How can mental illness affect study?

Psychiatric and psychological conditions cover a broad range of conditions and symptoms and it is impossible to discuss all of these under one heading. However, there are some common features and experiences. Psychiatric and psychological conditions can impair an individual's ability to think, feel and behave in a manner that is considered "normal" in day-to-day life. Some individuals will experience a single or several one-off episodes (episodic), while others may experience ongoing symptoms. Episodic conditions are most common. Symptoms can range from mild to severe. The majority of psychiatric and psychological conditions are "invisible" and attract a high level of stigma. Consequently, a high number students with psychiatric and psychological conditions choose not to disclose their conditions for fear of being treated differently, labelled, and feared. Information is given on the following:

- psychotic mental illness
- non-psychotic mental illness
- schizophrenia
- bi-polar depression
- major depressive disorders
- anxiety disorders

Psychotic mental illness

When acutely psychotic, some individuals lose touch with reality. Their thoughts, feelings and perceptions are significantly affected. They may hear, see, taste or feel (emotionally and perceptually) things that are not experienced by others around them (hallucinations). They may believe they are someone else or have extraordinary powers or insight (delusions). They may experience false and extreme feelings of persecution (paranoia), fear and guilt. Most individuals who are acutely psychotic lack insight into the inappropriateness of their behaviour and will be extremely embarrassed when the psychosis has passed. Most episodes of psychosis are short-lived and are effectively treated with medication. If you suspect that a student is acutely psychotic, or if you are ever faced with an irrational student, it is important to keep calm and not argue or disagree with the student. Contact the campus health centre, campus counsellor or Disability Liaison Office immediately.

Non-psychotic mental illness

Many mental illnesses affect feelings and emotions and may significantly affect day-to-day functioning. Most symptoms will not be evident to other people and can include:

- feelings of extreme stress
- feelings of sadness
- irrational or exaggerated feelings of fear

Obsessive Compulsive Disorders, anxiety disorders, phobias and some forms of depression are all non-psychotic conditions. Most non-psychotic disorders are treated with medication or counselling or a combination of both. The majority of students with these disorders are able to continue working, studying and lead fully-functioning lives.

Schizophrenia

Schizophrenia does NOT mean having a split personality. Schizophrenia is a disorder characterised by disorganised thought processes, perceptions and behaviours. It is a broad term incorporating a range of (psychotic) symptoms including:

- delusions
- hallucinations
- paranoia
- disorganised or distorted thought processes
- disorganised speech
- loss of motivation
- extreme changes in emotional affect (fluctuations in emotion, e.g. crying at jokes, laughing at serious matters such as a death, or almost total loss of emotion altogether)
- social withdrawal
- inability to learn new things
- lack of insight

Students with schizophrenia can experience episodes of acute psychosis. However, most of the time they will tend to be stable under treatment. Schizophrenia is treated with medication, counselling or a combination of both. Hospitalisation may be required during severe acute psychotic episodes.

Bi-polar depression

Formerly known as "Manic Depression". Bi-polar depression is a disorder which is characterised by episodes of either mania ("high-highs") or depression ("low-lows"), often for no apparent reason. Many individuals with this condition will experience long periods of stability, while others may fluctuate regularly. Psychotic symptoms can be apparent at both the manic and depressed stages of the illness. Manic episode symptoms can include:

- euphoria or frustration
- decreased need for sleep
- elevated levels of energy
- pressure of speech - more talkative than usual
- "grasshopper" thought processes - thought processes which race from one idea to another

- distractibility and attention deficits
- increased involvement in goal-directed activities
- excessive involvement in pleasurable activities with a high potential for painful consequences, such as unrestrained buying sprees or taking on unrealistic workloads

Depressed episode symptoms can include:

- increased need for sleep and/or difficulty sleeping
- increase or decrease in appetite
- weight loss or gain
- flat emotional affect (not feeling emotions)
- extreme lack of motivation
- difficulty concentrating and paying attention
- feelings of hopelessness and despair
- suicidal thoughts and expression

As with schizophrenia, students who have bi-polar depression can experience episodes of acute psychosis. However, most of the time they will tend to be stable under treatment. Bi-polar depression is treated with medication, counselling or a combination of both. Hospitalisation may be required during severe acute psychotic episodes.

Major depressive disorders

Major depressive disorders are characterised by feelings of extreme sadness or grief, hopelessness and "blackness". Many individuals describe feeling as though the colour has been drained out of their lives. Major depressive disorders may occur at any age, with an average age of onset in the mid-20s. Many individuals experiencing a depressive episode will feel that they should be able to "snap out of it" and will hold off on seeking help. When this does not happen, feelings of inadequacy and hopelessness may be enhanced and a downward spiral of depression begins. Some individuals will experience isolated episodes separated by many months or years, while others have clusters of episodes, and still others have increasingly frequent episodes as they grow older. There are two main types of depression:

- **Endogenous** - where there is no apparent attributable cause
- **Reactive** - where a particular event has triggered the episode.

