Mental Illness:
It Shouldn't Drive You Crazy

An Educator's Guide to Successfully Working With Students Who Are Recovering From Mental Illness

Prepared by:
Deborah Tull, M.S.
Project Director
Mental Health Education Consortium Project
Funded by
Fund for Instructional Improvement
Chancellor's Office
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The knowledge presented through this publication is designed for community college professionals to shape new attitudes about students recovering from mental illness. The increased knowledge and sensitivity will foster improved instructional delivery and service provision to this segment of our college population. It will be through the combined efforts of faculty members and the Mental Health Education Consortium Project that students recovering from mental illness will have the opportunity to achieve greater success in college and in their personal lives.

Acknowledgments

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THE HISTORY OF MENTAL ILLNESS: MYTH VS. FACT

It has only been within the past decade that we have begun to understand the true causations and cures of mental illness.

The understanding of mental illness has historically been clouded by ignorance:

- The mentally ill were thought to be possessed by evil sprits.
- The mentally ill were thought to be chosen by higher powers for punishment.
- The mentally ill were though to be victims of bad fate, religious and moral transgression or even witchcraft.
- The mentally ill were typically ridiculed, tormented and alienated from society.

The care and treatment of the mentally ill was often cruel and inhumane:

- Treatment included burning at the stake, drilling a hole in the person's head to release evil spirits, dunking under water, and exorcism.
- Blood transfusions and blood letting were cures for depression and mania.
- The mentally ill were often thought to act in criminal ways so they were chained in filthy cells and viewed on Sundays as entertainment.

It wasn't until the eighteenth century that mental illness became recognized as an illness. Sweeping reforms took place and the mentally ill were unchained and humanly treated. Furthermore, it wasn't until the twentieth century that treatment modalities drastically changed and medication used.

It is now very clear that mental illnesses are diseases of the brain. Ninety-five percent of what is known about the human brain was only discovered during the last decade. It is now known that mental illnesses are much like cancers, diabetes, heart diseases and other physical illnesses since they have biochemical causes and medical treatments. If a particular mental illness cannot be totally cured it can certainly be controlled through treatment - just like diabetes. Ninety percent of people with mental illness can be helped through therapy and medication.

THE MYTHS AND FACTS OF MENTAL ILLNESS

MYTH: People with mental illness can never be normal or productive. If hired they would be of lower quality with little or no capacity for higher level jobs.

FACT: Many people who have experienced mental illness are highly successful and happy. Ninety percent of these people can be helped with therapy and medication; they can be as vital and effective as any one else. Many high level jobs are performed by people who have experienced mental illness. Persons who have had mental illness have excelled in many areas. Role models include: Abraham Lincoln, Ludwig Beethoven, Edgar Allan Poe, Vincent Van Gogh, Issac Newton, Ernest Hemingway, Winston Churchill etc.etc.etc..

MYTH: Mentally ill people are dangerous.

FACT: Mentally ill people are not typically violent or dangerous. In rare instances when violence occurs, it is when the person is very seriously mentally ill and/or not under treatment. Research from the National Institute for Mental Health indicates that only 1% of mentally ill persons are potentially dangerous.

MYTH: Psychological treatment causes brain damage which can be seen by a patient's robot-like behaviors and expressions.

FACT: Robot-like behaviors and expressions are a symptom of the illness and not an effect of the treatment.

MYTH: People who appear to act in a functional way with a logical speech pattern and good memory are not mentally ill.

FACT: There are many types and forms of mental illness which do not affect memory or ability to speak appropriately. Many individuals recovering from mental illness appear to be "normal."

THE MYTHS AND FACTS OF MENTAL ILLNESS

MYTH: Mental illness is unlike physical illness; the illness is really "all in a person's head."

FACT: Mental illness is just like physical illness since both are biologically based. Mental illnesses are brain disorders which alter a person's thoughts, behaviors, and feelings.

MYTH: Mentally ill people have weak characters since they can't cope with the world in the same way that the rest of us do.

FACT: The development of mental illness has nothing to do with a person's character. Mental Illness strikes people with all kinds of backgrounds, beliefs, temperaments and morals.

