



## Local 591 EAP / Member Assistance

Credit IAM EAP, LAP

### July 2023

# Resources for Families Coping with Mental Health and Substance Use Disorders

(excerpts from SAMSHA.gov)

Every family is unique, but all families share a bond that can be used to support one another during trying times. While there is no one-size-fits-all solution for helping a family member who is drinking too much, using drugs, or dealing with a mental illness, research shows that family support can play a major role in helping a loved one with mental health and substance use disorders.

When a family member is experiencing a mental health or substance use disorder, it can affect more than just the person in need of recovery. Evidence has shown that some people have a genetic predisposition for developing mental health and substance use disorders and may be at greater risk based on environmental factors such as having grown up in a home affected by a family member's mental health or history of substance use. Families should be open to the options of support groups or family therapy and counseling, which can improve treatment effectiveness by supporting the whole family.

It is also important to remember that the unique challenges that come from helping a loved one with a mental health or substance use disorder can be taxing, caregivers should take steps to prioritize their own health as well.

Family members may be more likely to notice when their loved ones are experiencing changes in mood or behavior. Being able to offer support, family members can connect those in need with treatment, resources, and services to begin and stay on their recovery journey.

## HELPING A LOVED ONE DEALING WITH MENTAL AND/OR SUBSTANCE USE DISORDERS

You may suspect or discover your loved one is dealing with a mental illness, drinking too much, or using drugs. As a family member, you can play a central role in getting them the help they need.



**SAMHSA**  
Substance Abuse and Mental Health Services Administration

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. 1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD) • [www.samhsa.gov](http://www.samhsa.gov)

## SUPPORTING A LOVED ONE DEALING WITH MENTAL AND/OR SUBSTANCE USE DISORDERS

### STARTING THE CONVERSATION

When a family member is drinking too much, using drugs, or struggling with a mental disorder, your support can be key to getting them the treatment they need. Starting the conversation is the first step to getting help.

#### How You Can Help

- 1 IDENTIFY AN APPROPRIATE TIME AND PLACE.** Consider a private setting with limited distractions, such as at home or on a walk.
- 2 EXPRESS CONCERNS AND BE DIRECT.** Ask how they are feeling and describe the reasons for your concern.
- 3 ACKNOWLEDGE THEIR FEELINGS AND LISTEN.** Listen openly, actively, and without judgement.
- 4 OFFER TO HELP.** Provide reassurance that mental and/or substance use disorders are treatable. Help them locate and connect to treatment services.
- 5 BE PATIENT.** Recognize that helping your loved one doesn't happen overnight. Continue reaching out with offers to listen and help.

#### What to Say

"I've been worried about you. Can we talk? If not, who are you comfortable talking to?"

"I see you're going through something. How can I best support you?"

"I care about you and am here to listen. Do you want to talk about what's been going on?"

"I've noticed you haven't seemed like yourself lately. How can I help?"

For more resources, visit [www.SAMHSA.gov/families](http://www.SAMHSA.gov/families).

If you or someone you know needs help, call **1-800-662-HELP (4357)** for free and confidential information and treatment referral.

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Substance Abuse and Mental Health Services Administration

## Parents and Families Resources

The following resources can further assist families and parent-run organizations.

The 20-Minute Guide from The Center for Motivation and Change – 2017 helps individuals address their loved one's substance use and learn the ways to prevent it.

Family-Driven Care in America: More Than a Good Idea – 2010 provides a history of the evolution of family-driven care in the United States.

Family Peer-to-Peer Support Programs in Children's Mental Health: A Critical Issues Guide at the IDEAS Center – 2008 (PDF | 475 KB) discusses design, implementation, and sustainability of family peer-to-peer programs in children's mental health.

Family-to-Family Peer Support: Models and Evaluation at the Family-Run Executive Director Leadership Association (FREDLA) – 2012 (PDF | 447 KB) shares diverse organizational models, discusses training and certification of peer support workers, and offers tips for measuring outcomes.

Standards of Excellence for Family-Run Organizations from FREDLA – 2015 (PDF | 868 KB) provide guidance on maintaining organizational accountability and sustainability.

Access video trainings on parents and families, youth and young adults, and other topics.

## Support Groups

### National Alliance on Mental Illness

NAMI Family Support Group NAMI is a support group for family members, significant others, and friends of people with mental health conditions. Groups meet weekly, every other week or monthly, depending on location. Many support groups are virtual, and attendance is open to everyone across the country.

