

**The Impact of
the Americans With Disabilities Act
Upon Rehabilitation Research**

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ABSTRACT

The Americans With Disabilities Act (ADA) establishes "a clear and comprehensive prohibition of discrimination on the basis of disability." The impact of the ADA upon rehabilitation research is explored in relation to employment outcomes for persons with psychiatric disability. The ADA makes it imperative that we develop valid and reliable instruments to measure impairment and functional incapacity, work and social integration, and quality of life and empowerment. Techniques of ecological assessment in the workplace and consensus on measures of employment success are also imperative. Investigation of facility-based vocational rehabilitation, supported employment and disability management models of service, and reasonable accommodation will be needed, as will an investigation of the impact of the ADA upon Social Security benefits for persons with psychiatric disability. Finally, critical to the successful implementation of the ADA will be a better understanding of stigma and methods of changing the negative attitudes that persist about persons with psychiatric disability.

The ADA establishes "a clear and comprehensive prohibition of discrimination on the basis of disability." Justin Dart, chairman of the President's Committee on the Employment of People With Disabilities, states that: "taken in combination with previously existing disability rights law, it provides a sound legal framework for the practical implementation of the inalienable right of all people with disabilities to participate equally in the mainstream of society" (Dart, 1991, p. 4). The ADA mandates opportunity and access, mandates which are consistent with the changes we have witnessed in services to persons with psychiatric disability over the past several decades. Since the 1950s, state mental institutions have been radically depopulated, resulting in greater numbers of individuals with psychiatric disability remaining in or returning to the community. Simultaneously, there have been dramatic shifts on the locus of treatment for persons with psychiatric disability from inpatient to outpatient settings (Redick, Witkin, Bethel, & Manderscheid, 1985). This shift has been away from institutional care, which was based heavily on a medical model of intervention, and toward community-based services with a focus on integration, rehabilitation, and, more recently, consumer empowerment. The ADA, partnered with the community-based movement already underway, will help to promote the integration of persons with psychiatric disability into all facets of community life.

The purpose of this article is to examine the impact of the ADA upon rehabilitation research, particularly in the area of employment and related research for persons with psychiatric disability. The consensus was that, perhaps unlike other disabilities, the potential impact of the ADA for persons with psychiatric disability is greatest in the area of employment. The National Mental Health Association (NMHA) made a similar assertion (Helf, 1991). This may be because of the abysmally low employment rates experienced by persons with psychiatric disabilities and the hope that the ADA will pave the way for greater employment opportunities for persons with psychiatric disability. This problem of "unemployment and under-employment among people with psychiatric disabilities" is so significant that the National Institute on Disability and Rehabilitation Research (NIDRR) (1992) was prompted to sponsor a consensus validation conference on "Strategies to Secure and Maintain Employment for Persons With Long-Term Mental Illness."

The remainder of this paper describes the potential impact of the ADA upon research and evaluation efforts in psychiatric rehabilitation and in particular explores how research in vocational rehabilitation may be affected. First, the varying definitions of psychiatric disability are explored, along with how the ADA will affect persons with psychiatric disability in the workplace. Next, the state of vocational rehabilitation for persons with psychiatric disability is discussed, followed by a discussion of how both the tools and the outcomes of rehabilitation research will be affected by the ADA.

What Is Psychiatric Disability?

The ADA affords protection to persons who have an impairment that causes a substantial limitation in one or more major life activities. The ADA definition is broader and more encompassing than definitions of psychiatric disability currently in use by major funding bodies serving persons with mental illness. In fact, the definitions currently in use by funding bodies all seek to differentiate a person who is diagnosed with a psychiatric disorder of any severity from those with severe disability. For example, the definition recently put forth by the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration is based upon two components: an individual must be diagnosed with mental illness (using the *Diagnostic and Statistical Manual, III*, Revised criteria, American Psychiatric Association [APA],

