



Transcript “Disability Inclusion Webinar 8/7/25: Mental Health & Wellbeing in the Workplace”

Thank you for joining. I am Courtney Munnings. I have dark skin and long, curly, black hair and a blue shirt. And I'm from the Mansfield team, and it is great to have you all together again for our Mansfield community knowledge sharing call with our law firm and legal department friends for another disability inclusion topic.

We have live captions for the call. To use them, please go to More, Captions, then Show Captions. And I am here with my Diversity Lab colleagues-- Alyssa, Kavita, Valerie, Vance, Apryl, and we may have some others join us, and they will put Diversity Lab in their names. If you need to chat with us, just send us a direct message of your questions or needs.

Let's see. If you could also add your organization to your name, that would be great so that we can make sure we know who's who when you have your questions. We will save the chat and the transcripts and a recording for six months after the call. So you will have access to the recording in your resource library. So please have your team watch in that time.

I have one announcement, and that is that Diversity Lab is closing for the last week of August, and we'll be back on September 2. So don't be alarmed if you don't hear from us for a week. We'll be back, and we're going to email you that information so you don't have to remember that. And now I am very pleased to introduce Ariel Simms, President and CEO of Disability Belongs, a nonprofit organization fighting stigmas and advancing opportunities so people with disabilities can fully participate in all aspects of community.

Ariel brings lived experience and extensive professional expertise to this critical conversation about mental health and well-being in the workplace. Ariel started their career as a mental health counselor and earned a JD from Harvard Law School and worked on disability advocacy in the US and internationally.

Ariel teaches human rights and disability and disability law and ethics and chairs the board of directors for the Disability Rights Bar Association. We are very, very lucky and thankful to have you. So I will turn it over to you.

Thank you so much, Courtney. This is Ariel. Hi, everyone. It's so great to be here with you all. Just to give a brief visual description, I'm a white, non-binary individual. I have short red hair. I'm wearing plastic-rimmed glasses, a black suit jacket today over a blue top, and I'm in front of a virtual background with Disability Belongs logo in the corner. And throughout the presentation, I'll also be sharing a slide deck. And we're currently on a slide with another picture of me wearing a different color suit and my name and title as President and CEO of Disability Belongs.

I just want to really say thank you so much to Diversity Lab for hosting me for today's conversation. I'm really looking forward to spending time with all of you and really tackling something that we as legal professionals don't always like to address, and that is mental health in the workplace.

So I'm going to start with just a little bit more background about who we are as an organization. And then we'll get into some learning objectives for today. So as an organization, we are diverse, disability led, cross disability, and, as Courtney mentioned, we're a nonprofit organization. And I just want to take a moment to describe what that means to be disability led and cross disability.

There are lots of disability organizations out there. Some of them focus on specific parts of the disability community or only work with a segment of the larger community. We try to represent the interests of the full diversity of the disability community and every member of it, whether or not they identify necessarily with being disabled. And we'll talk more about that in just a bit.

But we're also disability led, meaning the majority of our board of directors, our leadership teams, and the staff at large are people with lived experience. And we bring a diversity of disability experiences to the work that we do every day.

As an organization, we really seek to drive cultural and policy change. And we really do this to make a more accessible, equitable, and inclusive society. So even though a lot of the work we do focuses on the disability community, we take a lot of pride in the fact that the work we do ends up benefiting more than the disability community because access, equity, and inclusion are for everyone.

So here's what we're going to cover today. We're going to talk about the concept of disability. And because we're a group of legal professionals, we are going to talk about the legal definition, or at least a legal definition of disability, but also talk about disability as more of an identity, especially an intersectional identity.

We're going to chat through some strategies to think about mental health in the workplace and come at that from a couple of different perspectives. One, from all of us. All of us are in workplaces. How do we support our mental health and well-being? But then, also, taking a step back, how do we approach wellness in the workplace from the employer standpoint?

And that's something that is also really important for us to think about, not just how we manage our own mental health, but how do we ensure all of our employees, all of our teams are having a really great experience in the workplace and are feeling supported in everything they do, including their mental health?

I'm going to start with a little bit of landscape here, giving a sense of just the overall prevalence of disability in the US. Estimates from the US census put us at about 61 million people, or about 1 in 4 adults with a disability. Numbers are a little different from source to source, but we, in general, think this might actually be a low estimate because some of the questions around how we ask about disability are not always super clear, and people don't necessarily want to identify as part of the disability community. But we know that at least 25% of us have a disability, and it's important to just be mindful of that in everything that we do in our workplaces.

