

Creating Accessible Teaching & Support



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*... for students with **mental health conditions*** ▶

ABOUT CATS

The Creating Accessible Teaching & Support (CATS) project was funded by the Carrick Institute for Learning and Teaching to improve the quality of teaching and support for students with a disability.

The project team consulted widely with university teachers, disability practitioners and students, identifying a number of issues that are faced regularly by them. In response to these consultations, we have developed a range of resources that can contribute to more consistent and systematic approaches to addressing the needs of students with a disability and for supporting the staff who teach them.

This booklet is designed primarily for academics and focuses on the needs of students with mental health conditions. Suggested strategies are presented within a broad framework of inclusive teaching for all students. The booklet is designed to introduce the more comprehensive information available through the web resource, webCATS.

webCATS provides information for academics, administrators and support staff and has been structured around a series of good practice indicators with accompanying benchmarks. It includes references to a range of useful resources and case exemplars to assist you to maintain and enhance the quality of teaching and support for students with a disability.

webCATS: <http://www.adcet.edu.au/cats>

MENTAL HEALTH CONDITIONS

About mental health conditions

Mental health conditions range in type and degree from relatively minor problems that require no medical intervention and have minimal impact on people's lives to severe illnesses that require medical treatment and sometimes hospitalisation. Twenty percent of the population will suffer from a mental health problem at some stage in their lives. Provided appropriate support is available, most people will recover well from this and the first episode might be the only one they ever experience. For others, however, mental health problems can significantly interfere with their thinking, feelings or social abilities and relapses might occur periodically requiring varying levels of intervention throughout their lives.

Like some other disabilities, mental health conditions may be hidden either because they are currently having little or no impact on the life of the student, or because of the fear of possible stigma associated with their disclosure. Regardless of this, it is likely that the percentage of students with a mental health condition within universities will reflect the mental health statistics in the wider community. Add to this the fact that the onset of mental health conditions in many young adults occurs at an age that coincides with the end of their secondary education and their entry into tertiary institutions

and it is highly likely that there will be students with mental health conditions in almost every university class.

People with disabilities are generally under-represented within higher education. However, it appears that this might not be the case for those with mental health conditions. Accurate figures are difficult to acquire because of the nature of the disorder, but because mental health conditions are almost certainly a component of other disabilities, the number of those with these conditions is thought to be higher than for any other single condition. Evidence suggests that this number is growing in all higher education institutions.

Some myths and facts concerning mental health conditions

MYTH: Mental illnesses are incurable and lifelong.

FACT: Some people have only one episode and recover completely when they receive timely and appropriate treatment. Many who experience even major mental illnesses requiring on-going treatment manage to live full and productive lives.

MYTH: People with a mental illness are usually dangerous.

FACT: At times, when their illness is active, some people with mental health problems might behave in unacceptable or



disruptive ways. However, people with a mental illness are seldom dangerous. Even people with the most severe mental illness are rarely dangerous when they are receiving appropriate treatment.

MYTH: People with mental health conditions cannot succeed at university.

FACT: Mental illness does not affect intelligence. Many individuals who have experienced a psychiatric illness are excellent students. Many students outperform others in areas such as attendance, punctuality, motivation and quality of work.

Some facts and figures

- 20% of adults are affected by some form of mental disorder every year
- 3% of adults are affected by a severe mental disorder every year
- The 'severe mental disorders' include schizophrenia, bipolar disorder and other forms of psychosis, some forms of depression, and anxiety disorders such as panic disorder and obsessive compulsive disorder.
- Schizophrenia is a persistent form of mental illness that affects approximately 1% of Australians at some stage in their lives
- Bipolar disorder affects up to 2% of Australians at some time in their lives
- Depression affects around 20% at some time in their lives
- Anxiety disorders affect around 10% at some time in their lives.

SANE Australia

<http://www.itsallright.org/facts/factsfigures/fs-factfigures.html>

The impact of mental health conditions on learning

Students with mental health conditions can present some of the most challenging situations for staff. Like those with other disabilities, their problems may be hidden whilst their illness is inactive, but when their mental health becomes unstable, their performance may deteriorate and the learning process could be interrupted. Because mental health conditions produce changes in behaviour, the first person to be aware of developing problems could be a tutor or lecturer. Other students, concerned about the behaviour of one of their class mates might also alert members of staff.