### Ala NON

Help and hope for friends and family of addicts.

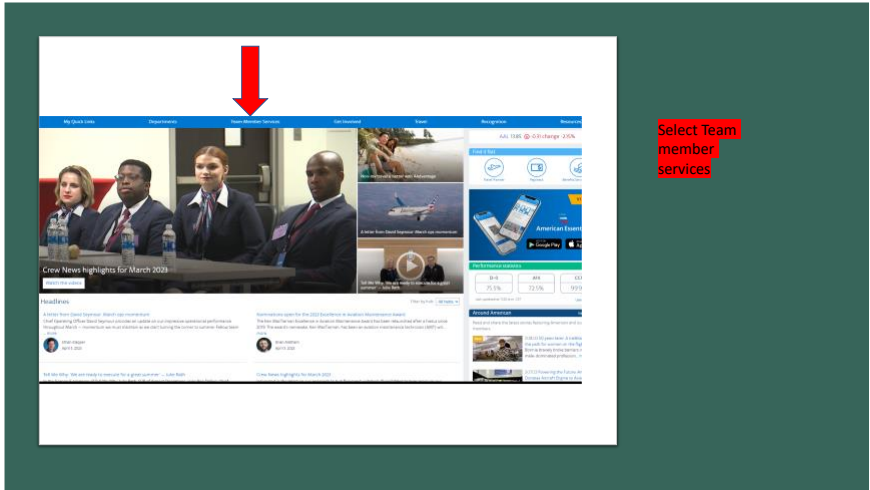
Al-Anon members are people, just like you, who are worried about someone with a drinking problem. Family members have the opportunity to learn from the experiences of others who have faced similar problems.

## Benefits and you:

Because our group is still getting many calls per week on how to apply for FMLA we are showing step by step again. Please make sure you have a Doctors appointment before you start the process so you do not time out

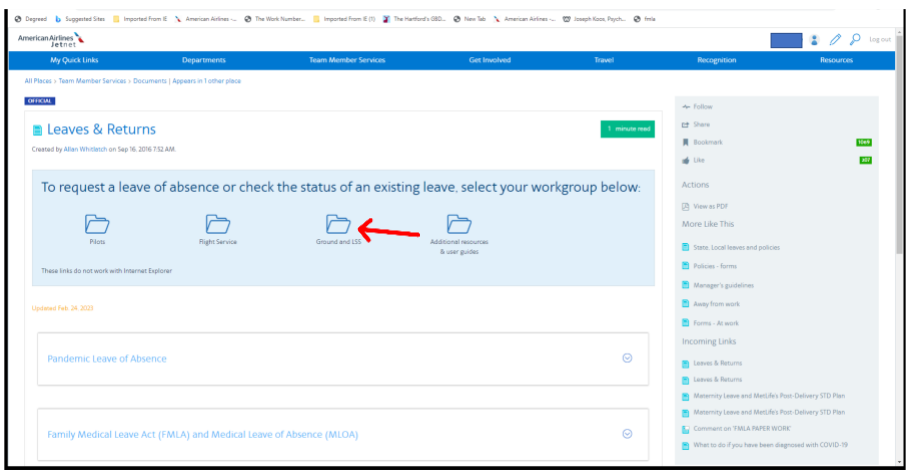
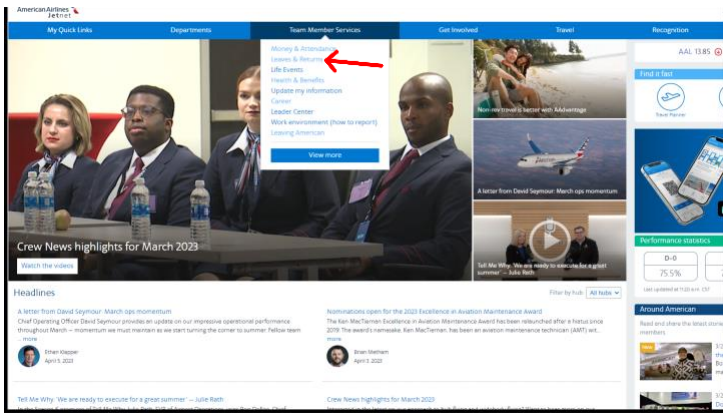


