussion, "Making the ADA Work Reasonably Accommodating People with Mental Illness, " which features a successful employee with a psychiatric illness, an employment specialist, and an employer, The Southwest DBTAC is working with the Texas Rehabilitation Commission to develop a model training program on the ADA and people with psychiatric disabilities

Technical assistance hotline requests concerning psychiatric disabilities generally form only a small percentage of total requests, however. This suggests that employers and the general public do not yet see the ADA as being related to psychiatric disabilities or they do not see the DBTACs as providing such information The majority of those requests for information are from individuals with psychiatric disabilities or their employers, followed by mental health agencies, therapists, and rehabilitation counselors People with psychiatric disabilities typically ask how to approach employers about an accommodation, whether it is necessary to document psychiatric disability, how such documentation is used, and the procedure for deciding an appropriate and reasonable accommodation. Employers usually ask whether they can request documentation of a psychiatric disability, what types of accommodation are appropriate, and how to determine the existence of a direct threat.

SOURCE Off Ice of Technology Assessment, 1994

TABLE 5-2: Fiscal Year 1993 Budget for Center for Mental Health Services

Program	Amount (In $1,000)
Demonstrations	
Community Support Program (CSP)	$12,201
Child and Adolescent Service System Program (CASSP)	12,201
Homeless	21,419
Prevention	—
Subtotal, Demonstrations	$45,821
Mental health services for children	$4,903
Clinical training	2,956
AIDS training	2,987
Protection and advocacy	20,832
Projects for Assistance in Transition from Homelessness (PATH)	29,462
Mental health block grant	277,919
Total, CMHS	$384,880
Total full-time staff	142

NOTE: Excludes funding for program management. The fiscal year 1993 appropriation enacted by Congress consolidated funding for each of the centers and the office of the administrator into a single line Item entitled program management.

SOURCE: Center for Mental Health Services, 1993.

Although employment is not a top priority for CMHS, several programs and activities sponsored by the CMHS touch on the issue. Perhaps most significant are those efforts undertaken by the Community Support Program (CSP). CSP was created in 1977 for people with severe psychiatric disabilities, not institutionalized, but rather living in communities (14). Under this program, States receive funds for community services, including psychiatric and general medical care, housing, social supports, and case management services. Lauded by many as an innovator and stimulus for much needed services,[10] CSP has supported a few activities relevant to employment and the ADA. Of the 26 research demonstration projects it funds, 6 focus on vocational rehabilitation and other employment-related services, including supported education. The total amount dedicated to these projects is $7 million over 3 years; in fiscal year 1993, costs totaled $802,000.

As mentioned in the previous section, the CMHS, through CSP, cofunds with NIDRR two national rehabilitation research and training centers, at Boston University and Thresholds National Research and Training Center in Chicago, Illinois. These centers conduct research, disseminate knowledge and information, and provide technical assistance on service approaches to increase employment opportunities and successes for this population. The CMHS provides approximately $600,000 each year to support the centers.

CSP is a leader in Federal support for the psychiatric consumer movement (see ch. 2).[11] Thirteen 3-year consumer-operated service demonstration projects, totaling approximately $4 million, recently completed their Federal funding period. Through a small contract ($18,000), the program results are being analyzed and synthesized. The report, available in 1994, will provide information on the supervision needs, problems encountered, and accommodations used by consumers employed by these projects. Also, CSP provides $700,000 per year to two national consumer self-help centers: Project Share in Philadelphia, Pennsylvania, and the National Empowerment Center in Lawrence, Massachusetts. Each center conducts some technical assistance activities related to employment and reasonable accommodations (28). For example, the National Empowerment Center conducted a national teleconference with consumers and consumer organizations in approximately 30 States to educate them on the ADA and to discuss how to ask for reasonable accommodations. Project Share conducted training for the business community on hiring people with psychiatric disabilities.

[10] The greatest impact of the CSP is not so much to bring about or fund widespread development of comprehensive community-based services, but rather to create a conceptual framework for the services provided to people with severe mental disorders in the community (29).

[11] While support of the consumer movement generally is considered an important function of CSP, a recent report of the Inspector General of the U.S. Department of Health and Human Services notes complaints that the support may be skewed toward certain sectors of the movement and thus may not be representative (29).

Approximately 20 percent of the efforts of both centers are directed toward employment issues.

