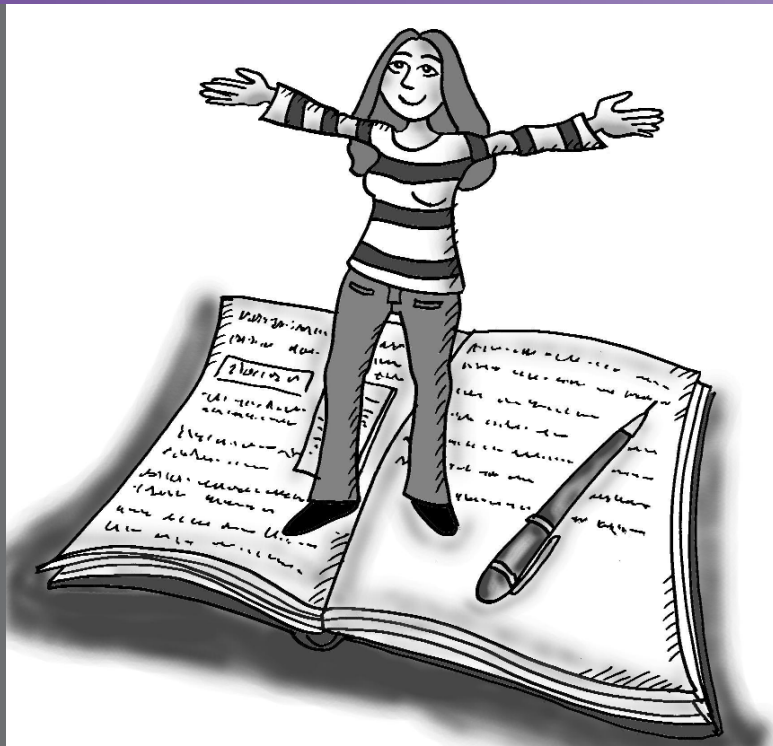


The right to
be here...



Working in ACE with learners with mental health issues

The right to be here...

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The author is not responsible for any actions taken as a result of
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Mather, J. & Atkinson, S. (2003) *Learning Journeys: A handbook for
tutors and managers in adult education working with people with
mental health difficulties*. National Institute of Adult and
Continuing Education (NIACE) UK

The disabling impact that mental illness can have on an individual is not always visible. These learners often don't receive the



same understanding and empathy that people living with physical illnesses receive.

The impact of moderate depression on a person's life is comparable to the impact of severe asthma or deafness

The impact of post traumatic stress disorder on a person's life is comparable to the impact of paraplegia

The impact of schizophrenia on a person's life can be comparable to the impact of quadriplegia

Kitchener & Jorm (2002:6)

The disabling impact that mental illness can have on an individual is not always visible.

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Foreword

1 in 5 Australians are affected by mental health issues. Many learners in adult education classrooms grapple with mental health issues daily, yet their learning needs often remain unmet. Learners may be reluctant to voice their need for support because of previous negative experiences and stigma.

Studies have shown that once teachers understand the cyclical nature of mental illness, its physical basis and how it may impact on an individual's learning, they are more likely to be supportive (Andrews & McLean 1999a). All adults have the right to access Adult Community Education (ACE) - they have the right to be here. This resource suggests ways that ACE organisations and teachers can be proactive in supporting learners and reinforcing the rights of all to access further education opportunities.

A range of words have been chosen to refer to mental illness. Mental illness is a diagnosable illness with a biological, medical basis just like any other illness. However, naming it as such fails to acknowledge the social impacts of the illness. The consequences of the side effects of medication, stigma, discrimination, social isolation and poverty can at times be more debilitating than the illness itself. For this reason 'mental health issues', 'mental health difficulties', and 'mental health problems' are used interchangeably. This approach also acknowledges the fact that over 50% of mental illnesses remain untreated and undiagnosed.

Just as no judgement is made about a learner's capabilities based on age, gender, educational or cultural background, no assumptions can be made based on a mental health diagnosis. Knowing a learner's mental health diagnosis will not indicate how well they are managing, their current state of wellbeing or the symptoms they experience. Teachers and managers only need to know about a learner's mental health difficulty as it impacts on their capacity to learn so that their needs can be accommodated within the learning environment. For example, knowing that a person's medication makes them restless and agitated means frequent breaks and allowances for leaving the classroom can be provided. One does not need to know what the medication is or why it has been prescribed.

This resource provides information, understanding and practical strategies to increase access and success for learners with mental health issues in ACE settings. It suggests:

- some of the possible impacts of mental health issues on an individual
- some of the potential barriers a learner with mental health issues may face in accessing learning organisations
- how to create a 'mental health friendly' learning organisation that ensures their 'right to be here'
- how to create a 'mental health friendly' classroom
- strategies for accommodating the needs of learners
- supportive assessment strategies to maximise success
- where to find useful online resources on different mental health issues
- case studies by ACE teachers to read, reflect on and discuss with other teachers.

Use this resource with the understanding that each learner is expert in their own needs. As with all learners in ACE, discuss with the learner how best to support their unique learning needs.

Who is this resource for?

The resource is written for managers and teachers in ACE settings delivering both accredited and non accredited courses. It acknowledges the difficulties that sessional staff have in accessing professional development activities by providing a resource of practical information. This resource is also suitable for use within other organisations where there are facilitated adult learning programs.

How to use this resource

This resource does not need to be worked through sequentially. It provides points of reference for users requiring information on or strategies for working with learners with mental health issues. The resource can be used as a/an:

- induction for new teachers, providing strategies to maximise success for a diverse range of learners
- stepping stone for experienced teachers, providing resources on specific mental health issues
- a springboard for professional development activities with staff
- a foundation for management to increase access for learners with mental health issues.

What are mental health issues?

This section looks at the myriad of ways that mental health issues impact on a learner's life and distinguishes between the facts and fiction of mental illness. It is a brief section and is mandatory reading. It is supplemented by the online resource section.

Mental health and learning

This section briefly gives a general overview of some of the ways mental health issues affect learning and the benefits and barriers to participating in ACE. It should be read in conjunction with the 'mental health friendly' classroom section.

The right to be here

This section looks at some of the conditions necessary to create a 'mental health friendly' learning organisation. It could be used by management to assess the level of current access for this group of learners and to ensure non-discriminatory practices.

The 'mental health friendly' classroom

This is the heart of the resource and essential reading for all teachers wanting to create an inclusive classroom. This section can also be used to affirm existing teaching practice.

Online resources

This section provides a detailed list of services and information freely available on the internet. If this resource is distributed in print form, it is important that some of the downloadable fact sheets are included as supplementary information.

Case studies

These can be used to reflect on your own practice or as discussion starters with other teachers.

What are mental health issues?



What are mental health issues?

What are mental health issues?

What are mental health issues?

Definitions

Many of us will experience mental health difficulties at some point in our lives. Our mental health is on a continuum:

Our **mental health** is our state of emotional and social wellbeing in which we realise our own abilities, can cope with normal stresses of life, can work productively or fruitfully and are able to make a contribution to our community (World Health Organisation 1999).

The most common mental health difficulties include depression, anxiety, and sleep disorders. These are often triggered by life events such as long periods of illness, bereavement, stress, unemployment or redundancy or physical, verbal and emotional abuse. They will all interfere with our ability to think clearly, our emotional state and our ability to interact with others.

The more serious mental health issues are schizophrenia, bipolar disorder, some forms of depression and anxiety disorders such as panic disorder and obsessive compulsive disorder. The period of time and severity of the mental health problem is what makes it a diagnosable illness

Mental Illness causes a major change to our thinking, emotional state and behaviour. It disrupts our ability to work and function in our usual personal relationships.

Just like a physical illness, once treated with appropriate medication plus quality psychological support and counselling, many people fully recover. For others it may recur throughout their lives and require ongoing treatment and support.

What are mental health issues?

What are mental health issues?

20% of Australians will be affected by depression

10 % of Australians will be affected by an anxiety disorder

8 % of Australians (twice as many males than females) will be affected by substances abuse

2 % of Australians will be affected by eating disorders

2% of Australians will be affected by bipolar disorder

1% of Australians will be affected by schizophrenia



SANE Fact sheet
13,;www.sane.org

How mental illness impacts on quality of life

Potential impacts on quality of life

- Stigma and discrimination: even though there is a greater public awareness of mental health, issues based on stereotyped characteristics persist
- Physical wellbeing: the physical side effects of medication can be more debilitating than the illness itself. Although some medications are improving.
- Relationships breakdown: there can be trouble at home with family and other relationship problems
- Social isolation: without a supportive network of family and friends marginalisation is a real possibility. Withdrawal from social situations is common for many mental health consumers
- Unemployment: only about 13% of people with mental health problems compared to around 33% of people with other long term health problems are in employment (Mind Out for mental health, 2004)
- Poverty: financial hardship and welfare reliance leads to decreased opportunities
- Transient housing: it is difficult to maintain a household when there are frequent admissions to hospital, this can lead to periods of homelessness. Homelessness means relying on sub standard accommodation such as rooming houses, not just living on the street
- Lost community status: lack of access to socially valued roles such as employee, student, friend etc
- Lost opportunity: interrupted education and missed opportunities for training as a result of periods of being unwell: failure at school, TAFE, ACE and university. 75% of mental illness first occurs in people aged 15-24 at a critical time when they are accessing education and further training
- Legal problems
- Drug and alcohol abuse: some people use drugs and alcohol to make their mental health symptoms feel better, for others the drug problem may trigger the symptoms of mental illness
- Periods of hospitalisation
- Suicide: 12% of those seriously affected by mental illness committ suicide, compared to 1% of the population as a whole

What are mental health issues?

What are mental health issues?

Debunking myths about mental illness

There are a wide range of commonly held misconceptions about people living with mental health issues that have been exacerbated by sensational reporting in the media. One study analysing the depiction of people with mental illness in newspapers and television reporting found that 90% of people were depicted as violent and homicidal (www.sane.org).

