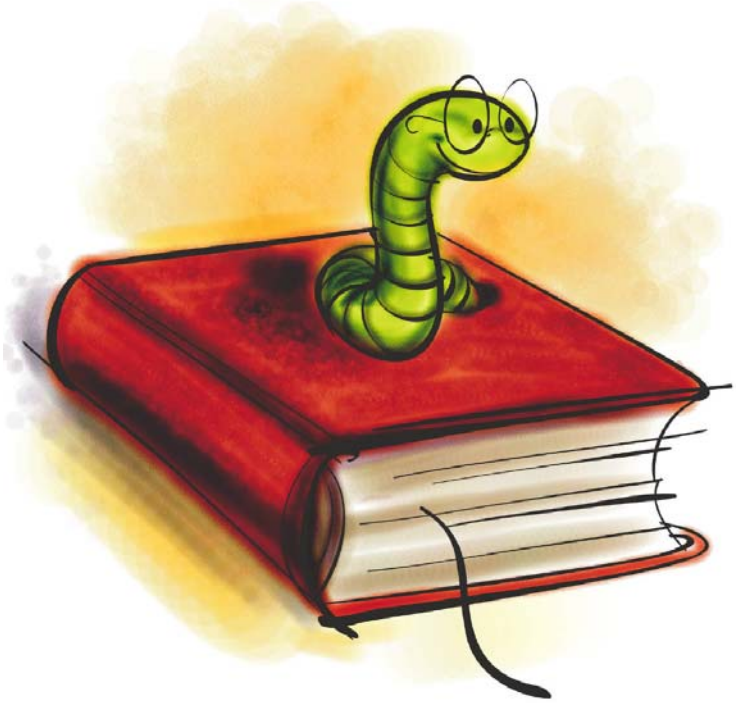
The Regional Disability Liaison Officer and Amity Community Services Inc.
"Academic Accommodation for Students with Psychiatric Disability" workshop



"Academic Accommodation for Students with Psychiatric Disability"

A RESOURCE BOOK

The Regional Disability Liaison Officer and Amity Community Services Inc.
"Academic Accommodation for Students with Psychiatric Disability" workshop

This one-day workshop provides a range of information and strategies for Registered Training Organizations (RTO's) to appropriately support students with mental health issues.

Issues covered in this workbook include;

PART 1. pp 4 - 14
- The Nature of mental illness
- Psychiatric Diagnosis and their functional limitations for students
- Students comments

PART 2. pp 14 - 18
- Effects of mental on illness on study.
- Disclosure.

PART 3. pp 18 - 47
- Instructional Strategies,
- Reasonable Accommodations including; classroom, examination and assignment strategies.

PART 4. pp 48 –
- Resources

A Certificate of attendance will be available to those participants who attend for the complete workshop.

The resource book was compiled by: John Maher

With material from;
1. Keys to success, Strategies for managing university study with a psychiatric disability '*A resource for current and prospective university students with a psychiatric disability'* Published by The Flinders University of South Australia, **ISBN 0 86803 610 2**

2. Mental Health Awareness Program for SUPPORTED ACCOMODATION ASSISTANCE PROGRAM (S.A.A.P.), John Maher & Rachael McQuin, NT TEAM Health & BIITE, Unpublished, June '04.

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 tertiary studies and the age where mental illness may be undiagnosed or just recently diagnosed.

Students with psychiatric disabilities are entitled to reasonable academic accommodations under the Disability Discrimination Act (1992) and the Disability Standards for Education 2005. Providing effective accommodations allows students equal access to academic courses and activities. Their presence also contributes to the diversity of the student population.

This resource is concerned with the impact of mental illness on academic pursuits, and the development of strategies to study successfully. The information synthesizes 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 counseling 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 counselors, while the other reflects the experiences of students.

PART 1.

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
Categories of mental illness include;

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

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.

THE NATURE OF MENTAL ILLNESS

Psychotic disorders include;

- **Schizophrenia**
- **Schizo-affective disorder**
- **Delusional disorder**

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 behavior 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.

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 study issues

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

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

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".*

<u>Depressive disorders</u>

Depressive disorders range from mild to intense forms, sometimes requiring hospitalization. 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.

Causes of depressive disorders may be attributed to life, genetic Disposition or biochemical factors.
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 counseling, drug therapy, and in extreme cases electro-convulsive therapy (ECT).

Functional implications for study issues
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.

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 you".*

<u>Bipolar disorders</u>
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 study issues

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.

Eating disorders;

- Anorexia nervosa
- Bulimia nervosa

Functional implications for study issues

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 hospitalization.

