Pathways 6 Conference 2002 Inclusive Practices Meeting the Learner's Needs: How TAFE can optimise the success of Students who have a Psychiatric Disability

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ABSTRACT

One in five people in Australia experiences mental illness during some time in their lives and the highest prevalence of mental illness is for people aged 18-24 years. This paper will discuss strategies that can be used to optimise the success of students with mental health issues who may or may not be supported by the Teacher Consultant for students who have a Psychiatric Disability. This is becoming more important due to the increasing number of people experiencing mental illness and the need for Registered Training Organizations to provide a high standard of educational support. Students who have a psychiatric disability may require additional support and assistance in order to commence and successfully complete their studies. Not all these students will ask for support, however the stigma attached to psychiatric illness and mental health problems inhibit many people from seeking help. Disclosure is a very difficult issue, as students have to disclose their mental illness to receive support. Addressing the diversity of learners' needs begins with curriculum design which is a critical aspect of an inclusive learning environment. Students who have a mental illness are assisted by flexibility in academic process, appropriate career counselling, course selection and access to flexible preparatory courses that provide pathways to mainstream study. Supporting students who have a psychiatric disability involves putting into place innovative creative and learner-centred strategies that are regularly monitored and evaluated and are not only cost effective but also achieve students' goals. A flexible teaching and learning environment that promotes effective inclusive teaching practices and curriculum development is the key to meeting the needs of students who have a psychiatric disability.

1. SETTING THE SCENE

The highest prevalence for mental illness in Australia is for people aged 18 - 24 years (Australian Bureau of Statistics, 2001). Students in this age group represent a large proportion of students enrolled in post secondary education. Students with a psychiatric disability are not a homogeneous group, and no two students will experience the same challenges in the same

way. Each student has different aptitudes, life experiences, learning styles, and individual educational support needs. To this day, people with disabilities are under represented in terms of enrolments in tertiary education. As well, people with disabilities are under represented among the cohort of students who successfully complete their courses. It follows then, that students who have a psychiatric disability fall within this group of students who either have difficulty accessing tertiary education or those who have difficulty successfully completing their tertiary studies.

So, why is this? A number of initiatives have been undertaken in order to address this inequity. What strategies have worked? What still needs to be done in order to redress this imbalance and improve outcomes for students who have a psychiatric disability?

This presentation will endeavour to address these questions, but first, let's start at the beginning. As we would do when confronted by a student with support needs lets try to understand what studying is like for a student who has a psychiatric disability. Understanding the disability can provide insights into the specific difficulties students who have a psychiatric disability can experience in tertiary education and it can also lead to the identification of suitable strategies to counter those difficulties.

Psychiatric disability is generally not well understood. Even people, who have worked in the field for many years, say that they still do not know everything there is to know about the disability. This is in part because of the many different types of psychiatric diagnoses but also because the disability manifests itself in each person differently. One person's experience with schizophrenia, for example, will be very different from someone else's. It is therefore unwise to make too many generalisations about psychiatric disability or too many assumptions about what type of support the student may require.

It is most often the case that the student's disability has manifested itself in their late teens or early adulthood. It is worth examining the repercussions of this and how it could affect their progress in tertiary education. It is at this time in life, people start to develop their full personalities, discover who they are, what their value system is and identify what they want to achieve in their life. People have started to map out their futures. Then a psychiatric episode occurs and their lives and their life plans are in disarray. Nothing is the same. Often their perceptions of the world are altered, or false. Fear and mistrust can dominate their lives. It is often the case that students with a psychiatric disability bring this history with them when they commence their studies and they commence their studies in an attempt to shift their lives into a more positive direction.

There are some general disability related problems that students with a psychiatric disability may encounter when undertaking tertiary education. These can include cognitive deficits such as reduced concentration and memory skills, reduced levels of motivation and initiative, high levels of anxiety, reduced levels of confidence and self esteem, positive symptomatology such as hearing voices, ideas of reference, paranoia, rituals etc. Some of these symptoms may lead to challenging or unusual behaviour that can further serve to alienate the student from their peers and their teachers.