These depictions are often about the sensational drama of 'out of control' illness that fails to acknowledge that many people fully recover. The stigma this creates within the individual remains one of the most significant impediments to people with mental health issues accessing the support they are entitled to or programs such as further education. As a result some learners may be unlikely to disclose their mental health difficulties and support needs for fear of discrimination. At times stigma can compound the stress a learner is already experiencing and trigger further social isolation, depression and sense of hopelessness.

Do learners with mental health issues have an intellectual disability?

No!

Many features of mental illness can impact on thought processes; therefore sufferers may appear slow or unfocussed. This can be misinterpreted as lack of intelligence rather than as a symptom of the illness itself. The side effects of some medications can also make people appear slow. As one learner remarked 'This makes people talk down to me because they think my mind is not ticking over fast enough but there's no need to...'

Mental health issues affect a cross section of the entire community taking no account of socio-economic status, ability, educational background, religion, gender, age or cultural background. There may be no impact on learning ability. For others their illness may at times impact on the effectiveness of their learning, particularly during a period of onset or relapse.

What are mental health issues?

What are mental health issues?

Are learners with mental health issues dangerous and violent?

No!

Research indicates that people being treated for mental illness are no more violent or dangerous than the general population; they are more likely to be victims of violence, especially self-harm. A small sub-group of people with mental illness may be more violent than the general population. These are likely to be people who have a history of violent behaviour, who abuse drugs or alcohol, and who are not receiving treatment or taking medication as prescribed. Only a minute proportion of the violent crimes in Australian society have a link to a person with mental illness (www.sane.org).

Are learners with mental health issues behaviourally difficult?

No!

There is a common belief that a learner with a mental health issue will be more attention-seeking and demanding than other learners. In fact the opposite is true as more typically a learner with mental health difficulties will be quiet and withdrawn. Many of the things that may be seen as behaviourally difficult are actually symptoms of the illness and/or medication: restlessness, unexplained outbursts of emotion, listlessness (often misinterpreted as not being motivated). In some situations a learner's frustration or withdrawal may in fact be a direct response to discriminatory treatment rather than as a result of their mental health issue.

Mental health & learning



Mental health & learning

The impact of mental illness on learning

Mental illness can have an enormous impact on a person's capacity to learn effectively. Mental illness can affect one's cognitive, social and emotional skills. People can experience:

- Difficulty in making decisions, concentrating and remembering
- Lack of confidence and low self esteem with some learners being particularly sensitive to failure
- High levels of anxiety, making it difficult to concentrate and participate
- Depressed mood or bluntness of emotion, making it difficult to be connected to activities
- Social withdrawal, making it difficult to participate in group activities
- Inappropriate expressions of emotions
- Lack of energy, from disturbed sleep patterns and/or medication
- Physical side effects of medication such as drowsiness, restlessness, lethargy, dry mouth/persistent thirst, shakiness/tremors in hands, involuntary movements, memory lapses, sun sensitivity, headaches, nausea. These effects will vary from individual to individual. Further information can be found at <http://www.health.vic.gov.au/mentalhealth/> on 'Information for Patients Fact Sheets' on the different mental health medications
- Increased vulnerability to stress and fear of relapse
- Interrupted learning because of frequent absences. This may be because of
 - Hospitalisation
 - The recurring nature of some illnesses
 - Impact of medication change
 - Exhaustion.

The section on Supportive teaching and learning strategies details some of the possible approaches available to teachers to lessen the impact of the above difficulties.

Barriers to participation in ACE

Separate to the barriers and handicaps that mental illness places upon a learner, there are external factors that impact learner access to further education options:

- Lack of knowledge about what courses are available
- Course cost
- Access to transport
- Inadequate staffing levels resulting in a lack of support for learners to access classes
- Uninformed attitudes and responses of staff and other students to 'different' behaviour
- Professional development for teachers in supportive teaching practices
- Inflexible approaches to program administration and delivery

Benefits of participation in ACE

Recovery is defined 'as living well in the presence or absence of one's mental illness'. (O'Hagan 2004:1) ACE providers can play a critical role in supporting a person's recovery from a period of mental ill health. The potential benefits for all learners participating in further education are well documented. These include:

- Acquiring new skills and concomitant sense of achievement
- Increased confidence and self-esteem
- Feeling more empowered
- Developing new networks and friends
- Opportunities to access volunteer work
- Developing a vocational pathway

For learners enrolling in a further education course after a period of mental ill health, participation provides:

- A new identity as a student rather than as a person with a mental health issue
- A structure and purpose to life 'a reason to get out of bed'
- An opportunity to regain former skills and abilities that may have been lost during periods of being unwell
- An opportunity to challenge oneself after the set back of a period of illness

Mental health and learning

mental health and learning

The diversity of provision in ACE organisations provides a range of educational options and pathways for this group of learners in an environment where there is more individual attention. The options and pathways include:

- General preparatory courses preparing for further study
- Language and literacy courses
- Recreational and leisure courses
- Accredited vocational education and training

The right to be here



The right to be here

The right to be here

the right to be here

Access and equity for ALL

Learners with mental health issues are arguably the most invisible group in ACE. With the ACE commitment to inclusion of all marginalised and disadvantaged learners, it is important that the needs of all learners in this group are accommodated and steps and actions taken to ensure their 'right to be here'.

For learners whose mental health issues are outwardly marked by 'different' behaviour there is an increased risk of discrimination. A person with a disability has the right to study at any educational institution in the same way as any other student. Their rights are legally enshrined under the Disability Discrimination Act (1992).

Under the Disability Discrimination Act, disability includes:

'... any condition which affects a person's thought processes, understanding of reality, emotions or judgement or which results in disturbed behaviour ... disability that existed but doesn't exist anymore such as a person who has had an episode of mental illness;' Villamanta (2004)

Discrimination can be direct or indirect and includes discriminatory questions and harassment. Direct discrimination happens when a person is treated less favourably than others because of their disability. Indirect discrimination is when a condition (physical barriers, policies, procedures, practices, selection criteria, rules or requirements) stops a person with a disability from doing something. The requirement that a certain number of classes be attended during a course may be indirect discrimination if the person has interrupted attendance because of their mental health issue. For further information go to 'A Users Guide to the Disability Discrimination Act' at <http://www.deakin.edu.au/mis/dda/contents.htm>

If a learner meets the essential entry requirements for a course then it is the learning organisation's responsibility to make 'reasonable adjustments' to the course to ensure the learner's right to access. These adjustments or accommodations might include flexibility in attendance requirements and ability to work from home if appropriate. These changes will be based on the needs of an individual and not on assumptions about a disability affecting all people the same way.

The right to be here

the right to be here

For further information on the Disability Discrimination Act go to Human Rights and Equal Opportunity website: www.hreoc.gov.au/disability to view 'The Disability Discrimination Guide: Getting an Education'.

The sections that follow suggest ways to create 'mental health friendly' learning environments and classrooms that are welcoming, inclusive, respectful and accommodating of the needs and rights of all learners.

Creating a 'mental health friendly' learning organisation

To ensure your learning organisation is 'mental health friendly', a number of things can be done to raise the mental health literacy of staff, extend networks and links with mental health services and signal to learners that you can provide a supportive non-stigmatising learning environment. Possible areas to address include:

- establishing a mental health friendly environment
- allocating staff roles and responsibilities around mental health issues
- providing ongoing training and support for staff
- networking within the mental health service system
- specifically identifying and targeting this group of learners as part of your organisation's planning process
- responding with a diversity of provision
- flexibility in the delivery of courses.

Establish a 'mental health friendly' environment

Ensure a welcoming, respectful first point of contact with your organisation by providing ongoing training and support for reception staff.

Display brochures and information posters related to mental health around your buildings. (Downloadable fact sheets are available from SANE Australia or you can order free pamphlets from the Mental Health Branch of the Department of Health and Ageing telephone their Freecall number: 1800 066 247).

The right to be here

the right to be here

Establish a community information section in your centre that includes pamphlets from your local mental health services. This gives learners the capacity to access services without directly asking for help.

Include a statement in your student information booklet that you are a 'mental health friendly' organisation and the types of support you can provide.

Use Mental Health Week and Adult Learners' Week to promote awareness and inclusion of people with mental health issues.

Promote the fact that you are a 'mental health friendly' service in all your publicity and promotional materials, e.g. some organisations clearly identify this in their program brochures with lines such as:

'fee relief/support for people recovering from mental illness'.

If targeting a course specific to learners with mental health issues, Wertheimer (1997) suggests some of the following expressions as ways of highlighting your support for this group:

'If you feel unwell and miss a few sessions you will be welcome back'

'If you get worried or stressed this could be the class for you...'

Provide a quiet room or space where learners can withdraw if they feel overwhelmed.

Allocate staff roles and responsibilities around mental health issues

Provide support if learners are feeling unwell

Nominate a staff member as the initial and ongoing point of contact for learners. The learner needs to be aware who to contact for support should issues arise. Consistency is critical given that some learners may be away for extended periods should they relapse. Given the sessional and part time nature of staffing in the ACE sector, make sure that the person nominated is easily contactable.

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Incorporate 'experience in working with a diverse range of learners including learners with mental health issues' as part of your desirable selection criteria when employing teachers in the future. Identify a staff member within your organisation, with a commitment to mental health issues, to liaise and promote your learning organisation with your local community mental health service and Psychiatric Disability Rehabilitation Support (PDRS) service. These are listed at the Victorian Government Mental Health Service website at:

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

Provide ongoing training for staff around mental health issues

Include mental health awareness training as part of your annual professional development plan for all staff across your organisation. (There is a range of training available in the community and your local mental health service may be able to run some for you).