Eating disorders
Eating disorders are characterized by severe disturbances in eating habits and behavior. 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 serious ill health 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 counseling, and cognitive behavior therapy, or psychotherapy.

Functional implications for study issues
Students with anorexia nervosa may experience problems with memory and concentration. In severe cases permanent brain injury can occur, and hospitalization will prevent class attendance.

Anorexia nervosa
Anorexia nervosa is a term given to people who 'starve' themselves to attain an unrealistic weight. Anorexia is often characterized by a inappropriate reduction in eating habits or 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 counseling, cognitive behavioral therapy, and in extreme cases hospitalization, where feeding and nutritional education can occur under medical supervision.

<u>Anxiety disorders</u> include;

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

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 generalized 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
- Excessive perspiration
- Short-windedness
- Muscle tension and pain
- Headaches
- Nausea
- hyperventilation and dizziness
- panic attacks.

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".

Most anxiety disorders respond well to treatment and options include: professional counseling, exposure therapy, 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 study issues
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.

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

- obsessional thoughts leading to compulsions to repeat certain behavior.

Many people with OCD are initially able to disguise their behavior, 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 behavior (e.g. can not stop washing hands)
- Compulsions, (e.g. continuous cleaning) or repetitive checking (eg the iron is off, the door is locked etc)
- Depression
- Anxiety.

Effective treatments include: professional counseling, cognitive behavior therapy, psychotherapy and medication.

Functional implications for study issues
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 behavior 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".*

Functional implications for study issues

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' hospitalization.

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, disorganized 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.

Stabilized medication
A period of time is often required to determine satisfactory levels of medication. During this time students may be hospitalized on several occasions to get their medication stabilized. 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.

Functional Limitations a summary

The following functional limitations related to psychiatric disabilities may affect academic performance and may require accommodations (Center for Psychiatric Rehabilitation, 1997).

- Difficulty with medication side effects: side effects of psychiatric medications that affect academic performance include drowsiness, fatigue, dry mouth and thirst, blurred vision, hand tremors, slowed response time, and difficulty initiating interpersonal contact.
- Screening out environmental stimuli: an inability to block out sounds, sights, or odors that interfere with focusing on tasks. Limited ability to tolerate noise and crowds.
- Sustaining concentration: restlessness, shortened attention span, distraction, and difficulty understanding or remembering verbal directions.
- Maintaining stamina: difficulty sustaining enough energy to spend a whole day of classes on campus; combating drowsiness due to medications.
- Handling time pressures and multiple tasks: difficulty managing assignments, prioritizing tasks and meeting deadlines. Inability to multi-task work.
- Interacting with others: difficulty getting along, fitting in, contributing to group work, and reading social cues.
- Fear of authority figures: difficulty approaching instructors or TA's.
- Responding to negative feedback: difficulty understanding and correctly interpreting criticism or poor grades. May not be able to separate person from task (personalization or defensiveness due to low self-esteem).
- Responding to change: difficulty coping with unexpected changes in coursework, such as changes in the assignments, due dates or instructors. Limited ability to tolerate interruptions.
- Severe test anxiety: such that the individual is rendered emotionally and physically unable to take the exam.

PART 2.

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 a workshop, lecture or tutorial.

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

Counselor 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".

Hospitalization
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 stabilized.

Disruption to study
Hospitalization 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 hospitalization 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.

Disclosure

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".*

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 marginalization that comes with being labeled 'crazy'.
- Other students find it difficult to disclose if they have not come to terms with the 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".

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, counselor 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.

PART 3.

Instructional Strategies a summary

Students with a history of psychiatric disabilities can be intelligent, sensitive, creative and interesting. You can employ strategies that will promote their success in your class. For example:

- Address a variety of learning styles (E.g. auditory, visual, kinesthetic, experiential, or combination of styles).
- Incorporate experiential learning activities.
- Be prepared to set behavioural expectations for all students in your class. Embrace diversity to include people with psychiatric disabilities.

Reasonable Accommodations a summary

Some students with mental illness may require accommodations to allow them equal access to classes, programs and coursework. An accommodation is the removal of a barrier to full participation and learning. The emphasis is on access, not on outcome. This is done by providing the student with a disability equal access to the content and activities of a course, yet not assuring their success.

Each student with a disability is encouraged to register with the office that supports students with disabilities in order to receive accommodations. Personnel from this office typically send instructors a letter documenting specific accommodations required for the student with the disability. It is the responsibility of the instructor to provide the accommodations. It is the student's responsibility to fulfill the academic requirements of the course. The best solutions result when the instructor, student, and disability support service professional work cooperatively. Meeting as a group may facilitate problem-solving alternatives. Respecting the privacy of the student by not discussing his/her disability or accommodations with others outside of this meeting is essential. Review accommodations periodically with the student to assess effectiveness and adjust to changing needs.