MYTH: Mentally ill people are unfocused, have defective thought processes and consequently, can't really tap their intelligence or learn effectively.

FACT: Most mentally ill people have average to above average intelligence. Studies have shown that these individuals can be quite focused and are capable of achieving very high grade point averages in school.

MYTH: Mental illness is not very widespread and health care providers should
focus their attention other health problems.

FACT: Studies have indicated that by the year 2020 the leading cause of disability in the world will be major depression. International studies indicate that from 30-40% of people in any given population will experience mental illness at some point in their lives. The National Institute of Mental Health statistics tells us that more than 50 million people or 24% of our country's population over the age of eighteen will experience some form of mental illness in any given year.

THE MYTHS AND FACTS OF MENTAL ILLNESS

MYTH: People with mental illness experience little difficulty with people around them; their main struggle is with themselves.

FACT: People with mental illness frequently withdraw from society and isolate themselves. This is due in part to the mental illness itself, but it is also due to the great stigma that is attached to people with mental illness. People tend to shun the mentally ill because they don't understand behaviors that appear strange or unusual. The rejection by society pushes the mentally ill person away and forces them to live in isolation.

MYTH: Mental illness first appears at birth or shortly after birth.

FACT: Many forms of mental illness appear later in life. As an example, schizophrenia occurs in the late teens or early adult years. Other mental illness such as depression can affect people of any age. Since mental illness often first appears during the college years it gives educators the opportunity to assist in the identification of students who might be exhibiting the signs so mental illness. A key role for educators is to refer these students to the appropriate service sites.

MYTH: The majority of mentally ill people live in hospitals.

FACT: The vast majority of mentally ill people live in our communities. Many of these people have undetectable illnesses while others are rather obvious. It is estimated that one third of the homeless population have some form of mental illness.

THE MYTHS AND FACTS OF MENTAL ILLNESS

MYTH: The majority of Individuals with mental illness access treatment to recover from their illness.

FACT: It is estimated that only one in five persons actually seek treatment. This is due to a variety of reasons. Typically health insurance policies do not provide the same coverage for mental illness as for physical illness. People with limited incomes cannot afford to pay for treatment on their own. Some people do not seek treatment because of the stigma attached to mental illness; they find themselves embarrassed and unable to withstand the social consequences of publicly declaring their illness. Some people may be unclear about exactly what their problems are and do not realize that treatment is available. Some people may be unaware of where to go for help.

PREVALENCE OF MENTAL ILLNESS IN TODAY'S WORLD

There is a critical need to understand how pervasive mental illness is and how treatable it is. The National Institute of Mental Health statistics tell us that more than 50 million people or 24% of our Country's population over the age of eighteen will experience some form of mental illness during any given year. Studies have also indicated that by the year 2020 the leading cause of disability in the world will be major depression. International studies indicate that from 30-40% of people in a given population will experience mental illness at some point during their lives. The important thing to realize here is that 90% of these people can be helped with new medications and therapies.

What is the reason for the tremendous increase in mental illness? There are two basic reasons: (1) increased life expectancy has brought an increase in the age related mental illness problems and (2) the worldwide increase in the depression rate may be related to factors such as political and social violence along with cultural and economic changes. The shift of the world population from rural area to cities with overcrowding, noise, pollution, decay and social isolation) has been sited as a specific cause for higher rates of mental illness. Rapid social change throughout the world has brought about higher rates of suicide and alcoholism.

Other facts centered on the increased prevalence of mental illness include the following:

- There is a higher incidence of mental illness among people living in poverty. A 1994 national survey indicated that individuals earning less than $19,000 annually in the United States were twice as likely to experience an anxiety disorder than people who earned $70,000 or more.
- There is a higher incidence of mental illness during times of high unemployment.
- There is a much higher risk of mental illness for refugees and victims of social disasters (war, genocide, domestic violence etc.). The increase would be seen in the categories of depression, anxiety, and post-traumatic stress disorders.

CAUSES OF MENTAL ILLNESS

A tremendous amount of research has already been done and continues to be done on the causation of mental illness. The majority of research indicates that there is no single cause but rather a combination of contributing factors. The basic factors include the following: (1) genetic, (2) environmental and (3) organic.