CSP has supported some ADA-related activities, although significant funding has not been devoted to this subject. CSP produced a special issue of "Community Support Services Network News" in December of 1991 that focused on the ADA's provisions (3). Also, a 1992 survey of CSP participants provided information about the kinds of accommodations that may be useful to people with psychiatric disabilities (28). Earlier this year, an in-house training session, in which outside experts were invited to talk to CSP and other CMHS staff, was devoted to the ADA. And CSP contracted with a rehabilitation/ADA expert consultant to conduct case studies on reasonable accommodations and prepare a technical assistance document (12).

The program for the Protection and Advocacy for Individuals with Mental Illness (PAIMI), administered by CMHS, was signed into law in 1986 (P.L. 99-319) and reauthorized and amended in 1988 and 1991. Annual formula grant allotments are made to existing Protection and Advocacy (P&A) Systems that were previously designated by the Governor in each State to protect and advocate for the rights of persons with developmental disabilities under the Developmental Disabilities Assistance and Bill of Rights Act (P.L. 94-103, as amended, 42 USC 6012). In fiscal year 1993, CMHS allocated nearly $21 million in funds to P&As. These PAIMI programs engage in administrative, legal, systemic, and legislative activities to protect and advocate for the rights of individuals who have a significant mental illness or emotional impairment and are inpatients or residents in public or private residential facilities or have been within the last 90 days, and specifically, to investigate incidents of abuse and neglect.

While employment issues are not a major priority, PAIMI programs have both received and provided training on issues concerning the ADA and psychiatric disabilities **(15).** Based on an April 1993 survey conducted by the National Association of Protection and Advocacy Systems (NAPAS) to which nearly 50 percent of the P&As responded, most reported having received some form of training about the ADA.

OTA's analysis indicates that the CMHS has supported some activities related to employment, the ADA, and psychiatric disabilities. With its focus on community services and consumer participation, the CMHS could play a more useful role in research and service provision, and especially technical assistance. Indeed, among the strongest conclusions of the DHHS Inspector General report was the need for the CMHS to increase and improve its technical assistance (29). However, support for activities concerning the ADA and employment can be characterized as very modest to date, with approximately $1.5 million dollars-1.4 percent of the non-block grant budget—spent in fiscal year 1993. Various factors likely contribute to the limited support for employment and ADA-related issues. First, because the ADA is a relatively new statute, many Federal and non-Federal researchers and policy makers have yet to become actively engaged in this issue. Furthermore, employment is not a priority at the CMHS. No office, budget line, or specific legislative language addresses this topic. Funding is also an issue. In the last fiscal year, funding for programs under the CMHS declined by 6 percent, which translated into cuts for all but two of the CMHS's existing programs. This decrease in funding follows a decrease in purchasing power in the area of services (excluding the block grant program) of 1.1 percent per year between 1980 and 1992 (23). It is important to note, however, that services purchasing power increased an average of 13.4 percent per year since 1986. Finally, the development of new programs and priorities have likely been stalled by the reorganization of the CMHS in 1993.

NATIONAL INSTITUTE OF MENTAL HEALTH

NIMH is the nation's top supporter of mental disorders research (box 5-3). Recently reunited with the National Institutes of Health by Public Law 102-321, the vast majority of NIMH's fund-

BOX 5-3: National Institute for Occupational Safety and Health

The Occupational Safety and Health Act of 1970, which pledged "safe and healthful working conditions for working men and women. .." created the National Institute for Occupational Safety and Health (NIOSH), NIOSH, part of the United States Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (DHHS), is the Federal institute charged with conducting research and making recommendations for the prevention of work-related diseases and injuries. Its responsibilities, supported by $108 million in fiscal year 1993, include: conducting research and developing methods for evaluating work place hazards; responding to employer and employee requests to investigate possible hazardous working conditions; recommending methods for preventing occupational disease, injury, and disability to the Occupational Safety and Health Administration (OSHA), the Mine Health and Safety Administration (MSHA), industry, and employee organizations; and providing education and training to prepare individuals for careers in the field of occupational safety and health.