So I promised a legal definition. So here we go. We're going to use the legal definition from the Americans with Disabilities Act, which defines disability as a physical or mental impairment that substantially limits one or more major life activities. And talk about just a really great legal jargon definition here, just super clear-- not really-- and some language here that doesn't necessarily resonate with who we are as a community.

But some of the key components-- some kind of impairment-- I'll put that in quotes-- that substantially limits-- and then the third piece-- a major life activity. And you may be wondering, major life activity, what does that mean? I really like to think about it as, in general, all the things we have to do with our minds and our bodies throughout the day to get through a day, things like breathing, learning, speaking, working can be walking, navigating. All the things that a lot of us don't think about all the time can really be a

major life activity. So we're looking at the definition very broadly of disability here, that if one of those things is substantially affected, you're part of the disability community.

Now, there's some data here in a chart that shows that an over-- a very broad breakdown of the community, at least according to census data, that shows ambulatory disabilities at the highest percent, but disabilities that impact hearing, cognition, vision, independent living, and self-care coming in beneath that. But overall, something I always like to point out is that when you think about all the disabilities out there, most disabilities are not readily apparent. You can't always look at someone and be like, oh, they are part of the disability community or not. And that's a really key thing to keep in mind, especially when we start talking about mental health.

Now, we talk about disability from beyond just the legal definition or perspective or conception of disability, which still tends to be very a functional approach. Sometimes we call that the medical model of disability. We, as advocates, use the social model. And we also talk about disability as another facet of human diversity and part of the overall human experience. It's not something that is unique. There is no us versus them. Disability is just part of being human. And even if folks don't identify as disabled today, chances are they have a close connection to someone who is part of the community already.

And of course, anyone can join our community at any time, whether they want to or not. So there's always that possibility, as well, that someone may live most of their lives without a disability. They could age into a disability. There could be an accident or trauma, something like that, and they could end up with a disability. And we really encourage everyone to be mindful of this because of that fact, but also because we're such a significant part of the population now, and there's already so many connections across our communities.

And just the last piece I'll note here is that disability is an extremely intersectional identity. We're not just people with disabilities. We have so many other identities we bring to the table. I mentioned I'm a non-binary person. I'm a member of the LGBTQI+ community. So I don't just show up in one space and I'm just my disability. I show up as who I am, which includes many different facets of identity.

And what we find is when we're looking at any other historically underrepresented or marginalized group, there tends to be a higher rate of disability within those groups. So really, really important to know that highly intersectional nature of disability.

And disabilities don't look the same for everyone. Some disabilities are temporary, and people may be disabled for a time and then come to a place where they're not disabled. Others are lifelong disabilities. We talked about they can be more or less apparent, and I think when most people conceptualize disability, they imagine a disability that is quite apparent. But the reality is most disabilities are not so apparent. You can't just tell by looking at someone. And for some of us, our disabilities start as soon as we're born. And for others, they can be acquired later in life. So lots of different ways to experience disability.

Now, some of you might be wondering, why am I talking so much about disability? Because there's a really big narrative out there that mental health is not part of the disability community. And that's something that we like to help message around, that people with mental health disabilities are entitled to all the same protections and considerations under laws like the Americans with Disabilities Act, even if we don't always conceptualize mental health and mental health disabilities as part of the overall disability community.

And when we think back to that definition of the ADA, that seems to make sense. We're talking about a physical or mental impairment that substantially limits a major life activity or another way is, like, impacts your everyday life as a human. And for many people with mental health disabilities, they are impacted and have to approach life differently, because we don't live in a society or a world that is very inclusive of all the different ways minds and bodies can work. So it can be a very disabling condition in that sense.

Now, it's also very important to recognize that even if legally, technically, these are part of the disability community, we also have a deep respect for personal autonomy and personal choice. So members of this community, they may not identify as part of the disability community. There's so much stigma around the term "disability" that persists that most people don't want to be part of that. They don't want to have that label of disability.

All right. I think we found the source. It was not me. I have no one here in my place with me. Just me. So, as I was saying, not everyone identifies as part of the disability community. And that's OK, even if they meet all the technical legal definitions. And in the mental health disability community in particular, there is absolutely no consensus on terminology.