GENETIC CAUSES:

There does seem to be a hereditary factor involved in developing a mental illness. People may be born with certain personality types, predispositions for certain illnesses or biochemical make-up. It appears that certain types of mental illness occur with greater frequency in certain families. Research has shown that there is a 10% greater chance that a person will develop schizophrenia if one parent had the disorder. Research has also shown that around 20% of patients with affective (mood) disorders had a parent with the same disorder. It should be realized, however, that there is no clear evidence that mental illness is entirely genetic. Environmental influences are also thought to play a role in someone developing mental illness.

ENVIRONMENTAL CAUSES:

Many environmental factors can affect our mental health. These include the conditions under which people are raised, economic pressures, work related pressures, threats of unemployment, presence of any violence, family break-ups, death of a loved one, etc. etc. It has been found that prolonged stress of any kind can actually create biochemical changes in the brain which could give rise to mental illness.

ORGANIC CAUSES:

Physical factors resulting from drugs, poisons, injury through accident (especially brain injury), problems at birth, disease (such as syphilis), or illness (such as brain tumors) can cause mental illness.

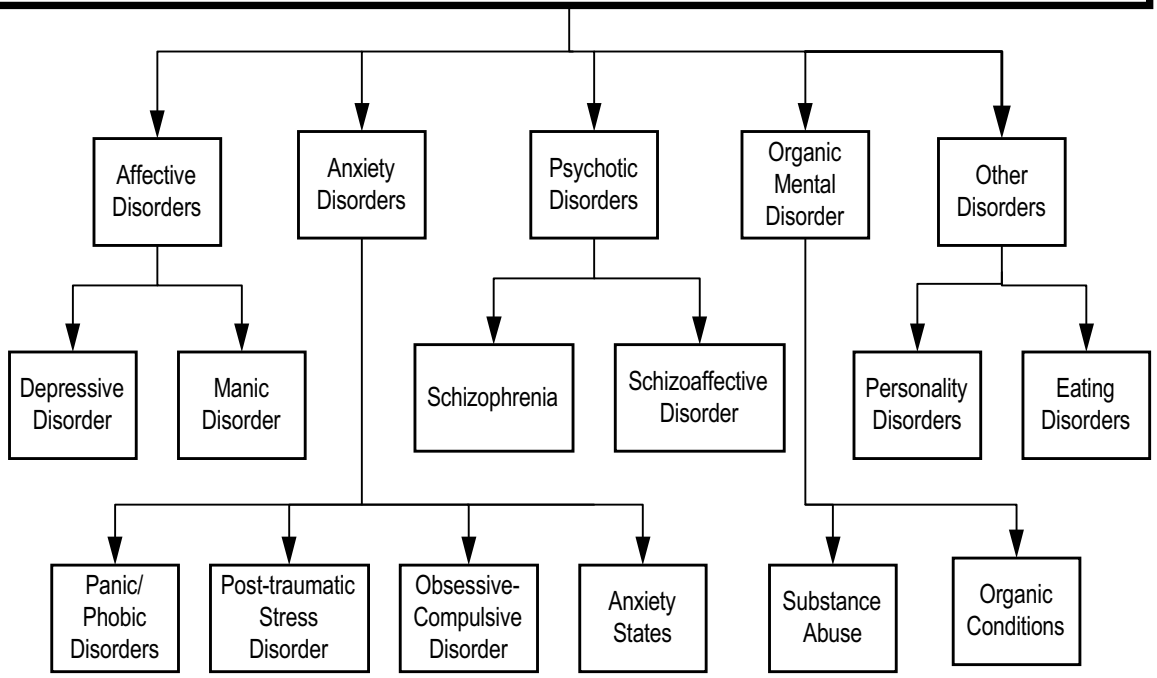
CULTURAL UNDERSTANDING OF MENTAL ILLNESS

Mental illness is not always defined in the same way throughout all cultures. Some behaviors considered signs of mental illness in one culture may be considered normal in other cultures. In the western culture if someone said they heard voices it would be listed as a symptom of Schizophrenia. In other cultures, this symptom might be viewed as someone's special ability to perhaps hear the voices of those who have died.