Distribute information on mental health such as this resource to all new staff as part of your induction process. Provide ongoing support to staff such as opportunities to talk about issues and brainstorm strategies.

Subscribe to 'New Paradigm' published by VICSERV. This quarterly journal showcases good practice in psychiatric disability support. It is an excellent way to develop an understanding of the complexity of the barriers and issues learners face in the process of recovery. For more information and professional development opportunities go to <http://www.vicserv.org.au>

Network with organisations and services

Identify a contact person from your local mental health service and PDRS service to liaise with and send information about your programs. As these organisations can be large it is important to have a designated worker as your point of contact who can provide support should issues arise with individual learners.

Make a presentation to your local community mental health service and PDRS to make clinicians and support workers aware of the services and facilities your ACE organisation can provide.

Join your local mental health services network if there is one.

Recruit a representative from your local mental health service onto your Committee of Management.

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Plan

Enlist the support of your Committee of Management in targeting this group of learners and include strategies for inclusion as part of your strategic planning.

Seek input to planning of programs from learners with mental health issues and seek representation on your Committee of Management.

Diverse provision

There are models of different approaches to provision in ACE that ensure access for learners with mental health issues:

1. Community Access Mental Health Alliance (CAMHA) in Eastern Region is a partnership between the Neighbourhood Houses in the Dandenong Ranges and Eastern Access Community Health (EACH). The Neighbourhood House network gives a broad range of over 90 courses that learners can access. Support workers are available to help with orientation, selection of courses, transport and supported participation for the learner to settle in if needed. Money is available to assist with course fees and mental health awareness training is provided for teachers. CAMHA currently supports 50 people with diagnosed disability into the programs offered by the Neighbourhood Houses each term. ACE clusters could look at setting up a similar model with cluster funding in their local areas.

2. Kew Neighbourhood House (KNH) and its Committee of Management is committed to inclusion of this group of learners across all program areas. Over 100 people with mental health issues access programs across the organisation. Fee relief is provided for classes and all publicity actively promotes inclusion of learners with mental health issues. Targeted recreational and social support programs are also provided. For example the 'Oasis Program' and 'Out and About' Young People's program funded through Home and Community Care targets people who are socially isolated and financially disadvantaged. A range of pathways are available from dropping in and feeling comfortable and accessing programs at the learners own pace to enrolling straight into a fee for service computer or art course. KNH is part of the Boroondara Mental Health Services Group which meets monthly. The group promotes its activities as part of the combined monthly calendar of events put out by MOSAIC (the local PDRS), CROP (a recreational program for people with mental health issues funded by city of Boroondara), KNH and St Vincent's Mental Health Service.

The right to be here

the right to be here

There are times where discrete provision can be used as a stepping stone particularly if some learners are having difficulty recovering from the acute phase of their mental illness. Holden Street Neighbourhood House provides a course for residents from Footbridge in an ACFE funded computer literacy class. Footbridge is a continuing care unit for people still in a stage of recovery from an acute phase of their mental illness

Flexible course delivery

The 'Supportive teaching and learning strategies' section details the full range of strategies available to maximise flexibility in delivery. Some examples include:

- Allowing for open absences and the capacity to reenrol the following term or semester to complete the course
- Giving learners the option to work from home
- Extending course requirement deadlines
- Contacting learners if they are absent for an extended period
- Establishing a 'study mate' system in your class. (This involves pairing off all learners in your class. The 'study mate' is the person the learner rings if they are going to be absent and they collect any handouts distributed in class).

The role of management

The process of creating a 'mental health friendly' learning organisation needs to be driven by the Committee of Management and the Manager. Unless management is committed to inclusion of people with mental health issues it will not be possible to create a 'mental health friendly' learning organisation. Additionally, management also has responsibilities for the mental health and wellbeing of staff and to non-discriminatory practices in relation to the employment of staff.

Management responsibilities include:

- Listening to the needs of learners with mental health issues when planning and clearly identifying their needs in strategic and operational plans
- Ensuring non-discriminatory processes and procedures are implemented and reasonable accommodations are made to respect the rights of all learners in relation to student selection, course and administrative requirements and assessment practices. (This might mean refining existing Access and Equity; Equal Opportunity and Learning and Assessment policies etc. to make the needs of learners with mental health issues more explicit).

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- Addressing the mental health needs of staff through the development and implementation of a Mental Health Policy or making mental health more explicit with organisation's existing Occupational Health and Safety policy. A Mental Health Policy document should include:
 - risk assessment of staff workloads and job design
 - training for staff in recognising occupational stress indicators
 - providing staff access to support services internally and externally
 - promotion of clear communication across the organisation
- Managing any critical incidents that occur and ensuring staff have an opportunity to debrief
- Organising staff training in relation to understanding mental health issues as well as training in recognising and preventing occupational stress
- Building collaborative linkages with mental health services

The Working Minds Toolkit (downloadable at <http://www.nimhe.org.uk>) is a useful resource for management as it provides a comprehensive and practical guide to making changes to policy and practice around mental health in the workplace. Although written for the British context, it has stories from real people about how they managed their mental health issue at work. It also gives case studies of good practice from a range of organisations including sample mental health policies and suggestions on managing stress in the workplace.

Supporting staff (paid and unpaid)

Just as support is provided to learners, support also needs to be provided to teachers and other staff in ACE around mental health. If staff are to provide support to a diverse range of adult learners they need a work environment that supports and promotes their own wellbeing. A 'mental health friendly' workplace values and supports all staff and provides real opportunities for them to contribute to the organisation and discuss issues. A supportive workplace provides opportunities for meaningful participation, gives positive feedback and supports teachers to manage their students. If staff are supported, turnover, stress leave and Workcover claims are greatly reduced.

Given the predominance of sessional and part-time staffing in ACE, regular program meetings may be monthly or once a term. It is important that sessional staff are given opportunities to discuss classroom issues and other concerns with peers in paid work time.

The 'mental health friendly'
classroom



The 'mental health friendly'
classroom

The 'mental health friendly' classroom

the 'mental health friendly' classroom

The role of the teacher

Teachers are crucial to the creation of a learning environment that is respectful and supportive of the rights of all learners. This pivotal role includes:

- Developing relationships with learners based on mutual respect and support, that values their life experience and who they are
- Being interested in and listening to all learners
- Respecting student's confidentiality
- Focusing on learners' strengths as the 'building blocks' for future learning
- Providing positive and encouraging feedback to all learners
- Providing an empowering learning environment where learners feel comfortable raising issues that concern them
- Using a collaborative approach to problem solving with learners
- Establishing a learner code of rights and responsibilities as a group at the beginning of the course and negotiating any changes to accommodate needs of individuals
- Providing clear boundaries where a learner's actions disrupts the group's activities
- Empathising with any difficulties that learners are having
- Exemplifying a zero tolerance to discriminatory behaviour, sexual harassment or bullying by a learner towards another learner – ensuring that no learner is humiliated or embarrassed by other students and that intrusive or insensitive questions are not asked
- Being clear in one's role as facilitator of learning and not that of a counsellor/social worker
- Maintaining sensitivity to all learners' needs while at the same time keeping the focus on the tasks in the learning environment and being clear about the boundaries for discussions in the classroom
- Being prepared to address issues with learners e.g. raising concerns if a learner is unwell and suggesting that they contact their GP
- Seeking permission from a learner to discuss an issue about them with someone else. (If a learner does not give you permission, you can discuss the issue in general terms provided you don't disclose their name or class grouping)

The 'mental health friendly' classroom

the 'mental health friendly' classroom

In particular, there may be the need to support a learner returning to the classroom after a 'difficult' or 'embarrassing' situation as a result of behaviour caused by their mental health problem. It is important to ask the learner what can be done to support their return. There may be a need to explain a learner's behaviour to other students. For example, behaviour could be explained in terms of lack of control because of illness and stress. Andrews and McLean (1999b:11) suggest ways that learners can explain their own behaviour if they are concerned:

'I have stress-related issues which impact on my wellbeing...'

'I have had a mental illness and I am almost over it now, but I am still prone to relapse under stressful conditions.. '

'The side effects of medication mean that

The 'need to know' about learners

Just as there is no such thing as a typical adult learner there is no such thing as a typical learner with a mental health problem. Knowing a person's mental health diagnosis is of little use in predicting how someone will cope in our ACE learning environments as no two individual's experiences of the same mental health issue will be identical.

Due to the episodic nature of mental illnesses and their developmental and fluctuating natures, learners will need different levels of support. An 'episode' is a period when the symptoms of the mental health problem reoccur. This can be triggered when a person becomes overstressed or there has been a traumatic event or a change in medication.

All learners will have different needs and be at different stages in the process of recovery. As Andrews and McLean (1999a) identify, a learner may be participating in a courses:

- fully recovered from their mental health issue and not needing any support
- distressed as a result of a recent personal loss

The 'mental health friendly' classroom

the 'mental health friendly' classroom

- experienced at managing their long-term mental health issue and able to seek support when needed
- vulnerable and in need of support having only recently been discharged from a mental health service
- about to relapse
- unaware that they are unwell and having never sought treatment

Teachers only need to know about a person's mental health issue as it relates to their learning, e.g. the types of things learners may want to disclose are that they may have difficulty attending class, their medication makes them drowsy, or they get anxious or stressed easily.

If you have the opportunity to interview students before the course the kind of information needed is that of any learner participating in ACE:

- Why are you interested in this course?
- What previous courses have you done?
- What do you enjoy doing? What are you good at?
- What do you have difficulty with?
- What might make things easier for you to participate in the class?
- Are there any health issues that will make learning difficult for you? How can we help?
- What are your future education and/or employment goals?

The reality in ACE is that there is not always the opportunity to interview students prior to commencement. Furthermore many learners will not be aware of their learning support needs until after they start the course. Therefore it is very important that all learners are made aware from the first class that teachers are approachable throughout the course should issues arise. In a 'mental health friendly' learning organisation all learners will feel comfortable talking about their learning needs and seeking extra help.