The stigma and negative stereotypes surrounding psychiatric disability can compound these issues. A student may not wish to disclose their disability, choosing rather to protect their privacy and their right to be judged purely on the basis of their work. For students who choose not to disclose, assistance will become available only in response to a problem identified by themselves or their teachers. However, for students who do disclose their disability, support and assistance can be provided in a more pro-active manner. As previously stated, the effect that the disability has on a student needs to be assessed individually. It is not uncommon for a student to successfully proceed through a course, only to have great difficulty facing exams. Alternatively, a student may have difficulty starting their work or feeling their work is good enough to submit. This then presents a problem with regard to students meeting the essential requirements of their course. How can TAFE accommodate students who encounter such problems?

2. LEGAL RESPONSIBILITIES

Registered Training Organizations have a legal responsibility to provide reasonable adjustments to the learning environment and assessment process to ensure students with disabilities have the same educational opportunities available to all Australians (Australian National Training Authority 2000). Because mental illness is frequently episodic, students may require support to accommodate for these acute phases only. A flexible learning system benefits all students and addresses many of the learning needs of students with a psychiatric disability. A flexible and inclusive learning environment allows for learners to work at their own pace, to study at a time and location that suits them, and also provides learners with choices as to how they learn and are assessed (Imel, 1995). For some students this is not enough. As students experience symptoms of a mental illness episodically, it is important for them to participate in planning effective strategies and support networks at a time when they are well.

3. STATISTICS ON MENTAL HEALTH

One in five people in Australia experience mental illness during some time in their lives. Sydney Institute enrols over 50.000 students each year and currently supports approximately 300 students who have a psychiatric disability. Even though the number of students accessing support has increased by 50% each year since 1996, data on the prevalence of mental illness in the Australian population indicate that students who have a mental illness are under represented in terms of seeking educational support from the Teacher/Consultant for students who have a Psychiatric Disability. 20% of the Australian population experience a mental illness (National Mental Health Strategy, 2000). Only 0.6 % of the population of Sydney Institute has indicated they have a mental illness, disclosed and registered with the Teacher/Consultant.

4. DISCLOSURE

Disclosure is often a very difficult issue, mainly due to the student's personal experience of the stigma associated with psychiatric disability. In order to receive the most effective support, it is essential for the student to identify themselves as having a disability. Strategies aimed at encouraging a positive and helpful learning environment will increase the likelihood of disclosure. The role of the Teacher/Consultant includes training staff in disability awareness, and the provision of practical information. The Teacher/Consultant should be available to openly discuss issues with teachers and provide them with assistance and advice, recommending universal teaching strategies which would assist most students in the classroom in an inclusive setting.

Many strategies, whilst not costly, can be effective and these include providing copies of overheads used in class, being approachable and available to students for discussion or clarification of issues, providing clear notes regarding the expectations of the course and the assessment schedule, advertising and recommending support services such as the Teacher/Consultant, Flexible Learning Centre and Counselling and destigmatising these services. Individual assessment and intervention enable the Teacher/Consultant to target specific issues and provide the student with an individual education plan.

An important issue is that often intervention is reactive rather than proactive as students choose not to disclose until it is almost the end of the Semester. At this time they panic because they cannot cope with course demands and only then seek educational support, or drop out. All students benefit from well-planned, educational support programs, which are flexible enough to accommodate the student's changing needs. Not all students with mental health issues benefit from the additional help that is available in terms of specialist educational support. This includes students who are recently diagnosed who may not consider they have a disability, or want help, or be aware of the help that is available. Inclusive teaching practices ensure that students who choose not to disclose are provided with opportunities to succeed.

