Keys to success

strategies for managing university study with a psychiatric disability

A resource for current and prospective university students with a psychiatric disability

Compiled from information provided by students/graduates with a mental illness, and counsellors who work with them.

Esmond Dowdy (Counsellor)
Ann Osborne (Project Officer: Disability)

A UniAbility Project

ISBN 0 86803 610 2

Keys to success: *strategies for managing university study with a psychiatric disability* was commissioned by the UniAbility Steering Committee of The Flinders University of South Australia, The University of Adelaide and the University of South Australia. Funding was provided by a grant from the Department of Employment, Education, Training and Youth Affairs.

Edited by Jo McKay
Graphics by Simon Kneebone
Published by The Flinders University of South Australia, The University of Adelaide and the University of South Australia
Printed by Document Services, University of South Australia

Contents

CONTENTS

Preface

Statistics released in the report from the Commonwealth Department of Health and Family Services *Mental health and well being: profile of adults* 1997 indicate that young adults 18 to 24 years old had the highest prevalence of mental disorder (27 per cent) during the twelve month period mid 1996 to mid 1997. This is the age group of many students attending university and the age where mental illness may be undiagnosed or just recently diagnosed.

This publication is concerned with the impact of mental illness on academic pursuits, and the development of strategies to study successfully. The information synthesises the common threads evident in two research projects undertaken in 1998 as a result of a UniAbility funded grant. The research was conducted to meet the needs of this equity group who were at risk of failure in their studies.

The projects *Best practice in counselling students with a psychiatric disability* and *Succeeding with a psychiatric disability* identify strategies that enable students with a psychiatric illness to be successful in tertiary study. One study expresses the experiences of counsellors, while the other reflects the experiences of students.

The research reflects arrangements within the University of South Australia, a multi-campus institution, for the provision of support services for students with a disability. Personal counsellors at each campus undertake the role of disability contact person, and provide support services for students with disabilities.

A university-wide student disability and counselling adviser coordinates policy development and support services.

The research was conducted by interviewing twenty-two counsellors in Australian universities, as well as twenty-one current students and recent graduates about strategies for successful study. The information gathered in the interviews provided a dual and complementary perspective of the keys to success for university students studying with a psychiatric disability.

Students interviewed represented a cross section of the university community, comprising both males and females, from varied family backgrounds, of different ages, with diverse life experiences and representing a range of mental illnesses. Some had accepted their illness, while others were still coming to terms with it.

The richness of individual experience and their willingness to talk about their lives provided insight into the day to day experiences of living and studying with a mental illness.

Acknowledgements

The authors would like to thank the Counselling Service, Queensland University of Technology and Tertiary Initiatives for People with Disabilities for kindly allowing us to reproduce information from their publication *Succeeding with a psychiatric disability in the university environment.* The material on the nature of mental illness is reproduced with permission in the section on *Psychiatric disability in the university context*.

We are especially grateful to the counsellors and students/graduates who so generously provided us with the information needed for this study. We acknowledge the distress that recounting painful experiences may cause, and highly value the participants' determination to share those experiences. Their life stories make a significant contribution to the publication.

Counsellors

Karen Brown, Murdoch University
Jan Crowley, University of Central Queensland
Terry Davenport, University of South Australia
Esmond Dowdy, University of South Australia
Kym Glover, University of New England
Sue Hadley, Deakin University
Helen Hauff, University of Southern Queensland
Kerri Heavens, University of Western Sydney
Chris Hepperlin, University of Technology, Sydney
Barbara Hicks, Australian Catholic University
Sue Lintern, University of South Australia
John Malcolm, University of South Australia
Helen Mares, University of South Australia
Margaret Miller, Australian National University
Les Montanjees, University of South Australia
Romi Nagatani, University of South Australia
Neil Quintrell, Flinders University
Annette Rudd, Monash University
Marilyn Shaw, University of South Australia
Karen Simpson, Flinders University
Anna Weatherly, Australian National University
Robert Wickenden, Macquarie University

Students/Graduates

Frank Barresi
Neil Cole
Adele Gibson
Anton Keijzer
Dimiter Koitscheff
Tania Liemareft
Meg Smith
Chris Snowden
Domenico Sorbilli
Marie Stevenson
Ruth Tye
Karlis Umbris

We extend our gratitude to all who participated in this study, including those who do not wish to be identified.

We would also like to thank Fran Pagdin who was consulted about the research and Wendy Mastrillo for word processing the research manuscripts. We value Simon Kneebone's talented and sensitive graphics portrayal of psychiatric disabilities.

SECTION 1

Psychiatric disability

in the university context

THE NATURE OF MENTAL ILLNESS

The following information on the nature of mental illness is based on the publication *Succeeding with a psychiatric disability in the university environment*, published by Tertiary Initiatives for People with Disabilities and the Queensland University of Technology, Kelvin Grove, Qld (1997).

The diagnostic categories of mental illness are drawn from DSM-IV, the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, published by the American Psychiatric Association, Washington DC (1994).

General information

There are different categories of mental health disorders that can now be identified, diagnosed and treated. A diagnosis is the category or label used to identify a set of symptoms, and is assigned to the disorder, not to the individual. The specific personal experience of an illness varies from individual to individual.

Thanks to much research into the nature of psychiatric disability, effective treatments, and recent developments in psychotropic medication, many people who may in the past have been severely impaired by the symptoms of their illness can now lead functional, high quality lives.

Categories of mental illness include

- **Psychotic disorders**
- **Mood disorders**
- **Eating disorders**
- **Anxiety disorders**
- **Personality disorders**
- **Dissociative disorders**

Psychotic disorders include

- **Schizophrenia**
- **Schizoaffective disorder**
- **Delusional disorder**

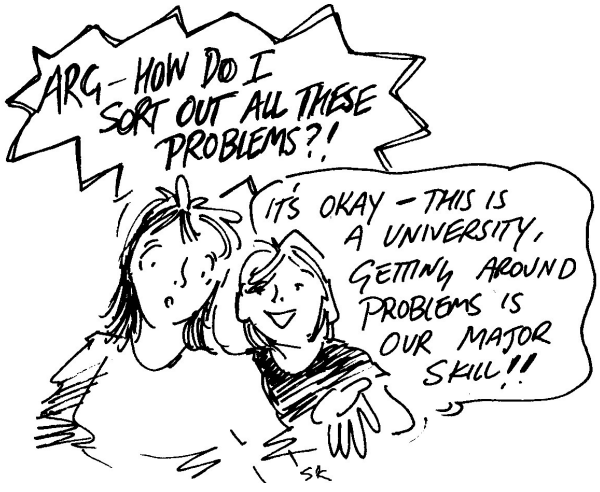
Psychotic disorders

Psychotic illnesses

In the acute phases of psychosis people lose touch with reality. Thoughts, feelings and perceptions are seriously affected and people may see, hear, taste or feel things that are not shared by those around them (hallucinations).

People experiencing psychosis may also develop delusions (false beliefs). These beliefs may include feelings of persecution, guilt, extreme paranoia or grandeur.

Psychosis is commonly an extremely upsetting experience for those affected and can be quite incomprehensible to onlookers. Most people while psychotic do not have any insight into the inappropriateness of their behaviour and often feel considerable distress or shame once the episode has passed. Most episodes of psychosis are short lived and are effectively treated with medication.



Psychotic disorders (continued)

Schizophrenia

There has long been a misconception that schizophrenia is having a 'split personality' – hence the metaphor Dr Jekyll and Mr Hyde. This is not true, a 'split personality' is symptomatic of dissociative identity disorder.

Schizophrenia is an example of a psychotic illness, the symptoms of which may include:

- delusions
- hallucinations
- disordered thoughts
- loss of motivation
- loss of emotions
- social withdrawal
- lack of insight.

There is much debate about the cause of schizophrenia. Theoretical causes include: genetic factors, biochemical disposition, environmental causes and in some cases, substance abuse. Identifying why schizophrenia occurs is the focus of much current research.

The onset of schizophrenia usually occurs between adolescence and the mid-twenties. Schizophrenia is estimated to affect one percent of the general population and both genders are equally affected. It is episodic in nature, and some people experience only one or two episodes. Modern treatments for schizophrenia are effective and most people are able to live functional lives.

Functional implications for university study

Schizophrenia may pose challenges to effective studying. Concentration can become severely disrupted. Due to the nature of particular hallucinations, some students find it difficult at times to focus on the 'here and now', and the demands of the course.

Mood disorders include

- Depressive disorders
- Bipolar I disorder
- Bipolar II disorder

Student comments

When I get depressed I have good days and bad days.

When I get depressed I lack confidence which affects my motivation. I don't eat and when I don't eat I can't concentrate.

When I am depressed I cry a lot so it is difficult to come to university.

Depression affects my concentration, short-term memory and self-esteem, and makes it difficult to participate actively in tutorials.

When I get depressed I get paranoid and then I start to exhibit social phobias.

Mood disorders

Mood disorders have a disturbance in mood as their predominant feature.

Depressive disorders

Depressive disorders range from mild to intense forms, sometimes requiring hospitalisation. Everybody at times has experienced feelings of extreme sadness or grief, but for some people the symptoms are more intense, unprovoked, or last much longer than would normally be expected. Often people experiencing depressive disorders feel they should be able to 'snap out of it' and are hesitant to seek help. There are two predominant types of depression:

- endogenous depression (where there is no attributable cause)
- reactive depression (where a stressful or unhappy event has triggered the depressive symptoms).

Causes of depressive disorders may be attributed to genetic disposition, biochemical factors, life stress, or personality type. Someone with depression may experience:

- a need for more or less sleep
- change in appetite (increased or decreased)
- loss or gain of weight
- inability to enjoy life
- extreme lack of motivation
- difficulty in concentrating
- feelings of hopelessness and despair
- suicidal thoughts
- self harming tendencies.

Psychosis may also be experienced. Effective treatments include professional counselling, drug therapy, and in extreme cases electro-convulsive therapy (ECT).

Functional implications for university study

Severe depression will adversely affect motivation levels and commitments may not be met. Concentration may be impaired and feelings of hopelessness and despair may affect attitudes to study.

Mood disorders (continued)

Bipolar disorders

Bipolar disorders are disorders where moods fluctuate from mania (highs) to acute depression, often with no plausible reason. While many people experience long periods of stability, others may fluctuate between moods at a rapid rate. People with a bipolar disorder may experience psychotic symptoms in both the elevated and the depressed phase of the illness. This condition affects an estimated one percent of the population.