Some of the ways in which mental health conditions may impact on learning are:

- erratic attendance rates
- withdrawal, poor motivation and low self-esteem
- short-term memory loss
- poor abstract thinking and processing of new material
- poor planning and problem solving
- misinterpretation of questions, comments, instructions
- decreased verbal skills
- increased arousal or drowsiness
- incessant weeping
- difficulty in concentrating on major issues
- discomfort in groups, anxiety, timidity, passivity.

When a student is unwell, hospitalisation may be required in order for treatment and medication to be determined and established. Quite often the observable signs of a mental health problem are a result of the treatment, not of the illness itself. Students who have been diagnosed with a mental illness may have been prescribed medication which can have side-effects including:

- drowsiness
- blurred vision and difficulties with reading
- dryness of mouth necessitating frequent breaks for drinks
- tremors.

Students whose illness has not yet been diagnosed may not recognise that they have a mental health problem and may be too distressed to be able to seek the help and support they need. For many students who have mental health problems the stressful nature of participating in the learning situation itself will exacerbate their symptoms. This will be particularly so during exams and when giving oral or group presentations.



INCLUSIVE PRACTICE IN TEACHING AND LEARNING

Higher education students come from a wide range of backgrounds with an equally wide range of skills, challenges and individual learning preferences. Using inclusive teaching practices not only reduces discrimination and inequity within higher education but also provides opportunities for all students to achieve successful outcomes. Inclusion is about providing learning experiences that take into account the learning styles and needs of the diverse student cohort (disability, race, socio-economic status, gender, language, ethnicity, sexuality etc.). It is about teaching in such a way as to meet the learning requirements of all students in the class and thus possibly avoid having to deal individually with the needs of those with disability.

The 'social model of disability' (where the effects of the disability are exacerbated by the social and physical environment surrounding the individual) suggests that a person who has mental health conditions and experiences side-effects from prescribed medication as well as requiring periodic spells in hospital, will still have opportunities to achieve satisfactory outcomes if the physical environment is accessible, teaching and assessment practices are flexible and inclusive, and assistive technology is available. The same

person will experience significant disability and may even withdraw from study (a costly decision for all parties) when their needs are not understood and addressed.

The quality of teaching and learning opportunities available to students with mental health conditions needs to be assured in the same way it is for other students. The impact of the disability can be moderated when environments and practices are designed to be inclusive. A clear and deliberate focus on the accessibility, inclusivity and flexibility of curricula, course delivery, study materials and teaching and assessment strategies for all students will maximise opportunities for success for the greatest number of students. Inclusive curriculum design benefits all students.

Universal Design for Learning (UDL) is a philosophy of education that aims to design and deliver education services and learning environments that are accessible and that accommodate a range of functional capabilities of students. UDL reduces the need for specific kinds of individualised services or remedial supports by connecting the quality of the education program with a capacity to be accessible, equitable and accommodating to diverse student needs. UDL is achieved by means of flexible materials and activities that provide alternatives for students with differing abilities. These alternatives are built into the instructional design and operating systems of education materials. They are not simply added on.

Employing universal design principles in instruction does not eliminate the need for specific accommodations for students with disabilities. There will always be the need for some specific accommodations. However, applying universal design concepts in course planning will assure full access to the content for most students and minimize the need for specific accommodations.

PRACTICAL STRATEGIES FOR TEACHING STUDENTS WITH MENTAL HEALTH CONDITIONS

The Disability Standards for Education (2005) require institutions to take 'reasonable steps' to enable a student to participate in educational courses or programs on the same basis as a student without a disability. For some disabilities, adjustments made might remain the same throughout the student's association with the university. However, for disabilities such as mental health conditions, different adjustments might be required at different times depending on changes in the student's needs.

Because of the often hidden nature of mental health conditions and the reluctance of some students to disclose their illness and ask for support, you might not always know whether you have a student with these issues in your class. Students may need nothing more than a demonstration of understanding and sensitivity to their situation. Being aware of activities that might heighten anxiety for some students and introducing strategies that reflect tolerance of individual difference might be all that is needed. However, if you are aware that one or more of the students you teach has a mental health problem, the following inclusive teaching strategies may prove useful. The disability service in your



university will be an excellent first port of call if you have questions or you need assistance in putting these strategies into practice.