Supportive teaching and learning strategies

Because mental health difficulties impact particularly on thinking ability, for some learners some of the time learning will be difficult. Adult educators already adapt their teaching and assessment strategies to respond to the needs of individuals, so many of the suggestions that follow mirror existing practice.

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The tabled information details supportive strategies that teachers can adopt to limit the impact of a learner's mental health difficulties on their capacity to be an effective learner. It draws on the work of Andrews, J & McLean, P (1999: 47-62) Mather, J & Atkinson, S (2003:40-44). Many of the strategies are practical and easily implemented and will go a long way to creating the flexibility in approach needed to respond to the often invisible needs of this group of learners.

It is important to note that a learner may have one or some of these issues to varying degrees. It is the responsibility of the teacher to understand how a learner may be affected and negotiate (with the learner) an acceptable/ productive way of dealing with any difficulties.

Teachers must remember that the learner is the expert on their mental health issue and its effect(s).

Thinking ability:

Impact on the individual	Implications for the teaching/learning context	Suggested solutions
Disorganised thought processes including difficulty making decisions, organising and planning ahead	Taking a long time to reach a decision on which course to enrol to do	Patience with decision making process; reframe or redirect topic
	Overwhelmed if given too much information	Break down task into smaller steps
	Limited in number of activities that can be completed in time frame and level of understanding	Set realistic achievable outcomes. Provide extra time to complete learning activities and reduce number of activities
	Difficulty with time management, planning ahead	Help with study and organisational skills and learning to learn strategies
Difficulty concentrating and remembering	Memory lapses Difficulty recalling information	Revise what was covered in the previous class
	Short attention span making it difficult to focus on the task at hand	Frequent rest breaks Range of different types of learning activities in a session Minimise distractions

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Thinking ability:

Impact on the individual	Implications for the teaching/learning context	Suggested solutions
Lack of confidence and low self esteem	<p>Difficulty coping with interruptions and crowded noisy environment Finding the environment over stimulating</p>	<p>Quiet space to withdraw to work, away from noise Small groups</p>
	<p>Difficulty following complicated instructions and integrating material from a range of sources</p>	<p>Simplify instructions One task at a time</p>
	<p>Difficulty reading texts and distinguishing relevant information or putting things in a proper sequence when unwell</p>	<p>Help with identifying key information; class discussion and building up key points as a group on board may be helpful</p>
	<p>May be distracted by racing thoughts, intrusive images, obsessional thoughts or auditory hallucinations (hearing voices) that make it hard to concentrate on learning tasks</p>	<p>Empathise with difficulties Gently trying to distract and encouraging back on to task</p>
	<p>Low expectations of own ability and not able to see successes</p>	<p>Provide manageable activities that show immediate success in beginning</p>
	<p>Fear of failure</p>	<p>Focus on strengths Being clear about what is expected in the course</p>
	<p>Difficulty initiating contact with teacher and asking for help even if aware it is available</p>	<p>Make clear to all learners in first class that you are available for any issues and concerns</p>
	<p>Being withdrawn or isolated in the class</p> <p>Oversensitive to negative feedback</p>	<p>Provide opportunities for interaction in pairs or small groups rather than whole class.</p> <p>Give oral feedback in a positive manner than written feedback on assignment tasks</p>

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Anxiety

Impact on the individual	Implications for the teaching/learning context	Suggested solutions
<p>Many people with mental health issues experience high levels of anxiety. Outwardly the learner may appear tense and worried and /or restless.</p>	<p>New experiences e.g. starting a new course and/or meeting new people may increase anxiety levels. Learners may be tense on arrival</p>	<p>If possible show learners around the buildings prior to the course starting Be clear about expectations and what you are doing Show encouragement Build trust and empathy</p>
<p>Severe anxiety reduces concentration, distorts perception and interferes with the learning process.</p>	<p>Difficulty coping in a crowded room</p>	<p>Provide seating near the door and freedom to leave if a learner is feeling panicky Provide a separate, quiet area</p>
	<p>Too panicky to enter a room full of people</p>	<p>Respect their need to work on their own</p>
	<p>Needing to leave the room suddenly without explanation</p>	<p>Understand that some may arrive late so they can come in when everyone is settled</p>
		<p>Being flexible about people leaving</p>
	<p>Difficulty responding to questions in class</p>	<p>Direct questions to group and don't single out individuals</p>
	<p>Rigid thinking patterns and inflexible approaches to tasks as a way of managing anxiety</p>	<p>Understand why a student may be highly focused on one task to the detriment of others and allow learners to work to at their own pace Gently encourage movement to next task</p>
	<p>Easily pressured and may be particularly anxious during assessment if doing an accredited course</p>	<p>Negotiate realistic tasks with the learner Reduce anxiety by giving prompt feedback Be sensitive to heightened pressure around assessment time and follow up with learners if absent or considering deferral etc.</p>

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Anxiety

Impact on the individual	Implications for the teaching/learning context	Suggested solutions
	<p>Increased anxiety if there is a change to routine e.g. timetable change, teacher absence etc</p> <p>Increased vulnerability at certain times in course: -around holidays -before or during assessment -towards end of course</p>	<p>Give prior warning about any changes e.g. rooms or teacher absences etc.</p> <p>Be aware of potential for learners to 'give up' around these times and maintain contact with absentees etc.</p>

Motivation

Impact on the individual	Implications for the teaching/learning context	Suggested solutions
<p>Multiple possible causes including:</p> <ul style="list-style-type: none"> ● impact of depression ● grief ● sense of hopelessness ● tiredness ● exhaustion ● sedating effects of some medications 	<p>Learners may appear withdrawn and disinterested in completing work; not being 'connected' to activities</p>	<p>Be interested in the learners well-being: see if some common interest can be found as a way of connecting with the learner</p> <p>Understand that disinterest in classroom activities is not criticism of your teaching</p> <p>Encourage the smallest achievements e.g. entering and staying in a room with a group of people would be a great achievement for some learners</p>

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Interpersonal skills:

Impact on the individual	Implications for the teaching/learning context	Suggested solutions
<p>Key indicators of the presence of mental health issue are:</p> <ul style="list-style-type: none"> ● social withdrawal ● isolation ● difficulties interacting with others 	<p>Fear of interacting with others</p> <p>Avoidance of group tasks</p> <p>Exclusion by other learners because of 'different behaviour'</p>	<p>Be flexible about learners leaving the room Pair students for work Be flexible about attendance and working from home</p> <p>Respect learners' need to work on their own until comfortable working with others Provide individual tasks as alternatives to a group activities on occasion</p> <p>Encourage inclusion in break time Use small group activities Provide information about recreational/ leisure/social activities as way of linking into community Organise informal excursions</p> <p>Allow learner the flexibility to continue working after the class/session is over – quiet time to concentrate reduces study time at home if living arrangements are stressful</p>

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Emotional health:

Impact on the individual	Implications for the teaching/learning context	Suggested solutions
Inappropriate expressions of emotion	Unwilling (due to embarrassment) to rejoin class after public display of emotion Excitement, overtalkativeness, repeatedly asking same questions	Encourage learner to rejoin group Acknowledge understanding that behaviour is a mental health symptom Ask the learner how to help them rejoin the group e.g. offer to explain to others Focus on previous positive behaviour and the learner's strengths.
Bluntness and flatness of emotion, being unable to make eye contact	Unsettling for group Intimidating other students	Work to include learner in break discussions with rest of group. Encourage even the smallest achievement
Unexplained expressions of anger, agitation and frustration	Creates an uncomfortable feeling in the classroom May be result of illness but equally may be a result of way they are being treated Alienates learner from other learners	Acknowledge frustration and try to understand/empathise with cause Be calm, patient and empathise with how the learner is feeling Acknowledge the learner's difficulties- don't take it personally <i>'I can see that you are upset. Is there something I can do?'</i> Suggest a break, coffee or a walk to calm down Talk to the learner after the incident to work out causes or triggers for strong reactions

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Physical side effects of medications:

Impact on the individual	Implications for the teaching/learning context	Suggested solutions
(Side effects vary according to the type of medication and will differ from individual to individual)	Medications potentially reduce the learner's capacity to perform to their true ability in the learning environment	
Drowsiness and lethargy	Difficulty functioning in the morning, prolonged absences, missed classes Inability to concentrate for long periods Difficulty getting through the day Increased sensitivity to stress and strain	Timetabled classes in the afternoon Quiet space to rest Reduced work load, flexible attendance requirements A designated study mate Self paced/flexible delivery
Memory lapses	(See concentration section)	
Restlessness	Unable to sit through class	Frequent breaks, with freedom to leave room and go for walks
Dry mouth/persistent thirst	May interfere with accepted class rules e.g. no drinks in computer lab.	Allow drinks in class/ frequent drink breaks
Problems with coordination e.g. shakiness/tremors in hands	Difficulty doing manual tasks such as using a computer mouse	Adapt mouse to minimise impact of shakes. Oral tasks substituted for manual tasks and vice versa as per need
Involuntary movements of mouth, tongue and other parts of the body	Not wanting to enrol in course because embarrassed in front of other students	Encourage learner (or permit teacher) to explain this to peers
Sun sensitivity	Unable to participate in outdoor activities	Provide an alternative activity
Headaches Nausea	General sense of being unwell and discomfort Absences	Empathise, provide outside breaks, place to rest
Vision difficulties	Difficulty with dealing with written texts, computer based material	Provide oral explanations and discussions of text

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Periods of illness, changes to medication and the impact of hospitalisation:

Impact on the individual	Implications for the teaching/learning context	Suggested solutions
<p>It can be difficult to identify a mental health issue as its onset can occur over a period of years. Therefore the developmental, unpredictable and recurring nature of some mental illnesses means some learners may be in and out of hospital</p> <p>Learners may be also impacted by changes in medication</p>	<p>Frequent and unexplained absences from class Interrupted learning</p> <p>Problems meeting course requirements and due dates for completion</p> <p>Withdrawal without explanation</p> <p>Inability to complete course on time</p> <p>Unwilling to return because fearful of having to explain and perception of stigma associated with mental illness</p>	<p>Flexible delivery- give learners tasks they can do at home or online Email learners to keep in contact if they are away for extended periods Provide opportunities for catch up or follow up sessions</p> <p>Study mate (pair each student with another to contact if absent and collect any handouts)</p> <p>Provide outline of course at beginning with handouts and assessment tasks dates marked</p> <p>Give extensions for assessment</p> <p>Be flexible if there is an attendance requirement for the course and allow students to work from home</p> <p>Facilitate ongoing enrolments with the capacity for learners to re-enrol next semester if work not completed</p> <p>Contact learners if absent for extended period- don't wait for student to contact you follow up absences</p>

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Other issues:

Impact on the individual	Implications for the teaching/learning context	Suggested solutions
<p>Heavy smoking</p> <p>Disturbed sleep patterns</p>	<p>Need for frequent breaks</p> <p>Exhaustion Unable to concentrate on task Difficulty staying awake during the day Missing classes</p>	<p>Negotiate reasonable breaks</p> <p>Allow extra time for task completion or let learners take work home Tape classes Use and support study mate system</p>
<p>Lack of insight into impacts of mental health issue on their wellbeing</p>	<p>Unaware that they are not coping in learning environment</p> <p>Uncritical of their own opinions and prejudices</p>	<p>Facilitate one to one discussion to develop strategies.</p> <p>If concerned about a learner's general wellbeing, suggest the learner contact their GP or case manager</p>

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Assisting learners with the assessment process (accredited delivery)

For many students with mental health issues their inability to complete the course or an assessment task is not about their ability but reflects a period of illness beyond their control. One of the advantages of competency based assessment is that students have multiple opportunities to demonstrate competence. This means that if a learner is in a phase of being unwell the assessment requirements can be completed when they have recovered.

What follows are suggested strategies for teachers to ensure that the assessment processes are inclusive of learners with mental health issues, as with other suggestions in this resource, many ACE teachers use many of these strategies as part of their ACE practice.

- Be clear about what is being assessed and how, by using short simple instructions
- Provide multiple opportunities for practice and reassurance before assessment
- Include self assessment as a component of the course
- Use a diversity of assessment methods and provide alternatives based on the needs of the learner:
 - Tape or video presentations rather than having to stand up in front of the class
 - Present to teacher not to whole class
 - Substitute written for oral presentations and vice versa depending on difficulties learner is facing
 - Provide an alternative to group based assessment such as an individual project
 - Allow for project based tasks related to their own interest if there is difficulty focusing on class topic
 - Provide an alternative to written assessment if having difficulty reading and organising their thoughts after period in hospital
 - Short answer questions rather than multiple choice questions are more realistic assessment of knowledge for learners with memory loss or concentration difficulties

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- Give extra time to complete any class based assessment task and /or capacity to complete at home particularly if the learner suffers panic attacks and/or anxiety
- Provide breaks during an assessment activity and/or a separate room so learner can work at own pace
- Give feedback quickly on assessment to limit anxiety
- Postpone an assessment if a learner is in an active phase of their illness and organise for it to be completed at a later date
- Realistic extensions for work requirements that take into account the length of time the learner has been absent
- Organise for any assessment to be completed at a time of day that suits the learner e.g. later in the day if impacted by drowsiness from medication early in the day
- Consider ways of acknowledging even the smallest achievements. For some learners it may be enough that they have managed to get through the door, and attend some classes even if they haven't completed the formal work of the course. Or that the learners participated in a group activity for the first time. A certificate of participation is an alternative if a learner has not adequately completed the formal assessment requirements of the course
- If a learner fails to complete an accredited course, record it as a non accessible enrolment, not satisfactorily completed for AVETMISS purposes so that the learner can reenrol in the course next time.

Adapted from UniAbility project (2004)

Managing 'different' behaviours

This section was the most requested by ACE teachers when researching this resource. It is included with an important disclaimer:

A learner living with a mental health issue is no more likely – than any other learner – to provide challenges in the learning environment. 'Different' behaviour can be displayed by any learner.

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Andrews & McLean (1999a) argue that it is how an audience views a situation that defines whether a particular behaviour is seen as 'difficult', 'inappropriate', 'unusual', 'problematic' or 'harmful'. As such, any behaviour needs to be considered in its full context: the meaning for the learner concerned, the cause of the behaviour and the dynamics of the situation.

'Different' behaviour therefore is behaviour that we don't understand.

The more experienced one is in working with learners from diverse backgrounds the more respectful and flexible one will be about difference and the more one can challenge one's prejudices and preconceptions. 'Different' behaviour can make sense once the causes are understood.

'Robert would often lie on the floor talking to himself in our quiet room between classes. Robert has told us that when he lies down he doesn't hear the voices as much. This behaviour makes great sense to Robert but may be interpreted as unusual by others who don't know him or the reasons for the behaviour.'

'George in our youth literacy group paces up and down out the front of our building for extended periods during the session. George has told us that the medication he is on makes him need to pace up and down and take breaks. Understanding this means that we can allow him the flexibility to move in and out of the classroom.'

It is also important to note that some learners will need time to settle in and relax when they first join a group. This means that some behaviour that appears as 'different' and confronting may diminish as the learner settles in and feels safe and comfortable in the learning environment.

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Balancing individual and group needs

Teaching is about balancing the diverse needs of individual learners without compromising the needs and interests of the group. It is important to acknowledge that some learner's behaviour can be difficult and confronting at times. There may be times when a learner's behaviour needs clear boundaries because of the impact it is having on the whole group.

'We have had the experience with a student talking about 'people being out to get me' in every class and ringing and leaving 20 phone messages at different times during the night on our answering machine. A number of students had left the group because of her behaviour and we were at risk of not having any group of learners left after 4 weeks. We needed to create clear boundaries and maintain our focus on the learning environment while at the time acknowledging and being supportive of her situation.'

'..Things must be very difficult for you. However this isn't the time to talk about these issues. Have you someone close to you can talk to - a friend or counsellor? Can I refer you to someone?..'

The key is to create an open trusting, supportive learning environment respectful of all learners. Discuss with all learners their rights and responsibilities and negotiate with the group what is acceptable to everyone. For example, if you are aware that someone may need breaks you can include this in your negotiated 'Learners' rights and responsibilities' at the beginning of the course, because some learners may miss the early sessions due to ongoing enrolments or illness, the negotiation of learners' rights may need to be revisited at different times throughout the course.

Where behaviour does disrupt the rest of the group's activities it is important to provide clear boundaries.

Possible strategies to achieve this include:

- Discuss privately after class the need for learners to listen and not jump in and take over.

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- Suggest strategies for minimising interruptions to class

'When you arrive late, talk to me at the end of the class about your reasons so we don't all stop what we are doing'

- Help to keep the learner on track by shifting the focus back to the task at hand

'How are you going with your clip art Sarah?'

- Name behaviour that is unacceptable and suggest alternative approaches

'When you stand too close to me I feel my personal space is invaded. I need my personal space. Can you take a step back?'

On the other hand, it is important to recognise that some learners may be totally unaware of the impact of their behaviour on others. A learner may be being wrongly labelled as 'attention seeking', 'self absorbed' or 'annoying' when their behaviour is a result of their mental health difficulties. The key is to work in collaboration with the learner to offer them other ways of expressing their needs.

Additional Strategies

There are a number of other possible strategies that can be used to effectively accommodate a learner's actions in the classroom context:

- Be sensitive to early signs of potentially difficult behaviour such as agitation and enable learners to withdraw rather than attempt to manage the behaviour. For example, suggest a break, coffee, walk or going to a quiet place within the building
- Identify and minimise any actions that trigger behaviour. For example if a person is expressing paranoia it is important to avoid direct eye contact or touching the person, use simple, clear language, talk in the 3rd person e.g. 'they,' not 'you' or 'I'.
- Protect the learner if they are distressed or behaving in an embarrassing way in front of others, encourage them to leave the room with you and discuss the matter in private or with another trusted person.
- Maintain a focus on the learner's wellbeing and safety, not their negative behaviour

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- Empathise with the situation and express your concern by acknowledging the learner's feelings without necessarily agreeing with their position

' I understand this is very upsetting for you ... '

- Redirect anger or frustration by suggesting action

' Why don't you make a formal complaint in writing to the manager about your concerns?'

- Ensure that every learner whose negative behaviour is symptomatic of their mental health problem has the right to return

'We have had situations with learners where we have asked them to leave when they have become verbally abusive during a manic episode. At this point they have been unable to control this behaviour, as it has been part of the recurrence of their illness. When they have returned after a period of treatment, we have welcomed them back with open arms.'

- Seek support and advice from other staff (internally or externally) where a learner's behaviour severely disrupts their ability to learn and participate in class even though you have tried a number of strategies. There may be times where the impact of a learner's mental health issue does prevent them from participating at that time.

Looking after yourself

Sometimes ACE is seen as providing 'all things to all people' so it is important that if external agencies are putting unrealistic demands on you and your organisation's capacity to support a learner in the classroom , it is important that issues are discussed and documented with your manager and that goals and objectives are clear and realistic.