1987) and must have functional impairment which substantially interferes with or limits one or more major life activities. This definition is similar to the definition of psychiatric disability in the ADA; however, the CMHS definition requires a formal psychiatric diagnosis, and the ADA implies that such a diagnosis is not required. The Rehabilitation Services Administration (RSA) defines a severe handicap as a "disability which requires multiple services over an extended period of time." While the RSA provides services to persons with a psychiatric diagnosis that are not considered severely disabled, those with severe disability receive priority. Finally, Goldman, Gattozzi, and Taube (1981) argued that any definition of severe psychiatric impairment must consider not only the diagnosis, but also the type and duration of disability. Persons with severe psychiatric disability must have a severe mental disorder with moderate to severe disability (i.e., functional incapacity) that is of prolonged duration. The ADA does not consider duration as part of the definition of disability.

At present, there is no one universally accepted definition of psychiatric disability or severe psychiatric disability. Furthermore, since the ADA is written broadly to define any psychiatric disability, it will afford protection to persons not targeted for services as indicated by the widely accepted definitions described above because those definitions are used primarily to distinguish *severe* psychiatric disability from psychiatric disability in general. This divergence will cause some difficulty in research studies attempting to examine the impact of the ADA.

ADA Provisions and Persons With Psychiatric Disability

Central to the ADA is the mandate that qualified persons with a disability be provided with reasonable accommodation in the workplace, unless an employer can demonstrate that providing such accommodation would cause undue hardship. A qualifying disability includes "mental impairments that substantially limit one or more major life activities." A mental impairment refers to "any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, or specific learning disabilities" (Parry, 1993). A substantial limitation means extensive functional impairment: vis-à-vis employment, it implies an "inability to perform a class of jobs or certain types of jobs in several classes when measured against an average person with comparable training, skills and abilities" (Parry, 1993, p. 101). Excluded under the ADA are current illegal drug use, compulsions, sexual disorders, and homosexuality.

Further excluded are people with disabilities who pose a "direct threat to the health and safety of other individuals." The Equal Employment Opportunity Commission (EEOC) has defined direct threat as a "significant risk of substantial harm to the health and safety of the individual or others that cannot be eliminated or reduced by reasonable accommodations" (Parry, 1993, p. 101).

People with a qualifying disability must, however, be "otherwise qualified" to perform the "essential functions" of the job. The person with a disability must "meet the employer's requirements for the job . . . [and] have the appropriate education, employment experience, skills or licenses—whatever is required of all applicants for that job" (Mental Health Law Project, 1992, p. 15). The ADA differentiates "essential" from "marginal" job functions, but recognizes that these decisions may need to be made on a case-by-case basis. Parry (1993) states that "there is little or no discussion . . . about how to differentiate between a disability that partially affects an essential job function but not enough to disqualify an employee, and a disability that affects an essential job function sufficiently to be disqualifying" (p. 103).

A qualified person with a disability who can perform the essential functions of a job is entitled to reasonable accommodations unless those accommodations pose "undue financial and administrative burdens." Reasonable accommodations are a "logical adjustment made to the job or the work environment that enables a qualified handicapped person to perform the duties of that position" (U.S. Office of Personnel Management, 1984, p. 2) and need only be made if an applicant or employee discloses herself as having a disability and indicates that a modification is needed. Disclosure, however, is particularly problematic for persons with psychiatric disability, many of whom are concerned that the stigma and negative ramifications of disclosure outweigh any accommodations they may receive. When disclosed, accommodations may be made in three contexts: the hiring process, the work environment, and in the benefits and privileges of employment.

Psychiatric Rehabilitation and Research in Vocational Rehabilitation

The growth of psychiatric rehabilitation over the past 3 decades represents an important transition in service to persons with psychiatric disability that will be enhanced by the ADA. Psychiatric rehabilitation seeks

to assist persons with psychiatric disabilities to increase their functioning so that they are successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention (Anthony, Cohen, & Cohen, 1983). Historically, services to persons with psychiatric disability have included interventions at the impairment stage; that is, treatment aimed at ameliorating symptoms and pathology. Rehabilitation differs from other services in that it does not focus upon the etiology of, or a biological cure for, mental illness, but rather it is aimed at maximizing functioning through the enhancement of skills and supports (Anthony, Cohen, & Farkas, 1990; Rogers, Anthony, & Jansen, 1988).