There are differences in the overall prevalence of mental illness among men and women. Men have proportionately higher rates of anti-social personality disorders and substance abuse. Whereas women experience depression and anxiety disorders at twice the rate of men. The gender gap can change with different cultures; women in China experience depression at nine times the rate of men.

The majority of mental illness types are the same worldwide (depression, anxiety disorders, schizophrenia, and bipolar disorder). Others appear only in certain cultures. For example, eating disorders occur mostly among girls and women in Europe, North America and Westernized areas of Asia where "thinness" is culturally viewed to be one of the most essential elements of beauty. In Latin America, when people undergo a frightening traumatic event, they are said to have *susto* (fright) which is an illness where the soul has been frightened away. In countries like West Africa students (and others) who experience trouble with focusing, pain, and fatigue are said to have *brain fag*.

THE BASIC TYPES OF MENTAL ILLNESS



Mental illness very simply put means that a person is having problems with their thoughts, behaviors or feelings. The full range and degree of these problems are different within the basic mental illness types. What follows is some basic information which breaks down the major categories of mental illness along with specific information on several major illness types which seem to appear quite frequently on our college campuses.

Definitions:

Affective or Mood Disorders: Disorders that have a disturbance in mood as the predominant feature.
Psychotic Disorders: Disorders that have psychotic symptoms as the defining feature. Psychotic can be defined as having delusions or hallucinations.
Organic Mental Disorders: Disorders which arise from or relate to certain substances or bodily conditions.
Anxiety Disorders: Disorders which are characterized by excessive anxiety and worry.
Other Types: Other variations of mental disorders which effect one or more of life's essential functions. Personality disorders present thoughts and behaviors that deviate from cultural expectations, that are pervasive and inflexible, occur in adolescence or early adulthood and lead to great distress or impairment. Eating disorders are characterized by severe disturbances in eating behavior.

GENERALL ANXIETY DISORDER (GAD)

DESCRIPTION:

- This anxiety disorder is characterized by chronic excessive worry about a number of events or activities, with no obvious threat present, as well as by a variety of symptoms ranging from tension to irritability to restlessness.
- People suffering from this disorder perceive that the future holds doom and gloom. They are constantly "on edge" in an attempt to be ready for the predicted upcoming negative events.
- People suffering from this disorder often have difficulty concentrating, making decisions and sleeping. They often complain about great muscle tension in their bodies.
- The majority of these individuals feel that it is impossible to control their tendency for worrying.

CAUSE

- There is both a genetic and environmental link to developing this psychological disorder. It often occurs in people that have experienced a tremendous number of uncontrollable and unpredictable life events.

PREVALENCE

- This condition is relatively common. It is currently estimated that approximately 4% of the population in any one-year period will experience this condition.
- This condition is more prevalent in women than men.

TREATMENT

- People with this condition respond to psychotherapy along with medication.
- Since people can manage to function with high levels of anxiety they are less likely to seek treatment for their psychological condition. In many instances they develop physical problems due to the constant tension that they have to live with.

MANIC DEPRESSION (BIPOLAR DISORDER)

DESCRIPTION

- A biochemical brain imbalance evidenced by cyclical episodes of frantic highs (mania) and incapacitating lows (depression) best describes Manic Depression.

- During the manic phase the person's thoughts race, speech often becomes disorganized and incoherent, they become hyperactive, and overly self-confident with an inflated sense of what they can accomplish. For example, They may lose their sense of judgement and may spend thousands of dollars irresponsibly or participate in indiscreet sexual activities.

- There is a full range of symptoms ranging from moderate to severe. The manic phase can last for up to three months. This phase can be followed by a brief period of normalcy, which is followed by eventual depression. The symptoms can come on suddenly. If someone has had a manic episode, they are at greater risk of repeated episodes.

- The condition continues to worsen without treatment. Untreated, it can be come more severe as a person ages.

CAUSE

- Manic Depression occurs equally between men and women. Approximately 1.6% of the American adult population is affected by this illness.

- The typical age of onset for Manic Depression is somewhere in the 20's, but it can also occur in the mid-teens.

PREVALENCE

- Research indicates that the transmission of Manic Depression from one generation to another is hereditary. Close relatives of people suffering from either Manic Depression or Major Depression have a 10-20 times greater likelihood that they will also develop the illness.