Eight current in-house and three extramural research projects related to psychological disorders include studies in various work environments on the relationship between work practices and organizational factors (leadership, communication style, etc.), stressors, performance, and health effects. Total funding for these stress related activities equals $786,962, 0.73 percent of NIOSH's total budget. Other stress-related activities include two American Psychological Association—NIOSH national meetings on stress and the work place; an analysis of data on the relationship between suicide and different occupations; and the development of an improved questionnaire for assessing job stress and strain. Nothing in NIOSH's current research portfolio addresses the relationship between work and disabilities in general, psychiatric disabilities specifically, or the ADA. However, the Senate Report "Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Bill 1993" (Report 102-397) requested that NIOSH provide recommendations to the Senate Appropriations Committee on the ADA. In response to this request, NIOSH responded that with "appropriate and additional resources and staff ," the agency could best address the ADA by focusing on the health and safety implications of employing people with disabilities,

SOURCE National Institute for Occupational Safety and Health, 1993

ing-more than 70 percent of its budget in fiscal year 1991—goes to basic biomedical and behavioral research and clinical studies (23). Services research is also part of NIMH's mandate, with the Services Research Branch in the Division of Epidemiology and Services Research forming the focal point for support of investigator-initiated research on mental health services. To underscore the need for services research, the U.S. Congress mandated that 12 percent of the NIMH budget be dedicated to mental health services in fiscal year 1993, and 15 percent in subsequent years. Recently, NIMH published a plan for services research: *Caring for People With Severe Mental Disorders: A National Plan of Research to Improve Services (27).*

As part of its services research portfolio, NIMH supports studies of disabilities and employment (box 5-4). However, relative to the institute's overall budget, little money is spent on this area. OTA requested that NIMH specifically delineate its support for research on: 1) general disability and psychiatric disability, including its characterization, assessment and measurement; 2) vocational rehabilitation, employment issues in general, and the ADA specifically; and 3) public attitudes attached to mental disorders. NIMH provided a list of 32 grants, totaling $9.3 million in fiscal year 1992, 1.5 percent of NIMH's total research budget (26). Of these 32 awards, 7 grants, receiving $3.3 million in fiscal year 1992, focused

BOX 5-4: DEPRESSION Awareness, Recognition, and Treatment in the Workplace

In addition to its support for rehabilitation services and employment research, the National Institute of Mental Health (NIMH) has been working with the business community to promote mental health and combat depression in the work place Organized as a public/private partnership, the DEPRESSION Awareness, Recognition, and Treatment (D/ART) program is a national public and professional education campaign aimed at reducing the prevalence of depressive disorders. The D/ART National Worksite Program is the first to address a specific mental disorder in the workplace. A little more than $100,000, 10,6 percent of the total D/ART budget, was spent on the Worksite Program in fiscal year 1993. Initial activities began in 1989 as a collaborative effort with the Washington Business Group on Health (WBGH). The goals of the work site program, which harmonize with the ADA's mandate include: informing employers about depression and its impact on costs, productivity, employees and their families; initiating multifaceted and integrated approaches to managing depression at the work site; assisting employers in implementing depression-related activities in their companies; and, disseminating employers' experience among other major U.S companies.

Advised by members of the Corporate Leadership Council (CLC)-an employer advisory group composed of human resource and health management professionals from more than 15 Fortune 500 companies—NIMH and WBGH staff developed a six-part comprehensive approach for managing depression in the work place Employee education about symptoms and treatment of depression, management training to identify employees whose work may be affected by depression; employee assistance services for on-the-job support for employees experiencing depression, proper benefit design and management, and data collection and analysis on prevalence, cost, treatment outcomes and attitudes about depression, and the integration of health programs

D/ART has produced a slide presentation for businesses that describes its "Management of Depression" approach In addition, D/ART publishes posters and informational brochures targeted to employees and their families, management personnel, and employers. The publications have been distributed to Fortune 500 employers, business coalitions, and national business, employee assistance, wellness programs, and human resource management organizations. Currently, members of NIMH, WBGH, and the CLC are developing a program to educate employee assistance professionals about depression so that they can perform roles in education, management training, crisis intervention, recognition and appropriate referral, case management, and on-the-job support.

Recently, some D/ART Community Partners also have begun to provide work site education programs about depression Located in 23 States and the District of Columbia, Community Partners are networks of community mental health groups coordinated under the leadership of a single nonprofit mental health agency, usually a local affiliate of the National Mental Health Association, or the National Alliance for the Mentally Ill, Most of the Community Partners receive around $3,500 a year in NIMH funding to conduct D/ART programs, During the spring of 1993, OTA interviewed 23 of the 32 Community Partners. Fifteen of the 23 groups Indicated that they-albeit infrequently-conducted work site programs about depression Of those 15, six—in Indiana, Missouri, New Jersey, Ohio, Oklahoma, and Virginia-explained that work site education activities had been infrequent because they chose to concentrate on other aspects of D/ART's public education campaign. What is particularly significant is that the remaining nine—in Alabama, California, Colorado, Georgia, Maryland, Texas and Utah—said that employers generally were not interested in workplace discussions about mental illness. Many of the partners found that companies may avoid discussions about "AIDS, alcohol, and mental illness—for fear they may offend or make people uncomfortable. " In addition to the issue of stigma, some D/ART Community Partners have found employers reluctant to use the D/ART program because they are concerned that the demand for services will exceed the supply of affordable resources, treatment of depression will be a costly drain on medical insurance benefits, or acknowledging that depression exists in the work place will expose employers to workers' compensation suits

