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A collective work edited by a team composed of

Ireneusz Bialek

Dagmara Nowak-Adamczyk

Marta Bylica

Dr Edyta Dembińska

Translation

Mikołaj Sekrecki

Dagmara Wolska

Agnieszka Ziajka-Malecka

Makeup

Marta Bylica

Cover design

Przemysław Stachyra

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Jagiellonian University Disability Support Service

ul. Retoryka 1/210, 31-108 Kraków, PL

tel.: +48 12 424 29 50, fax: +48 12 424 29 52

bon@uj.edu.pl

www.bon.uj.edu.pl

www.DareProject.eu

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There is a large student group in higher education, not always recognised, who needs assistance because of their mental health difficulties. They need assistance whilst we must be able to provide it. It is with highest satisfaction that I learn about our University unit, the Disability Support Service, taking this task onboard, supported by EU funds as part of the Human Capital Operational Programme. The first results of project operation are impressive.

On behalf of the University authorities I would like to express our pride at such achievements yet I also underline that we wish to share them broadly with all interested universities home and abroad. Let it be a source of inspiration for ongoing and future initiatives aimed at combating social exclusion and offering support to those who need it. There are many in the contemporary world.

*Professor Andrzej Mania
Jagiellonian University Vice-Rector for Education*

Courage Has Been of Assistance

‘I need assistance,’ a student said to a consultant from our Service and began to cry. She had never said it to anyone whilst her problems had been growing. She had not approached anyone seeking support for fear of rejection. No-one in her Faculty would even suspect she has mental health difficulties. She holds no disability attestation, and there is no other medical file concerning her person. She has never been in therapy and the very word psychiatrist scares her. She is alone with her problems which grow if untreated and now another person knows about them, a Jagiellonian University Disability Support Service consultant.

This is the key moment. From now on the recovery process can start and some issues in the student’s academic situation, which have been multiplying, can be addressed. This is thanks to an innovative programme of adaptation support for students with mental health difficulties carried out at the Jagiellonian University and known as The Constellation Leo. The situation described above is authentic and very typical of what we have been facing during programme implementation: we have been approached by very many sensitive young people concerned about themselves and their mental health. They would often come to us not believing in themselves and those around them, sometimes laughed at and discriminated against, if someone else knew the type of the issues they faced. We have not been successful in helping everybody, there is no programme with 100% effectiveness after all, but the number of those

declaring that they have been reinforced in performing their academic duties is large. That is one of the reasons why our initiative is hugely popular with students.

At the beginning of programme operations there was a lot of fear, doubt and questions from the academic community yet now a certain beautiful kind of normality reigns over the Constellation whilst the interest it generates exceeds our most optimistic expectations. The resistance from students of contacts with the project team, tangible early in project life, has nearly vanished. There are more candidates than places, which does not mean that those who failed to qualify for the programme have been left unassisted. They may get assistance as part of the Service's standard offer.

And so we have fulfilled the task of establishing a system that provides students comfort and safety in contacts with the team providing specialist support. We do realise however that it is premature to speak of full success. The rest depends on a wider circle of people than ailing students and consultants of our Disability Support Service. If such a system should operate really well, co-operation is required of the broad academic community, in particular teachers who come into direct contact with the students and the persons who make individual decisions concerning their affairs at the level of University institutes or faculties. Also, procedures and rules pertaining to studies should take into account the individual situation of disabled persons in general, including that of students with mental health difficulties. There is much to be done in that area as we are moving around in a zone heavily burdened with social taboo, and even our University is not free from it.

We are, however, observing first symptoms of optimistic changes, also thanks to the Constellation and the book entitled *My Journey*,

published at the start of programme operations, containing stories told by students about their problems related to their conditions and university studies. The book and the programme have helped us understand that students approaching the DSS for support do not pose a risk to anyone, are focused on themselves and their own problems, wish to regain good health and do not have a lower IQ. We have been successful in making a dent in the wall of those two dangerous stereotypes: seeing such students as a threat and associating mental health issues with intellectual disability. I am aware that we have not managed to convince everybody, yet we do not see now total closure and lack of understanding any more. In this sense, I can see a hole in the wall, which will obviously get larger, after all we are at university so achievements of science, respect for the creativity of the human mind and tolerance will prevail over prejudice and discrimination.

The above obvious statement aside, it has been primarily the students themselves who have worked towards positive changes in this area by being willing to share their reflections not just in *My Journey* but also during numerous friendly daily meetings, academic discussions and conferences. It then frequently turns out that someone we like and value highly has mental health difficulties. It is then hard to turn one's head away and say 'I do not know you' or 'I do not care.' In such situations, the normal reaction is rather to reach out to them with a helping hand and look for support for a friend, acquaintance or work colleague.