Within the field of psychiatric rehabilitation, the vocational rehabilitation of persons with psychiatric disability is arguably the area which has received the greatest attention. Studies containing data on the employment rate of persons discharged from psychiatric hospitals have been periodically surveyed by Anthony and his associates (Anthony, Buell, Sharratt, & Althoff, 1972; Anthony, Cohen, & Vitalo, 1978; Anthony, Howell, & Danley, 1984). These data have been fairly consistent, suggesting a full-time competitive employment figure of 20–30% for all persons discharged from psychiatric hospitals. However, if just persons with long-term or severe psychiatric disabilities are studied, the full- and part-time competitive employment figure drops to approximately 15% or below (Bond & McDonel, 1991; Mulkern & Mandersheid, 1989; Rogers, Anthony, & Jansen, 1988; Farkas, Rogers, & Thurer, 1987). Clearly, persons with psychiatric disabilities are not presently integrated into the mainstream with regard to employment. How the ADA will affect the assessment of vocational rehabilitation and the employment outcomes of persons with psychiatric disabilities deserves the attention of rehabilitation researchers.

Tools of Research

The tools used in research and evaluation help to describe, assess, quantify, or measure in other ways the input, processes, outputs, or outcomes of interventions and services. While researchers have emphasized the need for reliable and valid measures of functional incapacity or disability, the ADA makes that need more compelling. Table 1 contains further examples of such outcome measures.

TABLE 1
ASSESSMENT TOOLS AND OUTCOME MEASURES

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- Reliable and valid measures of functional incapacity and impairment in major life activities
 - Reliable and valid ecological assessment techniques to measure the person/environment fit in the workplace
 - Reliable, valid, and meaningful measures of work integration for persons with psychiatric disability
 - Job screening tools which provide accurate information about performance of "essential functions" but do not discriminate against persons with psychiatric disability
 - Reliable and valid measures of employment success that are widely agreed upon and that can be used to facilitate cross-study comparisons and meta-analyses
 - Reliable, valid, and meaningful measures of social and community integration for persons with psychiatric disability
 - Reliable, valid, and meaningful measures of empowerment and quality of life for persons with psychiatric disability
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While there have been several studies of functional measures of disability, there remains no consensus about what constitutes functional incapacity in the area of psychiatric disability, nor are there widely used reliable and valid measures (Wallace, 1986; Community Support Network News [CSNN], 1993). Such measures and a consensus about functional incapacity are critical because the ADA states that a disability includes a mental impairment that "substantially limits one or more of major life activities." Valid and reliable measures of impairment in life activities for persons with psychiatric disability will be necessary, but they are not as easily developed as comparable measures for other disabilities. While there may be a consensus that a psychiatric diagnosis alone is insufficient to be considered impaired (the three definitions cited earlier and the ADA all go beyond diagnosis), defining impairment in major life activities continues to be more complex for persons with psychiatric disability than for many other disabilities.

In addition to measures of functional incapacity or impairment in life activities, the ADA will create greater need for techniques of ecological assessment. Ecological assessment can be defined as evaluating the degree to which there is a person/environment fit in employment settings. Measures of vocational potential that assess clients against existing norms

or standards in the workplace can be "misleading and imprecise" (Parker, Szymanski, & Hanley-Maxwell, 1989). Ecological assessment considers a person's unique traits, strengths, and problems and not simply whether the person is employable or not in any work setting and focuses upon what work environment affords the best match on important work characteristics. Ecological assessment is "an ongoing formative process rather than a time-limited, summative process. As a formative process, ecological assessment not only guides the matching of persons to jobs, but also provides the information necessary to plan training of job skills" (Parker et al., 1989, p. 29).