(continued)

BOX 5-4: DEPRESSION Awareness, Recognition, and Treatment in the Workplace (cont'd.)

On the other hand, eight of the Community Partners—in California, Florida, Kansas, New York, North Dakota and Virginia-conducted work site depression education programs frequently and found them to be well received by employers and employees, Many groups combine D/ART educational materials with those of other organizations, such as the National Mental Health Association, the United Way, and the Wellness Councils of America. At least one, in California, conducts programs for employers about the ADA and reasonable accommodations for people with psychiatric disabilities. These groups generally report an increase in calls requesting additional information about depression after presentation of work site programs. While some groups found that working through a company's employee assistance program (EAP) is an effective way to establish a presence in the workplace, others—in Alabama, California, Texas, Utah, and Washington—note that in some companies EAPs are: A bureaucratic response to employees' problems; typically deal with short term, situational problems; do not have sufficient personnel; carry out certain designated duties and are not innovative enough to expand their role to educate people about mental illness. Several of the groups asserted that the success or failure of a work site education program depended on the support it received from CEOs and other company officials.

SOURCE: Off Ice of Technology Assessment, 1994.

specifically on psychiatric disability and vocational rehabilitation.

In addition, NIMH is seeking to increase its research portfolio in this area. In 1993, it awarded a contract to two new researchers in mental disorder-based disability and funded a new grant. The contract examines disability data collected in the Baltimore site of the Epidemiologic Catchment Area (ECA) study (see ch. 3). Its objective is to provide national estimates of disability due to mental disorders as well as some information to be used in developing estimates of benefits for health care reform. The grant examines the extent to which job requirements and health status affect the age specific probabilities of work disability or retirement of persons with severe mental disorders.

NIMH's National Plan also specifically identified the need for research to assist in implementing the ADA. A program announcement, *Research on Disabilities and Rehabilitation Services for People with Severe Mental Disorders,* has been active since 1991 and will remain so through July 1994, when NIMH plans to revise and update it. This request for grant applications encourages research on the characterization and classification of disabilities; the assessment of types and combinations of psychosocial and vocational rehabilitation; vocational incentives and disincentives; various environmental factors that affect disability and rehabilitation, including community and employer attitudes and structure and accommodation of work settings; and implementation and effects of the ADA.

Few researchers applied under the program announcement. Based on conversation with several researchers and individuals at the NIMH, OTA found that several factors probably contribute to the lack of interest. First, the program announcement was the first time NIMH announced it was funding research on disabilities due to mental disorders; in general, it takes about a decade to create a full program of research (26). Secondly, several people in the vocational rehabilitation field stress that the review committees at NIMH, with their expertise and preference for randomized research designs typical of biomedical research, do not respond favorably to the types of studies needed on the issues of the ADA and employment (e.g., longitudinal, survey designs). To stimulate research in this area, NIMH held two workshops. The first focused on the state-of-the-art in disabilities and rehabilitation services research. The second was designed to assist new investigators (or those new

to NIMH research funding) to develop research proposals that would be acceptable to NIMH. In a separate one-day session, the NIMH convened experts in physical disability research to discuss the state-of-the-art in research instrumentation and methodologies for possible use in research on disabilities due to mental disorders.

PRESIDENT'S COMMITTEE ON THE EMPLOYMENT OF PEOPLE WITH DISABILITIES

The goal of the President's Committee in the U.S. Department of Labor is to develop employment opportunities for people with disabilities. Created by President Eisenhower in 1955, the President's Committee has an annual budget of $4.0 million and works with approximately 600 individuals (32). They include employers, training and rehabilitation specialists, educators, labor leaders, veterans organizations, medical and health professionals, service organizations, community leaders, as well as people with disabilities and their organizations and advocates.