- Be clear about your role as facilitator of learning
- Discuss with peers what you might do to address a student's pattern of 'difficult' behaviour

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- Debrief and review disruptive classroom incidents with peers. Consider possible causes, if the situation could have been anticipated and how you would approach the same situation if it occurs again. It is important to plan ahead.
- Find out what support is available either within your organisation or externally. What attracts many to ACE teaching in the first place is the wanting to make a difference to the lives of learners. However the adversity and stress that some learners faced can overwhelm teachers and rekindle personal issues. The health and welfare sector combat this with a common practice known as 'supervision'. It provides non judgemental time to question what a worker is doing and their responses. Teachers may need this opportunity as well.
- Look after yourself – have someone trusted to talk to about your own issues, exercise regularly and incorporate regular relaxation time, eat a healthy, balanced diet
- Minimise stress
- Identify the causes of your stresses and how to avoid them
- Accept what you can and can't change
- Address issues proactively rather than waiting for them to happen
- Gain control over the things that you can influence

Experienced teachers must not ignore their intuitive knowledge about learners and the dynamics of the classroom, if you are feeling upset or frightened and you cannot manage a situation with a learner, get help.

- Stay calm and connected to the learner and be conscious of your own body language and gaze. Make sure the learner does not feel cornered and that they have an exit from the room if required
- Calmly ask the learner to leave. Aggressive people will often respond calmly to calm requests. If the person will not leave, ask others to leave quietly
- Identify the contact in your organisation who you can call immediately if you are feeling concerned
'I really think it is better to get (name of person) to give us a hand here. I'll just give him/her a call and you'll find them more useful/helpful than me'
- Your organisation will have processes and procedures in place for dealing with critical incidents. It is important that you are familiar with these
- If you are concerned that a person is at risk to themselves or others, call the police

Online Resources



Online resources

Accessing mental health services in Victoria

Victorian Government Mental Health Service Website

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

There will be a local public mental health service and support services in your area. Find these services under the Accessing Services link by location including a description of the service type.

General mental health information

SANE Australia

<http://www.sane.org>

SANE is a national charity that promotes the interests of people with mental illness and educates the general community through the media. Excellent series of downloadable SANE Fact sheets around diagnosis and related issues are available under the information section.

The online bookshop has a series of easy to read SANE Guides around Drugs, Bipolar Disorder, Schizophrenia, Psychosis and Treatment available for purchase online as well as CD roms and videos on mental health difficulties.

Mental Health First Aid

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

This downloadable course was developed by the Centre for Mental Health Research, Australian National University. It has chapters on depression, anxiety disorders, psychosis and substance use disorders. Each chapter gives practical information with an explanation of the symptoms of the illness, causes, and then steps in aiding someone to seek help. Excellent resource to download for reference for your learning centre.

Mental Health and Wellbeing

<http://www.mentalhealth.gov.au>

This is the website of the Mental Health and Special Programs Branch Commonwealth of Australia Department of Health and Ageing. There are excellent mental health information brochures in the 'What is?' series that can be downloaded or ordered free of charge under publications and resources section:

Mental illness: the facts.

What is depression?

What is schizophrenia?

What are eating disorders?

What are anxiety disorders?

Online resources

online resources

Victorian State Government Mental Health Services Website

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

Includes contact details for mental health services in Victoria. This site also includes Information for Patients fact sheets on different medications used to treat mental illness including side effects.

Better Health Channel

<http://www.betterhealth.vic.gov.au>

Includes a directory to search for health services, practitioners and information on a wide variety of health issues.

Specific mental health issues

Anxiety disorder

Anxiety is a normal part of life but it can reduce one's ability to function if anxiety levels are very high. It can cause restlessness and sleeping problems, difficulty concentrating as well as physical symptoms such as headaches, upset stomach, increased heartbeat, dizziness, nausea, tremors and shaking. It can lead to avoiding situations and experiencing a high level of distress in social situations. There are many different types of anxiety disorders. These include panic, phobic, post-traumatic stress and obsessive-compulsive disorder.

Anxiety Disorders Foundation Of Australia

<http://www.geocities.com/adfantswinc/adfa.html>

This site contains a directory of clinics and Internet links on anxiety.

The Anxiety Disorders Clinic, St Vincent's Hospital, Sydney

<http://www.crufad.com/>

Excellent Australian site on anxiety disorders

Anxiety Network Australia

www.anxietynetwork.com.au

Online resources

online resources

Bipolar mood disorder

This is the new name for manic-depression as it better describes the characteristic mood swings from deep depression to extreme elation or 'highs'. Relentless high activity, scattered ideas, easy distraction, irritability, recklessness and loss of inhibition can occur during manic episodes.

SANE Australia

<http://www.sane.org>

Excellent source of information and resources on bipolar disorder

Depression and Bipolar Support Alliance

<http://www.dbsalliance.org>

This site has downloadable fact sheets and booklets for people with mood disorders and their families.

Depression

The word clinical depression describes a group of illnesses characterised by excessive or long-term depressed mood. People who are depressed can feel hopeless, worthless, unmotivated and exhausted. They lose interest in activities that they previously enjoyed. It can cause sleep disturbance, loss of appetite, lowered self-esteem and difficulty in concentrating and decision-making. Depression is also a feature of other illnesses such as bipolar disorder. Men who abuse alcohol and drugs and women who experience anxiety are also more likely to experience depression.

Beyondblue: the national depression initiative

<http://www.beyondblue.org.au>

This site was part of a national initiative to raise community awareness about depression. It includes a comprehensive series of 15 downloadable fact sheets on a range of depression related topics. It has an extensive range of related links to other websites on depression and anxiety.

BluePages

<http://bluepages.anu.edu.au>

This site was developed by the Centre for Mental Health Research at the Australian National University. It provides information about the symptoms and types of treatment available for depression and their relative efficacy.

Online resources

online resources

depressioNet

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

This independent website is maintained by Australians from a variety of backgrounds who have personal experiences of depression. As well as giving a range of helpful information about depression it has stories of contributors own experiences, a message board and chat room.

MoodGYM

<http://moodgym.anu.edu.au>

Includes self help activities based on cognitive behavioural therapy that teach people different ways of thinking which help prevent depression.

PaNDa

www.vicnet.net.au/~panda

This site was produced by a Victorian not for profit association that works for women and their families affected by antenatal and postnatal depression. Information and support is available.

Eating disorders

Anorexia and bulimia involve a preoccupation with control over eating, body, weight and food. The impact on the individual includes physical breakdown, social isolation, depression and mood swings.

Eating Disorders Association (Australia)

www.uq.net.au/eda

Eating Disorders Foundation of Victoria

www.eatingdisorders.org.au

Panic attacks

Panic attacks are sudden, unexpected bouts of fear or terror that can occur at any time. Physical symptoms include shortness of breath, heart palpitations, chest pain, choking, trembling and fainting. Many of the physical symptoms are similar to those of a heart attack.

Mental Health First Aid

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

The downloadable PDF manual has instructions on how to help a person having a panic attack (p.27)

Online resources

online resources

Panic Online Resource

http://www.ballarat.edu.au/au/non_academic/external/rural/panic

University of Ballarat's Psychology department has developed this Panic Online Resource that gives information about panic disorder and how to reduce panic attacks

Psychosis

This term is used to describe a mental health problem where the person seems to have lost touch with reality. It includes disturbance in perception (hallucinations), disturbances of belief and interpretation of the environment (delusions) and disorganised thought and speech patterns (thought disorder). The main psychotic illnesses are schizophrenia, bipolar disorder, psychotic depression, schizo-affective disorder and drug induced psychosis.

Early Psychosis Prevention and Intervention Centre (EPIC)

<http://www.eppic.org.au>

Excellent downloadable information sheets on psychosis. This service aims at meeting the needs of young people with emerging psychotic disorders.

SANE Australia

<http://www.sane.org>

Excellent source of information and resources on psychosis, bipolar disorder and schizophrenia including cannabis and psychosis fact sheet and Something is not quite right -getting help early for mental illness checklist.

Early Psychosis Australia

<http://www.earlypsychosis.org>

Online resources

online resources

Schizophrenia

Schizophrenia is a medical condition that is characterised by distorted thoughts and perceptions. This can include hallucinations (seeing, hearing and perceiving things that are not there), delusions and false beliefs. Other symptoms may include loss of motivation, social withdrawal, bluntness and flatness of emotion and lack of insight into own behaviour. The first onset is usually in adolescence or early adulthood. During onset, which may be rapid or over years, the person usually withdraws from others, gets depressed and anxious and develops extreme fears or obsessions. Early diagnosis and treatment improves the outcomes of the illness.

SANE Australia

<http://www.sane.org>

Early Psychosis Prevention and Intervention Centre (EPIC)

<http://www.eppic.org.au>

Excellent downloadable information sheets on psychosis. This service aims at meeting the needs of young people with emerging psychotic disorders

Mental Illness Fellowship

www.mifellowship.org

Substance abuse disorders

Substance abuse problems include drug and alcohol dependence leading to problems at work, home or school; drug and alcohol use to levels that damage health.

SANE Australia

<http://www.sane.org>

SANE Fact sheet 6. Drugs and mental illness: downloadable in PDF format

Australian Drug Foundation

<http://www.adf.org.au>

Australian Drug Information Network

<http://www.adf.org.au>

A website linking people to a comprehensive range of websites on alcohol and drugs

Online resources

online resources

Carers

Many learners with a mental health issue may be supported and cared for by a family member.

Association for Relatives and Friends of the Emotionally and Mentally Ill (ARAFEMI)

<http://www.arafemi.org.au>

Provides support to individuals and their families dealing with serious emotional or mental illness.

Tool Kit for Carers of People with Mental Illness

<http://www.lifeline.org.au/content/carers.pdf>

This downloadable 6 page information sheet provides advice to carers on understanding what is happening to their loved one, communicating and where to get help. Could be copied and put in information section of your centre.