Aptitude tests and other measures of job potential currently used by employment agencies, employers, and others are problematic if they render persons with psychiatric disability at a disadvantage in the screening process and unless the users of such tests can demonstrate that they directly relate to the "essential functions" of the job. Valid and reliable measures of work skills and work potential for persons with psychiatric disability will be increasingly necessary for nondiscriminatory job screening. However, developing such measures is not a trivial undertaking. Difficulties in predicting work potential among persons with psychiatric disability continue to plague researchers, vocational evaluators, and the Social Security Administration (Anthony & Jansen, 1984; Rogers, Sciarappa, & Anthony, 1991; Bond & Friedmeyer, 1988; Anthony, Rogers, Cohen, & Davies, 1995).

One difficulty in developing valid measures of work potential is that areas of functioning affected by the disability itself may cross over into the "essential functions" of a job in more subtle ways when compared to other disabilities. For example, interpersonal and social skills and the ability to communicate are frequently affected in psychiatric disability. As eloquently stated by Johnson (1991) "the handicap of mental illness is at the core of what it is to be human. Typically, it interferes with social relatedness, with the ability to conceptualize, and the ability to attend and concentrate" (p. 4). Skills such as those are more difficult for researchers to describe and quantify than concrete skills such as how accurately one can type.

Even after decades of services and research, there is, unfortunately, no consensus about what constitutes employment success for persons with psychiatric disability. Studies examining the vocational rehabilitation of persons with psychiatric disability use various indicators of positive outcomes, making it impossible to do meta-analyses or comparisons across studies. For example, some studies use a dichotomous variable of

employed versus unemployed as their measure of success with no reference to a minimum number of hours worked to qualify as being employed. Variables such as job tenure; number of hours worked; whether a job is competitive, supported, or sheltered; and wages earned must all be considered in the definition of vocational rehabilitation. Until researchers are required to collect data on employment outcomes in a standardized way, including a set of designated outcome indicators, it will be impossible to draw the kinds of conclusions we need to draw about the impact of the ADA on employment success.

Measures of work and social and community integration that are reliable and valid for persons with psychiatric disability will be needed to measure the impact of the ADA upon meaningful participation in work and community life. Simply moving services from a hospital to a community setting or from a sheltered workshop to a supported job in the community does not ensure integration or meaningful participation with nondisabled peers in the community. Few measures of integration are being used in studies of psychiatric rehabilitation (Danley, Rogers, MacDonald-Wilson, & Anthony, 1994; Virginia Commonwealth University, *Newsletter on Vocational Integration*, 1990). Measures that allow us to accurately assess the degree to which persons with psychiatric disability are living, learning, working, and socializing in a truly integrated way in their communities will be needed.

Finally, some would argue that empowering persons with psychiatric disability and improving their quality of life are the essential "bottom lines" of any service provision. While there has been some attention to developing quality-of-life measures (e.g., Fabian, 1991; Lehman, 1988; Baker & Intagliata, 1982), little attention has been paid to the measurement of empowerment until recently (Chamberlin, Rogers, Sciarappa, & Ellison, 1992). Further, validation of such measures from the perspective of persons with psychiatric disability is critical if they are to be credible, meaningful measures. In addition, measuring the quality of life of family members will assume greater importance as immediate and extended family members play a larger role in assisting persons with psychiatric disability to live, learn, and work in the community.

In sum, research and evaluation efforts in psychiatric rehabilitation are and have been constrained by the lack of accurate and meaningful measures of outcome (CSNN, 1993). In order to assess the implementation of the ADA, it is critical that vocational rehabilitation outcomes be assessed validly and reliably.

Priorities in Vocational Rehabilitation

To the extent that the ADA will promote opportunities for individuals with psychiatric disabilities to live, learn, work, and socialize in the environments of their choice, it is consistent with the growing emphasis in research and evaluation on supported employment, supported education, supported housing options, community integration, empowerment, and quality of life. "Supported" services differ from traditional services in that they emphasize integration of the person with a disability into a competitive job, a normal housing situation, or a community educational setting rather than a sheltered workshop, congregate living facility, or special education program. Flexible and accessible support services are provided to assist the person to adjust to the normal and integrated work, residential, or educational setting.