The following are typical classroom, exam, and assignment accommodations that may be recommended by the disabled student service professional for a student with a psychiatric disability.

Classroom Accommodations

- Preferential seating, especially near the door to allow leaving class for breaks.
- Assigned classmate as volunteer assistant.
- Beverages permitted in class.
- Prearranged or frequent breaks.
- Tape recorder use.
- Notetaker or photocopy of another's notes.
- Early availability of syllabus and textbooks. Availability of course materials (lectures, handouts) on disk.
- Private feedback on academic performance.

Examination Accommodations

- Exams in alternate format (e.g., from multiple choice to essay; oral, presentation, role-play, or portfolio).
- Use of adaptive computer software (e.g. Optical Character Recognition, allowing scanned text to be read aloud by the computer's sound card; or speech recognition for converting the spoken word to printed word on the computer screen).
- Extended time for test taking.
- Exams individually proctored, including in the hospital.
- Exam in a separate, quiet and non-distracting room. Increased frequency of exams.

Assignment Accommodations

- Substitute assignments in specific circumstances. Advance notice of assignments.
- Permission to submit assignments handwritten rather than typed.
- Written assignments in lieu of oral presentations, or vice versa.
- Assignments completed in dramatic formats (e.g. demonstration, role-play, and sculpture). Assignment assistance during hospitalization. Extended time to complete assignments.

- Not all requested accommodations are "reasonable". An accommodation is not reasonable if:
- Making the accommodation or having the individual involved in the activity poses a direct threat to the health or safety of others.
- Making the accommodation means making a substantial change in an essential element of the curriculum.
- Making the accommodation would require a substantial alteration in the manner in which educational opportunities are provided, such that the course objectives are altered.
- Making the accommodation would impose an undue financial or administrative burden to the institution.

Managing university study; effective strategies

1. Self-knowledge and realistic goals
2. Belief in one's self
3. Focus on the positive
4. General academic support
5. Assessment
6. Planning, time management and organization
7. Focus on the person and not the illness
8. Stress management
9. Social interaction and support networks
10. Students taking personal control

1. 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".*

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. Education Counselors 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 Counselors can assist students:
If students understand how they function, counselors 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 organize study-related matters in advance.

- Counselors can assist students to monitor changes in thinking, mood or behaviors 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, counselors can assist students to decide what to do, based on what has worked in the past.
- Counselors can assist students to set realistic goals, e.g. *it is better to pass two subjects than fail four.*
- Counselors can assist students to come to terms with the fact that they may take longer to complete their degree.
- Counselors are able to discuss issues as students perceive them and re-interpret situations in a more realistic manner.

2. 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 realize that it has nothing to do with intelligence".*

The myth that equates psychiatric disability with impaired intelligence is destructive in a education and training 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.

> ***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.***

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 capitalize on that success.

3. 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.

There are various ways in which counselors 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 counselors 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 recognize 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 counselor 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.

4. 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 worried 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".*

Providing academic support involves consulting with students and assisting them to understand Education 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 counselors 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 counselor 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 recognize that this is a reasonable way of dealing with special circumstances.

- 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.

- Counselors 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 hospitalized, 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.

Counselors 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 counselor may negotiate possibilities for continuing study.

5. ASSESSMENT

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 students can lose significant amounts of study time, with a consequent need for extensions in preparing assignments and sitting examinations. Counselors 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, counselors 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.

Hospitalization 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.

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
- organize 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, the following could assist students:

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 organizing thoughts after a period in hospital.

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' dates. 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 counselors, 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'.

6. 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 organization. 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 organize 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".*

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

Early planning is necessary for students to organize 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 organized — to be familiar with deadlines and university time-frames
- talking with students about the impact of study on their life, and the need to prioritize

- organizing orientation programs with students, to establish a management plan before a crisis develops
- emphasizing 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 organizational strategy, and as a means of managing stress. An effective personal timetable will be realistic and include times for relaxation, socialization and exercise. In developing a study plan counselors 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 maximize the effectiveness of preparation time
- prioritize 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.

7. 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 realize that there is a person behind the illness and that they can succeed".

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 realize what is possible. They can become pragmatic about what they want to achieve, and realize that to achieve it, they may have to do things differently to other students.

There are various strategies that counselors 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 realize that they have influence over the disability, and are not controlled by it
- assisting students to realize 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.