5. EFFECTS OF PSYCHIATRIC DISABILITY ON LEARNING

Good communication is essential for student success and is one area, in which a student who has a psychiatric disability is most disadvantaged (Working with Students with Psychiatric Disabilities, 2001). It may be difficult for a student who experiences mental health issues, to talk to other students, get notes or discuss assignments, participate in class, meet students outside class, chat with other students at class breaks, and make friends. Many students who have a psychiatric disability experience reduced levels of motivation and initiative, high levels of anxiety, reduced levels of confidence and self-esteem and mood swings ranging from extreme sadness or euphoria. Students may also experience difficulties with organization, planning, time management, study skills, solving problems and demonstrating critical thinking. (McLean and Andrews, 1999). Some of these symptoms may lead to challenging or unusual behaviour that can further serve to alienate the student from their peers and their teachers. Some students have difficulty negotiating with staff about their situation. Other students are not aware their behaviour is regarded as bizarre. Students who experience a manic phase of their illness can have little insight into the disruptive effect their behaviour may have on the learning of the other students in the class. Disruptive student behaviour can become a discipline issue if class rules are not introduce early in the course. Many students may choose to drop out at this stage.

The side effects of medication, stopping medication, or the change of medication can also significantly affect study. Some of these side effects include; fatigue, sedation, restlessness, tremors, memory lapses, blurred vision, muscle stiffness and dizziness. Students sometimes decide to stop medication against the advise of their doctor. Students may experience a relapse of their symptoms and become psychotic. Finding the right treatment or medication is sometimes a process of trial and error. Medication changes can also result in a temporary relapse of symptoms. All these variables can result in students missing classes, getting behind in their work, becoming overwhelmed and perhaps deciding to drop out. Providing the right support at the right time is often in these cases reactive. A flexible teaching and learning environment promotes effective inclusive teaching practices and curriculum development and is the key to meeting the needs of students who experience mental health issues and have a psychiatric disability.

The strategies utilised all aim to assist the students to successfully complete their studies. It is obvious that students who have a psychiatric disability require some additional assistance to successfully navigate their way through tertiary education. The inclusive, learner centred strategies all attempt to clear the way for students and to remove the barriers that exist between the student and success. There are many barriers to success for students with psychiatric disabilities. These can include not only their illness itself, but also factors such as reduced confidence and increased anxiety. However, the barriers to success can also include external factors such as attitudes. As you would be aware, there are many strategies currently in place in TAFE NSW to assist students with disabilities. These strategies include exam modifications, fee exemptions, tutorial support, providing learning materials in a different medium - i.e. tapes, disc, large print etc. These strategies provide a student with the optimum chance for success. What we would like to do is discuss those strategies that we have found useful beyond those already mentioned.

6. TEACHING/LEARNING STRATEGIES AND SUPPORTS

6.1 Orientation

Orientation to college life is the first step to optimise the student's chance of success. The immediate effect is to help reduce anxiety. Secondly, by becoming familiar with the services available, students have more choices when planing their study options. This includes career counselling unit, student association, the library, flexible learning centre and the canteen facilities.

6.2 Appropriate course choices

The most important consideration is the appropriateness of the choice of course for the student. This is a complex issue. Lack of insight, unrealistic expectations and low self-esteem can lead a student into choosing an inappropriate course. Their choice of course is often entwined with their adjustment to their disability and therefore they have much invested in their choice of course. It is often the case that students are attempting to return to the career path they chose prior to the onset of their disability and that this can cloud their judgment regarding their ability to undertake the chosen course. Some students may be unable or unwilling to accept that their disability will impede their progress through the course and they may require a high level of intervention to encourage them to start with the less demanding course as a way to test their skills and their ability to succeed in a tertiary education environment. Work closely with the counsellors, is important at this point, to assist students with course choice, the realities of study and the expectations of the learning environment. TAFE NSW offers a range of suitable preparatory flexible options and includes outreach courses, communication courses, flexible learning centres and readiness

The readiness survey is a tool utilised by the Disability Consultants to assist the student to determine whether it is the right time for them to study. It is a learning outcome for the module Individual education Plan GC. The survey questions the student about the practical issues involved in undertaking study. The student is asked to consider such issues, as whether they have resources such as enough room for books, are they in stable accommodation etc to questions about their support systems and any other barriers to studying.