Supported employment services are increasingly supplanting facility-based employment services for persons with psychiatric disability, thereby changing the research questions related to vocational services. Table 2 contains areas of inquiry in the vocational rehabilitation of persons with psychiatric disability suggested both from the implications of the ADA and from the current state of knowledge in vocational rehabilitation.

TABLE 2
RESEARCH QUESTIONS NEEDING TO BE ADDRESSED
IN VOCATIONAL REHABILITATION

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- What is the role of facility-based vocational programs in serving the needs of persons with psychiatric disability?
 - What models of supported employment (i.e., individual, enclave, transitional, entrepreneurial, mobile crew) are most effective with what persons in what work environments and occupations?
 - How can integration in the workplace be promoted for persons with psychiatric disability?
 - How can natural supports in the workplace be used to enhance and/or supplant professional supports?
 - What constitutes "reasonable accommodation" for persons with psychiatric disability and are those accommodations efficacious and cost effective?
 - Can reasonable accommodations for persons with psychiatric disability be clearly delineated for various employee needs or problems, work environments, and occupations?
 - Does the provision of certain types of reasonable accommodation result in

longer job tenure and greater job satisfaction for employees with psychiatric disability?

- Does the use of ecological assessment (i.e., determining the "person-environment" fit in the workplace) lead to greater job tenure and job satisfaction?
 - What models of intervention are best for providing disability management services; that is, for assisting employees who become psychiatrically disabled while employed?
 - Are there fundamental changes in the employment rates of persons with psychiatric disability as a result of the ADA; that is, are more persons with psychiatric disability entering and staying in the workforce?
 - Are there changes in the amount of time persons with psychiatric disability receive Social Security benefits (or use incentive programs) as a result of the ADA?
 - What system barriers to employment for persons with psychiatric disabilities persist even after implementation of the ADA?
 - What is the relationship between employment status, work integration, quality of life, and empowerment for persons with psychiatric disability?
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In the last several years there has been a vigorous movement away from facility-based provision of vocational services for persons with psychiatric disability and toward the provision of supported employment services. According to Shafer, Revell, and Isbister (1991), "not since the implementation of Public Law 94-142 has the federal government directed such a coordinated approach to policy implementation as that which recently transpired regarding supported employment" (p. 9). Implementation of Title I of the ADA should provide added legal impetus to the movement to provide competitive jobs in integrated settings to persons with psychiatric disabilities and will expand the need for research and evaluation in all models of supported employment, including transitional employment. Supported employment is defined as competitive employment, in integrated settings, with professional support as needed to maintain that employment. Transitional employment is defined as competitive employment in integrated settings, with professional support to maintain employment; however, transitional employment is intended to be time-limited and to serve as a training situation rather than as permanent employment (NIDRR, 1992).

Disability management will become increasingly important with the implementation of the ADA. Disability management differs from supported employment services in that it involves assisting already employed individuals who develop or disclose a disability during their job tenure

to maintain their current job, with or without accommodations. Disability management services are likely to be provided by an employer to existing employees. Demonstration, evaluation, and dissemination of models of service delivery for disability management interventions are needed.

Knowledge about reasonable accommodations in the workplace for persons with psychiatric disability will be critical. Parrish (1991) states that the "types of modifications that employers might make to accommodate a person with a physical disability are much more tangible (e.g., ramps, large-print documents), but no more vital, than the modifications that might be made to assist a person with a mental disability" (p. 1). Not only are reasonable accommodations less tangible for persons with psychiatric disability, but according to Mancuso (1990), most guides for the use of reasonable accommodation (such as the federal *Handbook of Job Analysis for Reasonable Accommodation*) fail to mention mental illness or the kinds of accommodations needed to assist persons with mental illness. Parrish discusses prevocational work assistance, such as modifying the job screening and interviewing process; providing emotional supports (using peer groups) on the job; flexibility, such as permitting self-paced work; and providing regular, supportive, and clear supervision on the job. Parrish also recommends that employers be flexible in the area of wages and benefits; for example, by allowing employees to use sick or vacation leave during times of crisis. Mancuso (1990) cites four general types of reasonable accommodation as potentially useful for persons with psychiatric disability: (a) changes in interpersonal communication, (b) modification to the physical environment, (c) job modification, and (d) schedule modification.