Cultural diversity and mental health

The interpretations and meanings assigned to mental illness by different cultural groups further impacts on the experience of mental health issues for individuals in Australian society. This can lead to the individual and family being totally isolated from their community and being blamed for the illness. Some cultural beliefs may include that mental illness is caused by:

- bad deeds
- criminal behaviour
- previous bad life in one's ancestry
- bad karma
- evil spirits
- mixing with mentally ill people
- talking about mental illness

Multicultural Mental Health Australia (2002: 19)

There is an increased vulnerability to mental health issues for learners who have come to Australia on humanitarian grounds. Many will have experienced torture, trauma and loss that cause severe distress in addition to the stresses of adjusting to life in Australia. The impact of torture and trauma are far reaching and disrupt the ability to learn, work, maintain relationships and effectively adjust to life here. The Victorian Foundation for the Survivors of Torture (1998) emphasise that it is critical that trauma is not recreated in the classroom.

Online resources

online resources

Teachers must be sensitive in their choice of topics e.g limit discussions of background history and personal family background so that learners can choose whether to talk about their experience or not.

Multicultural Mental Health Australia

<http://www.mmha.org.au>

Multicultural Mental Health Australia (MMHA) provides national leadership in mental health and suicide prevention for Australians from culturally and linguistically diverse (CALD) backgrounds. Downloadable information in community languages can be accessed through the library and information services section. Cultural Awareness Tool: Understanding Cultural Diversity in Mental Health is downloadable in PDF format from this site. Although written for Health Professionals it is useful for teachers to gain an understanding of impact of migration on mental health.

Action and Disability In Ethnic Communities (ADEC)

<http://www.adec.org.au>

This site has a range of resources including downloadable information in community languages.

Victorian State Government Mental Health Services Website

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

Victorian Foundation for the Survivors of Torture (VFST)

<http://survivorvic.org.au>

Rebuilding Shattered Lives can be purchased from VFST. This guide is designed for workers in community settings, including health welfare and education, to assist people who are survivors of torture and trauma. The resource provides a framework of understanding the refugee experience, the psycho-social impact of torture and trauma and the resulting symptoms, signs and behaviours and then discusses key approaches to recovery. There is a section specifically written for English as a Second Language (ESL) teachers working with adults. It also includes guidelines for working with interpreters.

SANE Australia

<http://www.sane.org>

The SANE Fact sheets are downloadable in key community languages.

Online resources

online resources

Young people

75% of mental illness first occurs in young people aged 15 -24. These sites could be used to raise awareness of mental health issues for these learners in ACE settings.

Orygen Youth Health

<http://orygen.org/clinicalprogram/links/html>

Fact sheets in accessible language for young people.

It's alright

<http://www.itsallright.org/>

SANE's website for young people. It includes the diaries of 4 fictional teenagers touched by mental illness. This could be used as a teaching resource in a youth literacy group.

Reach Out!

<http://www.reachout.asn.au>

Make a noise

<http://makeanoise.ysp.org.au/>

Getting help: for you or others

For immediate counselling assistance as well as contacts, further information and help you could ring:

SANE Australia 1800688382

Lifeline 131114

If worried about a learner's general wellbeing, discuss your concerns with them privately and ask them if it is anything to do with you, other students or the classroom activities.

- For a classroom issue, work through the issue together to come up with a solution
- For a personal issue that the learner wishes to disclose, listen and empathise. Check if they have an existing support network in place and if not, refer them to an appropriate agency
- If the learner doesn't wish to discuss any issues with you at this point in time, make it clear that you are happy to be contacted at any time if the learner thinks of any suggestions which would make the learning environment more supportive for them.

Online resources

online resources

If you are worried that a learner is at risk to themselves:

- Express your concern and suggest they contact their GP, Case Manager or primary support person.
- If the person refuses to contact or consent to you contacting them:
 - discuss with responsible person within your organisation
 - If both agree the person is at risk, let the learner know who you are going to ring and what you are going to say

Contact the local Area Mental Health Service by phoning the major public hospital in the area. Details of local services are available on the Department of Human Services website at:

www.health.vic.gov.au/mentalhealth

If there is a concern that a learner is **an immediate risk to others:**
Call the police.

Your ACE organisation will have procedures in place for emergencies. It is important that you are familiar with these.

Case Studies



Case studies

Case studies 'mental health friendly' environments in action

case studies

The following extracts are four teachers' reflections on including people with mental health issues in their class. They demonstrate:

- The inherent tensions present when managing a group of learners with a diverse range of needs
- The kinds of accommodations that teachers can make to ensure that students with mental health issues can actively be included in our programs
- The uniqueness of each situation – taking the time to sit back and observe what works for a particular learner and what doesn't
- The importance of treating all learners as individuals

These case studies can be used to generate discussion with colleagues.

Questions for consideration:

1. What accommodations have been made to include the learner in the group?
2. What tensions exist?
3. What other strategies if any would you employ?
4. How realistic are these situations?
5. Are these strategies any different to the ones you already use when working with a diverse range of learners? If so, what makes them different?

Case studies: Computers for women

computers for women

My early recollections of 'Emma' were seeing her in the Out & About weekly youth program at the Kew Neighbourhood House. This program is for young people with mental health difficulties. I teach in the computer lab on the same day so I'm aware of an influx of young people but have not had much to do with the participants. I do however recognise the regulars who attend this program.

Prior to starting the course Emma had come to the office each week for 12 weeks exploring computer class options and asking the same questions over and over again. She was very keen to undertake an accredited course and have her achievements recognised at the end but she could not make up her mind which course to do. Patiently we went through the options each time she asked. Finally the week before the course started, Emma enrolled.

The course teacher was notified that Emma was coming to the group and that if she attended some classes it would be a great outcome. We wanted to give 'her a go'. The current climate's need for outcomes can put great pressure on teachers -holding onto people, particularly in a class comprising women who are taking their 'first steps' back into the world of work, can be fraught. We were determined to celebrate that fact that Emma was having a go.

'Women and Technology' is a class for women who are starting out with computers. It runs over a semester. The majority of women are young mothers, 35 +, who have children of pre school or primary school age (although women of any age can attend). One of the biggest barriers to completing this course is child sickness, if women lose a few weeks in the class they can lack the confidence to return. If teachers don't follow up as soon as possible, it's hard to get them back.

Course content covers basic word processing, internet and email. Short projects & assessment tasks done at home and in class in small groups are part of the curriculum. There's a lot of class discussion around issues in technology and more often than not these chats spill over into issues in the students' lives. So it's a supportive, friendly course for new computer learners.

At the start of the course we discuss issues and decide upon some guidelines for the group. These are revisited along the way if something isn't working. I build in a few 'givens' such as asking the students to ring the House if they are unable to attend. Another one is for students to pair off and 'collect handouts if their partner is absent'.

Case studies: Computers for women

computers for women continued

From the first day Emma was very quiet and solemn. She did ask if she was in the right room and sat at a corner computer. She remained at this computer for the 20 weeks. Because she was in a corner she did have a person to her left and another on her right, but only one student was visible to her.

The introductory class usually has a 'Getting to know you' activity. Students chat with each other about their reasons for coming to class; what they know/don't know about computers; what they want to learn. This is followed by a reporting back to the wider group about the person each student chatted to.

I recall Emma being uncomfortable and awkward talking to another person. Her interaction was limited and I recall the student she talked with having very little to say about her. Equally, Emma had little to say about her partner. When we talked about student responsibilities, Emma said 'I don't know.' This was a common experience in the class with Emma.

Over time it was also apparent that the other students were ambivalent or concerned about working in pairs with her. No-one avoided pairing up with Emma, but student body language told me that it was difficult to discuss issues, share work or help her out. In the early days, my concern was to hold the class together and to ensure that everyone stayed and had a good time.

During breaks, we would have morning tea outside. Emma always left the class on her own or a bit before the coffee break. Outside she sat on the steps away from the main group and ate some food and had a drink. She read on occasions. These early days were hard, because Emma came across as incredibly isolated. She also came late most days, she'd arrive in class 15 minutes after everyone else and sat at her computer and then proceeded to organise a number of plastic bags that she brought in. This was a noisy event!

Students gain basic computer skills quickly. Early on they are able to type a personal story - a title a half page of text, their name and the date.

Emma wrote about her dog Henny. I have 2 dogs so we started to tell each other about our dogs. I gather from her stories she spends a lot of time in the park with her dog and she does say *'they (dogs) are more reliable than humans and you can trust them'*

Case studies: Computers for women

computers for women continued

Each week we would touch base about 'our dogs'. A recurring theme was 'they're a lot of work' and 'you can't replace them'. She brought a photo of Henny to class and we scanned and inserted it into one of her Henny stories. I showed her photos of my dogs and as time went by, this became our regular chat, swapping anecdotes and updates about our dogs.

Occasions often arise in a class where it's useful to model a new step to the class as a whole. Emma works to a very rigid personal timetable. Quite often she was doing a different task to the rest of the class. I monitor this (from afar) and when the time is right, I chat with her about the task the others are doing. Mostly she will move - in her own time to the other task. The reason I need her to do this is so she won't lose the thread of what she hasn't done and I don't want to always have to give individual lessons to her.

On two occasions, when I have signalled that we will have a demonstration on a new topic, she has continued with her work. This means everyone except her is witnessing something new that we need to take on board and then practise.

On both these occasions I asked Emma to watch what was on the Data Show screen and she refused. When I explained that I didn't want to repeat this for one student, she became very argumentative and repeatedly said:

'You go so fast & I haven't finished'.

This became a mantra and I could feel myself getting very angry. The rest of the class had noticed the time spent in making the class inclusive for everyone.

On the first occasion having made my position clear, I left the room at the end of the class because I was angry. I later felt guilty about not managing this situation better and being worried that she may not come back. I rang her at home and spoke to her Mum (Emma was out). I explained who I was and left a message saying I was looking forward to seeing her next week in class. The second time it happened – again the 'mantra' and me getting angry –she said goodbye as she left the room. I saw this as a positive sign of 'repairing' the bad feeling between us. I was so pleased to see her in class the next week.