Communicating with students with mental health conditions

Creating a climate of acceptance for diversity in all classes will go a long way towards making communication with students with specific disabilities easier to achieve. Invite students who have a disability to contact you for a confidential discussion of their specific learning needs. They might have already provided documentation of their mental health conditions to support services within your university. If they have not, you might feel it necessary to ask them to provide documents to verify their disability. You might also ask them whether any of this information should be conveyed to other staff members or students in the class.

When you talk to students with mental health conditions:

- be supportive and encouraging - speak directly to the person, not the representative or support person
- don't make the person's disability an exclusive topic of conversation, but don't be afraid to refer to it if it is necessary
- acknowledge that they are students first not 'conditions'.

They are not 'sufferers' nor 'victims' to be pitied, but people who happen to 'have' mental health conditions

- do not assume that a student is simply lazy or unmotivated. Often people do or say things over which they have no control - this is the illness, not the person
- negotiate about teaching and assessment on the basis of individual need
- help students to focus on realistic and achievable standards and goals. This might be particularly important if they have returned to study after a significant absence, perhaps including a period in hospital
- try to allow plenty of time for such discussions so that students do not experience increased anxiety by feeling that conversations are unfinished and issues unresolved
- if time is an issue, make this clear at the beginning of any discussion and offer another appointment or refer the student to other means of support
- discuss any inappropriate classroom behaviour privately with the student and agree upon future behaviour
- take time to listen to the student and give them an opportunity to explain their requirements. If the student has an existing illness, they will have a good idea of what coping strategies work for them.

If a student's behaviour begins to affect others or the delivery of your course:

- discuss inappropriate behaviour with the student privately, directly and forthrightly, outlining if necessary the limits of acceptable conduct. Ensure that the student feels that they have been heard and acknowledge the student's feelings. If the behaviour is serious or repeated it may be useful to conduct a meeting with the student with a view to implementing a behaviour agreement.
- refer the student to appropriate agencies such as the university health or counselling services if you sense the discussion would not be effective, or if the student approaches you for help.

Teaching students with mental health conditions

Many students with mental health conditions have effective coping strategies and support already in place; they may not need or wish to seek adjustments or additional support. Students whose illness has not yet been diagnosed may be too distressed to be able to seek the help and support they need.

At the beginning of semester:

- develop some knowledge about mental health and mental health conditions. It will be easier to support students if you understand the difficulties they face
- make available study materials in ample time for their

conversion to accessible formats (audiotaping of texts) in anticipation of possible absences

- make reading lists and handouts available early in the course to assist students to continue their learning even though they may be unable to attend classes
- invite students to meet with you if they have disability-related issues that can be addressed through 'reasonable adjustments'
- introduce strategies to reduce stress such as tailored reading lists with content arranged in order of importance and with some guidance to key texts. Consider offering an individual orientation to laboratory equipment or computers to minimise the anxiety likely for some students in unfamiliar learning situations
- develop flexible delivery and assessment methods offering material in varied media, e.g. subtitles on videos, handouts or slides with lectures, text descriptions of graphics.

During classes:

- allow students to bring drinks to lectures and tutorials to compensate for mouth dryness caused by some medications, and to aid in increased concentration
- offer flexible seating arrangements (reserved seats near exit) for students who experience anxiety in larger groups
- allow the use of note-takers and tape recorders in lectures for students whose concentration is impaired by their

Communicating with students with mental health issues should be governed by respect for their rights to dignity, confidentiality and equity. How well these students are able to achieve successful outcomes depends very much on the positive relationship teachers are able to establish.
Disability Liaison Officer



disability, as well as for those who, because of the effects of medication and/or short-term memory loss, may tend to misinterpret or misquote

- avoid putting students in a stressful situation, e.g. asking them to read out loud in a seminar
- ensure access to technologically based information sources (e.g. library catalogue, CD ROM, Internet)
- where possible, offer varied modes of interaction with you and between students such as in-class questions and discussion, group work, and Internet-based communications
- consider flexible delivery of teaching material via electronic media to deal with interruptions to study, impaired concentration or attendance and mood swings.

Inclusive assessment practices

In any class, there are likely to be students with disabilities and a variety of associated needs. Flexible approaches and awareness of reasonable adjustments without compromising the integrity and excellence of the course will mean that the needs of students with mental health conditions can be met wherever possible through mainstream services.

For many students who have mental health problems the stressful nature of participating in the learning situation itself will exacerbate their symptoms. This will be particularly so during exams and when giving oral or group presentations.