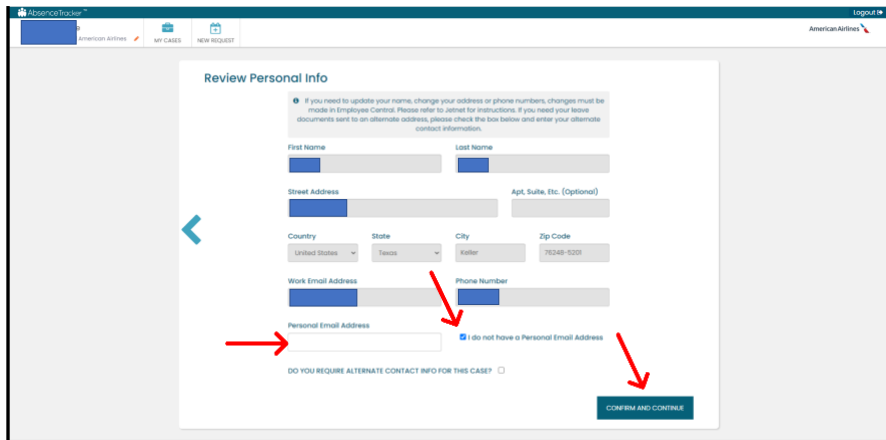
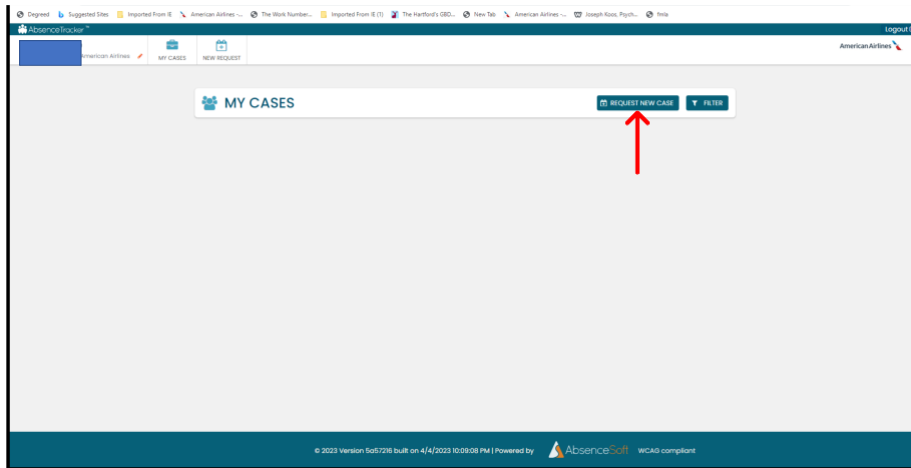
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step FMLA