6.3 Improving Access

Outreach courses also provide students who have a mental illness with the opportunity to evaluate their vocational goals, learning styles and educational support needs. Many topics are covered.

The communication courses offered at Sydney Institute are offered with many flexible options including flexible entry and exit from the course, recognition of prior learning, learning materials available in different formats, flexible attendance and assessment. Student can complete modules that underpin many other mainstream courses and can gain Student can also apply for Recognition of Prior Learning for the modules they complete in this way. Students who experiences difficulties trying to keep up with an inflexible course structure benefits from co enrolling, reducing work load by dropping subjects or transferring to flexible options.

The Flexible Learning Centre offers the module Learning by Contract. This enables students who are not enrolled in mainstream courses, to attend the Flexible Learning Centre to prepare

for mainstream study. This is particularly relevant to students who are motivated to study between standard enrolments dates and is not inclined to enrol in distance education. Student can in this way review their pre requisite knowledge, motivation, interest and commitment to study by using self pace learning resources, interactive multi media software and by getting the support of a teacher who is a specialist in the study area of interest.

6.4 Tailored support to meet the student's individual needs

The student has the most knowledge about their disability, how it impacts upon their life and what support strategies will be the most effective. Educational support is most effective when it is tailored to meet the individual educational needs of the student and focuses on what the student can do and achieve rather than what they cannot do. Students with a mental illness often have difficulty negotiating with staff and identifying how they can best demonstrate their competency. It is an important role for the Teacher Consultant for students who have a psychiatric disability to assist the student to communicate with the teaching staff regarding their educational needs. With the students written permission, head teachers and relevant teacher are informed of the impact of their disability on their learning. It is a mistake to assume that students with the same diagnosis will require the same reasonable adjustments in the classroom or during assessment. Students who have a psychiatric disability may experience difficulties, which are not obvious. Teachers are frequently surprised to learn that a student is eligible for support, because they have been one of the 'better students" in the class, quiet, appropriate, and demonstrating a competency during the assessment process. Confidentiality is and important consideration when providing information to other people about the student's mental health issues. The information provided to teacher is agreed to remain between the student and the Teacher Consultant and relates only to the students individual educational support needs.

6.5 **Provision of clear rules and boundaries**

Clear ground rules need to be agreed to from the beginning of the course for the whole class, so that the student understands that TAFE NSW is a safe, comfortable, co-operative and inclusive educational environment for both staff and students. This is an opportunity to inform all your students of the support services available to students who have a disability, language issues or literacy and numeracy difficulties. Early assessment and timely interventions are more likely to improve student success.

6.6 Flexible Delivery and Inclusive Teaching

A flexible teaching and learning environment is the most effective way to promote studentcentred learning and is the key to success for students who have a psychiatric disability. Teachers have a legal responsibility to provide students with alternative methods of teaching and assessment and this alternative needs to be considered and planned for during all stages of the curriculum development process. Teachers need to be prepared to offer students these flexible options. This can appear like a daunting task for teachers and facilitators or it may be seen as providing students with disabilities with an unfair advantage. Providing students with choices as to how and when they learn and are assessed can be of benefit to all students. By developing a range of interactive learning material teachers can provide students with choices. Strategies include the use different formats to provide the information by the use of audiotapes, videotapes and the computer. The role of the teacher in student-centred, flexible delivery is that of facilitator of learning and as a resource person. Timetable flexibility, parttime study, reduced load or a co-enrolment of face-to-face delivery and distance education are also flexible options, which suit students with fluctuating phases to consider when planning for success. Student-centred learning requires that student's, teachers, counsellors and Teacher Consultants work together through the process.

Simple inclusive teaching strategies include providing the student with overheads, recording classes, and giving reading lists ahead of time. By providing the Teacher consultant with an electronic copy of your lesson plans, curriculum learning materials, overheads, reading lists, study guides assessment options, and assessment marking guidelines can increase the options of adapting the student learning materials to different formats. The Flexible Learning Centre at Sydney Institute provides support for students in a rage of subject including mathematics, English, History Geography, Physics, Biology, and essay writing to support their mainstream studies. This service is available to all students. It does not attract the stigma that is attached to specific disability support services and reinforces the fact that many students require additional assistance to meet the demands of their course.