The ADA has been a cause celebre of the President's Committee. Before the statute's passage, the President's Committee helped to organize nationwide hearings on disability and discrimination. Justin Dart, Jr., the former chair, headed the 63 public forums of the Task Force on the Rights and Empowerment of Americans with Disabilities. The testimony at these hearings provided key "data" on this type of discrimination and helped to propel the ADA's passage. As recounted by Mr. Dart at a congressional hearing:

> Although America has recorded great progress in the area of disability during the past few decades, our society is still infected by the ancient, now almost subconscious assumption that people with disabilities are less than fully eligible for the opportunities, services, and support systems which are available to other people as a matter of right. The result is massive, society-wide discrimination.

Since the ADA's passage, the President's Committee has maintained its support for this statute by organizing an ADA employment summit on December 2, 1992 and conducting a series of teleconferences across 50 States to review ADA implementation.

Recently, the President's Committee has paid more attention to psychiatric disabilities by focusing on their negative images and perceptions. To help fight the pervasive stigma and discrimination, the President's Committee has organized a "Coalition Against the Discrimination of People with Psychiatric Disabilities" (CADPPD). Building on a 1992 summit of 42 national leaders and organizations concerned with media images of mental illness, CADPPD's goals have broadened, as reflected in their mission statement:

> People with psychiatric disabilities must possess the same inalienable rights and responsibilities as all other human beings. The mission of the Coalition is to eliminate discrimination against people with psychiatric disabilities. The purpose of the Coalition is to serve as a forum to share information, discuss policies and opportunities, and to encourage cooperative action to achieve common goals.

CADPPD work groups are developing language guidelines and position papers on such issues as civil rights, and it has prepared a list of workplace accommodations. The coalition includes a diverse membership, representing such groups as the National Alliance for the Mentally Ill, the National Association of Psychiatric Survivors, the National Mental Health Consumers' Association, as well as professional associations.

The Job Accommodation Network (JAN), located on the Morgan town campus of West Virginia University, provides one of the most practical services available from the President's Committee. With an annual budget of less than $1 million ($825,378) in fiscal year 1993 and a staff of 15, JAN provides information and referrals to employers, rehabilitation and social service counselors, and people with disabilities on workplace accommodations. Receiving approximately 4,500 inquiries each month, JAN represents one of the most comprehensive source of information concerning job accommodations currently supplied by the Federal Government. Just a few years ago

JAN answered very few calls concerning psychiatric disabilities (10). Today, 5 percent of the 4,500 calls each month focus on these conditions. Prior to the ADA's passage, about 60 percent of calls about psychiatric disabilities came from people with such conditions or their families. Since the President signed the ADA, however, only 19 percent of the increasing volume of calls come from these individuals, while 41 percent come from businesses. In addition, 20 percent come from health care facilities, 11 percent from educational institutions, and 9 percent from counselors and other service providers (9). Although JAN has not amassed a great deal of in-house expertise on accommodating people with psychiatric disabilities (11), it has developed a list of mental health services that may provide useful information to employers and others.

SUMMARY AND CONCLUSIONS

The Federal Government has a prominent role to play in the ADA's implementation. Besides the law requiring Federal enforcement, technical assistance and research are needed to guide and inform implementation. This chapter surveyed Federal activities relevant to Title I of the ADA and people with psychiatric disabilities.

The ADA requires the EEOC to enforce Title I and calls for the Commission to issue guidelines and regulations, and to provide technical assistance. Despite the considerable amount of technical assistance activity supported by the Commission, little discussion of psychiatric disabilities has occurred. OTA's inquiry of EEOC field offices determined that EEOC investigators consider themselves in need of more information on psychiatric disabilities. While the EEOC has not traditionally focused on a particular class or type of disability, the lack of knowledge about mental disorders and associated disabilities, even among EEOC investigators, and the complex questions that can be raised by these conditions argue for specific attention. Given current staffing and budgetary constraints, it appears unlikely, however, that the Commission will address this area.

In addition to the EEOC, several other Federal agencies—NIDRR, CMHS, NIMH, and the President Committee—have supported some technical assistance efforts concerning psychiatric disabilities, employment, and the ADA. This assistance has targeted employers and people with psychiatric disabilities. Continued efforts are necessary, as ignorance of these conditions and the law itself apparently abound. Collaboration among the mental health/disability research funding agencies and the EEOC may help assure continued and expert technical assistance in today's constrained budgetary environment.