- Research indicates that environmental factors may also play a role in the development of the illness since it can trigger the onset.

TREATMENT

- Treatment usually consists of psychotherapy and medication. Lithium is a common medication that it used to help stabilize the mood swings in approximately 75% of those suffering from Manic Depression.

MAJOR DEPRESSION

DESCRIPTION

- Major Depression is a disease of the brain. Symptoms of the disease include extreme fatigue, difficulty focusing or concentrating, little or no interest in life's activities, or the absence of emotion or uncontrollable crying.

- People suffering from Major Depression often experience an overwhelming sense of hopelessness, sadness, and worthlessness. They are often preoccupied with thoughts of suicide and death.

- Major Depression can also drastically alter a persons sleeping and eating habits. Insomnia or an increased desire to sleep and weight gain or loss is common.

- Major depression can be severe and disabling. During the most critical phases of the disease, people have difficulty with routine life activities. Major Depression is more intense than situational depression or unhappiness that often accompanies such life events as divorce or death of a loved one.

CAUSE

- Research indicates that Major Depression is caused by chemical imbalances or biochemical changes within the brain. The condition can be exacerbated by stressful environmental situations.

- Research indicates that there is a genetic link. A person is three times as likely to develop Major Depression if their mother or father had the disease.

PREVALENCE

- Research indicates that by the year 2020 the leading cause of disability in the world will be Major Depression.

- There are approximately 8 to 10 million people living in the United States who will suffer from Major Depression at any given time.

- Approximately 30 million adults will experience Major Depression at least once during their lifespan.

- Women experience Major Depression at twice the rate of men. The average age of onset is somewhere between the 20's and early 30's.

- Within the past decade, there has been a 300% increase in teen suicides resulting from depression. Reportedly 60% of people committing suicide do so because of depression.

TREATMENT

- The treatment of Major Depression usually consists of medication and psychotherapy.

- Anti-Depressant medication is very effective in the treatment of Majo Depression. The medication can either reduce or remove all symptoms of the disease in 80% of the cases.

- Unfortunately, less than 30% of those individuals afflicted with Major Depression seek the professional help, which would lead to their recovery.

OBSESSIVE-COMPULSIVE DISORDER (OCD)

DESCRIPTION

- Persistent obsessions and compulsions that are so severe that they cause great distress and interfere with a person's ability to live normally characterize this disorder.

- The obsessions involve recurrent and persistent thoughts or distressing images. The compulsions are repetitive behaviors (hand-washing etc.) or mental acts (counting etc.) that the person feels driven to do in response to the obsession.

CAUSE

- Research indicates that this disorder has specific biological causal factors.

PREVALENCE

- OCD is becoming more prevalence and shows little gender difference.

- This disorder usually begins in late adolescence or early adulthood but it also occurs in children.

- OCD often co-occurs with other disorders such as depression. Research indicates that as many as 80% of those with OCD may experience major depression at some time in their life.

TREATMENT

- Behavior therapy and medication (Prozac) are useful treatments.

PANIC DISORDER

DESCRIPTION

- Panic Disorder is an anxiety disorder in which people feel tremendous fear and anxiety in a spontaneous manner with little or no precipitating cause.

- The anxiety state usually peaks within ten minutes and goes away within sixty minutes.

- There are physical symptoms (shakiness, muscle tension, fatigue, sweating, heart palpitations etc.) and psychological symptoms (fearfulness, worry, irritability, insomnia etc).

CAUSE

- This disorder results from biological abnormalities in the brain. Abnormal activity of the neurotransmitter norepinephrine in the brain may play a causal role in the actual panic attacks.

PREVALENCE

- This disorder is more common in women.

TREATMENT

- Individual psychotherapy using behavioral techniques and participation in support groups are the most effective and common forms of treatment.

- Tranquilizers or anti-anxiety medication is often used successfully.

■Before any treatment plan is designed a full physiological work-up is done to rule out any physical illness (many people with this disorder complain that they feel as if they are having a heart attack).