That is why one of the most optimistic aspects of The Constellation Leo is just such human solidarity of those who accompany students with mental health conditions. It was them who contacted us as first asking about support options, consistently and patiently striving for effective assistance to be delivered for such students. Such an awareness change is

a lot for the first year of the programme and we know already that it is going to be continued because it is simply much needed in human terms. We wish to share our project experiences with all the Polish universities expressing such an interest as well as foreign partners. It should be stressed that the programme has aroused huge interest whenever presented at international conferences.

That is why I am glad that in this third issue of the Bulletin of the Jagiellonian University Disability Support Service entirely devoted to mental health difficulties the reader can become familiar with similar initiatives from the UK and the US. I hope that the articles presented in this Bulletin will show us all how socially useful such projects are.

Ireneusz Białek

Chief Coordinator at the Jagiellonian University Disability Support Service

Head of the adaptation support programme The Constellation Leo targeting Jagiellonian University students with mental health difficulties

combination with serious problems with studying it makes graduation a challenge difficult to face. Lack of university education, in turn, significantly lowers the chance of finding a job and, which follows, full participation in the community life.

In response to these problems and an increasing need for support, the Jagiellonian University has developed a 'Programme of Adaptation Support for Jagiellonian University Students with Mental Health Difficulties'. The project is co-financed by the European Union within the Human Capital Operational Programme. Its main objective is to offer a comprehensive adaptation support for students experiencing mental health difficulties. Besides providing support to students who are the programme participants, its aim is also to start a debate on mental health difficulties and mental illnesses, their possible consequences and to break the taboo related to the subject. A discussion focusing on the issue and particularly revealing one's illness requires a lot of courage, hence the choice of the lion as the symbol of the programme named as the Constellation Leo. Responding to this challenge is not easy but will definitely contribute to awareness raising not only within the university itself but also outside it. The programme slogan 'Courage Helps' is to encourage people to break the taboo related to the subject of mental health.

Supporting students – the project participants

The programme involved two rounds. Each round could have twenty students as participants. In order to participate in the recruitment for the programme the candidates were formally required to submit a valid certificate confirming university study and, for persons who had such, the documentation related to health difficulties to the DSS (Disability

Support Service). As it turned out, over a quarter of students who wanted to participate in the programme had never visited a specialist before. Increasing academic problems made them look for support. Many of them contacted the DSS after the publication of *My Journey*, a book which was part of the programme, some of them found out about the project from friends or through a very extensive promotional campaign. In order to define the nature of their difficulties, the students had to see a psychiatrist during the recruitment process. Some of them experienced the first symptoms of conditions/illnesses a few years before, which considerably hampered their course of study at university. Nevertheless these persons had never consulted a psychologist or a psychiatrist. Among many reasons of this situation the most often cited included shame, fear of stigmatisation, sometimes incomprehension of the nature of the difficulties experienced. Many students who wished to participate in the second round of the Constellation Leo admitted that they had heard of the programme as early as at the beginning of the academic year. However, they needed time to find the courage and admit it to themselves and others that their problems were related to mental health.

The actual recruitment for the programme involved two stages. The first one was filling in the questionnaire available at the project website. It included questions on the academic situation, difficulties with learning and the process of studying as well as the intensification of symptoms. The second stage involved recruitment interviews. The main aim here was to analyze the student's motivation to participate in the programme and to define as to what extent the student's current health condition influenced his or her academic situation. The project participants were picked based on the results acquired in both recruitment stages. The main criterion applied was the students' motivation and their expectations

from the programme. Some people did not fully understand the project principles or misunderstood the scope of support offered. The reason for joining the programme which was often reported involved the 'willingness to recover' or the willingness to 'be normal'. Sporadically, there were candidates who took it for granted that their participation in the programme was a privilege they were entitled to merely because they had a problem or an illness. Another important factor taken into account was the impact of the current health condition onto the student's academic situation. A small number of people, especially those remaining in the psychiatrist's/psychologist's care for a long time, did not report difficulties in functioning as a student, thus did not need adaptation support. At the other end of the spectrum there was a group of students whose symptoms, when intensified considerably, made it impossible for them to fulfil academic duties. In their situation it was necessary to start intensive treatment and/or psychotherapy soon as adaptation support could not be effective without it.

On the basis of the above criteria, two groups of twenty persons each were selected to participate in the programme. The most common diagnoses were mood disorders before anxiety disorders and personality disorders. The age bracket was from 19 to 30 years of age. Over half of the participants had to resume their study, repeat a year or take a leave in the past because of health difficulties. Only five students had a certificate confirming their disability level which was issued because of their mental health condition.