Also the use of adaptive technology can reduce the need for costly and complex options of providing scribes, writers, learning material on audio or videotape. More complex, and less invasive strategies include team teaching and tutorial assistance.

6.7 Teacher/Staff Education

Formal and informal information sessions provide staff with information regarding the impact of a having a psychiatric disability, on a student. The information sessions provide useful tips and strategies for teachers to assist with their interventions with students. Emphasis is placed on what resources are available for staff and throughout these presentations anecdotal information is provided about inclusive teaching strategies that they found helpful. Cook, Tankersley, Cook and Landrum (2000) recommend that provision be made for professional development and support so that teachers feel that they can meet the needs of students who have a disability. When discussing the needs of a particular student, relevant information is also provided about why the student is experiencing difficulties and information is provided to counter any negative assumptions that may arise.

6.8 Other Support Services

Other support services available to students who have a psychiatric disability include, Teacher Consultants, Career Counselor, Adult Basic Education Teachers and The Flexible Learning Centres. Teacher/Consultants have a specialist role to coordinate the educational support needs of students and to remove educational and organisional barriers. A budget is allocated to specifically support students. Counselors can assist students to become effective, self-directed learners by providing them with the information about the full range of options that are available to all students and by helping them develop study plans, time management strategies, study, memory and organisational skills. Students can also access the counselling services for short term personal counselling and career advice. Students with a psychiatric disability, however, usually have an outside counsellor or professional, who supports their mental health, issues relating to their disability. Adult Basic Education provides an assessment service, which can guide a student's education plans. Classes are provided on an individual and small group basis, to help students gain skills specific to their needs.

7. CONCLUSION

Students, who experience mental illness can succeed in Vocational Education and Training, achieve their educational goals, articulate to higher education, and keep jobs. Many successful students attribute their success to the supportive attitude of their teachers, the flexibility of the course, the availability of alternative learning materials and the flexibility of the assessment process. For many students, the flexibility of their educational support plans negotiated and developed with the Teacher/Consultant can overcome those difficulties that are not addressed by the inclusive teaching practices.

Supporting a student who has a psychiatric disability, involves putting into place innovative, inclusive and creative strategies in the classroom and in the workplace. Consideration of the needs of students, reasonable adjustment needs begins in the curriculum planning process and beyond the assessment. Registered Training Organizations have a legal responsibility to provide reasonable adjustments to the learning environment to ensure students who have disabilities have the same educational opportunities available to all Australians. Key issues identified in the paper include ensuring student who have a psychiatric disability are matched to appropriate courses, that teachers are supported and have the necessary skills and strategies to accommodate students needs, in a mainstream setting.

The strategies that have been discussed are ones that we have successfully implemented and ones we see as optimising the student's success at TAFE NSW.

8. SUMMARY AND RECOMMENDATIONS

This paper has detailed the strategies used at TAFE NSW, Sydney Institute, to assist students who have a psychiatric disability access tertiary education and optimise the successful completion of their studies. In summary, we would like to emphasise some of the major points of the discussion.

- Students who have a psychiatric disability require a learning environment that is understanding of their disability, inclusive, flexible and creative.
- Students who have a psychiatric disability need to know that support services are available, even though they may not use them.
- Students who have a psychiatric disability may need to be encouraged to utilise the full range of resources that are available to them in TAFE.
- By developing alternate teaching and assessment strategies in the curriculum planing process, teachers will be equipped to offer learners at least a few flexible learning opportunities.
- Never underestimate the power of fear and ignorance about psychiatric disabilitity- it can be the biggest barrier to a student's success.

9. REFERENCES

Australian Bureau of Statistics: Health Special Article – Mental heath of Australian adults (Year Book Australia), 1999. Australia. <u>http://www.abs.gov.au/.</u> Accessed online, 5 August 2002.

Australian National Training Authority 2000, Bridging Pathways; Blueprint for Implementation, ANTA, Brisbane.