POST-TRAUMATIC STRESS DISORDER (PTSD)

DESCRIPTION

- Post-Traumatic Stress Disorder is an anxiety disorder than stems from terrifying, life-threatening events such as war, natural disasters, or violent crime.
- Symptoms include flashbacks to the traumatic event, feelings of detachment, depression, alienation, and emotional numbness.
- Post-traumatic Stress Disorder can affect a person's ability to concentrate and establish close relationships.
- People suffering from this illness often suffer depression and frequently try to self-medicate through the use of drugs and alcohol.

CAUSE

- This disorder results from exposure to a traumatic event such as war, natural disasters, or violent crime.
- People who have experienced prolonged physical and/or sexual abuse are more susceptible to the illness.

PREVALENCE

- Research indicates that 7% of people will experience this disorder at sometime during their lives.

TREATMENT

- Individual psychotherapy and involvement in support group are the most common forms of treatment. Medications for depression and anxiety are also found to be very beneficial.

SCHIZOPHRENIA

DESCRIPTION

- Schizophrenia is a disease of the brain that is characterized by impaired thinking, delusions, hallucinations, and drastic changes in a person's emotions and behavior.

- A common symptom is auditory hallucinations.

CAUSE

- Research indicates that the anatomy and chemistry of people with schizophrenia are abnormal. To date however, there is no definitive answer for exactly what causes this illness. It seems clear that it is not environmental. It seems to run in families but is not always passed down from parents to children.

PREVALENCE

- Research indicates that approximately 1.2 million people will suffer from Schizophrenia at any given time.

- It affects approximately 1 out of every 100 people and commonly occurs first between the ages of 17 and 25. An age of onset after 30 is highly irregular.

- Approximately 25-30% of the nation's homeless population suffers from Schizophrenia.

TREATMENT

- The symptoms of Schizophrenia can be controlled through the use of medication but there is no cure.

SUBSTANCE ABUSE
DRUGS/ALCOHOL

DESCRIPTION

- This disorder is characterized by addictive behavior that stems from the need for a substance or abuse of substances.

CAUSE

- This disorder is caused by both genetic and environmental factors.

PREVALENCE

- This disorder can occur at any age but is very common during adolescence and young adulthood. It varies according to metropolitan area, race and ethnicity. Substance abuse problems are more common in economically depressed minority communities.

- There is a higher incidence of alcoholism in men than women (5 times higher than women).

- Alcoholism in the US is a major problem. One in seven people meet the criteria for alcohol abuse. The disease cuts across all ages, educational, occupational and socioeconomic boundaries.

TREATMENT

- Medication and therapy are useful treatments.
- Group therapy and behavioral intervention are effective treatments.
- Twelve Step programs such as Alcoholics Anonymous is extremely beneficial.
- Successful treatment demands complete abstinence from the substances being abused.

TREATMENT OF MENTAL ILLNESS

TREATMENTS

Medication

Psychotherapeutic Drugs
4 categories:

1. **Antianxiety**
Controls high level anxiety. Side effects can include drowsiness and uncoordination.

2. **Antidepressant**
Controls symptoms of depression. Side effects can include dizziness, dry mouth, blurred vision, urinary problems, constipation, drowsiness and sexual dysfunction.

3. **Antimanic**
Controls mania in Bipolar Disorder. Side effects can include nausea, vertigo, increased thirst and urination.

4. **Antipsychotic**
Controls hallucinations and delusions (common in Schizophrenia). Side effects can include blurred vision and involuntary movements of the

Communication And Experiential Therapies

Psychotherapy

There are many types:
1. Psychoanalysis
2. Client-Centered Therapy
3. Group Therapy
4. Family Therapy
5. Behavioral Therapy
6. Cognitive Therapy
7. Cognitive-Behavioral Therapy
8. Humanistic Therapy
9. Existential Therapy
10. Play Therapy
11. Light Therapy