8. STRESS MANAGEMENT

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.
Counselors can assist students to manage their stress by:

- identifying when they are stressed and angry, putting their studies in perspective and recognizing 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 practicing this controlling diet and exercising as a way of lifting energy, and having sufficient sleep.
- having realistic expectations and knowing when enough is enough practicing 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 is good. 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 difficult for the student to understand. 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 visualization**. 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 visualize 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.

9. 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.

Studying 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 hospitalization
- the degree of comfort students have with their mental illness
- fear of being stigmatized 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.

Counselors 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.

Counselors 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 marginalization.
>
> 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 counselor and who knows my partner and mother — so they all work together to support me.

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, counseling, 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 organized effective support systems.

Personal support

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

- recognizing 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-judgmental
- 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

Using university counselors as a means of support Students can gain support from counselors who assist in the following ways

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

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 counselor to do this".*

- 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 organizational skills
- assisting students to recognize 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.

10. 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 legitimize what is happening to me. Painting is also useful, for it helps to externalize 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".

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

Arranging medical support
One of the positive things that counselors 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 counselors 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. Counselors need to affirm that students are entitled to the support they are receiving.

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.*

SLEEPING PROBLEMS

Sleeping problems are often associated with the experience of mental illness. The amount of sleep that is necessary for individuals varies, as does each person's fitness and their physical and emotional expenditure during each day. It is approximated that most people require 5 - 7 hours sleep each night, but it depends entirely on the individual.

Difficulties getting to sleep

If lack of sleep is affecting your ability to function effectively you may some of the following strategies

Self Help Strategies

Implement routine. Try to go to bed and wake at the same time daily.
Limit the bed to sleeping. Try not to study, watch TV, read or eat in bed.
Exercise. Do some exercise during the day to induce tiredness.
Relax before bed. Have a warm bath, listen to soothing music, use deep breathing techniques.
Avoid naps. Napping during the day may minimize your ability to sleep at night
Minimize anxiety. Try not to tackle anything that may cause stress & anxiety just before bed-time. Write down any worries you may have and leave it until the morning.
Avoid stimulants. Avoid having caffeine (coffee, tea, chocolate, cola) or cigarettes before bed. Take warm & soothing drinks - warm chamomile tea or milk-based drinks may help you sleep.
Medication: If your inability to sleep is disrupting your life, it is advisable to see your pharmacist or doctor. They may provide medication to assist in rectifying your disrupted sleeping patterns, but ensure you know about the drug before taking it. Some of these can be are addictive and cause periods of drowsiness upon waking, which may cause problems if you require alertness for work or school.

Sleeping too much.

You may find that you are sleeping more than is necessary when you are feeling depressed. Depression saps energy, which mimics the sensations of physical fatigue and can make you feel excessively tired. Anxiety, which can occur with depression, can keep you awake at night, which makes you prone to sleepiness during the day. Excessive sleeping or hypersomnia can vary from one person to another, however common symptoms may include
Feeling unusually tired all the time.

The need for daytime naps.
Feeling drowsy, despite sleeping and napping. Difficulty with thinking and making decisions such as the mind feeling 'foggy'. Apathy. Memory or concentration difficulties.

Self-help strategies
The problem of excessive sleeping can usually be helped or cured with a few adjustments to lifestyle habits.
Some suggestions, which may help, include:

- Avoid cigarettes, alcohol and caffeinated drinks near to bedtime.
- Practice relaxation methods to prevent nighttime anxiety.
- Exercise regularly and maintain a normal weight for your height.
- Eat a well-balanced diet to prevent any nutritional deficiencies.
- If possible, make changes to your environment to reduce disturbances such as noise.
- Ensure physical comfort, such as making sure you don't overheat or feel too cold in bed.
- Establish a regular sleeping routine so that your body 'knows' it is time to sleep.
- Only go to bed when you feel sleepy.
- Avoid daytime napping.

Suicide Prevention
A suicide is a cry for help - a desperate effort to end the pain of problems that have become overwhelming. Some ways to respond to this need for help are listed below.

Learn to recognize the warning signs
Suicide doesn't happen out of the blue. The majority of people give warning signs about their suicidal intentions. It is important to be alert to clues or warning signs, which indicate that someone may be considering suicide.

Some of these **warning signs** are:

- expression of hopelessness or helplessness.
- written or spoken notice of intention, saying goodbye.
- dramatic change in personality or appearance.

- irrational, bizarre behavior.
- overwhelming sense of guilt, shame or reflection.
- changed eating or sleeping patterns.
- severe drop in school or work performance.
- giving away possessions or putting affairs in order.
- lack of interest in the future.
- self-harming actions, such as overdoses, which can be lethal to the person.