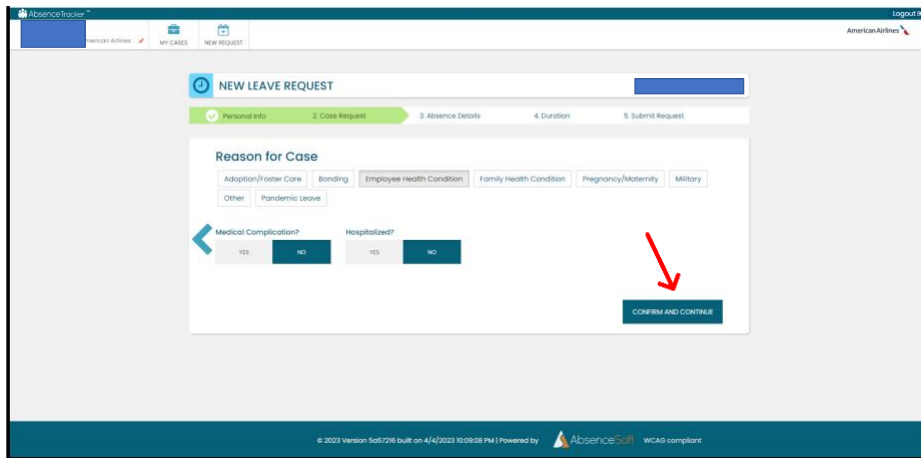
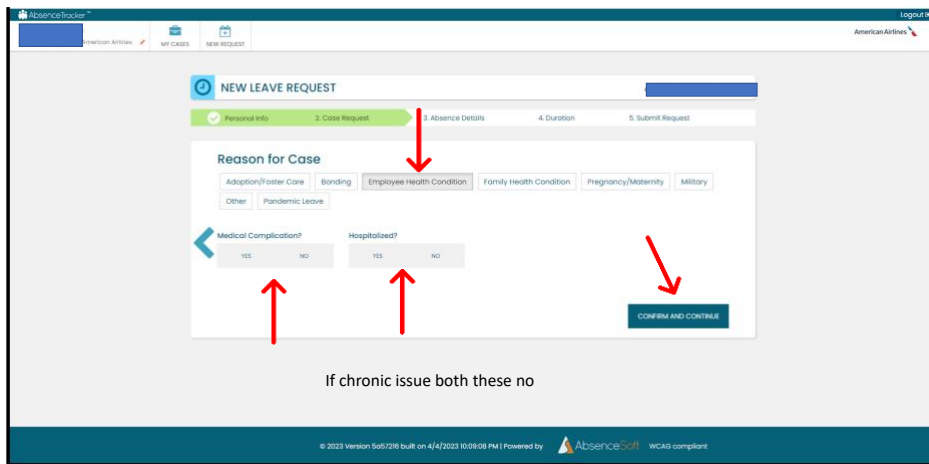
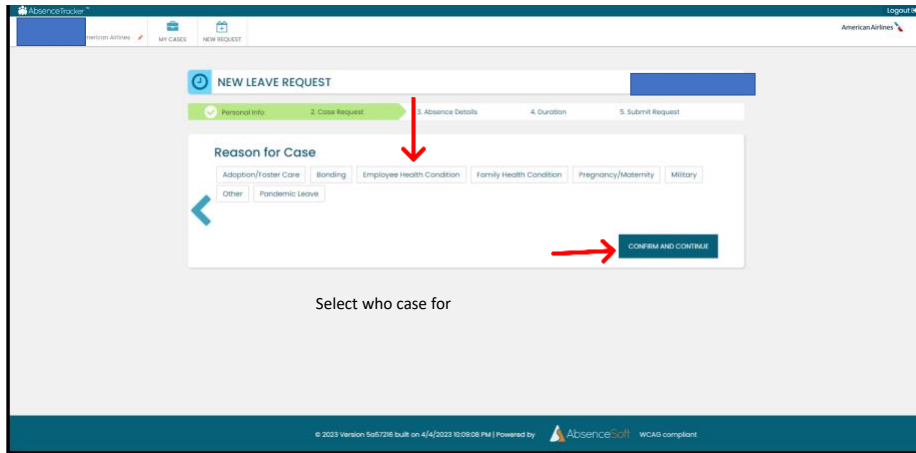


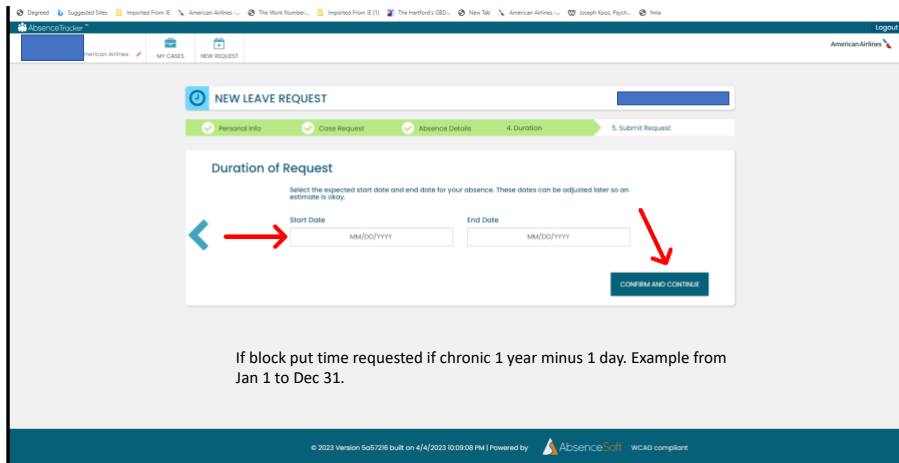
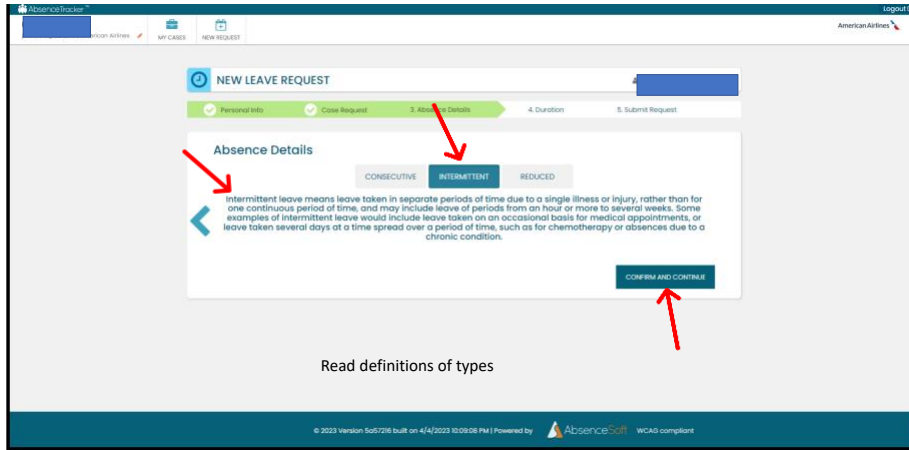
Select Team member services

