Mental Health Leave, Disability, and Workplace Accommodations Planning Packet

Purpose

This packet is designed to help you prepare for an appointment to discuss:

• Mental health leave from work
• California State Disability Insurance (SDI)
• Family and Medical Leave Act (FMLA) leave
• Workplace accommodations (ADA)
• Reduced schedules or modified duties
• Return-to-work planning
• Long-term disability or Social Security Disability (SSDI/SSI)

Completing this packet before your appointment can help your healthcare provider understand your situation, determine what documentation may be appropriate, and complete forms more efficiently.

PART 1: Understanding Your Options

Patients often use the word "disability" to mean several different things. These programs serve different purposes
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California State Disability Insurance (SDI)

SDI provides temporary partial wage replacement if a medical or mental health condition prevents you from doing your regular job.

SDI:

• Replaces part of your income
• Does not guarantee job protection
• Requires medical certification from a healthcare provider
• Is intended for temporary disability

Examples:

• Severe depression preventing concentration and work performance
• Anxiety or panic attacks preventing attendance at work
• PTSD symptoms causing inability to perform job duties

Family and Medical Leave Act (FMLA)

FMLA provides protected time away from work for qualifying medical conditions.

FMLA:

• Protects your job while you are on leave
• Does not provide income replacement
• May run at the same time as SDI
• Can be continuous or intermittent

Examples:

• Taking several months off for treatment
• Missing work intermittently during severe symptom flares
• Attending intensive outpatient treatment programs

ADA Workplace Accommodations

ADA accommodations are changes to your work environment that help you perform your job.

Examples:
• Flexible start and end times
• Remote work
• Additional breaks
• Reduced workload
• Written instructions
• Reduced meetings
• Quiet workspace
• Time off for therapy appointments

You usually do not need to disclose your diagnosis to your employer. Employers typically need information about your functional limitations and recommended accommodations.

SSDI / SSI

Social Security Disability is designed for long-term disability.

Generally, SSDI/SSI applies when:
• Your condition prevents substantial work
• The condition is expected to last at least 12 months
• You cannot sustain competitive employment

This process is different from SDI, FMLA, and workplace accommodations.

What Are You Hoping to Obtain?

Check all that apply:

☐ Time completely off work
☐ Reduced work schedule
☐ Remote work
☐ Workplace accommodations
☐ Intermittent leave
☐ California SDI
☐ FMLA leave
☐ Employer disability leave
☐ Return-to-work clearance
☐ Return-to-work restrictions
☐ SSDI/SSI information
☐ Not sure

PART 2: Basic Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Employer: _____

Job Title: _____

Length of Employment: _____

Supervisor: _____

HR Contact: _____

PART 3: Mental Health Leave & Disability Planning Worksheet

Current Diagnoses or Concerns

What mental health conditions are affecting your ability to work?

Examples:
• Depression
• Anxiety
• PTSD
• OCD
• Bipolar disorder
• ADHD
• Autism
• Burnout
• Panic disorder
• Adjustment disorder

Diagnosis(es) or concerns:

When did symptoms first begin?

When did symptoms begin affecting your work (if different from when symptoms began)?

Have symptoms worsened recently?

☐ Yes
☐ No

If yes, explain:

Current Symptoms

Check all that apply:

Mood and Emotional Symptoms

☐ Depressed mood
☐ Anxiety
☐ Panic attacks
☐ Irritability
☐ Emotional overwhelm
☐ Frequent crying
☐ Hopelessness
☐ Loss of motivation
☐ Emotional numbness

Cognitive Symptoms

☐ Poor concentration
☐ Memory problems
☐ Brain fog
☐ Difficulty making decisions
☐ Difficulty multitasking
☐ Slow thinking
☐ Difficulty learning new information

Energy and Physical Symptoms

☐ Fatigue
☐ Exhaustion
☐ Insomnia
☐ Excessive sleeping
☐ Low stamina
☐ Headaches
☐ Physical symptoms of stress

Social and Behavioral Symptoms

☐ Difficulty interacting with others
☐ Social withdrawal
☐ Avoidance
☐ Increased workplace conflict
☐ Difficulty attending meetings
☐ Difficulty communicating

Safety Concerns

☐ Suicidal thoughts
☐ Self-harm thoughts
☐ Psychiatric hospitalization
☐ Crisis evaluation
☐ None of the above

Functional Impact

Rate your current ability:
4 = No difficulty
3 = Mild difficulty
2 = Significant difficulty
1 = Unable to perform consistently

Maintaining concentration: _____
Working at a steady pace: _____
Remembering instructions: _____
Meeting deadlines: _____
Managing multiple tasks: _____
Managing stress: _____
Regulating emotions: _____
Working independently: _____
Interacting with coworkers: _____
Interacting with customers/public: _____
Attending meetings: _____
Adapting to changes: _____
Making decisions: _____

Real Examples From Work

What tasks can you no longer perform effectively?

What mistakes, problems, or concerns have occurred?

Have you missed work due to symptoms?

☐ Yes
☐ No

If yes:
Days missed in the past month: _____
Days missed in the past 6 months: _____

Check any that apply:

☐ Reduced productivity
☐ Increased errors
☐ Missed deadlines
☐ Attendance problems
☐ Performance concerns
☐ Conflict with coworkers
☐ Conflict with supervisors
☐ Disciplinary action
☐ Difficulty completing assignments

Why You Cannot Work Right Now

Describe your limitations in your own words.