Symptoms during the elevated phase may include:

- feelings of euphoria or frustration for no apparent reason
- high energy levels
- diminished need for sleep
- loss of appetite
- lack of inhibition
- rapid thought and speech
- grandiose ideas and beliefs
- psychosis.

Symptoms during the depressive phase may include:

- a need for more or less sleep
- change in appetite (increased or decreased)
- loss or gain of weight
- inability to enjoy life
- extreme lack of motivation
- difficulty in concentrating
- feelings of hopelessness and despair
- suicidal thoughts.

Functional implications for university study

In the elevated phase of the illness concentration may be difficult or impossible. People may become disruptive, and grandiose goals may be set. In the depressive phase motivation levels will be adversely affected and study commitments may not be met. Concentration may be impaired and feelings of hopelessness and despair will affect attitudes to study.

Student comments

When I am in a manic phase I become quite euphoric: I can get a lot done but concentration is often difficult and I crash physically at the end.

Mania is vile because you can be highly volatile at the same time as you are creative. Mania is devastating for the people around you. Mania is an illness that affects other people, depression is an illness for yourself.

Eating disorders

- Anorexia nervosa
- Bulimia nervosa

Functional implications for university study

A student suffering from bulimia nervosa will often be so occupied with bingeing and purging that attending lectures and studying will seem secondary. Memory and concentration may be impaired by poor nutritional status, and classes may also be missed due to hospitalisation.

Functional implications for university study

Students with anorexia nervosa may experience problems with memory and concentration. In severe cases permanent brain injury can occur, and hospitalisation will prevent class attendance.

Eating disorders

Eating disorders are characterised by severe disturbances in eating habits and behaviour. Bulimia nervosa and anorexia nervosa are the most common eating disorders.

Causes may include: peer pressure, social factors and unresolved issues from the past.

Eating disorders affect people in every age group. However, most occur during adolescence or in early adulthood. While both genders experience eating disorders, the majority of sufferers are female.

Bulimia nervosa

Bulimia nervosa is a serious eating disorder that can lead to death if not treated. Large quantities of food are ingested in an uncontrolled manner (binge eating) usually followed

- by compulsive purging — either self-induced vomiting or the misuse of laxatives or diuretics
- or by fasting or excessive exercising.

Controlling weight becomes the prime focus. Most sufferers are either normal or over weight. Treatment may include professional counselling, and in severe cases cognitive behaviour therapy, or psychotherapy.

Anorexia nervosa

Anorexia nervosa is a term given to people who 'starve' themselves to attain an unrealistic weight. Anorexia is often characterised by a refusal to eat in spite of intense hunger, weight loss of at least 15 per cent from ideal body weight, distorted perceptions of body image and an intense fear of weight gain.

Anorexia is a serious condition that may result in related medical disorders, and death. Treatment can include professional counselling, cognitive behavioural therapy, and in extreme cases hospitalisation, where feeding and nutritional education can occur under medical supervision.

Anxiety disorders include

- Panic attack
- Agoraphobia
- Specific phobia
- Social phobia
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
- Acute stress disorder
- Generalised anxiety disorder

Student comment

Sometimes I get so agoraphobic that I don't want to leave my bed because I won't feel safe. I can't handle tutorials because I don't want to be with people. I fear open spaces even when there are people around me. It is the fear of not having something around me — the smaller bundle I can make myself the safer I feel.

Anxiety disorders

In certain situations anxiety is a normal emotion. However approximately five per cent of people experience extreme anxiety that severely impairs their ability to function in day to day life. There is a wide range of anxiety disorders from specific phobia, related to particular objects or situations, to more generalised anxiety.

Most anxiety disorders occur in early adulthood and are often (but not always) triggered by significant life events.

Symptoms may include:

- feelings of irritability and/or uneasiness
- heart palpitations
- muscle tension and pain
- headaches
- nausea
- hyperventilation and dizziness
- panic attacks.

Most anxiety disorders respond well to treatment and options include: professional counselling, systematic desensitisation, anti-anxiety medications. For mild anxiety, good social support networks, relaxation therapies and ensuring a healthy diet, exercise and sleep often prove beneficial.

Functional implications for university study

Concentration may be difficult. The nature of many anxiety disorders is all encompassing. Often the stress of exams and assignments may trigger episodes, so it is essential that the student plan a balanced workload.

Anxiety disorders (continued)

Obsessive-compulsive disorder

Obsessive-compulsive disorder (OCD) is a severe anxiety disorder that has two components:

- obsessional thoughts

leading to

- compulsions to repeat certain behaviour.

Many people with OCD are initially able to disguise their behaviour, but symptoms often become pronounced as the disorder develops. There are many individual manifestations of this disorder but sufferers may experience:

- obsessive thoughts about cleanliness, contamination, violence or any single issue
- repetitive behaviour (eg can not stop washing hands)
- compulsions, (eg continuous cleaning) or repetitive checking (eg the iron is off, the door is locked etc)
- depression
- anxiety.

Effective treatments include: professional counselling, cognitive behaviour therapy, psychotherapy and medication.

Functional implications for university study

Compulsions may hinder punctuality for classes. The person may be distracted by obsessive thoughts that may affect study.

Personality disorders

A personality disorder is an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment (*Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, p629).

The symptoms of a personality disorder are slow to develop rather than sudden. The cause can usually be attributed to an arrest of personal and/or emotional development.

Borderline personality disorder, paranoid personality disorder, anti-social personality disorder, histrionic personality disorder and narcissistic personality disorder are examples of personality disorders.

Most personality disorders are complex and extremely distressing. With many disorders, sufferers may become defensive or manipulative, which in turn may have negative implications for families and friends.

Intensive support, psychotherapy and medication can all be effective in the treatment of personality disorders.

Student comment

When I am unwell reading is very difficult for me. I am unable to concentrate or put things in a proper sequence and I cannot tell the relevant from the irrelevant.

Dissociative disorders

The essential feature of dissociative disorders is a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment (*Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, p477).

Dissociative identity disorder (formerly multiple personality disorder) is a dissociative disorder characterised by the presence of two or more distinct identities that recurrently take control of an individual's behaviour.

Functional implications for university study

Students diagnosed with a severe personality disorder may experience disruptions to study due to the distressing nature of the disorder, inability to concentrate, and in some cases hospitalisation.

EFFECTS OF MENTAL ILLNESS ON STUDY

Student comments

If I do not take my medication I will end up in hospital for a period of weeks.

[With medication] ***I gained energy and joy from life almost instantaneously. I could concentrate and I did not have any side effects.***

Medication allows me to have a level of stability in my life, so I can then address the issues that I need to.

Previously I had used non-prescriptive drugs to control my depression. These are destructive both financially and emotionally.

Medication is essential to stop me going from a high to a low. As a result, I now know what I am doing and I am not having hallucinations or horrible thoughts.

If I don't take my medication I become paranoid and easily frustrated, and then I get depressed because I can't do the things I want to. Medication is very important because it keeps me stable.

Medication

It is generally the view that medication is necessary to control symptoms of the illness and to enable students to effectively undertake university study.

There are some negative side effects of medication, but the advantages of taking medication are usually greater than the disadvantages.

Side effects of medication

The side effects of medication can include:

- irritability
- physical effects, such as shaking
- confusion, disorganised thoughts
- sleepiness and the inability to concentrate
- feeling 'brain dead'.

The negative effects of medication can mean that students have difficulty getting to early morning classes, they cannot think clearly and have difficulty focusing on assignments. They are often distracted, lack motivation and have difficulty keeping to deadlines.

Stabilised medication

A period of time is often required to determine satisfactory levels of medication. During this time students may be hospitalised on several occasions to get their medication stabilised. As well, they may be over medicated and not reviewed as frequently as necessary.

There may often be a period of three to four weeks before a new medication takes effect and, in the meantime, students experience the symptoms of the illness. At this time students may have difficulties with their studies, resulting in fluctuating grades.

Defaulting on medication

An added difficulty occurs when students default on medications due to unpleasant side effects or because they think they no longer need them. At these times the symptoms of the illness may become more evident.

EFFECTS OF MENTAL ILLNESS ON STUDY

Concentration and motivation

Major effects of mental illness on study are that students may experience decreased motivation and an inability to concentrate. These may be features of the illness itself, or may result from the side effects of the medication.

Where depression and anxiety are symptoms of their illness, students may experience difficulties in maintaining drive and energy, and lapses in the ability to focus or follow a routine. With severe depression, simple tasks may seem like impossible demands, and enthusiasm may deteriorate into apathy.

Distraction
In some cases of mental illness students may experience a heightened sense of awareness and become very easily distracted. An idea may come into their mind and they will mentally pursue this while blocking out everything else. Sometimes their concentration is distracted by this idea to the point that they will not take in anything that is going on around them. In the university context a student may be distracted to the extent that she/he is unable to concentrate on the lecture or tutorial.

Well-managed illness
When an illness is well-managed, students' concentration and motivation are vastly improved. Appropriate support arrangements in fluctuating periods may also contribute to this improvement.

EFFECTS OF MENTAL ILLNESS ON STUDY

Counsellor comment

The university environment is a 'pressure cooker environment' with lots of demands that students cannot control. How well students manage their study depends on their condition, their relationships with others and their self-esteem.

Hospitalisation

The unpredictable nature of mental illness means that from time to time students may need to take time out in hospital. This may occur when symptoms of the illness are evident, or when there is a need to have medication stabilised.

Disruption to study
Hospitalisation prevents attendance at classes and disrupts study programs. Where a subject requires a high level of participation or involves sequential learning, students may find that they cannot meet the academic requirements. In this case, they have to take leave of absence, withdraw from the subject or risk getting a fail grade.

Self-esteem is affected
Periods of hospitalisation frequently affect students' self-esteem. When a student returns to study, other students may inquire about their absence, and they then have the dilemma of whether or not to disclose their illness.

Effects of stress
There is a delicate balance between the amount of stress that motivates and the amount that can trigger the symptoms of an illness. When a student is under too much pressure, for example with assignment deadlines and examinations, the symptoms of the illness may become more obvious.

Realistic course load
It is important that students with a psychiatric disability are advised about the pressures of university life and the stresses associated with study. This involves being fully informed of the amount of work expected to complete a subject, enabling students to make decisions about what is a realistic study load for them.

EFFECTS OF MENTAL ILLNESS ON STUDY

Student comments

With a hidden disability you get very good at being able to camouflage. However when you try to hide the disability those who you need support from may not believe you.