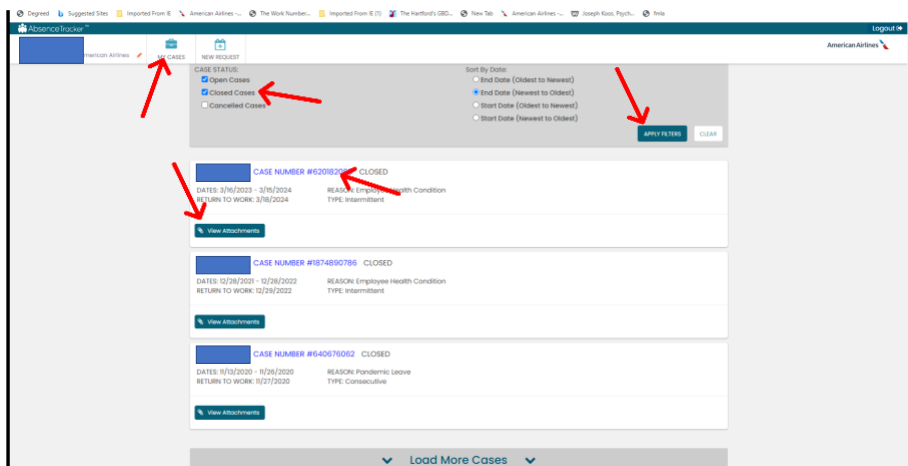
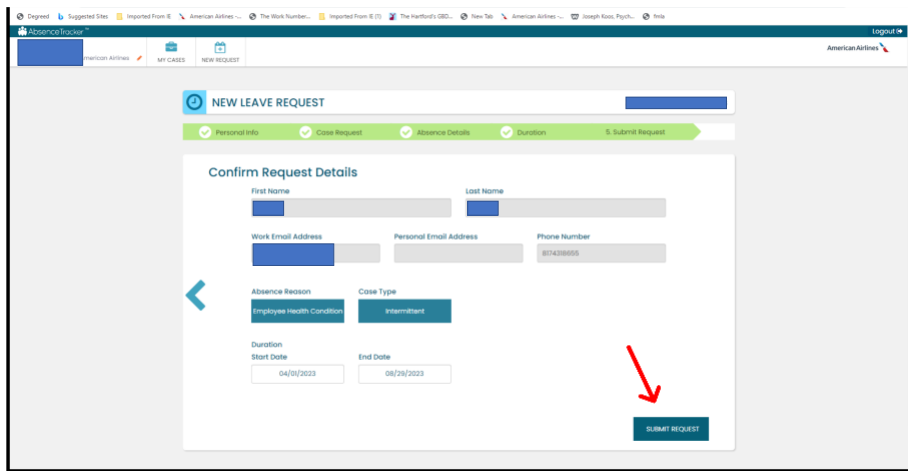
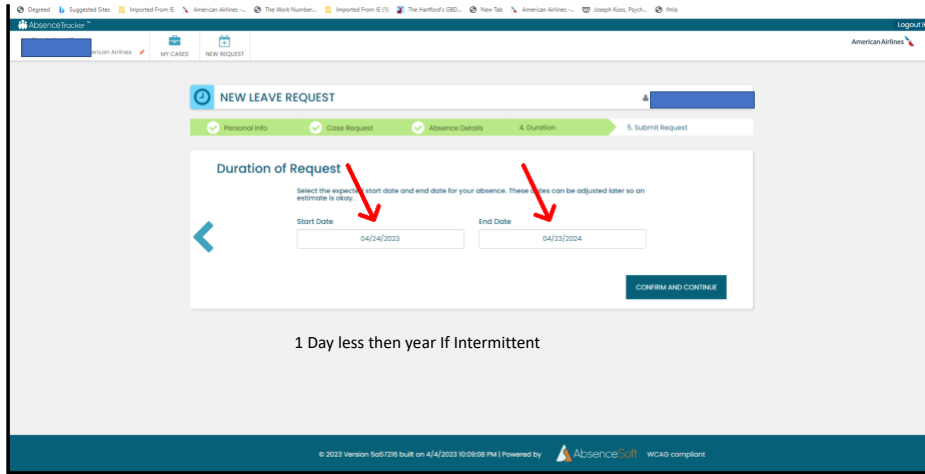
Leaves and returns