The first round of the Constellation Leo began in October 2010 and ended in March 2011. The recruitment questionnaire was filled in by 42 persons, but only 29 of them met the formal requirements enabling them to participate in the full recruitment process. The second round of the

programme began in March 2011 and will last until the end of August. As many as 59 persons registered on-line and 48 of them submitted the required documents and attended recruitment interviews.

The first stage of support included 16 consultations with psychologists and, if necessary, psychiatrists. The programme of meetings was tailor-made and strictly matched the individual needs of each participant. The consultations involved a detailed analysis of his or her past and present academic situation, a specification of the major areas of difficulty and the search for solutions supporting a more effective fulfilment of the student's duties. The problems most often reported by students were related to motivation, procrastination, time management and dealing with stress, especially with respect to exams. What is important, the psychological and psychiatric support offered within the consultations was not therapeutic but adaptive. It focused on coping with academic difficulties experienced as a result of a health condition. If the participant's health situation required treatment, psychotherapy or a change of either, the aim of the meeting with a psychologist was to motivate the student to contact an adequate health care unit.

The second stage involved a series of training meetings for students focusing on effective learning and self-presentation. The first one aimed to strengthen the participants' competencies in such areas as concentration, memory, effective note-taking, creative thinking, etc. The main objective of the training in self-presentation was to discuss self-promotion techniques, especially in the context of entering the labour market. The integral part of the meetings also involved a discussion of the problems related to the disability and ways of referring to it in the correct way during the recruitment process.

The initial results of the evaluation made by the participants of the first round of the Constellation Leo indicate that to a large extent the programme has met their expectations. The support they received strengthened them in fulfilling their academic duties. Most of them declare a high level of readiness to study. Nevertheless, some participants think that the current condition of their mental health prevents them to a rather large extent from studying. These results suggest that educational support may only be effective when the student is at the same time involved in adequate treatment and/or therapy. The experiences gained throughout the project, however, indicate that specialist support is difficult to obtain. The obstacles mainly involve long periods of waiting for therapy and little availability of psychiatrists who often reduce meetings with patients to writing a prescription.

Social campaign

The statements of the participants of the Constellation Leo and their opinions expressed in the feedback forms clearly indicate there is a great need for a discussion of mental health problems in the academic context. They often mention a significant level of anxiety related to revealing their difficulties, being labelled as a 'loony', being accused of simulation or simple laziness. The students quote many examples of situations when a mental illness is mistaken for an intellectual disability and when they were considered unable to participate in education at a university level. Examples of empathy in the approach to students and attempts to understand their problems were much less common. Most participants of the Constellation Leo think that the conditions at university are not conducive to studying for people with mental health difficulties.

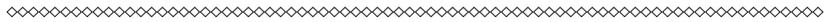
In the light of these observations the debate on the nature of difficulties and mental illnesses as well as their impact on the process of studying is essential. The workshop entitled 'Breaking the Taboo: Mental Health Difficulties at University' is among a number of initiatives undertaken as part of the Constellation Leo project. The project webpage (www.KonstelacjaLwa.pl) contains an educational platform with numerous articles on mental health as seen from various perspectives. It also includes a list of centres offering psychological and/or psychiatric support in Krakow as well as a list of certified therapists. Additionally, an electronic version of *My Journey* is available from the platform, too. Copies of the book were handed out to all interested university students and employees, free of charge.

This unique publication contains the stories of the Jagiellonian University students struggling with mental health problems and the reflections of teachers on mental illnesses and studying. The great value of the book lies in the personal reflections of students, full of emotions, which debunk stereotypes and break the patterns of thinking applied to persons with mental health difficulties so far. They also indicate that there is a great need for support from university. *My Journey* has stirred great interest among academics. Many students who have recently visited the DSS mention it as an important step towards raising the awareness of mental health. There are also persons who were able to better understand themselves and the difficulties they experienced thanks to *My Journey*. After reading it they decided to look for support, both at our office and at health care establishments.

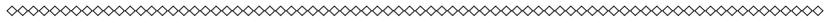
According to the participants of the Constellation Leo, the biggest challenge that the university is facing now involves raising the awareness of its employees and students with regard to the nature of mental health

problems and their consequences for the process of studying. It is extremely important to adopt an individual approach to each student and offer greater flexibility with regard to the conditions of studying. A tutor who would monitor academic progress and, if necessary, provide support in coping with difficulties, could be helpful. The project participants also mentioned two important issues. The first one is the need to increase the transparency of the evaluation system, and the second one concerns a more friendly university administration system.