Disclosure may indicate that the person is ready to talk about their illness and feel comfortable about it. If this is not the case, then it is wise not to disclose.

People who have a mental illness view it as part of them and see it as harmless. The media creates a different image of mental illness. By disclosing, students may receive a negative and stereotypical reaction and be hurt by the destructive comments of others.

I did not disclose lightly. I watched people over a period of time, I talked with them and got to know them. Let your conscience be your guide and follow your instinct. If you believe that someone is trustworthy then disclose.

Disclosure

Disclosing (that is, making known) a hidden disability like mental illness may be problematic for the person, due to the lack of understanding of mental illness in the community. Students need to balance the benefits of disclosing against the possible discriminatory aspects. It is important for students to make up their own mind and decide what is best for them.

Some fears about disclosing

- Many students do not want to reveal a mental illness because of the stigma associated with it.
- Students often do not want to identify with the disability for fear that it may overpower them.
- Some students fear the marginalisation that comes with being labelled ‘crazy’.
- Other students find it difficult to disclose if they have not come to terms with the illness.

Disclosure (continued)

Some benefits of disclosure

- *Mutual benefits between the institution and the student —* for example, academic staff may understand the difficulties a student is experiencing, and make allowances or reasonable accommodations for the student.
- *Appropriate support can be negotiated —* for example, open communication allows the student, counsellor or disability liaison officer to negotiate support, in terms of university policy.
- *People can help in case of emergency —* for example, a management plan can be set in place so that assistance can be provided for a student in the case of any emergency or crisis.

Disclosing after a crisis

When symptoms (such as depression, anger, fear, anxiety, or stress) of the illness are pronounced, as in a crisis, it may be more difficult for students to disclose their illness.

Student comments

Do not be afraid to disclose your psychiatric disability, but be aware that not everyone is aware or supportive of people with a psychiatric disability — have a network there to give you support.

Disclosure involves a risk that academic staff members may not be able to cope with the knowledge, due to a lack of understanding of the illness.

Some people can be quite ignorant of mental illness and I did not want to expose myself to this ignorance. When I did disclose I was surprised at the level of support I was given.

SECTION 2

Managing university study

effective strategies

The information in this section was gained from interviews with students and recent graduates with a mental illness, and with counsellors in Australian universities.

In the interviews, students/graduates were asked to describe their university study experience and the strategies they had used to be successful. Counsellors were asked to describe ways in which they had assisted students with a mental illness to be successful in study pursuits.

Common themes were identified in the interview material, providing a range of strategies that contribute to success in university study. These themes are described under the following headings:

- Self-knowledge and realistic goals
- Belief in one's self
- Focus on the positive
- General academic support
- Assessment
- Planning, time management and organisation
- Focus on the person and not the illness
- Stress management
- Social interaction and support networks
- Students taking personal control

SELF-KNOWLEDGE AND REALISTIC GOALS

It is important that students understand their illness, and have well-developed personal goals to work towards.

Student comments

The thing that helps me most is to get an insight into my illness and then to work out strategies to improve my life.

I try hard to see the big picture, and not the little bits. I pasted my offer to university on the wall in my lounge — I see it constantly and it helps to remind me why I am here.

In previous courses I did not have any goals or plans, and I didn't know why I was at university. This time I want to have something for myself that no one can take away.

I have a slogan on my wall at home that says 'no matter how slow you go, so long as you do not stop'.

At night I make sure that my room is clean and tidy. Then when I wake up it looks good and I feel positive about the day.

Effective strategies

Many students at university are at an age when mental illness may occur for the first time. As a consequence some students may be just coming to terms with an illness that they will have to manage for life. Counsellors play a vital role in assisting students to understand their illness and how to manage it in a tertiary setting.

The following are ways in which counsellors can assist students:

- If students understand how they function, counsellors are able to assist them to develop strategies that will be useful at particular periods of time. If students are able to predict the onset of an episode they can organise study-related matters in advance.
- Counsellors can assist students to monitor changes in thinking, mood or behaviours over time. By keeping a diary of their feelings across a particular time period students can see whether patterns emerge.
- Where students have high and low times they can be encouraged to make effective use of the high times to balance decreased productivity during the low times.
- Where difficulties arise, counsellors can assist students to decide what to do, based on what has worked in the past.
- Counsellors can assist students to set realistic goals, eg *it is better to pass two subjects than fail four.*
- Counsellors can assist students to come to terms with the fact that they may take longer to complete their degree.
- Counsellors are able to discuss issues as students perceive them and re-interpret situations in a more realistic manner.

BELIEF IN ONE'S SELF

Student comments

I read a lot and have to be honest with myself; no one can tell you what to do, you have to tell yourself what is right for you.

I did a lot of group work when I was in hospital to help raise my self-esteem and to cope with stress.

It is important to be positive, to understand that you are just as important as everyone else. It is easy to get bogged down with feeling you're a failure. It is often easy to get bogged down with the fact that your brain is different, but it is important to realise that it has nothing to do with intelligence.

Don't panic if you're experiencing something. It may go away, and it could be just a bad day. When you have an illness you tend to think something really bad is happening to you. But this may not be the case. Be patient and work through the rough spots.

Effective strategies

The myth that equates psychiatric disability with impaired intelligence is destructive in a university environment, and often damaging to students' self-esteem. Students frequently need the assurance that others believe in them, so they will come to believe in themselves.

In working with students it is important that attention is paid to the following points:

- accept students for who they are
- provide a safe place for interaction
- reinforce that students are individuals who are important and worthwhile
- explain that feeling good about one's self does not depend on how others view them, but on being comfortable with themselves
- focus on the person first, and the disability second
- encourage students to keep their illness in perspective and to believe that they are capable
- assist students to be flexible and to persevere
- ensure that students understand the rights-based philosophy of equity and social justice
- ensure that students understand that they have a right to reasonable accommodations and that they are asking for things to which they are entitled.

The following are some of the **personal qualities** which enhance student success:

- commitment to study
- motivation to study
- determination, despite setbacks
- a willingness and capacity to be assertive
- a feeling of confidence about studying
- a capacity to develop effective relationships with others
- an ability to establish good working relationships with support services staff
- the skills to challenge negative thinking and, when successful, the ability to capitalise on that success.

FOCUS ON THE POSITIVE

Students need to be aware of the destructive capacity of negative thinking, and find various ways to remain positive.

- **One student puts positive proverbs on a wall in her home, and these assist her to have a positive view of the world.**
- **Another student writes down on a clean sheet of paper the negative habits that she wants to overcome. She then takes the paper and tears it up or burns it. This gives her a sense of control over negativity.**
- **Another found that the influence of his family was adding to his negative thinking. To solve this problem he moved out of home and was then able to concentrate on positives and building up his strength.**

Effective strategies

There are various ways in which counsellors can encourage students to focus on the positives in their lives. Some of these ways are:

- Focus on the highly creative work that students can do when they are in a manic phase, rather than on the negative effects that can occur during a depressive phase.
- Highlight the positive things a student has done and can do, and see whether they can do this again.
- Encourage students to accept that they have already achieved by getting into university.
- Listen to a person's life story to bring out their achievements, and get them to take credit for these.
- Ask a student to identify someone who has a high opinion of them, and relate what this person would say.
- With students who are depressed, assist them to monitor their moods and identify when they had good times. This will help to generate awareness of when they can do their best work.
- Encourage students to make a list of affirmations, and read them every day.
- Encourage students to celebrate achievements, and reward themselves when they achieve.

Challenge negative thinking

Students with low self-esteem and a sense of failure can be assisted by counsellors to view themselves differently. It is important to assist students to identify how they formed a negative view and to consider possible alternative perspectives. This involves assisting students to articulate how they view themselves, and to recognise the messages they give when interacting with others.

A student who grew up in a culture that did not acknowledge mental illness, received very negative comments from his parents about his psychiatric disability. A counsellor imparted her knowledge of mental illness to the student, who then viewed himself from a totally different perspective. He then had a basis on which to challenge his parents' comments, and felt a sense of personal worth.

GENERAL ACADEMIC SUPPORT

Student comments

It is important to be realistic about what you can do, and to use the tutors for support and explanations. If you are serious about doing your work, the staff will help you. They know that I am genuine when I take time off.

The use of a note-taker is helpful when you cannot concentrate.

Tape lectures if you are having a bad day so you can go over them when your brain is active.

It is difficult getting people to understand why you are not there all the time. Once they understand they are OK — sometimes they worry a bit, though.

I try to read as much as possible in the vacation periods to reduce the anxiety during the semester.

I rewrite my notes to concentrate on the lecture material, and this also gets the information into a logical sequence. I take a tape recorder to lectures, so if I find it difficult to concentrate I don't have to worry about it.

I keep up with the work because if I get ill then I have done the work, and all I have to do is go over it again. This avoids stress.

Effective strategies

Providing academic support involves consulting with students and assisting them to understand university processes. This is especially so where students are negotiating reasonable accommodations, including alternative assessments. It is preferable that students negotiate directly with staff members. However, it may be difficult for students themselves to achieve reasonable accommodations due to their level of confidence, some academic staff members' understanding of mental illness, and the nature of the illness itself. For example, students experiencing high levels of anxiety may have difficulties in negotiating with staff members.

There is a range of ways in which counsellors can assist with academic support. For example:

- Role play interactions with lecturers to give students confidence in talking with academic staff.
- In instances where students are concerned about giving the 'right' answer to an assignment question the counsellor can reassure them that in some situations there is no one correct answer — university study is about rational argument, based on evidence.
- Where a student suffers from social anxiety, another student could be employed to take notes. This student could provide social support among a large group of students, as well as taking notes in lectures.
- Make arrangements for students with anxiety disorders to be accompanied to places that are sources of anxiety.
- In some circumstances students may be able to get a retrospective 'withdrawal not fail'. Going through the process of negotiating this may enable the student to recognise that this is a reasonable way of dealing with special circumstances.

Effective strategies

- Some students require course outlines and readings well ahead of time, so that they have time to adequately prepare.
- It may be possible to make special arrangements for students to live close to campus because of agoraphobia.
- Students may be provided with access to university computers from their home.
- Counsellors can work with academic staff to heighten their awareness of the nature of mental illness. Staff may then more readily understand why a student is absent, knowing that the assignments will be submitted when the student is well again.
- Academic mentors can be set up within a School or Division to ensure that students with psychiatric disabilities are supported. Staff members can also be given information to increase their understanding of student needs.
- When students are hospitalised, the lectures they will miss can be recorded and given to them with copies of relevant external study material.
- Taping lectures for students who are susceptible to sudden psychotic episodes may enable them to complete the year without failure.
- A student with agoraphobia may need to be accompanied to lectures, to the library, or to and from the carpark, for example. This assistance may be gradually reduced as the student becomes familiar with the surroundings.
- Counsellors may be able to assist students who have come to university with an undiagnosed mental illness. The illness may result in poor academic progress and lead to preclusion. Once the illness is diagnosed and well controlled the counsellor may negotiate possibilities for continuing study.