You're hearing me use the term "mental health disability." Some people prefer "psychiatric disability." Around the world, you might hear "psychosocial disability." Others who are trying to take back some aspect of who they are, especially after they've experienced forced treatment in the mental health context, sometimes prefer to be called psychiatric survivors. And other generations prefer the term "mad" and "madness." They want to be described as "mad."

A universal truth when it comes to disability, what can we do? We can create safe spaces where people feel comfortable sharing that aspect of their identities, where we embrace that everyone's journey is different and that's OK, and that we're here to support regardless.

All right. Now I've been chatting at you quite a bit. I would love to hear from all of you. What gives you a sense of belonging in the workplace? What helps you feel like you are truly welcomed, you're valued, maybe even celebrated in your workplaces? So take a moment, think about it, and drop something in the chat. I want to see what comes to mind for folks.

Oh, Rita shares acceptance of my full personality, generally without judgment. I love the "generally", Rita. I have questions, but I won't ask them today. And Danny says-- oh, sorry I moved so fast. Camaraderie with colleagues. When people are accommodating to my work style, as long as work is done and deadlines are met. Team building opportunities, coworkers remembering things I've shared with them. Veronica, that really resonates with me. I hear you and I see you.

Let's see. Unexpected but welcome positive feedback. Coworkers who bring my favorite snacks. Love that. That's a great example of what belonging can look like in the workplace. Transparency about challenges and obstacles. Small gestures of appreciation when people really listen and remember.

Thank you. These are incredible. Love all of these. I'm going to encourage our hosts to save a copy of the chat so we have all of these great, great ideas of what belonging means to all of us.

Now, a couple of things you'll probably notice is that not everybody shared exactly the same thing. So as there's no kind of universal term or terminology when we're talking about mental health disabilities, there's no universal right way for people to feel a sense of belonging.

And that can be a beautiful thing about our workplaces, that people come in and can experience belonging in different ways, and different things will work for different people. So it'll be really important that we keep that in mind as we talk about mental health in the workplace and, really, what that means for employee experiences and team experiences.

Thank you again so much. I know I couldn't read all of them, but really, really incredible responses here in the chat. So we'll be sure to save those. And feel free to keep them coming too if there are others that feel important for you to put in the chat. Keep them going.

So let's talk a little bit more about mental health at work. One of the things that kind of persists in our culture today is that we treat mental health as something other. We really stigmatize it, and we don't consider it another aspect of our health or something that we have to pay attention to.

But mental health is incredibly important, and there's so much research showing the strong links between our mental health and our physical health that a lot of folks out there are like, why do we even talk about them separately? Because it's just another facet of our overall health, our overall well-being as humans.

So really keeping in mind we have to manage it as we would every other aspect of our health. And we can't neglect it because that's when things can also start to affect our physical health. And when we acknowledge the importance of this, especially in the workplaces, we can really build trust, and that could look like creating open and respectful dialogue about mental health in the workplace.

One of the practices that we use at Disability Belongs is to host restorative sessions. They're optional. Any member of our team can join, and we have a community agreement that they are safe places where people can share whatever they're feeling, whatever they're experiencing, whatever they're processing. And we will all support whoever is sharing, even if we don't agree with what they're saying, and hold that space as a place where people can express whatever feels important to them in the moment.

So that's just one way that we can go about creating that open, respectful dialogue and just create that space and opportunity to really address mental health, rather than sweep it under the rug and not really think about it.

We can recognize, of course, that some people use the term mental health condition, that those are disabilities. Even if individuals don't use the term disability, don't prefer being part of the disability community. But it's important for us on the employer perspective to keep in mind that rules around accommodations and things like that are still going to apply in the workplace, and we're going to talk a bit more about that later in the presentation.

We can also be really thoughtful about including mental health in our diversity, equity, and inclusion strategies and just really normalize having conversations about mental health in the workplace. And it doesn't have to be a whole separate restorative session. It can be starting your one to ones, your check ins, your team meetings with how's everybody doing? Just making space for people to share where are they in this moment, what are they feeling, what are they experiencing.

And over time, getting to a place to where people don't feel like they just have to say fine and move on, that we can create some more opportunity for people to say, gosh, I'm feeling really stressed out this week. This thing we're working on, I don't know how I'm going to tackle it. I could really use some support, and getting to that kind of place to where people feel comfortable naming a feeling and engaging with colleagues in the workplace.