Behaviors that may be a warning sign for suicidal intent include:

- Verbal threats
- Changes in behavior
- Substance abuse
- Unusual purchases
- If the person buys a weapon, rope or any item that arouses your suspicion, talk openly with the person about it.
- Giving away possessions
- Signs of depression
- Problems in school/workplace
- Themes of death
- Sudden unexpected happiness

Suicide Prevention Strategies

Do not take chances
If you are concerned about a person's behavior it is important to take action. It is possible that someone who exhibits suicidal behavior may have no intention of ending their life. But don't wait to find out. A person who's considering suicide desperately needs to know that others care.

Be direct
Talking openly is the only way you can find out how serious the person is about ending his or her life. Ask questions - Are you considering suicide? Do you have a plan? Will you talk with someone who can help?

Be a good listener
Listen with your eyes as well as your ears - look for nonverbal clues that show how the person is feeling. Avoid making moral judgements, acting shocked or disgusted. Don't argue or lecture.

Do not side-step the issue
Avoid offering empty reassurances, such as "you'll get over it" or "it's not that bad". Instead, acknowledge the person's pain while assuring the person that he or she can be helped.

Show that you care
Tell the person that you're always willing to talk about things that may be troubling him or her. Reassure the person that you care and that others feel the same way.

Do not keep what you know a secret
Yes, there may be issues with confidentiality and trust - that the person expects this when they talk with you. However – when a person's life may be in danger – it is necessary to break that confidence. You can explain this to the person by saying – "i cannot keep this private because i am worried that you may not be alive, unless we get help".

Get help
Seeking professional help is a must! And the more detailed the persons' suicide plans, the more quickly you must act. Contact someone who can help, and offer to go with the person to that source of help.

SUPPORT FOR PEOPLE WHO ARE AT HIGH RISK OF SUICIDE

If you feel there is any immediate danger, do not leave the person alone. Contact someone who can help. Some helpful things that you can say to a person who is feeling acutely suicidal:

- You are not alone - nearly everyone thinks about committing suicide at one time or another. Thinking about suicide doesn't mean that you're abnormal or mental.
- The crisis will pass - it's true - at times, problems seem unbearable. Many people who consider suicide do so because of the emotional pain they feel at the time. But no problem lasts forever. Don't solve a temporary problem with a permanent solution.
- Do not be embarrassed - there's no reason to feel ashamed about what you've been thinking. But you do need to talk with someone if you have any serious suicidal thoughts.
- Others do care - there are always people who are willing to help you work out your problems. Don't be afraid to ask for help.

Intervention - What to do if a person attempts suicide

Contact with the Hospital

Call an ambulance if someone has seriously hurt himself or herself - take them to casualty at your nearest hospital. Stay with them until help arrives. If they have taken a substance, no matter what they took, get help now. It is not always obvious at first what damage may have been done. Get them to casualty immediately

Contact with the local Mental Health Service

If the person attends the hospital for treatment or assessment, it is important to ensure that the staff at the hospital understands the cause of injury was a suicide attempt. This will mean that contact with the appropriate worker in the mental health team or social work department should occur. Contact with a mental health team or worker, can be made by any concerned individual – friends, family, support workers or the person themselves. It is important to explain to the mental health worker:

- the details about the suicide attempt and the current situation that the person is facing
- clearly explain any ongoing concerns there may be regarding the person's safety and support needs

Hospital Admission for Suicide Risk

If a person has expressed suicidal or self- harming thoughts or actions, it may be necessary for them to be admitted to hospital. Hospitalization alone does not prevent the possibility of suicide but it can provide a safe environment for a period of time, when the person is considered at high risk. The person must be assessed by a mental health worker, who will determine whether there is a need for them to be admitted to hospital. Once admitted, the person will be monitored and supported by staff within the hospital ward and the mental health team.

Keep in mind that the hospital facility is capable of meeting only some, not all, of the person's needs. As a support person you can advocate for appropriate services. The ultimate hope is that the person will be provided the best possible chance of becoming healthy, thereby regaining the ability to make decisions in his or her own best interest.

SUPPORT AFTER A SUICIDE ATTEMPT

Treatment and further prevention

There is no single therapy or treatment that is always successful in reducing the likelihood of suicide. An important step in preventing suicide is to treat any

mental disorders that the person may have, that lead to suicidal thoughts and actions. Currently the most effective ways to treat mental illness are psychosocial rehabilitation programs and medication.