Effective strategies

Student comments

I find it difficult to deal with the structure of the course, especially when it is rigid.

University processes frighten me — I don't like dealing with them. As I have been here so long, staff probably think 'well here she comes again'. Self-esteem is a problem here, and it affects your motivation.

All it takes is to approach staff, but I don't often go and ask for extensions because other students might 'pay you out' if you do.

Sometimes I don't feel like explaining to lecturers why I haven't completed the work. It's a fairly personal thing, but sometimes it is hard to get extensions if you don't explain.

Assisting students who have difficulties with assessment

Students with a mental illness are assisted by flexibility in academic processes. Some universities allow greater flexibility, acknowledging that significant amounts of study time can be lost by students, with a consequent need for extensions in preparing assignments and sitting examinations.

Counsellors can assist students with psychiatric disabilities where Centrelink and Higher Education Contribution Scheme (HECS) enrolment requirements may hinder their progress. For example, where students withdraw from subjects after the HECS census date, due to the effects of their mental illness, counsellors can assist them to request a remission of HECS fees. Where students have difficulties managing their workload effectively, staff can assist them to seek a workload concession and remain eligible for Centrelink payments.

Academic pressures often aggravate a student's illness. Because mental illness is unpredictable, students may not be able to complete work by the due date. They may often have periods of absence from the university, and return to resume study.

University systems for the submission of results can mean that, although students have passed part of the semester, overall they fail because they cannot complete all the work for a subject within the given time frame. Such failures do not reflect a student's lack of ability, but a period of illness beyond their control.

Hospitalisation can mean that students lose contact with the university for a period of time. If there are not processes in place to maintain contact, absences often result in failure.

Examinations

Examinations are a source of stress for many students, but are extremely stressful for students with anxiety disorders and social phobias. It is necessary to take into consideration the amnesic effects of medication and the possible impairment of concentration during examinations.

Effective strategies

Some of the ways in which examinations can be made easier for students to manage are as follows:

- negotiate an alternative assessment instead of an examination, for example an oral presentation
- organise an examination when a student is known to work their best
- arrange for students to sit examinations in a separate room — a safe, friendly environment — so they are more comfortable than sitting in a large venue with students they do not know
- arrange for students to have a supervised break during the examination.

Assignments

While preparation of assignments is stressful for many students, the effects on students with psychiatric disabilities, especially those with anxiety-related disorders, can be excessive. In terms of academic support, students could be assisted by the following:

- Flexible time limits to finish academic work as the pressure can be overwhelming at times. For some students the knowledge that there is a time limit is often more stressful than having to do the work. Flexibility to meet deadlines in getting work done enables students to work throughout the year.
- The option to work at home. However, in some disciplines negotiating with staff to do this is sometimes difficult.
- Oral assessment as an alternative to a written essay, especially where students are having difficulties reading and coherently organising thoughts after a period in hospital.

Effective strategies

Systems solutions

Determining effective solutions in an academic environment frequently relies on the flexibility of teaching processes and, in some cases, flexibility in the 'withdraw not fail' date. Summer schools and teaching modules in each semester are of benefit to students in that discrete sections of work can be completed in a shorter time span. Another useful solution is to arrange extensions for a considerable period of time, including the granting of 'incomplete grades' that carry over to the beginning of the next semester.

The following are some examples of systems solutions undertaken at the University of Western Sydney and in the tertiary sector in Western Australia.

University of Western Sydney

When university staff members are aware of a student's disability they work with the student's mental health team to establish a plan of action if there is a crisis. This provides security for students, for they know that if they are ill they will get support. The university develops an integrated plan at the beginning of each semester for all students with a disability, detailing strategies to be adopted for each student. Faculties and the students have a copy of the plans.

Western Australia

As a result of a submission to the Mental Health Commission, a psychiatric nurse has been appointed to attend to the needs of students with a psychiatric disability who are in hospital. Based at the Fremantle Psychiatric Hospital, the nurse works across Murdoch and Curtin Universities and TAFE and liaises with disability liaison officers and counsellors, in providing support for students. Students can get lecture materials, and university staff are aware that the students are in hospital and have not 'dropped out'.

PLANNING, TIME MANAGEMENT AND ORGANISATION

Student comments

Time management is important for me.

I plan well ahead and do not leave things until the last minute.

A diary is essential for personal organisation. I have attempted to place structure in my life by the use of a diary — if it's in the diary it happens; if it does not get into the diary it may not happen.

It is important to get resources early so I can do some background work, especially when I don't want to face people in the library.

I organise things the night before so I know what I am doing and where I am going.

I like to work late at night when everyone else has gone to bed — I can then be focused and work on things without interruption.

Effective strategies

Counsellors can assist students to become effective self-learners in a university environment by encouraging their development of planning, time management and organisational skills.

Early planning is necessary for students to organise a manageable workload that is realistic and will not trigger symptoms of the illness by increased pressures. Strategies to assist students with planning include:

- establishing a manageable workload with the student over the semester
- informing lecturers of students' requirements and setting strategies in place for student support
- assisting students to be organised — to be familiar with deadlines and university time-frames
- talking with students about the impact of study on their life, and the need to prioritise
- organising orientation programs with students, to establish a management plan before a crisis develops
- emphasising that the health issue will have to be taken into account in planning, and that health status may be unpredictable.

A study plan is vital as an organisational strategy, and as a means of managing stress. An effective personal timetable will be realistic and include times for relaxation, socialisation and exercise. In developing a study plan counsellors can assist students to be aware of the need to:

- put together strategies that are realistic and acceptable to students
- look at what is realistically achievable at their worst times, so when study pressures and stresses increase they can manage
- set small manageable goals to work within
- structure every day before examinations to maximise the effectiveness of preparation time
- prioritise tasks, especially if there is a crisis — and avoid putting all their energies into one aspect and failing to see the whole picture
- promote the use of a diary for activities.

FOCUS ON THE PERSON AND NOT THE ILLNESS

Student comments

Having the label 'psychiatric illness' is really hard to accept. It is important for me to remember that you can succeed with a disability.

When people with a psychiatric disability can distance themselves from their illness, they can start to build up their strengths as an individual. When subjected to ridicule by society they are made to believe that their symptoms are themselves. People should realise that there is a person behind the illness and that they can succeed.

Effective strategies

Students who see themselves as a person first, with a disability second, are more in control and likely to succeed — their self-esteem is higher because they refuse to passively accept that they are under the control of the illness and that they are defined by their illness.

Those who accept their illness, and who understand it, are more able to achieve their goals. Self-acceptance is important because students are then able to realise what is possible. They can become pragmatic about what they want to achieve, and realise that to achieve it, they may have to do things differently to other students.

There are various strategies that counsellors can use to assist students to separate the illness from the person, including:

- encouraging students to gain information about their illness
- talking about mental illness as a health issue that comes and goes and has physical and psychological effects (when a student has just been diagnosed with a mental illness this approach can reassure the student that they are not inadequate)
- encouraging students to separate from the label of the disability, and realise that they have influence over the disability, and are not controlled by it
- assisting students to realise that there are elements of 'mental illness' in many people, thus reducing the stigma of mental illness and reassuring students that nobody is a 'paragon of mental health'
- being realistic about what is happening in students' lives — to see what is possible, to help them feel good about themselves, and to be positive about their goals and their future
- acknowledging that mental illness is a health issue for students and is not about their self worth or intelligence.

STRESS MANAGEMENT

Effective strategies

Stress is a major trigger in episodes of illness. There is a need to maintain a balance in managing stress levels. On the one hand stress can be used positively as a means of motivation, but on the other hand too much stress may trigger or exacerbate the illness.

Counsellors can assist students to manage their stress by:

- identifying when they are stressed and angry, putting their studies in perspective and recognising that there is always a plan 'B'
- taking a break when they cannot solve an academic problem, working physically around the house, doing something different from whatever is causing the stress
- identifying what produces relaxation, and practising this
- controlling diet and exercising as a way of lifting energy, and having sufficient sleep
- having realistic expectations and knowing when enough is enough
- practising relaxation, meditation, tai chi or yoga.

Using a structured approach to manage stress:

- The use of **pictures** to communicate as an alternative to verbal communication. Some students with a psychiatric disability have difficulties with words and their sequencing. Pictorial representation alleviates concentration on a verbal interview and reduces the stress of verbal communication.

- The use of a **tape recorder** to tape things that are worrying. This technique is often used in the evening when the person is anxious. Students can listen to the tape during the day and gain an insight into their fears.

- The use of the **'decision tree'** as a means of developing self-awareness. The student is encouraged to identify the different levels of anxiety by their symptoms, and then to list effective strategies to control this anxiety. This reduces stress by encouraging self-awareness, developing new skills and providing options for being in control.

- The use of **colour visualisation**. This involves identifying a colour with an emotion, such as anger, grief or loneliness. If a student associates red with anger, for example, every time they breathe out they are encouraged to visualise red flowing out. When they breathe in they are encouraged to associate this with a colour which brings calmness. As they breathe in and out they can visualise a negative emotion being replaced with a positive one.

SOCIAL INTERACTION AND SUPPORT NETWORKS

Student comments on avenues of social support

- ***a supportive household where the nature of my illness is understood***
- ***supportive friends who don't use non-prescriptive drugs and are different to former friends***
- ***a very strong network of friends where I can go any time of the day or night***
- ***a supportive partner***
- ***a supportive family who assists with cooking meals and understands my illness***
- ***strong social, medical and spiritual networks***
- ***understanding friends who will care for my children when family life becomes too much.***

Effective strategies

Studying at university can be a lonely and isolating experience for students with a psychiatric disability. Factors which may contribute to social isolation include:

- studying part-time or externally
- periods of illness, absence and hospitalisation
- the degree of comfort students have with their mental illness
- fear of being stigmatised if they disclose to student colleagues
- a lack of social confidence
- being highly self-critical and lacking perceptions of strength
- feeling that they are not entitled to be at university
- feeling that other students do not consider them worthwhile
- limited experiences of success.