Let's talk about legal professionals and lawyers in particular. I'm sure we've all heard this at least once in our legal careers. There is a higher rate of mental health disabilities among lawyers. We are notorious for also being members of the mental health disability community, again, whether we identify that way or not. 33% of lawyers report depression. 68%-- more than 68% report having anxiety. Over 29% report having some other mental health concern. 43% say their mental health problems are at a critical level.

And this last one gets me every time because I'm also notorious for this. 45.8% do not recommend the legal profession to other family members and tell people, stay away. Don't become a lawyer. Because it can be an incredibly stressful job. And a lot of us have very similar personalities that attracts us to the legal profession, and that can be a real recipe for not paying as much attention to our mental health as we probably should.

So how about on the employer side? Why does this matter? Clearly, it matters to those of us just in the profession in general. We have a higher incidence of mental health disabilities. So we need to be thinking about it as individuals and as colleagues. But switching over to the employer side, because we know of this high prevalence, we need to do our best to be aware of that in our workplaces.

We want to make sure all of our manager-level staff are equipped to recognize mental health concerns and respond appropriately in the workplace to make sure people are feeling supported, and that people can have accommodations and supports that they need.

We want to, of course, be mindful of confidentiality. Similar to how we think of protecting medical information, we also don't want to share people's mental health status without their permission. So really being mindful that this can be a really private and personal journey for people. And it's OK to give them time and space, and it's OK if they never choose to disclose that they have this type of disability in the workplace.

We can also, though, create opportunities and invite people to voluntarily self-disclose and share that aspect of their identity. A lot of organizations have ERGs or BRGs, different affinity groups. Some of them have groups focused explicitly on mental health. Maybe you have some of that in your workplaces. There's lots of opportunities to create spaces where people maybe feel a little bit safer and may choose to self-identify or not.

Of course, from the employer perspective, we also have to be mindful of providing reasonable accommodations for qualified individuals with disabilities, and that includes individuals with mental health disabilities. These days, employee assistance programs are widespread and often include mental health services.

And if you actually don't know what's in your employee assistance program, I encourage you to go and check it out and learn more. Often they include different types of therapy sessions, crisis resources, lots of things that could be helpful to your team, and good to share that information on a regular basis.

Now, of course, if you want to go beyond some of the general practices and tips and advice on sharing throughout the presentation today, you can also partner with disability-led organizations such as Disability Belongs-- so I will give us a little plug here-- to create the really inclusive, supportive workplaces.

And everything that we do, we bring both expertise, but also expertise that comes from our lived experience. So get the best of both worlds-- technical expertise, but also that really grounded in reality lived experience, that can be so tremendously helpful when you're trying to navigate this as an employer.

And we have a saying in the disability community, "nothing about us, without us." And these days, I also like to always add, really, it should be nothing without us. Because every issue, everything you can think of has an intersection with disability. Every social issue, policy issue, matter, it doesn't matter what it is, there is going to be a unique kind of overlap with the disability community.

And we, of course, are also best positioned to help navigate a potential challenge or problem or concern. We've lived our whole lives learning how to adapt to a world that wasn't meant for disabled people, and that makes us often incredibly resilient, creative, adaptive. And those are incredible things to leverage in any workplace.

So I always like to reinforce this, that we never want to do things for the disability community. We want to do them with or in partnership or really giving the disability community the lead. And we're in a supporting role. So those are really some great ways that we can conceptualize how we support and get effective in our workplace strategies.

OK, let's talk about destigmatizing mental health. And I mentioned this earlier that when I say the word disability, there's still an inherent stigma attached. There's an assumption that disability and disability experience is inherently negative. That's even more so when we're talking about mental health disabilities.

Mental health disabilities have even more of a stigma attached. And people have all kinds of assumptions. There's all kinds of stereotypes out there about mental health. People with mental health disabilities are dangerous, that they can't hold down a job, that they can't function in a workplace. All kinds of things.

And we've put out a lot of resources on really trying to address some of these myths and share better information, more truthful information. So something we did recently was put out a series combating misinformation. Nation, and one of the pieces was on mental health and trying to address some of these narratives out there around the mental health disability community that are really just that, they're myths and stereotypes and not grounded in a lot of fact.