Absconia Tracker

Logout

MY CASES NEW REQUEST

Case Status:
 

- Open Cases
- Closed Cases
- Cancelled Cases

Sort By Date:
 

- End Date (Oldest to Newest)
- End Date (Newest to Oldest)
- Start Date (Oldest to Newest)
- Start Date (Newest to Oldest)

APPLY FILTERS CLEAR

**CASE NUMBER #620182089 CLOSED**

DATES: 3/16/2023 - 3/16/2024  
RETURN TO WORK: 3/16/2024  
REASON: Employee Health Condition  
TYPE: Intermittent

View Attachments

Field - Eligible.pdf	DOWNLOAD
DHC HCPC Initial Updated_7.20.2022.pdf	DOWNLOAD
Eligibility Packet - Mailed.pdf	DOWNLOAD
DHC HCPC Initial Updated_7.20.2022_V2.pdf	DOWNLOAD
Eligibility Packet.pdf	DOWNLOAD
Case Designation Denial - Paperwork Not Received.pdf	DOWNLOAD

**CASE NUMBER #1674890786 CLOSED**

DATES: 12/28/2021 - 12/28/2022  
RETURN TO WORK: 12/28/2022  
REASON: Employee Health Condition  
TYPE: Intermittent

View Attachments

**Certification of Health Care Provider for Employee's Serious Health Condition under the Family and Medical Leave Act**

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. 29 U.S.C. §§ 2613, 2614(a)(3), 29 C.F.R. § 825.305. The employer must give the employee at least 15 calendar days to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. For information about the FMLA, you may find the WHD website at [www.dol.gov/sites/whd/html](http://www.dol.gov/sites/whd/html).

**SECTION I - EMPLOYER**

Either the employer or the employee may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out in 29 C.F.R. § 825.305. You may also ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Additionally, you may not request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files from the usual personnel files and in accordance with 29 C.F.R. § 825.402(i), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1625.9, if the Genetic Information Nondiscrimination Act applies.

(1) Employee name: [Redacted] [Redacted] [Redacted] [Redacted]  
(Print name as it appears on the employee's identification card or other identification.)

(2) Employer name: American Airlines Date: 02/27/2023  
(If date is different from requested date, please specify.)

(3) The medical certification must be returned by 3/13/2023  
(This date must be a date on or after the date requested, unless it is an earlier date than the employee's alleged need for leave.)

(4) Employee's job title: TEC Case Chat Analyst, Maintenance Job description (if it is not attached to employee's regular work schedule): 1415 - 22-445 - 03FCL4  
 Statement of the employee's essential job functions: As a case chat analyst, I perform their daily job functions Or the function of an MLS or AMT: in  
(The essential functions of the employee's position are determined with reference to the position the employee held at the time the employee needed the employee of the need for leave on that date or dates, whichever is earlier.)

**SECTION II - HEALTH CARE PROVIDER**

Please provide your contact information, complete all relevant parts of this Section, and sign the form. Your patient has requests for leave under the FMLA. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of the employee. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider. For more information about the definitions of a serious health condition under the FMLA, see the chart on page 5.

