

# Position Statement 25: Work for People in Treatment Facilities

## Policy

As elaborated in Position Statement 31, Mental Health America ("MHA") believes that people in recovery from mental illness or addiction need an array of integrated services that includes, in particular, access to paid employment. This is especially true for people residing in and transitioning from treatment facilities, who must be prepared for life outside of the facility. Thus, it is imperative that job opportunities be developed and identified for people residing in and transitioning from mental health and substance use facilities that offer a broad array of paid work options that match a person's strengths, interests, and experience. The opportunity for meaningful work should be a part of every treatment plan.

For people without recent employment experience, hope and opportunity must be combined with effective counseling and peer support, training, and mental health and substance use treatment strategies to achieve solid outcomes. But MHA strongly believes that work for people in recovery is an achievable goal. Recovery depends to a large extent on finding and keeping meaningful work.

MHA opposes the practice of exploiting work performed by persons residing in mental health and substance use facilities. All resident work other than personal housekeeping and grooming should be compensated in accordance with applicable state and federal laws.<sup>1</sup> A resident should be required to perform work involving the operation or maintenance of a facility only if the work is a part of the person's individualized treatment plan, with the work supervised by a qualified specialist to ensure its rehabilitative function.<sup>2</sup>

## Background

No one needs the empowering advantages of a real job more than adults in recovery from mental illness or addiction. And no one is denied the basic opportunity to work and support oneself more than people in recovery from mental illness and addiction, especially those residing in treatment facilities. The devastating effects of the institutionalization of individuals with mental illness and addictive disorders have been compounded by residential programs that do not encourage work. Opportunities to work need to be enthusiastically encouraged, individually developed, and functionally supported by family, friends and service providers.

Work programs include a wide range of programs designed to help people in recovery achieve a greater level of self-sufficiency and an improved quality of life. The best programs place a strong emphasis on coordinating and integrating mental health treatment with the work.<sup>3</sup>

Facility residents should be compensated in accordance with the minimum wage laws of the National Fair Labor Standards Act.<sup>4</sup> All work that is assigned by the treatment team should be

part of an approved individual treatment plan and, except for personal housekeeping and grooming, inherently compensable. Payments to a resident performing compensable work should not be applied to costs of treatment. A resident should be required to perform work involving the operation or maintenance of a facility only if the work is a part of the person's individualized treatment plan, with the work supervised by a qualified specialist to ensure its rehabilitative function.

Staffing of mental health and substance use facilities should be sufficient to provide adequate care of all residents and adequate maintenance of the facility without reliance on resident labor.

## Call to Action

MHA affiliates and advocates should insist that treatment facilities provide access to compensable work as a part of every treatment and transition plan.

### Effective Period

The Mental Health America Board of Directors approved this policy on September 12, 2009. It is reviewed as required by the Mental Health America Public Policy Committee.

**Expiration:** December 31, 2014

1. See, e.g., Montana Code: **53-21-167. Patient labor.** The following rules shall govern patient labor:
  - No patient shall be required to perform labor which involves the operation and maintenance of a facility or for which the facility is under contract with an outside organization. Privileges or release from the facility shall not be conditioned upon the performance of labor covered by this provision. Patients may voluntarily engage in such labor if the labor is compensated in accordance with the minimum wage laws of the Fair Labor Standards Act of 1938, 29 U.S.C. 206, as amended.
  - Patients may be required to perform therapeutic tasks which do not involve the operation and maintenance of the facility, provided the specific task or any change in assignment is:
    - an integrated part of the patient's treatment plan and approved as a therapeutic activity by a professional person responsible for supervising the patient's treatment; and
    - supervised by a staff member to oversee the therapeutic aspects of the activity.
  - Patients may voluntarily engage in therapeutic labor for which the facility would otherwise have to pay an employee, provided the specific labor or any change in labor assignment is:
    - an integrated part of the patient's treatment plan and approved as a therapeutic activity by a professional person responsible for supervising the patient's treatment;
    - supervised by a staff member to oversee the therapeutic aspects of the activity; and
    - compensated in accordance with the minimum wage laws of the Fair Labor Standards Act of 1938, 29 U.S.C. 206, as amended.
  - If any patient performs therapeutic labor which involves the operation and maintenance of a facility but due to physical or mental disability is unable to perform the labor as efficiently as a person not so physically or mentally disabled, then the patient may be compensated at a rate which bears the same approximate relation to the statutory minimum wage as his ability to perform that particular job bears to the ability of a person not so afflicted.
  - Patients may be required to perform tasks of a personal housekeeping nature, such as the making of one's own bed.

- Deductions or payments for care and other charges shall not deprive a patient of a reasonable amount of the compensation received pursuant to this section for personal and incidental purchases and expenses.
- 2. See Joint Commission on Accreditation of Healthcare Organizations, Standard RI.2.190, proposed Standard RI.01.07.07(2010).  
[http://www.jointcommission.org/Standards/SII/sii\\_bhc.htm](http://www.jointcommission.org/Standards/SII/sii_bhc.htm)
- 3. E.g., in particular the MHA (Mental Health America of Los Angeles) Village, described at  
<http://www.mhavillage.org/information.html>
- 4. 29 U.S.C. §206