Now, if we take just one example, this idea that those with mental health disabilities are dangerous, when we actually look at data, we know that, in fact, people with mental health disabilities are far more likely to experience victimization than they are to perpetuate any harm on another human being. But that gets really twisted in our dialogues, our national conversations on mental health. So really important we're being mindful of where we get that information.

And it can help by having people share their lived experiences. If we can be transparent with who we are and how it can show up for us in workplaces, that can start to really take down some of those myths, those tropes out there that really aren't authentic or representative of the community.

And that's something that we focus on a lot. How do we change the cultural narratives, how we talk about mental health and disability more broadly? But also how do we change policies to make sure that everyone has the chance to fully participate in all aspects of community? So we can really invest in mental health, creating change. And of course, when our employees are happier, when they feel more supported, retention goes up, productivity goes up. All the good things that we want from the employer perspective in the workplace.

And the last piece here is that something that goes a long way in destigmatizing mental health disabilities is to normalize seeking support. And this is true even if folks are not part of the mental health disability community. I guarantee all of us at some point in our human lives will have a time where we need some help. We need some support.

We're going through something incredibly difficult, incredibly traumatic, something that we're really having a hard time getting through on our own. And it's OK to normalize seeking support, whether it's for a short time, a short period, for a moment in our lives, or because we have a lifelong mental health disability that we're working to manage. It's OK to normalize seeking support.

And in fact, data from a few years ago shows us that at least 23% of adults had received mental health services in the past year. So again, we're getting close to that one in four people. It's probably more than that. People are not necessarily reporting that they're seeking mental health services. So what if we change the conversation? What if we talked about and normalize seeking support? What might that look like in our workplaces?

OK, I'm going to start getting into language a little bit, and I just wanted to pause and just invite everyone. If you have questions as we're going through the content, or something's kind of sparked idea or a thought for you, and you'd like to put it in the chat, please feel free.

I just want you to know you can fully participate in any way that makes you feel like you're really engaged and part of the conversation. So feel free to make use of that chat box. And we'll also pause 5 to 10 minutes before the end of the session to make time and space for questions then as well. But don't hesitate to put things in the chat too in the meantime.

OK, so continuing our theme of talking about mental health, we have an ongoing campaign in the disability community to say the word "disability" and to tell people it's not a bad word. And it doesn't have to be this inherently negative thing. So we're really trying to take back disability and destigmatize the word disability.

And, what we hear a lot outside of our community is people using euphemisms, like special needs or differently abled. I'm here to tell you, in general, our community does not like these euphemisms, these kind of other terms. We just prefer disability and using the word disability.

Now, where people sometimes differ in our community is whether they want to be called a disabled person or a person with a disability. And you can replace disability with also a specific disability label, like autism or depression or hearing loss. So some people will prefer what we call identity-first language, like saying "I'm autistic" would be an example of that. Or "I'm deaf" versus "I'm a person with autism," or "a person with hearing loss," or "who is deaf." Which would be an example of person first language, kind of putting the person first, the disability identity second.

Again, no real consensus across the community on this one. There are segments of the community that typically prefer identity-first language. And the two examples I gave are the ones I have in mind. The autistic community and those who are deaf, in general, tend to prefer identity first. Others, kind of a mixed bag. So as an organization, we use both, and you'll probably hear me using both throughout our conversation today in lots of different instances.

And one other thing I'll just highlight from language considerations here. There's lots of tips and suggestions on the slide, and a resource for disability language style guide that can be helpful. And this is really particularly helpful when it comes to talking about mental health disabilities. There's a tendency to associate disabilities-- and particularly mental health disabilities-- with suffering. And so we see it in newspaper articles all the time, hear it in conversations, oh, so and so is suffering from X disability.

We're not suffering over here. We're living our lives. We don't like to be told what we're feeling about our lives and our experience. So you're much better off just saying a person has that disability if they've given you permission to share that experience with others, rather than assuming the experience is inherently negative.

All right. We have something in the chat here from Aaron. Our firm is working to normalize the conversation around mental health and making our employees aware of support through our benefits program. Our president is making it a point to address the topic, although minimally, in each quarterly meeting throughout the year, basically to remind attorneys and staff that resources are available. Sometimes if you hear the same thing enough times, it starts to stick.

Thank you so much, Erin. Like, such an important reminder that we can't just have the conversation once because no one will remember it. No one will think of it again, especially when they need those resources. But if we can reinforce it, bring it up routinely, make it part of our ongoing conversations, our monthly or quarterly reminders that can be a really effective way to keep it top of mind.