You may, but are not required to, provide other appropriate medical data including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialist or equipment. Please note that some state or local laws may not allow disclosure of precise medical information about the patient's specific health condition, such as providing the diagnosis and/or cause of treatment.

This form is employee and case specific. DO NOT reproduce for other employees or submit for another case.



Employee Name: [redacted] Employee Number: [redacted] Case Number: [redacted]

**PART A: Medical Information**

Limit your response to the medical condition(s) for which the employee is seeking FMLA leave. Your answers should be your best estimate based upon your medical knowledge, experience, and examination of the patient. After completing Part A, complete Part B to provide information about the amount of leave needed. Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1625.3(f), genetic services, as defined in 29 C.F.R. § 1625.3(e), or the transmission of disease or disorder in the employee's family members, 29 C.F.R. § 1625.3(b).

- (1) State the approximate date the condition started or will start: 1973 age 7 years (medically)
- (2) Provide your best estimate of how long the condition lasted or will last: lifetime
- (3) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.
  - Incident Care:** The patient  has been /  is expected to be admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): \_\_\_\_\_
  - Incapacity plus Treatment:** (e.g. infectious disease, surgery) Due to the condition, the patient  has been /  is expected to be incapacitated for more than three consecutive, full calendar days from \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year). The patient  was /  will be seen on the following date(s): \_\_\_\_\_
  - The condition  has /  has not also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. physical or occupational therapy, drug or other treatment or therapy requiring special equipment).
  - Pregnancy:** The condition is pregnancy. List the expected delivery date: \_\_\_\_\_ (month/year).
  - Chronic Condition:** (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least once per year.
  - Permanent or Long-Term Condition:** (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long-term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).
  - Condition requires Multiple Treatments:** (e.g. chemotherapy treatment, extensive surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.
  - None of the above:** If none of the above condition(s) were checked, (i.e., incident care, pregnancy) no additional information is needed. Go to page 2 to sign and date the form.
- (4) If unusual, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of a walker, etc.) \_\_\_\_\_

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Employee Name: [redacted] Employee Number: [redacted] Case Number: [redacted]

**PART B: Amount of Leave Needed**

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage.

- (5) Due to the condition, the patient  had /  will have planned medical treatment(s) (scheduled medical visits) (e.g. preventative, prenatal appointments) on the following date(s): 2/11/2022, 2/18/2022, 2/25/2022, 3/11/2022, 3/18/2022
- (6) Due to the condition, the patient  was /  will be referred to other health care provider(s) for evaluation or treatment(s). State the nature of such treatments: (e.g. cardiologist, physical therapy) N/A Provide your best estimate of the beginning date \_\_\_\_\_ (month/year) and end date \_\_\_\_\_ (month/year) for the treatment(s). Provide your best estimate of the duration of the treatment(s), including any period(s) of recovery (e.g. 3 days): patient will need to be seen every 3 months and as needed

**Please choose and complete the information for only one of the following Three Leave Types**

- (7) Due to the condition, it is medically necessary for the employee to work a reduced schedule. Provide your best estimate of the reduced schedule the employee is able to work. From N/A (month/year) to \_\_\_\_\_ (month/year) the employee is able to work: (e.g., 3 hours/day, up to 23 hours a week)
- (8) Due to the condition, the patient  was /  will be incapacitated for a continuous period of time, including any time for treatment(s) and/or recovery. Provide your best estimate of the: N/A Beginning Date \_\_\_\_\_ (month/year) and End Date \_\_\_\_\_ (month/year) for the period of incapacity.
- (9) Due to the condition, it  was /  will be medically necessary for the employee to be absent from work on an intermittent basis (periodically), including for any episodes of incapacity (i.e., episodic flare-ups). Provide your best estimate of how often (frequency) and how long (duration) the episodes of incapacity will likely last. Episodes of incapacity are estimated to occur 1-3 times per (  day /  week /  month) and are likely to last approximately 1-3 (  hours /  days) per episode. Provide your best estimate of the: Beginning Date 03/01/2023 (month/year) and End Date 03/01/2024 (month/year) for the period of incapacity.

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Employee Name: [REDACTED] Employee Number: [REDACTED] Case Number: [REDACTED]

**PART C: Essential Job Functions:**


If provided, the information in Section 1 question #4 may be used to answer this question. If the employer fails to provide a statement of the employee's essential functions or a job description, answer these questions based upon the employee's own description of the essential job functions. An employee who must be absent from work to receive medical treatment(s), such as scheduled medical visits, for a serious health condition is considered to be not able to perform the essential job functions of the position during the absence for treatment(s).