Ongoing Support

A suicide attempt is considered to be a prime risk factor for future suicidality. Those who have attempted suicide are at greater risk of eventually dying by suicide, and a history of repeat attempts further increases a person's risk of death by suicide. Even though the person may have survived the suicide attempt, it does not necessarily mean that the feelings of pain and despair that may have lead to the attempt have been resolved. It is important to offer support to the person, so that these feelings may eventually be overcome, or at least not persist to the point of another suicidal crisis.

Some ways that you can offer this support may include:

Show your concern and care.
Offer your support, and be prepared to listen without judgment or criticism.
Offer hope and reassurance for the future.
Ensure that the person is returning to a safe, suicide-proof environment.
Assist the person in identifying and building a safety net of care, including trusted friends, professionals, and community caregivers.
Educate yourself. Learn the warning signs of suicide, and how to intervene.
If there is a psychiatric diagnosis, work with the person to seek and maintain treatment. You may need to advocate for the person, or find someone who can.
Explore ways that the personal can make a desired change, or alleviate current stresses in their life.
Provide reassurance, and offer practical help and support.

SELF HARM

Support Strategies

Supporting a person who is self harming can be challenging and difficult. Often the reasons why someone self-harms are complex and managing these reasons may require help from someone like a psychologist, psychiatrist or a counselor.

Helpful responses to self-harm

Apart from seeking professional help there is a range of practical and supportive responses that could be helpful to someone who is self - harming.

Short Term

Show that you see and care about the person in pain, behind the behavior of self-harm.
Show concern for the injuries themselves. Whatever 'front' the person may put on, a person who has injured herself is usually deeply distressed, ashamed and vulnerable.
Make it clear that self-harm is all-right to talk about and can be understood. If you feel upset by the injuries it may be best to be honest about this, while being clear that you can deal with your own feelings and don't blame the person for them.
Directing a person who self harms to promise or contract that they will not do it again is of little use as it usually puts more pressure on the person, which then often results in more self harm. Instead it might be good to tell them that doing their best is fine. Focus on solutions rather than negative concepts of self-harm.
Reassure the person that you will not try to 'steal' their way of coping. (Also reassure yourself you are not responsible for what the person does to him or herself.)
Sometimes the distress is so great that going one day without self-harming is a big step for the person. Rewards for effort rather than punishment for failing works best.
Convey your respect for the person's efforts to survive, even though this involves hurting themselves. Acknowledge how frightening it may be to think of living without self-harm.

Long term
Support the person in beginning to take steps to keep themselves safe and to reduce their self-harming - if they wish to. Some examples are: taking fewer risks (e.g. washing implements used to cut, avoiding drinking if they think they are likely to self-injure), taking better care of injuries, reducing the severity or frequency of injuries even a little. In all cases more choice and control are being exercised.
Don't see stopping self-harm as the only, or most important goal. A person may make great progress in many ways and still need self-harm as a coping method for some time. Self-harm may also worsen for a while when difficult issues, situations or feelings arise. It may take a long time for a person to be ready to give up self-harm.
Help the person make sense of their self-harm, e.g. ask when the self-harm started, and what was happening then. Explore how it has helped the person to survive in the past and now.
Retrace with the person the steps leading up to self-harm: the events, thoughts and feelings that lead to it. Gently encourage the person to use the urge to self-harm as a signal of important feelings and needs.

When the person feels ready, help them learn to express these things in other ways, (e.g.: talking, writing, drawing, shouting)
Encourage the person and yourself by acknowledging each small step as a major achievement.

Methods for coping with Self-harm
There are a number of things that can be done as an alternative to self-harming. These ideas may be an effective substitute when the urge to self-harm occurs:
Squeeze ice cubes,
Yell or sing loudly,
Have a cold shower
Chew on a chili
Flick rubber bands on your wrist
If you are concerned about a person's safety* **– that their self harming behaviour appears likely to cause dangerous or fatal injuries - it is important to get help for the person. Services that are available include mental health worker, a gp, doctor, nurse, counsellor, psychologist, or the community health centre.

The Mental Health Act
Mental Health Services must be provided within the boundaries of the law. In the Northern Territory, the Mental Health and Related Services Act 1998, is the legislation that defines how and when mental health services can be delivered. Different types of treatments and situations are covered under different sections of the Act. The Act is aimed at upholding the rights of people with a mental illness and covers a number of areas.

Involuntary Admissions
The Mental Health Act outlines specific circumstances when a person may be admitted against their will to receive treatment in a psychiatric facility. Involuntary Admission may occur when a person:
Has a mental illness and;
As a result of the mental illness
The person requires treatment that is available at an approved treatment facility and;
is likely to cause imminent harm to themselves or others, or
is likely to suffer serious mental or physical deterioration unless he or she receives treatment.