Ronnie asked in the chat, can you share more about the non-disabled versus able-bodied language? Great question, Ronnie. So these days, there's a general preference to, say, those without disabilities or non-disabled versus those with disabilities or disabled people. Able-bodied has gone a bit out of fashion. It used to be the key term of choice, and you do still hear it a lot in other countries, too, able-bodied. But

these days, the priority seems to be disabled versus non-disabled as the comparative term. Great question.

OK, let's get into a few more strategy considerations here. So if we're prioritizing mental health, something that we're also doing is preventing burnout. Now, I think a lot of us are very familiar with these strategies. So I'm not going to spend a lot of time. But in the spirit of what Aaron suggested, of keeping it top of mind and reinforcing, what are some things we can do? We can prioritize self-care. We can prioritize well-being. We can engage in practices such as mindfulness.

We can do a better job with nutrition. Nutrition that makes us feel good, and rather than nutrition that maybe isn't the best for our mental or physical health. And we can get enough sleep. This one, I'm sure if I did a poll right now, no one on this call I'm sure is getting enough sleep on average. But sleep has a huge impact on our mental health and well-being.

Now, some other considerations here. Sharing boundaries with coworkers. What helps you be successful in the workplace. Doing things that you find relaxing. All of these can be really great strategies for preventing burnout and really prioritizing your mental health.

But it goes hand in hand with listening to your body. And this is something that most of us who are members of the disability community, we are forced to do as part of our disability experience. At some point, our bodies tell us what we need to do and what we cannot do. But this is a good reminder for everyone to really prioritize that, checking in. What is my body telling me? Am I really tense?

Have I thought about whether I'm hungry or not in the past six hours? Am I hydrated? Am I tired? Am I in pain? These are all things that our physical bodies will send us lots of signals that can give us a better insight into how we might be doing on a mental health perspective. So lots of good examples here.

One thing I'll mention that comes out of the chronic illness and disability community is something called spoon theory. You might have heard people say the expression, I just don't have any more spoons. Or do I have enough spoons for this? And it's this idea that spoons kind of refers to units of energy, and that when we start our days, we have so many units of energy. And for many of us with disabilities or chronic health conditions, we have to prioritize how we're going to use our spoons that day, because we won't be able to do everything we want to do.

So spoon theory can be, really, an easier, more accessible way to talk about the energy you have for things, how you are ready to engage or not engage in different activities, and can be a really shorthand way to be like, I just don't have the spoons for this today. So maybe some new lingo for you to take back to your teams.

All right. Identifying emotions. This one, I think, could also be a little bit harder for those of us in the legal profession. Part of our training is to always come across in a certain way. Especially if we're litigators or something like that, we're supposed to have this persona and not necessarily think about our emotions, name our emotions.

But that's something that can be incredibly helpful in promoting mental health and wellness, is being able to identify what makes us feel certain emotions. We can journal about it. We can probably find some patterns in what activities bring us to what emotional place. And I'll just say this because I don't think it's that enough. There is no wrong emotion. There's no wrong way to feel.

However you're feeling is OK. It might not be the best feeling. You might not want to be in that emotional state for a long state of time. But emotions themselves are not inherently bad things. It's OK to just express that and feel what you're feeling, and to spend some time really reflecting and processing on what those feelings may be.

All right, I've got some other questions here in the chat, and I think they're coming up next. So I'm going to keep going because I think we'll get to some of those answers. Now let's come back to the employer side of the conversation and a little bit more about the Americans with Disabilities Act. And we're going to zoom in and really focus on Title I, which is about employment.

And essentially, when we say employment, we're talking about any employer with 15 or more employees and all public employers. So when you think about, who does the ADA cover in the employment context, the answer is most? Most employers. Really, it's kind of like, little mom and pop or mom and mom shops that are not covered. But most employers are going to have responsibilities and obligations under the ADA.

One of the biggest requirements for employers is to provide reasonable accommodations to a qualified individual to perform functions of their job. We like to think of these as productivity enhancers or tools. Because it's another way to approach reasonable accommodations is, what will help my employees succeed and thrive in the workplace?

And when you frame the question that way, rather than, what does this person need? it opens up a different conversation, because now you're getting into what's going to help someone be successful in the workplace, and in turn, you're probably going to get better work product. If you can help someone meet that need of what helps them be successful in the workplace. And they're generally required things.