Case studies: Computers for women

computers for women continued

Emma attended the 'HUB' - our open access computer time on a Wednesday afternoon. This has been an invaluable time for Emma to consolidate her skills and get extra support. Gradually over the 20 weeks Emma has braved facing another student and asked for help. This is now part of her repertoire in class. I also, have asked Emma to show other learners how to do certain tasks. I can rely on her to do this, as I do other people in the room. Emma has also had conversations with other students about computer classes and what they intend to do after the course is completed. When we needed to revisit Student Responsibilities three quarters of the way through the course, Emma was part of the group and contributed an idea towards the issue of people coming late.

Emma is moving on to Certificate II in Information Technology next semester. I have never doubted her ability to do computer courses. She has gained some positive experiences in the Women & Technology class.

Case studies: A literacy class

a literacy class

'Clare' is not the first and will not be the last student with mental health issues to attend an adult literacy class. I have experienced students in the past whose mental health problems translated into very difficult behaviour in the classroom. As Clare is a current student and the issues relating to her are fresh in my mind, I have decided to reflect on her both to assist myself and perhaps others to deal more effectively with students presenting with mental health issues.

Clare is a woman of 57 years who left school after grade 6. She was employed as a dressmaker, has 4 children and is now divorced. She first attended classes in February 2002 and was referred by a friend. On forms relating to medical conditions and medication, there is no mention of a mental health problem or medication to treat any problem. She did tell me in passing that she had had a nervous breakdown. Recently she was crying one day for no apparent reason and during this incident told another teacher that she had medication for depression. However, there does seem to be reluctance on her part, for whatever reason, to disclose information about her mental health status and related medication.

Clare attends a literacy class in a Community House setting. There are 13 adult students in the group with ages ranging from early 20s to late 50s. The ratio between males and females is fairly even. Working with the students we have me and an empathetic male volunteer, who provides excellent support to the group.

Aside from Clare, there are other students with mental health issues - one manages a phobia, another lives with schizophrenia and another has issues of poor concentration and a quick temper. Many students in this group have learning difficulties. There is generally a positive and supportive atmosphere in the group. We laugh, have fun and some students are actually improving with their reading and writing skills. But there is always an undercurrent of tension within the group as students, who are fragile themselves, are wary of Clare and don't know how to handle her when she snaps at them or has a major explosion.

Generally Clare arrives 15 minutes late for class and is quite disruptive to the current classroom activity. She rustles papers, demands unnecessarily that others move up to make room for her and noisily drinks from her water bottle. Signals to be quiet such as a glare or a finger over a lip are ignored. If I ask her to be quiet, this is perceived as a confrontation and results in her going on the attack, thus causing even more disruption.

Case studies: A literacy class

a literacy class continued

The Rights and Responsibilities, which deals with prompt arrival for class among other issues, has been read with the class on a number of occasions but Clare doesn't see this code as relevant to herself. Now I try and ignore this disruption, but this is really unfair to the other students who generally follow the code.

Clare works in a disorganised fashion. She has a bag full of loose papers, some of which are quite yellow with age. Consequently she can never find the sheet that we are currently working on and is given new sheets each lesson. Any suggestion that she be more careful with important word lists or organise her work in a folder is again seen as a confrontation and results in attack. It is more peaceful to just keep giving her new sheets.

Clare's reading skills operate above the survival level but her written work does not focus on the topic at hand and seems to go off on unrelated tangents. Mostly her written work has many crossings out and arrows going in many directions. She often has the answer to a set question written under another question altogether. This compounds the problem for her trying to give a clear answer to a set question.

Suggestions that she start afresh when her work appears so complicated and confused on the page are answered with a response that she knows what she is doing. Consequently I leave her to work in the way she wants. This tendency to go off on unrelated tangents in her written work is mirrored in class discussions. I listen, thank her for her contribution and then try to redirect the others in the class back to the topic being discussed.

When Clare had a major explosion at a social club committee meeting, which caused upset to other students, I tried talking to her calmly after an hour had elapsed about a behavioural learning contract. She could not process this concept. It was beyond her scope of comprehension. Private discussions about incidents of unreasonable behaviour were perceived as confrontational and fuelled her upset state. On a few occasions, Clare has made unreasonable complaints about normal classroom noise. When I suggested that she could work in the adjoining room where it was quiet, her initial response was that everyone else should move. Eventually she did go into the next room.

We decided to come up with a withdrawal plan to use when I sense that Clare's behaviour is deteriorating. We ask her to help in the office, which she has been told is a special privilege. I tried this strategy once and it worked well. Initially I worried that this kind of

Case studies: A literacy class

a literacy class continued

withdrawal would encourage further outbursts by rewarding difficult behaviour but it hasn't. We must accept Clare for who she is. We need to be extremely supportive of her, seek and respect her opinions, admire and laugh at her jokes and empathise with any problems. This approach seems to keep Clare on an even keel. We offer help to Clare only when she seeks it and look at her work only when she invites us or we ask permission to see her work. We try and not make suggestions about a different working styles or make corrections. We try to let her see her own mistakes. This 'slows' the pace of improvement in her skills but gives her greater responsibility for measuring her own progress.

Clare completed a written task that was clear and logical on a topic of interest to her. She did want to add more information that may not have been relevant, but I said that what she had already done was excellent and needed no further embellishment.

Clare now seats herself next to a lady who has physical and speech difficulties caused by a stroke. She sees herself as having a support role towards her and is not at all confrontational with her. Currently she tends to isolate herself from the rest of the students and so displays no overt antagonism towards them. Clare is seeing that by coming late she misses out on a fun warm-up activity, which is the first activity of the lesson. She likes to participate in this activity and so recently she has been coming earlier for classes.

At the moment Clare's classroom behaviour is manageable but I am still trying to fine-tune my skills to best deal with her as there may be further eruptions in the future. I have discovered that there are no set 'answers' to dealing with people with mental health difficulties. Everyone is an individual and what works for one person doesn't necessarily work for another. It is a matter of trying different strategies and hoping that we are being supportive of that learner's needs while not sacrificing the needs of the group as a whole.

It is very important for teachers working with students with mental health issues to be able to discuss any difficulties they are having with their peers or manager. I am very fortunate to have the classroom volunteer and the manager to work collaboratively with.

Case studies: Literacy through computers

literacy through computers

This is not a case study of an individual - it's some thoughts about a class.

Literacy through Computers is aimed at people on low incomes. Some are in boarding houses, some have mental health issues and some have other health issues. Actually, I don't know exactly what people's backgrounds are unless they tell me. I don't ask. Most come to the class through Bev, who coordinates our Oasis program. A few find their own way; some come through referrals by a variety of agencies such as the Salvation Army.

The course aims to introduce people to computers and improve their literacy skills along the way.

Some features of some students in the class

- Erratic attendance – health and life are often complicated – some students find it hard to remember the times (and sometimes the day) of the class
- Low concentration spans perhaps resulting from medication?
- Poor short term memory
- Unfamiliarity with learning skills
- Low expectations of selves as learners
- Occasional sudden outbursts of frustration
- Other life events are sometimes brought to class: health issues, hunger, losing accommodation, tiredness, anger at something or someone, worry about all of these
- Diversity of gender, age, skill level, knowledge, motivation, educational experience
- Unpredictability
- Some students can be demanding of attention

Sounds daunting? Perhaps, but it is actually a great group to work with. It is one of the most challenging classes I teach and difficult to prepare for. It is impossible to know exactly who will come and also impossible to have everyone doing the same thing at the same time. Sometimes I feel I'm just muddling through but mainly it's a lot of fun and it's great when someone gets excited by their success. I get excited too.

Case studies: Literacy through computers

literacy through computers continued

Some things that seem to work:

- Talking about different learning styles early on
- Talking about strategies for remembering
- Encouraging people to take breaks when they want – the smoko is important – sometimes two hours is too long! It's ok to leave early if it is
- Genuinely respecting the learners and showing it
- Always being positive
- Always being cheerful (!)
- Acknowledging people's differences
- Showing a sense of humour is essential
- Listening when necessary
- Not taking anything for granted (people may not know what the internet is, may not be in a relationship, may not know where they will be next week, may not have contact with family or friends - study materials should not feel excluding because of their choice of context)
- Encouraging people to help each other
- Being explicit about the need for patience: in class, with each other, with the teacher and when learning something new
- Trying never to be patronising
- Welcoming people back after an absence, letting them know it's ok to come back, having work for them to catch up
- Flexibility about almost everything except unacceptable behaviour
- Dealing quickly with unacceptable behaviour
- Being honest about my own skills and limitations

Only once have I had to say, 'If you continue to do that, I'm not going to be able to have you in this class.' Luckily this worked (and the person stopped trying to get money from other students in a slightly threatening way).

Members of the class sometimes irritate each other. That's life in any adult class but sometimes it is expressed with less inhibition. Sometimes I ignore it, sometimes I try to distract, sometimes I suggest a break - it just depends. Mostly though, and increasingly they help each other out.

My focus in this class is to concentrate really hard on finding the best way for each person to have success in whatever they set out to do. I am not there to try to sort out other problems, I am there to teach specific skills and often I find that focussing on the skills can, in a roundabout way, make people feel better about themselves and about other difficulties they may be having.

Case studies: Literacy through computers

literacy through computers continued

An important thing to me as a teacher is knowing that, if things do get too difficult in class there is back up in the organisation. I know that Bev or Robin or any other member of staff would, if necessary, be there to support a student, or me, or help diffuse a situation. So far it has not been necessary, but it makes an enormous difference to know that people who understand and who would act appropriately and sensitively are there in the background.

I don't need to know why or what medication or whatever someone is on. I don't need to know what label they have been given, though they may wish to tell me. I do need to know how best to help someone with a poor concentration or retention span – regardless of the cause. I do need to balance the needs of the group and not let individuals dominate. I do need to challenge my own preconceptions and prejudices. Luckily the participants help me do that every week.

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