(10) Due to the condition, the employee ( ) was not able / ( ) is not able / ( ) will not be able to perform one or more of the essential job function(s). Identify at least one essential job function the employee is not able to perform:

*If he feels blood sugar is low, will need to test blood sugar and treat.* Due to a short leg and type 1 diabetes.

**Do not complete this section if you are treating a California based team member.**  
If you are a chiropractor completing this form, please respond to these two questions per 29 CFR 825.125(b)(1).  
**For chiropractors use only:**  
Has Subluxation of the spine has been demonstrated to exist by x-ray imaging? Yes No  
If yes, date of x-ray \_\_\_\_\_  
Is the patient being treated by manual manipulation of the spine of subluxation of the spine? Yes No

Signature of Health Care Provider: [REDACTED] Date: 03/01/2023 (mm/dd/yyyy)  
Health Care Provider's name (print): [REDACTED]  
Health Care Provider's business address: [REDACTED]  
Type of practice / Medical specialty: *Endo neurology*  
Telephone: [REDACTED] Fax: [REDACTED] E-mail: [REDACTED]


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Employee Name: Troy Rhoads Employee Number: 00340849 Case Number: 1037828505

Definitions of a Serious Health Condition (per 29 C.F.R. § 825.113-115)
<b>Inpatient Care</b> <ul style="list-style-type: none"><li>An overnight stay in a hospital, hospice, or residential medical care facility.</li><li>Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.</li></ul>
<b>Continuing Treatment by a Health Care Provider (any one or more of the following)</b>
<b>Incapacity Plus Treatment:</b> A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either: <ul style="list-style-type: none"><li>Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity, or,</li><li>At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.</li></ul>
<b>Pregnancy:</b> Any period of incapacity due to pregnancy or for prenatal care.
<b>Chronic Conditions:</b> Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, or migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.
<b>Permanent or Long-term Conditions:</b> A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.
<b>Conditions Requiring Multiple Treatments:</b> Restorative surgery after an accident or other injury, or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**  
If submitted, it is mandatory for employees to retain a copy of this disclosure in their records for three years, 29 U.S.C. § 2616, 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administration, Wage and Hour Division, U.S. Department of Labor, Room 3102, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.**

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## 591 CONTACT INFO:

**Ken Morse** 815 483-8585. Local 591 National EAP/Benefit Director

**Tony Lepore** 940 536-8817. Local 591 National Benefit/EAP Director

### Northeast Region

**Tony Lepore** - (940) 536-8817 - [t.lepore@local591.com](mailto:t.lepore@local591.com) National Benefit/EAP Director

**Danny Wilson** - (631) 334-0933 [d.wilson@local591.com](mailto:d.wilson@local591.com) Northeast Regional EAP and Benefits Coordinator

### Southeast Region

**Rawle Skeete** (954) 559-7505 [r.skeete@local591.com](mailto:r.skeete@local591.com) Southeast Regional EAP and Benefits Coordinator

**Phil Revollo** (954) 665-7383 MIA EAP and Benefit Member Assistance Peer

### Central Region

**Ken Morse** (815) 483-8585 [k.morse@local591.com](mailto:k.morse@local591.com) National EAP and Benefits Director

**Mark Smejkal** (847)757-1954 [marki.8001@gmail.com](mailto:marki.8001@gmail.com) ORD EAP and Benefits Member Assistance Peer

### Southwest Region

**John Kline** (817) 819-7230 [johnkline@terminal.com](mailto:johnkline@terminal.com) DFW EAP and Benefits Member Assistance Peer (Terminal)

**David Emerline** (469) 408-8197 [EEMERLINEE07@YAHOO.COM](mailto:EEMERLINEE07@YAHOO.COM) DFW (MLS) EAP and Benefits Member Assistance Peer

### West Region

**Sean Bruno** (310) 594-2025 [s.bruno@local591.com](mailto:s.bruno@local591.com) West Regional EAP and Benefits Coordinator

**Edwin Joseph** (310) 709-4755 [jord352000@yahoo.com](mailto:jord352000@yahoo.com) LAX EAP and Benefits Member Assistance Peer