The variable nature of psychiatric disability both within and across diagnostic categories, as well as the episodic and often unpredictable nature of many types of mental illness, make reasonable accommodation efforts particularly challenging and problematic. Because there is not a one-to-one relationship between psychiatric diagnosis and particular functional limitations, care must be taken to determine the job limitations that are unique to each person. To some extent this problem has an analogy in physical rehabilitation. For example, persons with a physical disability such as multiple sclerosis or rheumatoid arthritis vary enormously in the way the illness has affected their functioning. The illness may also be episodic and unpredictable in its course. Simply knowing that a person's diagnosis is multiple sclerosis says little about his or her functional ability or limitations vis-à-vis employment.

At least one study has recently been funded to study the types of

reasonable accommodations provided to persons with psychiatric disability and whether those accommodations are associated with increased job tenure (MacDonald-Wilson, 1993). Problems in delineating reasonable accommodation occur because persons with psychiatric disability "constitute a highly heterogeneous group . . . [and because] the course of the illness is episodic" (Johnson, 1991). Most researchers and service providers would agree that there is a critical need for new knowledge about the types, cost, and efficacy of reasonable accommodations for persons with psychiatric disability (Helf, 1991).

As mentioned earlier, the employment rates for persons with severe psychiatric disability remain low even after deinstitutionalization (Anthony, 1993). There also continue to be significant disincentives to employment because of feared loss of Social Security benefits. Research will be needed to determine whether the ADA is successful in promoting better employment rates for persons with psychiatric disability and thereby reducing the number of persons receiving Social Security benefits through employment.

Stigma, Discrimination, and Attitude Change

If the ADA is to have a positive impact upon the quality of life for persons with psychiatric disability, then the negative attitudes of employers, co-workers, helping professionals, and the public-at-large must change. When compared to other persons with disability, those with psychiatric disability remain burdened by some of the most negative attitudes (Combs & Omvig, 1986; Diksa, 1993). A recent study by Diksa (1993) of a random sample of employers in eastern Massachusetts confirmed that, first and foremost, potential employers are concerned about and fearful of the symptoms that can accompany psychiatric disability and, in particular, about violence. According to Monahan (1992) "mental disorder may be a significant albeit modest risk factor for the occurrence of violent behavior" (p. 519). Yet Monahan, who performed an exhaustive review of the data concerning violence and persons with psychiatric disability, states "the great majority of people who [have psychiatric disorders] . . . are not violent," and more important, he asserted that "having experienced psychotic symptoms *in the past* bears no direct relationship to violence, and bears an indirect relationship to violence only in the attenuated sense that previous disorder may raise the risk of current disorder" (p. 519).

Despite this, negative attitudes toward persons with psychiatric

disability persist and thrive. Given that the thrust of the ADA is integration of persons with psychiatric disability, study is needed in how to best counter these negative attitudes. Table 3 contains areas of evaluation, demonstration, and dissemination which are needed to examine the barriers to that integration.