And in general, we have to, in today's legal context, you have to ask for a reasonable accommodation. Employers don't have to be proactive in offering them. But we always recommend that you are. That is a best practice to tell people we have a policy to provide reasonable accommodations. Here's what you can expect. Here's what it looks like. Here's the kinds of documentation you may be asked for.

And to be transparent about it. So we usually talk to our team at least twice a year as a full group. And then we reiterate it a lot in smaller team meetings and conversations. Because the reality is access needs also change over time, and we want to reflect and always be up to date with what our employees need to succeed and thrive in the workplace.

And of course, there are some restrictions on this. You don't have to provide something that is an unreasonable accommodation in the sense that leads to undue hardship for the employer, which generally means it costs way too much money. It's the general rule of thumb when we talk about undue hardship. Or it fundamentally changes the employer's business. Those are things that, in general, the law wouldn't consider reasonable accommodations.

So what can sample accommodations look like? So Laura had asked a question about what accommodations could support individuals, whether or not they identify with being part of this community or not. Having the opportunity to engage in flexible scheduling, working during times of the day that are best for you, best for your body, best for your mental energy.

It could include having a different break schedule or taking breaks as needed. It could mean working in a private space or having access to a rest area. It could be communication-related. It could be a preference for having feedback in both written and nonverbal formats on performance. It could mean using assistive technologies.

There's no shortage of accommodations out there, and a lot of accommodations out there work for a variety of access needs. One resource I would point you to is the Job Accommodation Network, or JAN, and the website is askjan.org, and it has some really great information about accommodations. You can search by disability type. You can search by accommodations. You can get a lot of information about what accommodations can look like.

OK. And I'll just go over some mental health resources. I will say there's some national conversations happening now that might affect the 988 hotline, but for now, it is still in place and still available. And this was a relatively recent creation that kind of universalized access to, in the moment, mental health support, similar to the way we use 911 for other types of emergencies.

But there has also been another long standing resource, the National Suicide Prevention Hotline, with the number here on the screen that's also available 24/7 in English and Spanish. And there's so lots of resources like these that can support if someone's in a moment where they're thinking about self-harm, they're thinking about harming other people, which again, is not common. But it can happen. It can happen to anyone, even if they're not part of mental health disability community.

So having these resources, knowing about them, making sure all of your manager-level team members and up have some basic training on these things can be incredibly helpful. And I've just listed some other general national resources organizations here, including Mental Health America and NAMI, that you can always contact your insurance company for additional information.

All right. Let me just catch up here with the chat. There's a question here about, how do you get employees to trust that admitting to a mental health issue will not harm their career? And lots of reactions to these questions. This is a great question and something that it has-- kind of over time, it has changed. And some moments of time it's been easier to talk about mental health in the workplace. Moments like now, it starts to feel harder. People don't feel safe to talk about it in the workplace.

I would say the how to includes modeling. Are there folks in the organization who are willing and comfortable to talk about their experiences and what things they found helpful? Can managers really model this for their employees, talking about what works for them, what support they need? That can really set an example and reassure all employees that it is a safe topic. It's something to talk about.

Having those frequent conversations and reminders about accommodations processes, about employee assistance, programs, about other resources that are available to those in the workplace can also reinforce, it is OK to use resources and to seek support and services. Having clear leave policies can also be incredibly helpful and to really, really have that always present.

But it's also important to remember that it's not going to happen overnight. It's going to take a sustained effort over time of modeling, making policies clear, reinforcing, sharing the information, rinse and repeat, over and over again, and having that be the strategy.

And it's also, you have to assess each workplace differently. You might not have a workplace where it is safe to disclose. And in that case, it might be more about figuring out how you're going to lead that particular workplace. But there are things that you can do if your workplace is on board, your leadership is on board, to make that difference.

Let me see here other questions. Someone shared they're always happy to be that model, to model being uncomfortable to inspire other people to be more comfortable. Thank you. All right.

OK. From Dominique. I've been wanting to do things like strength finders as a way to shed light on differences without pressuring folks to feel like they need to disclose disabilities, et cetera, if they are not comfortable. Yeah, I think that can be a great approach. Sometimes, we don't even use the word or phrase reasonable accommodations. We frame it more broadly. We ask people, what do you need to succeed and thrive in the workplace? What helps you do your best work? What is your preferred communication style? You can have all [AUDIO OUT]

--in our job, especially in litigation. What does that look like in practice? And I think it is going to look different from firm to firm, from practice to practice. There will be times where you have deadlines. And so

maybe the expectation is, of course you meet those deadlines, but it might mean that you work-- Maybe you have longer working hours, but you spread them out over a long time period.