Mental Health Review Tribunal
The Mental Health Act includes provision for the regular review of a person's treatment. Whenever a person is admitted to hospital as an involuntary patient,

there must be regular reviews of their mental health to ensure that they are not being kept in hospital unnecessarily. These reviews are carried out by the Mental Health Review Tribunal.

The Tribunal has three members (a lawyer, a psychiatrist, and a community member), who meet once a week to review the situation of the person. This meeting (called a Hearing) is attended by the Tribunal members, the person who is in hospital, the treating doctor and an Inpatient nurse. The person undergoing treatment may also invite any friends, family members or advocate, with the approval of the Chairperson of the Tribunal. Hearings may also be undertaken in the community to review Community Management Orders.

PART 4.

Resources

Call a help line

Help lines are listed in the front of the telephone book. These services have trained counselors who can provide telephone counseling – often after business hours, when there is no one else to talk to. They can provide a safe and anonymous form of support and can often help the person get through a crisis and will advise them on where to find professional help in their area. These services include:

Lifeline **13 11 14**
Crisis Line **1800 01 9116**
Kids Help Line **1800 55 1800**
Men's Line **1300 78 9978**

Mental Health Support Services in the Top End of the NT

Top End Mental Health Services **89994988**

Provides mental health services (assessment, treatment and support) for people in the Top End

Amity Community Services Inc **89818030**

Darwin and Darwin Rural **89994988**
East Arnhem region
89870400/89870412
Katherine region **89738722**
Darwin rural **89228572**

Life Promotion Program **89994988**

Based in Darwin within Top End Mental Health Services, at Tamarind Center. Provides suicide intervention / post-vention / prevention

TEAM Health **89814128**

Provides accommodation, information and support programs for people with mental illness in the Darwin area

NT ARAFMI **89422811**

Provides support, advocacy, counseling and information for families and carers of people with a mental illness

GROW **89454096**

Provides anonymous, non denominational weekly self help and mutual help groups run by members using a 12 step program

Frangipani Buddies **89227301**
A postnatal depression support group. Provides resources, information and support

NT Carers **89484877**
Provides information, referral, short term support, emergency and short term respite and counseling for carers of people with mental illness

Danila Dilba Emotional & Social Well Being **89361777**
Provides culturally appropriate counseling and support for Darwin urban Aboriginal and Torres Strait Islander people

Mental Health Support Services in Central Australia

Central Australian Mental Health Services **89517710**
Provides mental health services (assessment, treatment and support) for people in Central Australia.

Alice Springs **89517710**

Tennant Creek / Barkley District **89624399**

Life Promotion team **89523311**
Based in Alice Springs within the Central Australia Mental Health Association. Provides suicide intervention / post-vention / prevention

Mental Health Association of Central Australia **89523311**

Provides advocacy, support, and information for people with a mental illness and others in the community

Congress Social & Emotional Wellbeing **89538988**

Provides culturally appropriate counseling and support f0r Indigenous people in Central Australia

Anglicare Central Australia **89522833**
Provides accommodation and support for people with mental illness

NT Carers **89531669**
Facilitate a monthly carer support group for carers of people with mental illness

Useful websites

Cwth Dept Health & Aged Care - Mental Health Branch
Mental Health Information Brochures
http://www.health.gov.au/hsdd/mentalhe/resources/index.htm

University of Tasmania
Guidelines for supporting students with a psychiatric disability"
http://student.admin.utas.edu.au/services/disability/for_staff.html

Excellent power point presentation. Also applicable to the TAFE environment
http://student.admin.utas.edu.au/services/publications/psychdisability.pps

Deakin University, Victoria
http://www.deakin.edu.au/tedca/ncet/archives/tipd/TIPDPSYC.HTM
Succeeding with a psychiatric disability in the university environment - Information and advice for students and staff. This web-site covers (quite comprehensibly) the steps that an academic should take regarding a student with a mental illness. It is geared towards ensuring that the student has the best possible access to resources and support networks available to then.

Australian Network for Promotion, Prevention and Early Intervention for Mental Health
http://auseinet.flinders.edu.au/index.php
Auseinet informs, educates and promotes good practice in a range of sectors and the community about mental health promotion, prevention, early intervention and suicide prevention across the life-span.

Mental Health and Wellbeing

The Website of the Mental Health and Special Programs Branch Commonwealth of Australia Department of Health and Aging
http://www.health.gov.au/hsdd/mentalhe/index.htm

Lifeline Links

Kids Helpline 1800 55 1800 *(http://www.kidshelp.com.au)*
A 24-hour telephone counseling and support

Reach Out! *(http://www.reachout.asn.au)*
Information about suicide prevention for young people, families, communities and professionals.