Research is the final category of Federal activity important for ADA implementation and people with psychiatric disabilities. Federal money spent on disability research is historically small, in comparison to the overall expenditures on health research. The research dollars devoted to psychiatric disability and employment fit this same pattern. The leading Federal funders of disability and mental health research—NIDRR, NIMH, CMHS—spend approximately 1.3 percent of their annual budgets on research and technical assistance combined—less than $15 million last year. However, all three of these agencies have recently increased their commitment to psychiatric disabilities and employment research. The challenge will be sustaining and increasing attention to this topic, in order to generate the types of information necessary to effect optimal ADA implementation and employment for people with psychiatric disabilities. As the different research-funding agencies have distinct missions and cultures, a further challenge will be to develop relevant and appropriate research portfolios: relevant to the real world needs of employers and people with psychiatric disabilities and appropriate to a particular agency's mission. Collaboration and coordination of interagency research funding could help in identifying the relevant and appropriate activities in the most efficient way possible. While mechanisms for communicating across agencies have or do exist, they lie moribund at the present time.

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Appendix 5A: Survey of EEOC Field Offices About Psychiatric Disabilities and the ADA

5A

AL	Birmingham (DO)	IL	Chicago (DO)	OH	Cincinnati (AO)
AZ	Phoenix (DO)	IN	Indianapolis (DO)		Cleveland (DO)
CA	Los Angeles (DO)	KY	Louisville (AO)	PA	Philadelphia (DO)
	San Francisco (LO)	LA	New Orleans (DO)		Pittsburgh (AO)
	San Jose (LO)	MA	Boston (AO)	TN	Memphis (DO)
	Fresno (LO)	MD	Baltimore (DO)		Nashville (AO)
	Oakland (LO)	MI	Detroit (DO)	TX	Dallas (DO)
CO	Denver (DO)	MN	Minneapolis (LO)		Houston (DO)
DC	Washington (FO)	MO	St Louis (DO)		San Antonio (DO)
FL	Miami (DO)	NC	Charlotte (DO)	VA	Norfolk (AO)
	Tampa (AO)	NJ	Newark (AO)		Richmond (AO)
GA	Atlanta (DO)	NM	Albuquerque (AO)	WA	Seattle (DO)
	Savannah (LO)	NY	New York City (DO)	WI	Milwaukee (DO)
HI	Honolulu (LO)				

(FO=Field Office, DO=District Office, AO=Area Office, LO=Local Office)

Question	General response
(1) What formal information, training, or assistance do EEOC field office investigators receive about mental illness?	Investigators at 9 field offices indicated they had not yet received any information, training or assistance about mental illness; 15 said mental disabilities were briefly mentioned in ADA training sessions they had attended; 16 had received small amounts of training or assistance about mental illness: some viewed a videotaped training session, some participated in training sessions conducted by mental health care providers or advocacy groups in their communities, and some did both.
(2) What formal information, training, or assistance do EEOC field office investigators receive about how the ADA's provisions will specifically affect employment for people with psychiatric disabilities?	Nearly all investigators have attended ADA training sessions and/or conferences that discussed ADA provisions. A single example of how this law might affect employment for people with psychiatric disabilities was provided.
(3) Have field office staff received formal or informal assistance from sources other than the EEOC, e.g., local experts on mental illness and psychiatric disabilities such as care providers, Federal, State, or local government agencies (State Mental Health Agency, Community Mental Health Center, Vocational Rehabilitation Agency), representatives of professional or consumer groups (mental health professional associations, Alliance for the Mentally III, researchers at universities), others?	Fifteen of the field offices have received information and assistance from representatives of State vocational rehabilitation offices, mental health advocacy groups, NIDRR's regional Disability and Business Technical Assistance Centers, Mental Health Associations, Independent Living Resource Centers, the Thresholds National Research and Training Center, in Chicago, Illinois, and the National Association of State Mental Health Program Directors, Washington, DC.
(4) If field office staff receive formal or informal assistance from other sources, does it come in the way of a seminar? provision of materials? intermittent contact when specific cases or questions arise? or by other means?	Information and assistance from sources other than the EEOC come in seminars, training sessions, meetings, brown–bag lunches, intermittent contact when a need arises, and written materials.
(5) Would further training, information, or assistance on mental illness and psychiatric disabilities be useful? If so, what types would be useful?	All of the respondents indicated that further information, training, and assistance would be useful in areas such as sensitivity training, information on specific mental illnesses, work disabilities associated with them, and appropriate accommodations.