Feelings experienced during a depressed episode are very different to just being "sad". Symptoms of a depressive episodes can include:

- inability to enjoy life or usual activities
- depressed mood: all of the day, most of the day or nearly every day (in younger adults this may be expressed as an irritable mood)
- feelings of worthlessness or excessive guilt
- difficulty in thinking or concentrating

- difficulty making decisions
- recurrent thoughts of death or suicidal thoughts and expression
- recurrent thoughts of self-harming
- changes in sleep pattern: waking up early in the morning, unable to get to sleep at night, or constant waking in the night
- significant weight loss or gain
- increased need for sleep
- unsatisfying sleep, still feeling tired when waking
- extreme lack of motivation

As with schizophrenia and bi-polar depression, students who have major depression disorders are treated with medication, counselling or a combination of both.

Anxiety disorders

Anxiety has been described as an uncomfortable sensation with accompanying tension and apprehension. These feelings may also be accompanied by sometimes acute physical sensations. Anxiety disorders include:

- Generalised Anxiety Disorder (GAD)
- Panic disorders
- Phobias
- Obsessive Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)

Anxiety attacks and episodes can also happen as a side effect of various medications: asthma inhalers, steroids, some over-the-counter cold medications, etc

Most of the anxiety disorders above will include some form of panic attack or agoraphobia.

Panic attacks are finite periods of time in which there is a rapid onset of intense apprehension, fearfulness and terror with feelings of impending doom.

Agoraphobia is wanting to avoid places or situations from which escape might be difficult or embarrassing or in which help may not be available in the event of a panic attack or problem happening.

Symptoms for panic attack and agoraphobia can include:

- inexplicable and irrational fear
- extreme irritability
- fear of dying
- sweating
- trembling or excessive shaking
- heart palpitations (racing heart)

- muscle tension and pain or pins and needles
- acute headaches
- visual disturbances (blurry or tunnel vision)
- nausea or vomiting
- derealisation (feelings of un-reality)
- hyperventilation and dizziness (sometimes leading to fainting)
- chest pain or discomfort
- sensations of choking or smothering
- fear of going crazy or losing control
- chills or hot flushes

Treatment for anxiety disorders mainly includes counselling, medication or a combination of both.

Barriers to learning

- Stigma and discrimination from others
- Coping with workload demands
- Coping with deadlines
- Participation

Strategies to assist the student

Lectures

- Make sure that the student is aware of the support services available and know where to refer a student if they are struggling to keep up in lectures or with attendance
- Support and guidance for other students in the group is available from the disability office or health centre staff if required
- Allow students to use a dictaphone to tape lectures
- Avoid putting students in a stressful situation, e.g. asking them to read out loud in class. If this is a course requirement, give them as much advance warning as possible and try to refer them to the Disability Office campus counsellor for assistance with anxiety control/relaxation techniques
- Develop some knowledge about mental health conditions. Do not assume that a student is simply lazy or unmotivated. What you are seeing is often the illness, and not the person
- Avoid inadvertently stigmatising or discriminating against a student. If a student discloses their mental illness, keep it confidential
- Don't try to solve the student's personal issues or be a therapist - know when to refer a student onto the disability office or campus medical centre

- If a student's behaviour in class is not acceptable or inappropriate, speak to them privately. Equity of access is about providing the **opportunity** for equality while ensuring that other students are not disadvantaged. If you wish to discuss this with someone before you discuss the issue with the student, or if you would like a support person present, you can contact the Disability Liaison

Tutorials, Laboratories and Field Trips

- Be flexible with deadlines and extensions – expect ongoing extension requests.
- Encourage stressed students to apply for alternative assessment arrangements.

Assignments and Assessments

- Encourage students to apply for alternative assessment arrangements

What to do if a student becomes unwell

Most individuals with a mental illness show a gradual decline in functioning as they become unwell. If you notice a decline in a student's functioning, ask the student if they feel that they need any help. If a student refuses help, remember that it is their choice to do so.

If a student becomes disruptive, call the Disability Liaison Office or Health Centre staff and relay your concerns.

Support services available

- In-class notetakers (Disability Liaison)
- Learning support (Learning Centre)
- On campus medical and counselling services
- Adaptive technology (Disability Liaison: dictaphones)
- Alternative assessment arrangements