Developing a variety of supportive social networks is a positive strategy for success for students with a psychiatric disability. Counsellors can assist students to develop these networks. A support network comprises people who notice positive aspects and give positive messages. These networks could be within the university, in their home environment and among their friends.

Counsellors can encourage students to talk with someone they trust about their illness within these networks, so ensuring that there are support people on campus or among their friends. Networking and integration into the university environment are valuable ingredients for self-esteem.

Providing an integration room at university ensures a safe environment for students with a disability. Because students know that everyone using the room has a disability, they are more willing to talk openly about themselves. As students become involved in sharing with others their self-esteem improves.

Support groups

Support groups are an effective means for people with common interests to meet together, and share experiences in a mutually supportive environment. Some examples of effective support experienced by students during their study include

- **One student became involved in the student association and the subsequent development of a disability action group on campus. This group provided social interaction and prevented marginalisation.**
- **Another student found that a church youth group provided friendship.**
- **Another became involved as a volunteer with the Schizophrenia Fellowship, speaking to community groups about schizophrenia. This gave the student support when she was not well, and she found it personally rewarding.**
- **A gay men's health service was of great benefit to a student whose sexuality was a factor in his psychiatric disability.**

Medical support

Maintaining high levels of health care is an important factor in preventing deterioration in health. Students need access to their general practitioner, psychiatrists and psychologists on a regular basis.

Student comment on the value of good medical support

Of great value to me is my GP who is an experienced counsellor and who knows my partner and mother — so they all work together to support me.

Effective strategies

Well-managed support

Well-managed support is necessary for academic success. For example:

- Students can use 'keys' as a means to an end. The 'keys' are medication, counselling, and the support of family, friends and health professionals.
- Well-managed support relies on early disclosure to key contact people, so if a crisis arises they can talk with key people.
- Essential qualities of support people are genuinely caring about the student's success, and valuing them as individuals.
- Students who succeed in university study are those who have organised effective support systems.

Personal support

Ways in which counsellors can provide personal support for students include:

- recognising that students are the experts in their own capabilities, having lived with their disability
- empowering students to make decisions for themselves, given their own life experiences
- developing a sense of trust in students, and providing a safe place for them to come and talk
- providing a positive continuing relationship that is non-judgemental
- giving students permission not to study, where doing so with increased symptoms of the illness would result in failure
- validating students' rights to be at university

Effective strategies

Personal support (continued)

- being aware of the emotional difficulties that go with an illness
- encouraging students to check in to see how things are going
- linking students with support groups aligned to their psychiatric illness
- establishing peer support networks where students feel comfortable with disclosure
- assisting students to develop organisational skills
- assisting students to recognise early warning signs of any deterioration in their mental health
- being available for students to check their perceptions of reality
- providing emergency assistance at crisis times
- encouraging students to develop contingency plans, should a crisis arise
- providing social support for lonely students.

Using university counsellors as a means of support

Students can gain support from counsellors who assist in the following ways

- **Availability**
  It is reassuring for students to know that there are counsellors on campus who are there when they are needed and can be called on to organise assistance quickly.

  Counsellors are able to assist with negotiations with academic staff by putting things into perspective for the student — in effect a 'reality check'

- **Crisis care**
  Students suffering from paranoia or who are confused or exhausted and do not have the personal resources to manage some situations are able to rely on the assistance of the counsellor.

Student comment

I have immense difficulty being my own advocate when there are problems with university processes. When I am in crisis I really want only one person to fix it, I can not talk to more than one person about the problem, and it is good to have a counsellor to do this.

A counsellor's description of a person being in control of their illness

The student is the conductor, the support network is there to play the music.

When students negotiate with their health professionals and organise effective support networks, they will be in control of their lives in a non-dependant way, taking responsibility for their own health.

- **Academic support**
  Students can get support from counsellors in negotiating with academic staff, particularly with changes to assessment requirements. They also assist with information about university processes by

  helping with the institutional night-mare and de-catastrophising the mess.

  Counsellors may organise lecture notes for missed lectures, and make arrangements for lectures to be taped.

  Counsellors assist students who have medical reasons to withdraw from a subject without failure.

  When a student takes leave for a semester the counsellor can suggest a plan for returning to university in the future, which gives the student a sense of hope that they can return.

- **Effective relationships**
  The relationships between counsellors and students should be one of understanding, where listening to each other is vital. The relationship takes time to develop and involves patience and understanding.

  Students consider the following to be important attributes of a helpful counselling relationship

  - ***time to develop rapport***
  - ***a reception area where it is comfortable to make an appointment without embarrassment***
  - ***consideration of the whole person and not just the apparent symptoms.***

Effective strategies

affirming

empowering

developing trust

not judging

validating

encouraging

linking

providing

- **social support**
- **emergency assistance**
- **reality checks**

STUDENTS TAKING PERSONAL CONTROL

Creative self-expression

There is value in writing or expressing creativity as a kind of therapy, and a way of coping with difficulties.

Student comments

The therapy of writing, media, music or art is a way of liberating yourself. If you open your thought to one individual you only receive one point of view. Expression to a wider audience may yield different viewpoints, some of which will be positive.

Writing about my delusions is a way to legitimise what is happening to me. Painting is also useful, for it helps to externalise the things that are happening to me.

Writing is therapeutic: when I am depressed I write a lot of poetry because when you are chronically depressed you need someone to talk to. When you live alone, there is no one there and others don't understand. That is very lonely and writing about it helps.

A healthy lifestyle

A healthy lifestyle relies on a sensible diet, adequate sleep and exercise for the effective day-to-day management of the illness.

Student comments

Walking clears my mind, it makes me focused and gives me incentive in what I want to do.

I get lots of sleep and I do not drink alcohol or take drugs when I am studying. Health is important and a lot of students let it slide a bit. Good nutrition is important, otherwise you get run down.

Effective strategies

The degree to which students have control of their personal lives determines whether they feel good about themselves. When students realise that there are areas in which they can have control and make choices, their self-image improves.

The spiritual aspect
Students can often benefit by developing their own sense of the inner person, and their sense of purpose, their sense of making a contribution to life.

Arranging medical support
One of the positive things that counsellors can do for students is to assist them to obtain professional medical support. This type of support is especially relevant for international students who lack family support in a foreign country. Where there is a need counsellors may act as intermediaries between students and the mental health system.

A rights focus
The emphasis on a rights-based model is important when supporting students with a mental illness. Many students who seek help feel that they are asking for special help to which they are not entitled. Counsellors need to affirm that students are entitled to the support they are receiving.

STUDENTS TAKING PERSONAL CONTROL (continued)

Relaxation is also important for the effective day-to-day management of illness.

Student comments

I look after my mental health by relaxing and not overloading my brain. I try to balance my life and have a relaxing fun atmosphere in which to study.

I learn strategies to prevent panic and to help me relax. I try to be positive about the things that may never happen.

Attending an anxiety management course helped me to identify the source of my anxiety and develop strategies to stay calm.

SECTION 3

Case studies

Introduction

The case studies in this section have been drawn from interviews conducted with a range of people who are living with a psychiatric disability.

Information is provided on the nature and effects of the various illnesses on the people interviewed. Despite the individual differences of the interviewees, common themes emerge. As individuals they exhibit a determination to move beyond their mental illness, to acquire a university degree as something that belongs to them. Most comment on the social isolation in their lives, of periods when living is 'on hold' when the illness 'takes over'. They speak about the inner turmoil caused during periods of illness, as well as the debilitating personal sadness generated by people who do not understand mental illness.

Strategies that were used by the individuals interviewed to cope with university study are given, as well as advice on how best to deal with the illness while studying.

The mental illnesses discussed with participants in the research included:

- Depression
- Anxiety
- Schizophrenia
- Bipolar disorder
- Acute paranoid schizophrenia
- Social phobia
- Obsessive-compulsive disorder
- Endogenous depression
- Bulimia

Case study 1: Mary

Depression, anxiety and bulimia

Introduction

Mary is a registered nurse currently studying for a Graduate Diploma in Gerontology. Mary is 43 and has lived with a combination of depression, anxiety and bulimia for a significant portion of her life.

Nature of the illness

People do not understand how you are bound up by it; it's like cords tying you back by what you are afraid of

Of these illnesses Mary finds depression the most restrictive because it affects the basics of living, for example, getting out of bed, going to work, studying effectively, making decisions and being motivated.

She lacks confidence — this impacts on her friendships, her self-esteem and presentation, and her interaction with others. She fears people in authority. She cannot ask questions for fear of ridicule.

She feels frustration with people who try to 'jolly' her out of the depression and anxiety.

Poor self-image — not considered worthy

Mary relates the bulimia to a poor self-image generated when she was young. The message was that 'fat is ugly and as a person you were not considered worthy'.

University studies

Mary commenced university studies as a mature-age student, aged 40 years.

After three years of study she graduated with a nursing degree and is continuing study in gerontology.

Mary began a hospital training course when she left school, but did not complete it because she believed she lacked the maturity for a nursing career at that time.

Difficulties with study

Fear of discrimination

The most difficult aspect at university was studying with depression. The depression took away the motivation to keep her work up to date, and to get to classes. Also as a nursing student she was reluctant to talk about depression because she was afraid of being discriminated against.

Positive experiences

Fun with friends
Good marks

Mary commented on the fun times that she experienced studying with a group of friends. As well she commented on the self-satisfaction generated by the excellent marks she obtained with her assignments.

Strategies for success

Mary relayed a number of strategies that worked for her while she was studying:

Institutional support

- She contacted the student counsellors at the beginning of the course so that they were aware of the illness.
- She disclosed the illness as a requirement of the nursing course.

Personal support

- Mary tried to make at least two friends who she could talk with about her studies. She chose two so that she would not become too dependent on a single individual.
- As a means to manage stress, she used organisational strategies such as not taking on too many things at once and making sure she kept up to date with her work.
- She made sure that she stayed healthy, ate properly, got enough sleep, exercised and took her medication as appropriate.

External support networks

Mary had good supportive friends outside of the university as well as a good medical support network.

Advice to students

- be prepared for some very hard work
- organise support networks beforehand (this may include medical support and support from classmates)
- structure the study load to make it manageable
- keep up with the workload
- don't be afraid to ask for extensions
- decide what support you need and ask for it
- go to the student counsellors if you need to
- get professional help with the illness.

Case study 2: Dominique

Schizophrenia

Introduction

Dominique is a recently graduated student who has successfully undertaken university study with a psychiatric disability.