It is imperative to consult the student with sensitivity on issues that may cause stress to him or her.

Assessment policies and practices should be applied consistently across the institution and provide all students, including those with mental health conditions, with opportunities to demonstrate the achievement of learning outcomes. Any assistive technologies used by students with mental health conditions should be accommodated within assessment tasks and consideration should be given to a balance of assessed coursework and examinations. Feedback on assessment should be explicit, provided promptly and in a format that people with mental health conditions find non-threatening. It is important to remember that it is not the disability itself, but the effect the disability has on the student's ability to access, learn and demonstrate knowledge and skills that is relevant.

The sorts of adjustments you can offer students with various disabilities will depend on course objectives and desired learning. Some adjustments to assessment that could allow students with mental health conditions to compete equally with those without these disabilities include:

- spacing submission dates for assessment as deadlines close together can be particularly stressful for a student with mental health issues
- use of separate venue and alternative dates and times for examinations

- limited number of examinations in one week
- provision of extra time and/or prearranged and regular breaks in examinations and extended deadlines for assignments
- use of computers and scribes or readers and other support in examinations, including the availability of invigilators for students hospitalised at examination time if alternative times are not possible
- questions using bullet points, lists or distinct parts as these are more likely to be followed and correctly interpreted, particularly by students who are anxious
- short answer questions in place of multiple choice questions will aid students with short-term memory loss
- different styles of assessment which vary question and response modalities (e.g. oral exam or audio/videotaped answers)

In considering alternative forms of assessment, equal opportunity, not a guaranteed outcome, is the objective. You are not expected to lower standards to accommodate students with a disability, but rather are required to give them a reasonable opportunity to demonstrate what they have learned.

Examples of ways to provide equity of outcomes

- allowing a student who is clinically depressed to sit an exam after the scheduled examination date so that they can take time to get well beforehand
- allowing a student with a memory recall problem or difficulties with vision as a result of their anti-depressant medication to have extra time in an exam.

These strategies provide students with the same opportunity to complete the exam as other students who do not have mental health issues.

'...I know it's important to go to tutes and take part in discussion, but sometimes it's just so stressful that I'd rather fail than turn up. My tutor has arranged for me to take part in on-line discussions so that I still have the interaction with others in my class but in an environment I find less threatening. She also makes sure that I receive all feedback on my work in writing. This means I can read it in my own time and really understand what the tutor is trying to tell me.'

Third year Arts student

'Even though I have a medical certificate, I have been refused an extension. I find I have to continually prove my illness ... There's often an ignorant attitude from staff ... Because it's an invisible disability, it's easy to ignore.'

First year Science student



Case Study

Tran, a second year Economics student, has experienced an increase in his mental health problems in the current semester. This has resulted in sporadic attendance in lectures and tutorials and has compromised his ability to meet assessment deadlines. Adjustments have been provided but with the end of the semester approaching, it is doubtful that Tran will be able to be awarded a pass in this unit. The head of the course, who has worked very closely with him and feels that a good rapport has developed between them, is concerned about the effect this information will have on him and wonders whether Counselling should be included in the interview when Tran is given this information.

Possible Actions:

- Consider other ways in which Tran could meet the requirements:
 - an extension in timing
 - a variation in assessment style, e.g. an oral instead of an essay or vice versa; a series of shorter assessments instead of a longer task
 - an adjustment to assessment place and time: hospital, home, on-line etc.
- Consider whether credit can be given for part of the subject/course and whether there are ways in which remaining areas could be addressed in later semesters or as components in subsequent subject/course choices.

Implications for fieldwork

It is important to anticipate requirements in ALL aspects of the learning program, including fieldwork or other off-campus activities. Discussing coping strategies or alternatives well ahead of time will alleviate stress for the student. Information provided by students prior to the course can help you to minimise the effects of any problems that they may have. It is important to be as flexible as possible in making arrangements to suit individual needs, although you may require statements from a doctor, counsellor or psychiatrist if significant changes to what is normally expected of students are requested. You may also wish to ask for the agreement of a doctor, counsellor or psychiatrist for a student to take part in the field course if you are anxious about their safety (and the safety of others).