Examples:
"I cannot concentrate long enough to complete tasks."
"I become overwhelmed during meetings."
"I have panic attacks multiple times per week."
"My symptoms become significantly worse when I try to work."

PART 4: Treatment History

Primary Care Provider:

Therapist:

Psychiatrist:

Other Providers (specialists, PT, etc.):

Current Medications (including dose and last time the dose was adjusted):

MEDICATION	DATE FIRST STARTED	DATE LAST CHANGED	NOTES (Side effects, etc.)

Attach separate page if needed

Current Therapy or Treatment (if different from above):

Have you ever:

☐ Seen a therapist
☐ Seen a psychiatrist
☐ Participated in IOP
☐ Participated in PHP
☐ Been hospitalized
☐ Visited the ER for mental health
☐ Taken leave from work previously

Dates and details:

PART 5: Mental Health Disability Timeline

Key Dates

Date symptoms first began:
_____

Date symptoms worsened:
_____

Date symptoms first affected work:
_____

Date you became unable to perform your usual work:
_____

Last day worked:
_____

Date leave began or should begin:
_____

Expected return date:
_____

Symptom Timeline

Date / Time Period	What Changed?	How Did It Affect Work?

Examples:

Date / Time Period	What Changed?	How Did It Affect Work?
January 2025	Anxiety symptoms worsened; began having panic attacks several times per week	Missed multiple meetings and called out sick twice
March 2025	Started sertraline and began weekly therapy	Some improvement in attendance but continued difficulty concentrating
June 2025	Increased workload and workplace conflict	Symptoms worsened; productivity decreased and deadlines were missed

PART 6: Job Demands Inventory

Job Information

Job Title:

Hours per day:

Days per week:

Work setting:
☐ Remote
☐ Hybrid
☐ In-person

Shift:
☐ Day
☐ Evening
☐ Night
☐ Rotating
☐ On-call
☐ Overtime

Cognitive Demands

How much does your job require?

Sustained concentration:
☐ None ☐ Some ☐ A Lot

Multitasking:
☐ None ☐ Some ☐ A Lot

Strict deadlines:
☐ None ☐ Some ☐ A Lot

Independent decisions:
☐ None ☐ Some ☐ A Lot

Learning new information:
☐ None ☐ Some ☐ A Lot

High-stakes decisions:
☐ None ☐ Some ☐ A Lot

Communication Demands

Meetings per day:

Hours in meetings per day:

Customer/client interaction:
☐ None
☐ Occasional
☐ Frequent
☐ Constant

Public-facing work:
☐ Yes
☐ No

Conflict management:
☐ Yes
☐ No

Supervising others:
☐ Yes
☐ No

Frequent phone or video calls:
☐ Yes
☐ No

Frequent written communication:
☐ Yes
☐ No

Emotional Demands

Check all that apply:

☐ High stress
☐ Crisis response
☐ Exposure to trauma
☐ Angry customers or clients
☐ Constant interruptions
☐ High workload
☐ Performance quotas
☐ Workplace conflict
☐ Frequent evaluations

Most stressful parts of your job:

Physical and Environmental Demands

Hours sitting per day: _____

Hours standing per day: _____

Hours walking per day: _____

Lifting required?
☐ Yes
☐ No
Maximum weight:
_____ pounds

Driving required?
☐ Yes
☐ No

Workspace:
☐ Private office
☐ Shared office
☐ Open office
☐ Public-facing
☐ Field work

Sensory challenges or stressors:

Essential Job Functions

What are the five most important parts of your job?

1.
2.
3.
4.
5.

Current Mismatch Between Symptoms and Job

Which job tasks are hardest right now?

Which symptoms interfere most?

What happens when you try to work?

What accommodations or changes might help?

What changes have already been tried?

Did they help?
☐ Yes
☐ No
☐ Somewhat

PART 7: Leave and Return-to-Work Planning

Leave Request

What date do you believe you became unable to work? _____

What was your last day worked? _____

How long do you think you may need away from work?
☐ 2–4 weeks
☐ 1–3 months
☐ 3–6 months
☐ More than 6 months
☐ Unsure

If Full Leave Is Not Necessary

Would any of these help?

☐ Reduced hours
☐ Remote work
☐ Flexible schedule
☐ Additional breaks
☐ Reduced workload
☐ No overtime
☐ No night shifts
☐ Fewer meetings
☐ Modified duties
☐ Quiet workspace
☐ Written instructions
☐ Other: _____

Return-to-Work Planning

What concerns you most about returning to work?

What signs would tell you that you are ready to return?

Would a gradual return help?
☐ Yes
☐ No
☐ Unsure

Possible return schedule:

Week 1: _____ hours/day
Week 2: _____ hours/day
Week 3: _____ hours/day
Week 4: _____ hours/day

PART 8: Appointment Preparation Checklist

Please bring:

☐ This completed packet
☐ EDD Receipt Number (if already filed online)
☐ FMLA paperwork
☐ Employer disability forms
☐ ADA accommodation forms
☐ Return-to-work paperwork
☐ Job description
☐ Performance reviews or employer documentation (if relevant)
☐ Medication list
☐ Therapist and psychiatrist contact information
☐ Questions for your healthcare provider

Summary for Your Healthcare Provider

What are the top three reasons you are seeking help today?

1. _____
2. _____
3. _____

What outcome are you hoping for?

_____

_____

_____