He has obtained three university degrees:

- Bachelor of Science (Honours)
- Master of Arts
- Graduate Diploma in Education

and has worked part-time as a teacher and tutor.

Nature of the illness

Inability to make decisions

Difficulty focusing on instructions

Distorted thinking

At twenty years of age Dominique was diagnosed with schizophrenia in his first year of undergraduate studies. He experienced paranoid thoughts, social withdrawal, and feelings of grandeur and suffered delusions.

At thirty-five his diagnosis was changed to schizoaffective disorder which combines elements of schizophrenia as well as bipolar disorder. The symptoms include the inability to make a decision, the difficulty focusing on instructions and distorted thinking.

Effects of the illness

Skipped classes

In the final year of High School Dominique's health deteriorated taking him from being a high achieving student to one who would skip classes and read books by himself in the library. Despite the deterioration in his health he still achieved sufficient marks to gain entry to a Bachelor of Science course at university. He enrolled in four subjects in first year, but passed only the maths subject.

That year there were other influences in his life; he fell in love, he suffered depression and he was working part-time. These may have been contributing factors to his illness.

University studies

Dominique's first degree took a long time to complete and his progress was not consistent. A summary of his study follows:

- 1981 commenced studies, but failed that year
- 1982 repeated first year to completion
- 1983 completed maths — was diagnosed and discontinued study
- 1984 took 12 months leave and worked full-time
- 1985 completed pure maths, applied maths and physics
- 1986 started third year honours classes but dropped out. In that year he ceased taking medication and was unable to manage his studies
- 1987 completed the final year of Bachelor of Science
- 1991 – 1993 completed a Master of Arts in applied maths
- 1996 – 1997 completed Graduate Diploma in Education.

He chose to study the Master of Arts and the Graduate Diploma in Education because they gave practical qualifications, which he felt would assist him in finding employment as a teacher.

Enjoyed challenge of problem solving and writing essays

Dominique found study a positive experience because he liked the atmosphere at university, enjoying the challenge of solving difficult problems or writing essays. As well it was a place where he made a lot of friends.

Difficulties with study

Dominique had difficulties with study, especially when he was not taking medication. These difficulties were symptomatic of his illness and included:

- difficulties being focused and on track
- difficulties with concentration (he would be easily distracted and found it hard to sit down at a desk without day-dreaming)
- difficulties with assessment tasks if he did not have the background knowledge
- difficulties maintaining a goal he had started on.

Dominique said that he would panic when he became stressed, but with the support of his family and encouragement from his friends he was able to get through his study.

Medication makes you tired and sometimes its hard to get going

As a result of the negative effects of earlier medications, Dominique found it hard to accept his illness and at times tried to cope without medication. About three years ago, with the development of new medications that were much more balancing, his health improved. As a result he was able to spend more time with friends, doing the things that he was prevented from achieving when he was younger.

Strategies for success

Find a friend

Dominique believes that during study at university a support network is essential. It is important to find someone who can be trusted and who can give direction. This person could be a family member, a doctor, a friend or a counsellor. Dominique saw counsellors at the university on a regular basis and had professional medical help to monitor his health. He also gained support to find and maintain employment from an employment agency, with a specific focus on employment for people with psychiatric disabilities.

Advice to students

You can do it, just ask for help whenever you are in doubt or need, there is a lot of support around.

Reach out and you are among others, there are many ways you can overcome your problems and there are new improved medications.

You can achieve all your dreams and goals ***with time****.*

Receive help, help yourself, help others.

Case study 3: Meg

Bipolar disorder

Introduction

Meg is a university lecturer. She was diagnosed with bipolar disorder (manic depressive illness) at thirty-two years of age. However, the illness probably began at age thirteen when she experienced three bouts of depression.

Nature of the illness

It helps to know that the illness is caused by a biochemical problem, not a physical problem

Meg said her teenage difficulties were interpreted as 'adolescent acting out'. Having recently completed a PhD on bipolar disorder Meg commented that in her experience (as well as knowledge gained from her research) it is often not until a serious psychotic episode occurs that a correct diagnosis is made.

Effects of the illness

It was a bit hard to have a relationship with me because I was weeping all the time. Most people did not understand that I was depressed and thought that there was something wrong with my personality

Meg described some of the embarrassing symptoms of the illness, such as bursting into tears for no reason, and the side effects of the medication causing weight gain and fainting due to a drop in blood pressure.

Social relationships have been difficult to maintain. Very few people persist with the relationship because of the depressive episodes, so they rarely discover that the person learns to manage the illness and has periods when they are well.

Restricted career

Due to the misunderstandings associated with the illness Meg's career movement has been restricted. She prefers to work with people she feels comfortable with and who know about her illness. She has always had a feeling that after a psychotic episode people tend to doubt her credibility, therefore she is not willing to put herself in a position where an episode may lead to her being discriminated against.

University studies

At university Meg studied full-time and completed her degree in three years, but by the end of third year she was *in a mess*. In second year she had bouts of depression and in third year the depression became worse. She felt lonely and isolated.

At her first attempt at honours her health deteriorated and halfway through that year she admitted herself to a local psychiatric hospital. This episode lasted a full year thereby forcing her to withdraw from the course.

Difficulties with study

Doing well one year and just scraping through the next

Meg's academic performance fluctuated because of the irregular patterns of the illness. Doing well in one year and just scraping through in the next marked her academic career. This was difficult in a university system that required a credit average to enter honours.

Inflexible systems and rules

Meg commented on the indirect discrimination of this rule that requires a person to perform consistently over a period of years. This inflexible rule did not acknowledge the episodic nature of mental illness.

The lack of understanding of the illness by other people affected her self-esteem. In her honours year it was common practice for the university to offer students employment as part-time tutors, but she was never offered any of this work.

Strategies for success

When Meg is not well she is unable to advocate for herself and cannot find her way through processes. She has dealt with this by organising a plan of support, which in the event of illness two of her close friends implement.

Organise a support plan

Know the illness

Meg said that it is important to know the illness, for example being aware that too much stress or not enough sleep will upset her biochemistry. This self-knowledge has enabled her to cope and make appropriate decisions.

Support systems

Meg spoke highly of the support and understanding she received from the counsellors at the university when she was a student. In addition to their support they assisted with strategies to deal with processes. This support was vital for discussing ideas and for checking the reality of the situation.

Advice to students

Meg advised that students should think carefully about disclosure. She says that she has a number of different 'scripts' for different people, and the message she gives depends on the information she thinks people need. Generally she explains bipolar disorder in bio-chemical terms as an illness that has certain symptoms. An explanation in this way does not put any onus on the listener and it is seen as something that is controlled.

Disclosure

Other aspects to consider

- Think carefully about future employment and how the illness may affect that type of work.
- Think about the seasonal aspects (such as exams) that might trigger symptoms.
- Remember that the first episode is always the worst, after this the others are not as bad.
- Don't forget there have been amazing breakthroughs in medication over the last five years. Geneticists have now identified two types of genes associated with manic depression.
- Get a good physical checkup as mood disorder can be triggered by other physical illness.

Case study 4: Dimiter

Acute paranoid schizophrenia

Introduction

Dimiter is a recently graduated mature-age student with acute paranoid schizophrenia, which was diagnosed at age 16.

Nature of the illness

Distorted thoughts
Disturbing voices

The paranoia associated with Dimiter's illness made social contact impossible. His thoughts were distorted. Colours had particular meanings. He heard voices that disturbed him. He felt he had to watch out for people who coughed or gave sideways glances because in his mind they were CIA agents. He was very frightened by these experiences. Dimiter was unable to sustain eye contact for very long because he thought that he was being mesmerised and that people would read his mind.

Dimiter was able to gain control of the paranoid symptoms by acknowledging that there was a biochemical problem and by taking appropriate medication. He acknowledged the need for adequate sleep. He commented on the negative effects of late nights and the use of alcohol, tobacco and marijuana.

At present his illness is dormant and he is able to live relatively free of symptoms. Dimiter now rarely has episodes where he hears voices that create disturbance and fears. But he says he occasionally hears a positive voice that makes him feel safe. He equates this voice with his spiritual belief.

Effects of the illness

My illness delayed my maturation especially my social maturation. I have the social age of a 25 year old

Dimiter expressed bitterness that he was afflicted by the illness at such a young age. Being at university at a mature age, when many of the students were much younger made him acutely aware of the things that he had missed out on earlier in his life.

Dimiter has accepted that the illness is a part of his life and he realises how much he has progressed since diagnosis.

Schooling and employment

In fourth form of his schooling Dimiter was Dux of his year. In fifth form he developed the symptoms of schizophrenia. In the Higher School Certificate he received an aggregate mark of 65/500.

Before attending university, he had a number of different jobs. He worked as a gardener, as a draftsperson, as a print assistant, in a firm making hospital equipment, and by doing domestic duties and helping with personal care in an organisation that assists elderly people. During this time he also completed an Architectural Draftsman's Certificate at TAFE.

University study

Dimiter was encouraged to apply for university entrance by a supervisor who recognised the benefits and the opportunities associated with university study. Dimiter graduated from university with a Bachelor of Education in 1997. He took four years to complete the three-year course after failing two subjects and undergoing two operations.

Disclosure

Dimiter realised the educative value of providing the opportunity for others to gain a better understanding of the illness. Partly as a result of the disclosure he was asked to give lectures to nursing students about the illness. He felt that this was a very positive experience that not only gave him immense enjoyment but also gave the students a better understanding of the illness.

A positive experience

Difficulties with study

Dimiter's difficulties with study included ineffective time management, a fear of failure and an inability to answer questions directly. He found it difficult to be objective with his assignments because he was unable to see the wider picture. He was also easily distracted with a tendency to want to be the centre of the group.

Strategies for success

Dimiter's spiritual faith has been one strategy for his survival. He indicated that it was this faith that gave him strength and the ability to be accountable for his actions.

He also acknowledged the importance of the love of his family and girlfriend, as well as the support from a very close friend, *an older man who thinks lovingly and jokingly, and always talks to me in terms of consequences*. Dimiter is aware that he has poor self-control and this advice helped a great deal with his assignments.

Colleagues who became friends and counsellors were also valuable support while at university.

I believe my life plan is unfolding and one thing that has always stuck in my mind is that I am like a plant and see myself needing sun and water. At the same time my soil is dug around and manure is liberally sprinkled around the roots. I equate suffering with manure, and like manure suffering stinks, but when mixed with soil I grow, but I have often complained to the gardener, God, that he is sprinkling too much around and my leaves are burning.