Any special arrangements that might be made will vary according to the specific nature of a student's condition but might include some of the following:

- making sure that the student is able to leave early if they find the experience too challenging
- providing alternative locations for exercises if a student is anxious about, for example, heights or enclosed spaces
- providing extra time to complete fieldwork tasks, or reducing the number that the student has to complete
- providing an alternative fieldwork venue and/or tasks close to the student's home.

Supporting students with mental health conditions in their university study

The transition to university is an exciting step but it also has the potential to be stressful for any student. Orientation and transition programs should especially take account of the needs of students with disabilities. How easily students with mental health conditions are able to manage the move to tertiary study will depend on the services the institute provides for their inclusion and the information available to them to enhance their campus experience. The disability services in your university will be able to assist with strategies. Other key services to provide support for students with mental health conditions are the university's counselling and health services and learning skills departments.

Some examples of possible support include:

- ensuring that orientation programs include information about quiet places students can access on campus
- provision of a car park close to campus for students whose experience of agoraphobia makes the use of public transport impossible
- use of technology to alleviate side-effects of medication
- use of faculty-based contact officers to provide a ready point of contact for students, alleviating the need to repeatedly provide information.

Some of the medications prescribed for depression can have side-effects leading to blurred vision, tremors and cognitive impairments. Students with mental health issues could benefit from similar assistive technologies to those who have vision impairment or motor disabilities. For instance, the availability of a scanner with optical character recognition software which allows scanned text to be read aloud by a computer with speech output capabilities, may be helpful to some students. Reminding students that simply increasing the size of the text on their computer screen to reduce eye fatigue might be a helpful piece of advice for those distressed by on-line reading.

Mind-mapping technology aids visual thinking and thought organisation.

www.inspiration.com/productinfo/inspiration/features/index.cfm



Example of Good Practice:

Campus Emergency Procedures

Suicide

Suicide is a major cause of death among University students. It can be prevented in many cases. Danger signs that someone may be considering suicide include:

- a previous suicide attempt
- verbal threats
- changes in behaviour (e.g. withdrawal)
- unusual purchases (weapon or rope)
- giving away personal possessions
- signs of depression (anxiety, restlessness)
- problems in university (drop in grades, emotional outbursts)
- themes of death (artwork, assignments).

A person who is considering suicide needs to know that others care.

DO:

- be direct (talk openly)
- be a good listener (don't make judgments)
- make time available
- get help (act quickly).

DON'T:

- sidestep the issue
- keep what you know a secret
- leave the person alone
- feel responsible for saving the person (you cannot control other's decisions).

La Trobe University Bundoora

<http://www.latrobe.edu.au/emergencyplan/bundoora/suicide.htm>

It is important that:

- staff actively promote a culture that values diversity and does not tolerate harassment or discrimination
- students with mental health conditions are provided with a learning environment where distractions are minimised and seating arrangements are flexible
- timetabling is sufficiently flexible to allow students with mental health conditions to construct a personal schedule that minimises anxiety and stress
- teaching staff have an understanding of mental health issues and anticipate and respond to specific safety requirements related to participation by students with these conditions
- behavior related to disability that impacts upon others

in the class is managed constructively having a view to vicarious liability for actions by others.

What about postgraduate students?

The nature of postgraduate study and the circumstances of many of those who undertake it suggest that people with mental health conditions will be represented in at least the same proportions as they are in the wider university population. It is important that postgraduate policies, practices and procedures provide students with mental health conditions with the same opportunities as their peers to successfully complete coursework and research programs.

It is good practice to ensure that:

- Research students receive the support and guidance necessary to secure equal access to research programs.
- Postgraduate promotion and recruitment strategies actively encourage participation by students with mental health conditions.
- Application and selection processes are non-discriminatory.
- Supervision policy identifies the responsibilities of the supervisor in relation to the diversity of students, and training includes consideration of the learning needs of and appropriate responses to students with mental health conditions.
- Supervisors and students negotiate alternative research

methods that accommodate the needs of students with mental health conditions.

- Supervisors anticipate needs of students with mental health conditions by scheduling regular meetings and making alternative modes of communication available.

What about international students?

All students with mental health conditions are subject to a range of stressors in their university life. However, these could be exacerbated for international students by the changes in environment and culture they will inevitably experience, the difficulties associated with unfamiliar teaching and learning philosophies, communicating in English, perhaps for the first time, and the possible tensions that may arise as a result of a range of expectations both in Australia and in their home countries.