TABLE 3
RESEARCH QUESTIONS NEEDING TO BE ADDRESSED
IN THE AREA OF STIGMA AND DISCRIMINATION

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- What is the current body of knowledge about stigma, attitudes toward persons with psychiatric disability, and attitude change?
 - What media campaigns, informational campaigns, or educational programs can be used to change the negative attitudes toward persons with psychiatric disability in the public-at-large?
 - How can the attitudes of employers and co-workers toward persons with psychiatric disability be changed? That is, what combination of information, contact or experience with, or persuasion lead to the greatest change in attitudes in the workplace?
 - Under what circumstances and at what point in the hiring process is disclosure of a psychiatric disability a facilitator or a barrier to obtaining employment?
 - What techniques of disclosing psychiatric disability are likely to engender the most positive attitudes in others?
 - Does training in the ADA help clients, family members, advocates, and professionals to assist themselves or others in accessing the employment, education, housing, and leisure opportunities to which they are entitled?
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Understanding society's role in ameliorating discrimination toward persons with psychiatric disability requires the understanding of the "impairment-disability-handicap" paradigm (Anthony & Liberman, 1986). According to Anthony and Liberman, psychiatric impairments include anxiety, depression, hallucinations, disordered thought, and the like. The functional problems that arise from impairments can be viewed as an inability to perform certain activities, such as self-care or job-related tasks: these limitations can be viewed as a disability. A final element in the model is handicap, which occurs when the disability places an individual at a "disadvantage relative to others in society. This can occur through stigma and discrimination" (p. 548). While individuals in wheelchairs may have

ramps and assistive devices to help compensate for their disabilities, according to Anthony and Liberman (1986), persons with psychiatric disabilities need modifications to their social environments to ameliorate their handicaps: such modifications are more difficult. One can view a handicap as a disadvantage that limits or prevents a person with a disability from fulfilling roles considered normal by society. According to Anthony and Liberman these disadvantages require "societal rehabilitation" in which the focus is on systems change rather than on changing the individual with a disability. Examples of systems interventions include the Targeted Job Tax Credit, changes in the trial work period for Social Security, and, now, the Americans With Disabilities Act. "The importance of these systems' interventions is the compelling evidence that the ability to overcome a handicap (and resulting disadvantage) may be more a function of an accommodating and non-discriminating social and economic system than it is the person's impairment and disability" (Rogers, Anthony, & Jansen, 1988, p. 12).

Few campaigns to change attitudes toward mental illness have been evaluated, and, as suggested by Helf (1991), we must also examine the fundamental question of whether "changing the attitude of adults is more effective in the long run," or whether we should focus upon the attitudes of children, using school-based curricula and campaigns.

Conclusions

The ADA will allow all persons with disabilities to have opportunities for living their lives in the same way as nondisabled persons can. In that sense the ADA will help further the mission of psychiatric rehabilitation which emphasizes opportunities for persons with psychiatric disabilities to live, learn, work, and socialize in the environments of their choice. The ADA will strengthen the push toward integration of persons with psychiatric disability. A natural extension of both the ADA and the direction in which psychiatric rehabilitation is moving, is participatory research, in which persons with disability are involved in all phases of research in psychiatric rehabilitation (Graves, 1991).

In the legislative summary series published by the National Mental Health Association, a Louis Harris poll was summarized. That survey, conducted in 1986, highlights the extent of the problems faced by Americans with disabilities. Compared to persons without disabilities, persons with disabilities are much poorer, have far less education, have

less social and community life, participate much less often in social activities that other Americans regularly enjoy, and express less satisfaction with life.

The ultimate test of the impact of the ADA on the lives of persons with psychiatric disability will be the changes that come about in each of these areas. Eventually, with the implementation of the ADA in areas of employment, housing, education, and in the community, persons with disability should be closer to the national average in terms of income, education, social and community activities, and in terms of the quality of their lives.

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To prepare this report, we brought together researchers and other staff at the Center for Psychiatric Rehabilitation for a "focus group" to discuss the ways in which the ADA may affect the development of new knowledge. The focus group comprised the following staff from the Center for Psychiatric Rehabilitation who have published widely in the psychiatric rehabilitation field: William Anthony, Karen Danley, Karen Unger, Kim MacDonald-Wilson, Marsha Ellison, and this author. Laura Mancuso was also consulted. The group defined broad issues of concern to ADA implementation and suggested themes for each issue. The work of the focus group was supplemented by a literature review.

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