SANE Australia *(http://www.sane.org)*

Lifeline International *(http://www.lifeline.web.za)*

Suicide Information and Education Centre *(http://www.suicideinfo.ca)*

BluePages information on depression *(http://bluepages.anu.edu.au)*

Headroom *(http://www.headroom.net.au)*
Headroom - Mental health promotion for young people

MoodGYM *(http://moodGYM.anu.edu.au)* MoodGYM training program

Beyond Blue *(http://www.beyondblue.org.au)* Your national depression initiative

Dept Health and Ageing, Mental Health Branch *(http://www.mentalhealth.gov.au)*

HealthInsite *(http://www.healthinsite.gov.au)* A portal to mental health issues

Lend Lease *(http://www.lendleaseshopping.com)* Lend Lease conducting "Swap, Shop and Save" campaign

The Yellow Ribbon Program *(http://www.yellowribbon.org.au)*
Aims to create an environment, which encourages and empowers young people to ask for help.

International

http://www.bu.edu/cpr/reasaccom/
Boston University. Readers need to adjust the USA specific information but the other information is worthwhile and gives some good scenarios and solutions.

http://www.washington.edu/doit/Brochures/Academics/psych.html
DOIT have produced a valuable resource. DOIT are under the Uni. of Washington and so like the Boston site you will have to adjust the US related material.

Handling your Psychiatric Disability in Work and School
http://www.bu.edu/cpr/jobschool/
An American website. An interactive and informative web site for people with a psychiatric condition that addresses issues and reasonable accommodations related to work and school. This is the only site designed exclusively to provide information about the Americans with Disabilities Act (ADA) and other employment and education issues for people with psychiatric disabilities.

Mind Out for Mental Health
http://www.mindout.net/default.asp
United Kingdom site: If you are looking for advice or information about mental health issues, there are a whole host of organizations, websites and telephone help-lines that can help. Use our comprehensive links section to check out some of these organizations and their websites

The facts section contains key facts about mental health and discrimination. Many organizations produce factsheets and booklets on specific mental health problems, as well as practical guides on issues like employment and finances.

Internet Mental Health
http://www.mentalhealth.com/
Internet Mental Health is for anyone who has an interest in mental health. A British and Canadian Website

NAMI (The National Alliance for the Mentally Ill) (USA websites)
http://www.nami.org/index.html
http://www.nami.org/illness/index.html

Video

Cwth Dept Health & Aged Care - Mental Health Branch
"One in Five: Living with a mental illness" 1993 VHS 24mins

Publications

University of Melbourne - TAFE Collaboration Project (1999)
"Mental health issues on campus"

McLean P. et al (1998)
A hidden disability: University students with mental health conditions"

McLean P. et al (2001)
"Staying Sane on Campus: tips and techniques for optimizing mental health while studying at Uni."

Other Resources

Depressive Disorders

http://www.beyondblue.org.au/
http://www.depressionet.com.au/

http://www.auseinet.flinders.edu.au/

http://www.truebluefriends.au.com/

Suicide Prevention

http://www.hereforlife.org.au/

http://www.kidshelp.com.au/

http://www.lifeline.org.au/

http://www.reachout.com.au/

Anxiety Disorders

http://www.users.bigpond.com/padaqld/

http://www.algy.com/anxiety/index.html

http://www.panicattacks.com.au/

http://www.ocdhope.com/gdlines.htm

Indigenous Mental Health

http://www.daniladilba.org.au/

http://www.amsant.com.au/

http://www.caac.mtx.net/

http://www.healthinfonet.ecu.edu.au/

http://www.health.gov.au/oatsih/

http://www.abhealth.net/

Post Natal Depression

http://www.stjohn.com.au/NSW/PN -

http://home.vicnet.net.au/~panda

Psychotic Disorders

http;//www.eppic.org.au/

http://www.mentalhealth.asn.au.

http://www.wingofmadness.com/

http://members.iinet.net.au/

Mental Health Organisations

http://www.teamhealth.asn.au

http://www.sane.org.au

http://home.vicnet.net.au/~vmiac/home.htm

http://www.tmhc.nsw.gov.au/

http://www.mentalhealth.asn.au/

Government Mental Health

http://www.nt.gov.au/health/

http://www.health.gov.au/

http://www.health.wa.gov.au/

http://www.health.act.gov.au/

http://www.health.vic.gov.au/mentalhealth/