Orientation programs for international students should include information about the range of services available for students with disabilities and specifically for those with mental health issues. If a student does not disclose a pre-existing medical condition at the time of the medical examination to ensure that they meet Australia's health standards, and/or does not have medical health cover, their visa will be cancelled. Results of the visa application medical examinations are confidential and information about an international student's



mental health issues will not be passed on to universities. However, the advantages of early disclosure by the student to the institution itself should also be stressed in order for students to be able to access services in the same way as other students with disabilities.

International students, like domestic students, are not a homogenous group of people. The provision of education services to international students by Australian universities brings with it the ethical commitment that quality education be provided and that value be given for the investment made by international students. The provision of education services to international students by Australian universities should be undertaken in ways that are consistent with the maintenance of academic standards in Australian institutions, and the safeguarding of the interests of international students. Academic performance is the only criterion to be considered in assessing any student's success or otherwise in their course.

RIGHTS AND RESPONSIBILITIES

Disability legislation

Federal and State legislation including the Disability Discrimination Act (DDA) require universities not to discriminate against people with disabilities. These obligations are further defined in the Disability Standards for Education (2005).

Through the DDA and the Disability Standards for Education students with a disability have a right to (on the same basis as those without disabilities):

- be consulted about their needs
- enrol in courses and programs
- participate in courses and programs (including relevant supplementary programs)
- use services and facilities provided by the university including student support services.

They also have the right to:

- the specialised services without which they would not be able to participate
- be assisted by independent advocates or others nominated for the purpose
- the reasonable adjustments necessary to meet their needs

- an environment which is free from discrimination, harassment and victimisation.

But students also have a responsibility to:

- make early contact with the university and be willing to discuss their specific requirements (with assistance if necessary)
- be proactive in advising institutions of any difficulties encountered with accessing aspects of the life of the institution
- use the services provided in a fair and effective manner, e.g. observing conditions placed on adjustments made, advising of absences to prevent unnecessary attendance of service personnel such as sign interpreters.

Through the DDA, university staff have a responsibility to make sure that all students can participate in courses for which they are enrolled in an equitable way. They also have a responsibility:

- to consult with students with mental health conditions on adjustments that might be required, and implement these where possible in a timely manner
- to ensure that other students are not disadvantaged due to inappropriate behaviour that might result from a mental health problem.

University staff have a right to conduct classes with minimal disruption and due consideration to the rights of every member of the cohort. They have the right to information about a student's disability if that information is directed towards providing reasonable adjustments. They also have the right to sufficient education and support to enable them to refer students who might be experiencing mental health problems to appropriate sources of assistance.



RESOURCES

The Australian Disability Clearing House on Education and Training (ADCET) is a web based information source that provides information about inclusive teaching, learning and assessment strategies, accommodations and support services for students in higher education.

<http://www.adcet.edu.au>

Inclusive assessment practices and approaches to teaching that will help students with mental health issues to learn - University of South Australia.

http://unisa.edu.au/regdisability/teaching_students.htm

Providing Learning Support for Students with Mental Health Difficulties Undertaking Fieldwork and Related Activities

<http://www2.glos.ac.uk/gdn/disabil/mental/toc.htm>

Inclusive Practice is Good Practice, A Tasmanian State Disability Liaison Officer Initiative: a co-operative project of the Tasmanian post-secondary education and training sector.

http://services.admin.utas.edu.au/Gateways/IPIGP_pubs/pdfs/IPIGP.pdf

Towards Success in Tertiary Study is a series of guides for students with a range of disabilities including Asperger Syndrome, psychiatric conditions and learning disabilities.

<http://www.services.unimelb.edu/ellp/publications/towards.html>

Staying Sane on Campus: Tips and Strategies for Students with Mental Health Issues - a booklet for students with diagnosed or undiagnosed mental health issues.

<http://www.services.unimelb.edu/ellp/publications/>

Living is for Everyone: Suicide prevention in Australia provides a wide range of fact sheets and print and online resources.

<http://www.livingisforeveryone.com.au/>

Creating Accessible Teaching and Support (CATS)... for students with mental health conditions is one of a series of booklets that provides information and resources to assist universities to create equitable access for students with a disability and to comply with the Disability Discrimination Act and the Disability Standards for Education.

Others in the series are:

- Creating Accessible Teaching and Support (CATS)... for students with vision impairment
- Creating Accessible Teaching and Support (CATS)... for students with hearing impairment

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