Advice to students

- Find something bigger than yourself to believe in, something that will keep you positive, even at the worst times.
- Seek out as many friends as possible.
- Think in terms of the consequences of your actions.
- See the your internal beauty actually being bettered by your illness (Dimiter used this metaphor to describe how schizophrenia affected him).
- Weigh the benefits of coping with the voices by using medication, or by managing without this assistance.

All life is an education, where you never know when you are going to use the skills you have learned

Case study 5: Adele

Bipolar disorder

Introduction

Adele is a recently graduated honours student. She was diagnosed with manic depression at 15 years of age.

Nature of the illness

Adele is now 37 years of age. During the past twenty-two years she attempted suicide a number of times, the first being when she was aged twelve.

'Not a normal teenager'

Adele said her parents found it difficult to acknowledge the illness. She spent many years in a psychiatric hospital and so was unable to participate as a 'normal' teenager. She was always the youngest person in the psychiatric hospital, surrounded by chronically ill people. At one stage she was detained after she tried to jump out of a window. She was placed in a locked ward with a male attendant. There was no privacy in the hospital, there were no doors on the showers and toilets.

Relationships affected

Adele's social relationships at school were affected. She felt that she did not fit in, she had nothing in common with normal adolescent socialising. She was never a part of a group and this affected her self-confidence.

At one stage she decided that the only way she could live with her illness was to refuse all medication and manage by herself. She went without medication for twelve years, but eventually her life became unmanageable and she went back to hospital. Medication still does affect her; she finds it difficult to write and play her violin because the medication makes her shaky.

Effects of the illness

Adele's life is unpredictable — she does not know how well she will be from one week to the next.

She said that the illness affects all aspects of her life including her relationships with her family. Often the full responsibility for childcare and domestic arrangements falls on her husband.

Like being high on drugs

When she is manic she says it is like being high on drugs, but without the expense. One of her tendencies during a manic phase is to overspend.

Lost a part of her life

At thirty-seven she feels she has lost a part of her life that cannot be replaced. On the positive side, she says she has developed the skills to maintain good relationships and her confidence has improved.

University studies

At school Adele was told she would not qualify for university study because she was mentally ill and mental illness was equated with low intelligence (despite the fact that she was a high achiever).

Her determination to undertake tertiary study resulted in her enrolling in a course as a mature age student. She then moved to another state and enrolled as an external student for a degree in social science. Later she enrolled at another university where she completed a Bachelor of Arts (Honours).

Because of her health, family commitments, relocations and financial constraints it took Adele eight years to complete the course, studying both full-time and part-time.

Difficulties with study

Adele's difficulties with study included:

- difficulties with concentration
- erratic progress (constantly changing courses was unsettling)
- relationships with other students who were not familiar with the illness (scars from self harm are difficult to explain)

Support networks

Disability liaison officers

In her final two years at university Adele disclosed the illness and was provided with the appropriate assistance through the university's disability liaison officer. An important part of this assistance included a plan of action because it was necessary to have someone who could act on her behalf when she became ill.

Other students learned to understand about mental illness

There were other students at university who provided a valuable support network for Adele, including a PhD student with severe diabetes as well as the students in the honours course. In return Adele felt that they acquired a more accurate understanding of mental illness.

Adele's external support network comprised a psychologist, a community health nurse and a doctor who worked together to stabilise her health.

External study

More flexibility

Adele said that her decision to study externally allowed her more flexibility than on-campus study. She had the moral support of her family as well as their physical help with domestic responsibilities.

Adele believes that attitudes are changing because of the legislation. Her awareness of her rights has given her the courage to ask for help and she feels she can speak openly about the illness.

At university she had varied reactions from people in relation to mental illness, some were negative due to ignorance or by simply not wanting to know, but generally most people were helpful.

Advice to students

There are people in all universities who are not supportive, it is just a matter of sorting out those who are and asserting your rights when necessary.

- get information about the university and who to contact before enrolment
- understand your rights under the legislation as well as the university policies that relate to disability
- organise a support network, including a mentor
- value the degree — it is worth a great deal, because its hard work getting it.

Case study 6: Anton

Social phobia and obsessive-compulsive disorder

Introduction

Anton graduated from university in 1991 with a double degree in electrical and electronic engineering and mathematical sciences, majoring in computer science and experimental physics.

He suffers from social phobia and obsessive-compulsive disorder — although he has had many different diagnoses, which include schizophrenia (diagnosed at age 19), schizoaffective disorder and drug-induced psychosis. His own diagnosis is that it is an anxiety disorder that is aggravated by recreational drugs.

At eighteen Anton dropped out of school and worked for the next three to four years mainly as a storeperson or labourer. He wanted to be a scientist but as a consequence of leaving school early did not have the formal requirements.

Nature of the illness

They do not understand what it is like to have endless inhibition to deal with, to the point where I am so anxious, that the talking part of my brain shuts down and I suffer from mental blanks

Anton finds it difficult to socialise, unless he is in a situation where people understand mental illness. He suffers panic attacks and lacks confidence with strangers. He fears he will hurt people by insulting them.

Lack of motivation and a pattern of postponing decisions are features of his illness.

Anton's belief that people could read his mind was challenged after he joined a sceptics society. He realised the implausibility of mind reading and this new knowledge gave him more confidence. It opened up the possibility of undertaking university study and it was from this time that his life gradually began to improve.

University studies

Anton commenced university study as a mature-age student, aged 30. He had attended TAFE to acquire the maths and science skills he needed for the course he was undertaking at university. He studied full-time and finished the course in 5 years. To complete the first year he managed a 14 per cent study overload.

Difficulties with study

Worried about body language
Worried about smiling or frowning too much, blurting out thoughts

Anton said the first three years at university were very stressful. He worried about interacting with others.

The need for perfection resulted in him going over his essays word by word and if he found a word he did not like he would redo the whole page. On a positive note Anton remarked that this process paid off because he always got good marks.

Couldn't look directly at people

Had to relearn social skills

Despite the difficulties associated with university study and having to relearn his social skills he said that graduating improved his self-esteem.

Strategies for success

Support from other students made study easier

Anton's determination to succeed no doubt played a large part in his obtaining good marks at university, and the support of the other students made study easier, when he could cope with it.

He used the Schizophrenia Fellowship as a refuge in his final year. He often rode his bike there at lunchtime to relieve the stress of mixing with people at university.

Helpful health service at uni

He found the university's health service very helpful. They diagnosed the illness as a drug-induced psychosis, which he felt he was better able to manage than trying to deal with schizophrenia.

Advice to students

Get organised

Anton attributes his success with study mostly to being well organised. Some strategies he used to achieve this were:

- reading through his lecture notes soon after the lecture to make sense of them
- using simple indexes in his lecture notes to help find information
- preparing himself for a lecture by skim reading through the notes of the previous lecture immediately before the next lecture
- before the lecturer left the room asking for clarification on any difficult points.

Other useful strategies were to take a break from study before going to bed, and if he was unable to sleep after 45 minutes getting up and having a little to eat and drink before returning to bed.

The future

Over-qualified

Lack of experience

Despite his double degree Anton has not been able to find employment apart from teaching computer skills at the Schizophrenia Fellowship for three hours every week.

He finds applying for work a frightening experience because of his fears of social interaction and rejection. He realises that he cannot do the traditional work of an engineer, as it is a high-pressured occupation. In addition he feels that he would not be able to meet the social expectations of the occupation, for example, networking with other engineers.

He is frequently considered over qualified for technical work. He does not feel he can do the work of a technician either, because of the lack of experience.

He still does not know how honest to be about his disability to prospective employers. After a recent interview for unpaid work experience, his honesty was called 'lack of enthusiasm'.

Case study 7: Marie

Endogenous depression

Introduction

Marie is a university lecturer. Endogenous depression was first diagnosed when she was 19 years of age, three years after a suicide attempt.

Nature of the illness

Endogenous depression is a depressive illness that is always present, sometimes latent but with the potential to occur again at any time. Medical authorities are unsure why it occurs.

Acute pain — feelings of being cut off from society

Marie described the depression as the most acute form of pain, a feeling of being cut off from society. Thoughts are expressed in a personal way with much self-blame, helplessness and dread. She described it as like being in a prison from which there is no escape.

When she becomes depressed everything becomes an effort. There is a sense of being alone with no power over the depression. It requires enormous strength to lift herself out of the episode. And it requires enormous strength to deal with the dread of the depression returning.

Effects of the illness

Marie's experience of depression has had a profound effect on her life, but she has been especially affected due to the treatments that were popular at the time when she was diagnosed.

She recalled, with some distress, the 'therapies' she experienced during that period. She was given electro-convulsive therapy (ECT) because she was told that she was so seriously ill at the time, that there was nothing else that could help her. Another 'therapy' she experienced was sodium pentothal, a drug that was injected to see what was happening in her subconscious mind. While under the effects of this drug she was questioned extensively. She still experiences great difficulty talking about these invasive therapies, it was like being turned inside out. Her fear of hospitals relates to this time.

About five years ago Marie found a medication that suited her and consequently the depressive episodes do not occur so often now. She has found a psychiatrist and counsellor who value and respect her and who have worked with her to develop strategies for coping with the illness.

University studies

Marie holds numerous academic qualifications and is currently studying for a Masters degree.

While studying Marie became severely ill and spent some years in and out of hospital. During this time she worked in a plant nursery where she gained a life-long love of plants and she now uses her garden as a way to channel creative energy and also as a means of relaxation.

At work
Friends take her mental temperature

At work Marie has a small support network of professional people and a few close friends who assist her through difficult periods.

Strategies for success

Marie said that accepting the depression enables control and management of the illness. Some suggestions for successful study:

Accept the illness

- allow time to get away from the day to day pressures to do simple things such as physical relaxation
- find a creative activity
- use writing as a way to cope with the illness (see the book *The New Diary* referred to at the end of this case study)
- don't try to do things to perfection
- don't take on unrealistic goals.

Advice to students

Marie said that support for students with a mental illness is vital to assist them through their course. She advises that for effective advocacy to occur, disclosure to someone they trust is important. Marie makes the comment that the Disability Discrimination Act ensures that students with a disability have the right to study in a non-discriminatory environment.

*There **are** people who understand, find the ones who can accept you and work with you*

There are people at university who are non-judgmental and who will help with flexible study arrangements.

Further reading

Rainer, T. (1990) *The New Diary*.
Rowe, D. (1994) *Breaking the Bonds, Understanding Depression, Finding Freedom.* Harper Collins.