Common Psychotherapeutic Drugs

Category	Drug Class	Generic Name	Trade Name
Antianxiety	Benzodiazepines	Alprazolam	Xanax
		Chlordiazepoxide	Librium
		Clonazepam	Klonopin
		Clorazepate	Tranxene
		Diazepam	Valium
		Halazepam	Paxipam
		Lorazepam	Ativan
		Oxazepam	Serax
	Azaspirodecanediones	Buspirone	BuSpar
	Propanediol Carbanates	Meprobamate	Miltown
Antipressant Drugs	Tricyclics	Amitriptyline	Elavil
		Clomipramine	Anafranil
		Desipramine	Norpramin
		Doxepin	Sinequan
		Imipramine	Tofranil
		Nortriptyline	Pametor
		Protriptyline	Vivactil
	Tetracyclics	Maprotiline	Ludiomil
	Reuptake Inhibitors Selective Serotonin	Fluoxetine	Prozac
		Paraoxetine	Paxil
	Inhibitors Dopamin Reuptake	Bupropion	Wellbubutrin
	(MAO) Inhibitors Monoamine Oxidase	Phenelzine	Nacdil
		Tranylcypromine	Pamate

Common Psychotherapeutic Drugs

Category	Drug Class	Generic Name	Trade Name
Antimanic Drugs	Lithium Salts	Lithium Carbonate	Eskalith
	Iminostilbenes	Carbamazepine	Tegretol
	Carboxylic Acids	Valproate	Depakene
Antipsychoic Drugs	Phenothiazines	Chlorpromazine	Thorazine
		Fluphenazine	Prolixin
		Thioridazine	Melaril
		Trifluperazine	Stelazine
	Thioxanthenes	Chlorprothixene	Taractin
		Thiothixene	Navane
	Benzisoxzote Derivatives	Risoridone	Risperdal
	Butryophenones	Haloperidol	Haldol
	Dibenzodiazephines	Clozapine	Clozaril
	Dibenzoxazepines	Loxapine	Loxitane
	Dihydroindolines	Molindone	Moban
	Thienobenzodiazephines	Olanzapine	Zyprexa

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THE ROLE OF EDUCATORS AS EFFECTIVE CHANGE AGENTS

Educators cannot ignore the fact that our colleges will continue seeing an increase in the enrollment of students recovering from mental illness. Many students will experience their first psychological problems between the ages of 20 and 35 and instructors can be a student's first link to help by effectively referring students to service sites for help. Many students will only undergo a single episode of mental illness in their entire lives. We need to remember that the vast majority (8 out of 10 individuals) with mental illness can be cured or brought under control with improved treatments. With an increased understanding of mental illness faculty members can be extremely helpful in the rehabilitation of these students. Increased awareness and sensitivity will allow college professionals to assume the role of being effective change agents in the recovery and healing of this special group of students.

MORE SIMILAR THAN DISSIMILAR: A UNIVERSAL SET OF NEEDS

It is important to recognize that we have more in common with people recovering from mental illness than differences. We all possess the following:

- Need to believe in ourselves.
- Need to be respected by others.
- Need to be loved and show love.
- Need to develop friendships.
- Need to belong and have a place called home.
- Need to be useful and productive.

IDENTIFICATION OF STUDENTS IN TROUBLE

The following warning signs can help educators identify students who are struggling with emotional problems and are in need of potential referral to campus service sites. Educators should look for students who:

- Appear sad, hopeless or fearful and appear unable to enjoy life or have a good time.
- Make direct reference to suicide.
- Appear to be suffering from the effects of drug or alcohol abuse.
- Are often absent from class.
- Seem unable to accept compliments or appear unable to feel success.
- Appear to have low self-esteem and view themselves as a failure.
- Appear to have difficulty adjusting to new situations and appear withdrawn and isolated from others.
- Have difficulty focusing and indicates that they can't concentrate.
- Appear to have difficulty sleeping or eating.
- Exhibit mood fluctuations.
- Indicate that they have recently undergone a traumatic life event or loss.

FUNCTIONAL LIMITATIONS THAT STUDENTS RECOVERING FROM MENTAL ILLNESS MAY EXPERIENCE

Please Note: Individual students may experience some but not all of the limitations listed.