Bromberg, C., Danley, K.S., Ellison, M.L. & Palmer-Erbs, V. 1999. Longitudinal outcome of young adults who participated in a psychiatric vocational rehabilitation program, *Psychiatric Rehabilitation Journal*, 22, 4, 337-341.

Central Sydney Area Mental Health Services. 2002, Understanding Mental Illness Workshop Handouts, Sydney.

Cook, B.G., Cook, L., Landrum, and T.J. & Tankersley. 2000, Teachers' attitudes toward their included students with disabilities, *Exceptional Children*, 67, 1, 115–135.

Dobson, K. S. & Kendall, P. C. (eds). (1993) *Psychopathology and Cognition*. San Diego, CA: Academic Press.

Grace, L.J. 2001. Flexible delivery in the Australian vocational education and training sector: Barriers to success identified in case studies of four adult learners. Distance Education. Melbourne.

Hehir, Leo (Ed.).18 September 1997. *RDLU Information Series*. Melbourne. <u>http://www.deakin.edu.au/extern/rdlu/infosheets.html.</u> 10 October 2002.

Hodge, Bonnie, M. & Preston-Sabin, Jennie (Eds.) 1997. Accommodations or just good teaching? Strategies for Teaching College Students With Disabilities. Praeger Publishers, Westport CT, USA.

Hutchinson, N.L. & Martin, A.K. 1999. The challenges of creating inclusive classrooms: Experience of teacher candidates in a field-based course. *Teacher*

Education Quarterly, 26, 2, 51.

Imel, S 1995, 'Inclusive adult learning environments', ERIC Digest No 162

http://ericacve.org/docs/adt-lrng.htm. Accessed online 4 October 2002.

Johnson, G.M. 1999. Inclusive education: Fundamental instructional strategies and considerations. Preventing School Failure. Heldref Publications. Washington. King, S. & Phillips, S. (1985) Problem solving characteristics of process and reactive schizophrenics and affective disordered patients. Journal of Abnormal Psychology, 94, (1), 17-29.

Mancuso, L.L. (1990) Reasonable accommodations for workers with psychiatric disabilities. *Psychosocial Rehabilitation Journal*, 14(2), 3-19.

McLean, P. & Andrews, J. (1999). The learning Support Needs of Students with Psychiatric Disabilities. Melbourne, Australia.Accessed online 5 July 2002. http://www2.auckland.ac.nz/cpd/HERDSA/HTML/EquiPol/McLean.HTM

National Mental Health Strategy. 30 March 2000. Canberra, ACT. <u>http://www.mentalhealth.gov.au/</u> Accesssed online1 October 2002.

National Staff Development Committee, 1997. *ResponseAbility - People With Disabilities - Skilling Staff in Vocational Education, Training and Employment Sectors. Staff Development Kit*, ANTA Product.

O'Connor, B., Watson, R., Power, D. & Hartley, J. for the Commonwealth of Australia, 1998. *Students with Disabilities: Code of Practice for Australian Tertiary Institutions*, Commonwealth of Australia.

Stephens, M., Power, D., & Hyde, M. 1991, *AccessAbility Kit Project AccessAbility*, Division of Education, Griffith University, Queensland.

TAFE NSW-Access Division. 2002, Working with Students with Psychiatric Disabilities, aTeachingResource.Granville.Accessedonline16August,2002.http://esd.tafensw.edu.au/1650files/1659/psychres.doconlineAccessedonline

The Flinders University of Australia, 2000. The University of Adelaide and the University of south Australia. A UniAbility Project. *Keys to Success, Strategies for managing university study with a psychiatric disability*. Document Services, University of South Australia. <u>http://www.unisa.edu.au/eqo/pubs/uniability/keys.pdf</u>. Accessed on line27 September 2002

The University of New South Wales, the University of Sydney, Macquarie University and the University of Technology. 1993, *Reasonable Accommodations Strategies for Teaching University Students with Disabilities*, the University of New South Wales, Sydney. Revised Edition.