Case study 8: Neil

Bipolar disorder

Introduction

Neil is a politician and a lawyer. He was diagnosed with bipolar disorder (manic depression) at 35 years of age.

Neil indicated that an early diagnosis would have made his life easier but pointed to the difficulties of an accurate diagnosis at that time because of the similarity between the features of adolescence and the illness.

Nature of the illness

The illness manifests with periods of depression, mania and abnormal behaviour. Neil has learnt to recognise the symptoms and has devised ways of coping. He is conscious of the external pressures on his body, the internal effects on him and how these affect his relationships with others.

Understand the symptoms and don't be frightened of them

He recognises the importance of understanding the symptoms of the illness and not being ashamed or frightened of them. While he acknowledged that the excesses of bipolar disorder are hard to control, he said that it is necessary to identify the patterns and draw the distinctions between what is normal and abnormal behaviour.

Effects of the illness

Neil recognises that periods of mania and depression can be used effectively. When he is depressed he uses the time to do his most reflective work. His play on mental illness was written during a period of depression.

Depression affects relationships

When he is depressed or manic he has a heightened sense of awareness. During a depressive phase he sees the negative side of things, often things that others will ignore and that normally he would tolerate. He has learnt to identify the way depression affects his relationships and about the way he views the world.

Neil finds the manic periods more personally damaging because of the overwhelming urges and responses that drive him. His sensations are exaggerated so that negative things become more pronounced and painful and positive things can be excessively pleasurable and beautiful. He pushes himself beyond his normal limits by setting goals that are unachievable and expectations that are out of proportion with his normal reactions or capability.

When recovering from a manic phase he feels guilty and ashamed for some of the things he has done and the promises he has made.

University studies

Neil commenced a Law/Arts degree in 1975, and graduated in 1980. He studied Law because he came from a working class family and to be accepted into Law was a sign of status. He studied Arts because he was interested in history and politics.

Difficulties with study

Erratic progress

Life at university was not a good experience for Neil, but this is probably because the illness was not diagnosed until after he graduated. He described a sequence of study where he had one week on and one week off. After he had spent a week studying well he could not work effectively the following week.

He could not concentrate effectively to read because of the depression. In one year long subject he achieved really well in the first half of the year, however in the second half he became severely depressed and finished with only a pass rather than the much higher grade he expected.

Strategies for success

Learn to live with it

Once diagnosed, the strategy for success is learning to live with the illness and not be inhibited by it — accept that it is a part of life. Some references suggested by Neil are listed at the end of this case study.

Disclosure

Reduces the misunder-standings and stigma

Neil's advice on disclosure is to be selective with the information because some people do not understand. Bipolar disorder should be treated like any other illness. It is nothing to be ashamed of, but people with the illness should be prepared to educate others about it. This education of others becomes a way of reducing the misunderstanding and stigma of mental illness.

Support networks

People you can talk to

When Neil was first diagnosed, his support networks were well established as part of his employment. The most important thing about a support network for Neil was that there were people who he could talk to about the illness. As part of his support network it was also important to have a psychiatrist who understood the illness and who could monitor his mood swings.

Advice to students

You can still achieve, once you are on top of it. It can be a very positive experience, there is a light at the end of the tunnel and the light is not very far away

Neil's advice to students who wish to study with a mental illness is to study when you are well. When depressed leave the study and go and see someone and get treatment for it. Accept the illness and don't worry about what others think. He believes that most people are tolerant and are prepared to accept the illness once they understand why people with depression act the way they do.

References

Cole, N. *Alive at Williamstown Pier*
Grounds, D. *The Ecstasy and the Agony*
Jamieson, K. *The Unquiet Mind*

Case study 9: Stella

Bulimia

Introduction

Stella has undertaken university study, completing a degree in visual communication. From the ages 16 to 20 Stella has lived with bulimia.

Nature of the illness

Bulimia is an eating disorder, which is characterised by periods of binge eating and then vomiting as well as periods of severe depression.

Effects of the illness

Although initially achieving well academically, at the end of year 11 Stella *really lost it*. She was aware that something was wrong but did not get help until her third year at university. Her parents had little knowledge of mental illness and were unable to provide the support she needed.

Had to watch what she ate, where she ate and who was watching

She described a four-year period in her life that was dominated by eating. She said she had to watch what she ate, where she ate and was aware of who was watching her when she ate. She would eat too much, induce vomiting and then repeat the pattern.

The periods of binge eating and then vomiting gave her a feeling of power and control over her life. Because she did not get involved in school activities she became socially isolated. She would study all the time and became quiet and withdrawn. Her concentration was affected as well as her level of energy. She became depressed and sad, and could not get motivated.

Lack of motivation

University studies

Although Stella did not enjoy university study she said it was the best thing in her life because it gave purpose to her life, contact with the outside world and it occupied her mind. She studied full-time taking one extra semester to complete her degree.

Difficulties with study

Stella felt she was not suited to the course, but lacked the confidence to withdraw and start again. She found it hard to study because the obsession with eating and vomiting made it difficult to concentrate and she was frequently depressed.

Hard to concentrate

Self-critical

The depression caused her to think negatively, which made it difficult to learn new concepts. She was highly self-critical and believed her work was of a poor standard.

Socially isolated

Difficult to learn new concepts

She described her period studying at university as one of social isolation. Until her final year Stella was unaware of anything being wrong, so she did not seek support, only disclosing the illness to university staff when she had to withdraw from subjects.

Support people

It was not until a friend with an understanding of mental illness persuaded her to see a psychiatrist that she slowly began to improve. This led further to a supportive rehabilitation officer who assisted her to find employment and who now advocates on her behalf.

Future direction

Returning to study

Stella has been working in a radiology department developing X-Rays. She has become interested in the area and has decided to return to university to study radiography.

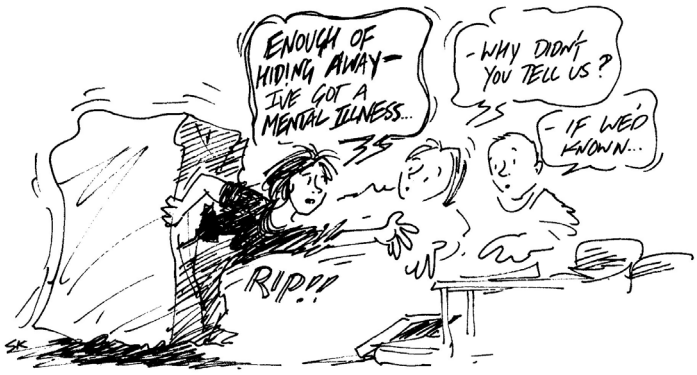
Her decision to undertake study in a health profession was made after a work placement working with people with an intellectual disability. She has realised that by helping others she has learnt to feel better about herself.

Advice to students

Seek help — don't be ashamed, there are others with the same problems

Stella's advice to students is to seek medical assistance. By not seeking help earlier and because of her lack of self confidence she spent four years of unsatisfactory study when she could have been studying in a more fulfilling discipline.

She also advised students not to be ashamed of a mental illness and not to feel alone — there are many others experiencing the same difficulties. Community attitudes are changing and most people now have a general understanding of mental illness.



SECTION 4

Other resources

for further information and support

Further information and support for people with a psychiatric disability can be obtained from community organisations that have been established to provide services relating to specific illnesses. The contacts for organisations in South Australia are listed below.

Anorexia nervosa and bulimia nervosa

Anorexia Bulimia Nervosa Association (ABNA)
First Floor, 47 – 49 Waymouth Street
Adelaide SA 5000
Phone (08) 8212 1644
Fax (08) 8212 7991
Email abnasa@senet.com.au
URL www.span.com.au/anorexia

Anxiety disorders including agoraphobia

Anxiety Disorders Foundation of Australia
Unit 4, 62 Glen Osmond Road
Parkside SA 5063
Phone (08) 8373 2258
1800 674 447 (for country SA and NT)
Fax (08) 8373 2090
Email adf@senet.com.au
URL www.senet.com.au/~adf

Depression and bipolar disorder

Mood Disorders Association (SA)
1 Richmond Road
Keswick SA 5035
(PO Box 310, Marleston SA 5033)
Phone (08) 8221 5170
Fax (08) 8212 1135
Email mda@picknowl.com.au
URL www.ozemail.com.au/~gentl

Dissociative identity disorder (formerly multiple personality disorder)

Dissociative Identity Society of SA
Unit 4, 62 Glen Osmond Road
Parkside SA 5063
Phone (08) 8271 1911
Fax (08) 8373 2090
Email MHRC@camtech.net.au

Obsessive-compulsive disorder

Obsessive-Compulsive Disorders Support Service Inc
33 Pirie Street
Adelaide SA 5000
Phone (08) 8231 1588
Fax (08) 8221 5159

Panic anxiety

Panic Anxiety Disorder Association
Unit 4, 62 Glen Osmond Road
Parkside SA 5063
Phone (08) 8373 2161
Fax (08) 8373 2090
Email mhrc@camtech.net.au

Post-traumatic stress disorder

Post-traumatic Stress Disorder Support Group
Unit 4, 62 Glen Osmond Road
Parkside SA 5063
Phone (08) 8373 2063
Fax (08) 8373 2090

OTHER RESOURCES (continued)

Schizophrenia

Schizophrenia Fellowship of SA
1 Richmond Road
Keswick SA 5035
(PO Box 310, Marleston SA 5033)
Phone (08) 8221 5160
Consumers line (08) 8410 5249
Fax (08) 8221 5159
URL www.span.com.au/schizophrenia/index.html

Social phobia

Connect
Unit 4, 62 Glen Osmond Road
Parkside SA 5063
Phone (08) 8373 2258
Fax (08) 8373 2090

General information and referral on mental health matters

Mental Health Resource Centre
1 Richmond Road
Keswick SA 5035
(PO Box 310, Marleston SA 5033)
Phone (08) 8221 5166
Fax (08) 8221 5159
URL www.ozemail.com.au/~gent

Support for relatives and friends of people with a mental illness

Association of Relatives and Friends of the Mentally Ill
1 Richmond Road
Keswick SA 5035
(PO Box 310, Marleston SA 5033)
Phone (08) 8221 5166
Fax (08) 8221 5159

Accommodation services for people with a mental illness

Roofs (SA) Housing Association
1 Richmond Road
Keswick SA 5035
(PO Box 310, Marleston SA 5033)
Phone (08) 8221 5166
Fax (08) 8221 5159