Do people have to work the first 10 hours of the day, or could they work 10 hours throughout the day and get the same result? So a lot of those will be really individualized conversations, and always a balance between what will help the individual do their best work and meet those deadlines, and also what the employer really needs as well.

OK. Let me just get one more here. Do you have any resource advice on implementing a standards, accommodations, or request process? This is a great segue into what I wanted to talk about next, is that you can also continue this journey with Disability Belongs. We can do all kinds of things. We can do things like trainings for your full teams or for managers. We can also review policies.

And what we bring is that really strong accessibility and inclusion lens. We don't do things that are just compliance reviews. You all are legal professionals. We trust you have legal expertise. We can bring some of that technical expertise, but we prefer to go beyond that. We want to talk about what will give you the best functioning workplace, what's going to be the best situation for you and for your teams.

We can have workshops or facilitated conversations with ERGs or affinity groups. We can create tools like tip sheets or guides for your team about topics like mental health in the workplace, or intersectional topics like mental health and neurodiversity. What's that all about? What does that mean? These are all things that we can also do in partnerships and working with you all directly.

And you can also just think about how you grow in your inclusion journey more broadly. You can reflect on what you're doing now, what could be changed, what could be altered. You can incorporate some of the best practices that we've talked about today.

You can also just learn more about, who's on your team now? Maybe you want to do more exploration, like, through an identity survey that's voluntary. Get a better sense of who your team is, what their needs might be in the workplace. And of course, we would be remiss if we didn't emphasize that, again, you can partner with specialty disability led organizations to continue your journeys.

Now we have-- these are some other trainings that we do in similar topics, we can talk about recruitment and retention, best practices; how you create a welcoming, inclusive, and accessible organization; hosting accessible events, whether they're in person, virtual or hybrid events; workplace accommodations. We also even do things like disability inclusion and philanthropy, or in marketing, or just other contexts.

And if any of this is interesting to you, your workplaces, please email partners@disabilitybelongs.org for more information or tell us what you're thinking about. We'd love to partner with you. We also have lots of free resources, and there's a link here on the slide to some webinar-based resources. But when you just explore our website, you'll find other things too, like tip sheets, guides, lots of good stuff on there to really explore.

And the last thing I'll mention-- and I'll just open it up for a couple of questions-- is that you can also really show your support for disability inclusion by investing in organizations like Disability Belongs. We have sponsorship opportunities where you get lots of great brand awareness opportunities.

You can show the value of your investment, and you can tap into the disability community as a really important part of the consumer base and really demonstrate your commitment to social responsibilities. We've also got a great social media following and lots of email subscribers, so some really great benefits for those who choose to sponsor and engage with us in that way.

OK, so I will pause there. Let me turn it back over to Courtney to facilitate any final Q&A.

Thank you. That was really great, really informative and engaging. And I know people learned a lot. Does anyone have any questions that you'd like to ask or things that you'd like to share for the last couple of minutes of this call?

I see a question from Estelle. What best way have you seen work well when it comes to navigating discomfort some may feel in conversations about disability? This is a great question. I mean, it really comes back to it's a personal journey. Some people, even if they are part of the community, will never choose to identify. And that's OK. You can still provide support. You can provide resources.

You can offer to have the conversation, to be a listening ear, even if someone will never disclose that they have a disability. You can do those things by sharing those practices with everyone on your team, right? Not singling anybody out, but just reinforcing for your team at large, here are these resources. Here's how we can support you in the workplace, and keeping that going. And that will help build that trust.

Thank you. One more question. Well, thank you so much, Ariel. Thank you, everyone, for coming. Stay tuned. We will have a new disability inclusion commitments action and more information on more disability inclusion webinars. If you have any questions, please reach out to us. Please reach out to Ariel.

I think Disability Belongs is a really, really great organization, and I always learn a lot from them. So please reach out. You will get the information after this call and it will be in the Resource Library. So definitely use it. This is a really, really important topic. Even when you don't know that it is relevant, it always is. And so thank you so much, everyone. I hope that you all have a wonderful rest of your day.

Thank you all so much for your time.

Thank you.