If a student takes medication, they may experience certain side effects. These may include:

- Drowsiness
- Fatigue
- Thirst or dry mouth
- Blurry vision
- Hand tremors
- Difficulty initiating interpersonal contact
- Difficulty concentrating

Cognitive limitations may include:

- Difficulty with time management and study skills
- Memory problems
- Self-absorption
- Concentration or distractibility problems

Behavioral, physical, and perceptual limitations may include:

- Impulsiveness
- Pacing
- Overall endurance and stamina problems
- Hallucinations
- Motivational problems
- Weak or rambling speech
- Feelings of fear, anxiety, sadness, or failure

These limitations may impact the student's ability to successfully handle the following: test-taking, concentration, attendance (including punctuality), meeting assignment deadlines, responsibly arranging for and keeping appointments, critical thinking in new settings, coping socially, registration, parking, and coping with paperwork and the "bureaucracy."

CAMPUSWIDE STRATEGIES AND ACCOMMODATIONS FOR ACCESS, RETENTION, AND STUDENT SUCCESS

The Mental Health Education Consortium Project recommends the following educational strategies and accommodations. Research has proven that these are helpful to students recovering from mental illness since they address the specific functional limitations of the disability:

- Establish a supportive learning environment where disclosure is encouraged and individual differences are respected.
- Allow for extended time on tests and assignments.
- Provide a quiet distraction free environment for test taking.
- Provide advance copies of syllabus.
- Provide alternative test formats if needed (enlarged copies etc.)
- Arrange for special seating if needed.
- Provide for early registration and special orientation.
- Provide for special counseling.
- Provide assessments leading to the establishment of education goals and a Student Education Plan.
- Offer special classes (study skills, career planning, etc.).
- Provide special parking as needed.
- Provide assistance with problem solving, time management and study skills.
- Arrange for volunteer note takers and readers.
- Provide for use of tape recorders in classes.
- Provide for referrals to campus and community resources.
- Allow for "incomplete grades" and additional time to complete a course if needed.
- Allow for full access to faculty during office hours.
- Provide open and honest feedback to reinforce and motivate students to do their best.

Please note: Once a community college is made aware (with appropriate verification of disability) that a student has a disability the college is legally obligated by State and Federal Law to ensure that reasonable accommodations and educational services are provided. For specific details contact your Disabled Student Program professionals, the College ADA Coordinator or the College Compliance Officers

FACULTY INTERVENTIONS FOR STUDENT SUCESS

- Encourage students who seem to be emotionally upset to talk with college counselors, mental health professionals, or even their friends and family about their situation.
- Be sensitive to the enormous stigma surrounding mental illness and do what you can to dispel the myths!
- Encourage students to keep active and involved and not withdraw or isolate themselves.
- Provide an inviting college atmosphere for all students, including indi viduals recovering from mental illness or any disability.
- Work closely with Student Services Personnel in support of professional recommendations for needed accommodations.
- Work closely with Student Services Personnel to evaluate course materi als (including curriculum, textbooks and syllabi) for potential barriers to special needs students and make changes that could improve student performance and retention.
- Attend in-service activities and conferences on successful teaching methods for special needs students.
- Increase your knowledge of mental illness and be able to distinguish between treatment issues and educational issues.
- Work closely with Student Services Personnel (Counselors, Health Center Staff, and Disabled Student Programs and Services) in the referral of students who are experiencing classroom and/or personal difficulties.
- Recognize that students recovering from Mental Illness are not necessar ily disruptive. These students are typically more withdrawn or shy. Dis cipline problems should not be confused with mental health issues. Refer disruptive students to the Dean of Students (or appropriate designee) for disciplinary action. All students need to responsibly meet the Code of Student Conduct by adapting behaviors to the school environment.
- Utilize teaching methods which embrace positive reinforcement, open communication, and full participation of all students in classroom activities.

WORLD WIDE WEB RESOURCES

American Psychiatric Association
www.psych.org

American Psychological Association
www.apa.org

Center for Psychiatric Rehabilitation
www.bu.edu/sarpsych

Journal of the California Alliance for the Mentally Ill
www.mhsource.com/hy/journal.html

Knowledge Exchange Network, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
www.mentalhealth.org

Mental Health Infosource
www.mhsource.com

National Alliance for the Mentally Ill (NAMI)
www.nami.org

National Institute of Mental Health
www.nimh.nih.gov

National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov

National Institute on Drug Abuse
www.nida.nih.gov

National Mental Health Association
www.nmha.com

World Wide Web Mental Health Home Page
www.mentalhealth.com

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