Adapting the conditions of studying to the student's needs resulting from his or her disability falls within the main area of DSS activity. In most cases it is an effective way of support leading to equal opportunities in the access to education. Also, the activities taken as part of the Constellation Leo and aiming to raise awareness among academics are beginning to bear fruit. The DSS is approached by students who were advised to come by their teachers, worried about their difficulties. Also university employees themselves, both administration staff and teachers, contact us about their doubts and express the willingness to learn more about the way to work with persons experiencing mental health problems, dealing with difficult situations and support that may be offered to these people. Undoubtedly, the problem of stigmatizing and discriminating this group of students is still serious but the activities undertaken make an important step towards including them into the mainstream of education.



Katarzyna Czarnecka is a consultant for student affairs at the Jagiellonian University Disability Support Service in charge of, for example, recruiting the participants of the ‘adaptation support programme for Jagiellonian University students with mental health difficulties’. She also offers psychological consultations on the project.



‘1981. Year of Disabled Persons’. On Inclusion according to Jan Koteja¹.

Anna Kapusta, Jagiellonian University Institute of Sociology

Mottoes, horizons of inclusion

Firstly:

‘And so we do not know where people are born, in the mother’s womb or in society. Maybe they are born twice.’

Jan Koteja, *An Equation with Two Unknowns*²

Secondly:

‘Don’t you think that one lunatic amongst a hundred normal people will not infect them with his lunacy yet he may stand some chance of returning to normality? And it is highly

¹ I would like to offer my most heartfelt thanks to Sister Agnieszka Koteja for having kindly facilitated my access to invaluable materials concerning the history of the creation and publication of the book by her father, Jan Koteja entitled *1981. Year of Disabled Persons* [Polish original *1981. Rok Niepełnosprawnych* (translator’s note)], in particular for giving me a pre-editorial version of the typescript. And so I thank her particularly for the trust that motivated me; entrusting me with her private documents, giving an exhaustive interview on 4 March 2011 as well as her continuous readiness to answer my questions.

² J. Koteja, *An Equation with Two Unknowns* [Polish original *Równanie z dwiema niewiadomymi* (translator’s note)], in idem, A. Koteja *1981. Year of Disabled Persons/Dad’s Marigolds* [Polish original *1981. Rok Niepełnosprawnych/Nagietki Taty* (translator’s note)], Cracow, Dom Wydawniczy „Rafał”, Cracow 2008, p. 53. All the quotations from that work are from that (only) issue, later with a relevant title of each such ‘short story’ (Jan Koteja chose to call his short prosaic works this way) and the page. Excerpts from the manuscript which was not included in the publication are described as ‘manuscript’ followed by a page of the source typescript. I have retained the original spelling in quotations.

unlikely that in a mental asylum madmen have a soothing and therapeutic influence on each other.³

Jan Koteja, *A Tall Chimney*³

Thirdly:

‘Will you regard a Pole in London as deaf because he does not understand a thing and his questions addressed to passers-by are unarticulated gibberish?/ Maybe that disabled man would be non-disabled if the banister were on the right side rather than left, if the banister served in general to facilitate moving up and down the stairs rather than a purely decorative purpose./ How many people would we considered non-disabled, if they got on a train while it is moving?/ The problem is not that (whether) non-disabled and disabled, strong or weak, people exist, but that there are WE and THEY./ If we recognise communists, infidels, nudists...the problem of disabled people will cease to exist. There will be technical problems, just like with non-disabled people. After all shoes have deferent sizes, there is size 36 and 42.../ Yes, but this is pure theory.’

Jan Koteja, *Pure Theory*⁴

Authorship: riddles of inclusion

Let us begin with the bold statements made by the author of a work written in Poland in 1981 and published – thanks to the efforts by the author’s family – in 2008. The entire manuscript (as well as the very fact of its existence) was discovered by the author’s son only after his death in 2004. The manuscript author’s daughter then edited it and added her own series of poems which had been written before and while the manuscript was being written yet independent of the father’s writings, entitled *Dad’s Marigolds*. With her brother she prepared a low-circulation publication, which they issued independently. Polish-language thought revolutions by bold authors have always entailed occasional printed matter going from hand to hand. And it may be this social effect of ‘unofficial circulation’ that ‘niche’ ideas find it so hard to reach the ‘main’, dominant because

³ J. Koteja, *op. cit.*, p. 53.

⁴ [Polish original *Czysta teoria* (translator’s note)], J. Koteja, *op. cit.*, pp. 56-57.

majority, stream of the self-reflection of Polish society. Jan Koteja's work is still missing from the collection of the Jagiellonian Library in Cracow, the author's hometown. After three decades (1981–2011), the novelty of his ideas, today generally called the social model of disability, may still be considered stunning in Poland, with its simple narration concerning the conventional (symbolic and relative) construction of the definition of man as a person with disability. Let us then engage in this discussion on the notions of that social process that the author of the work entitled *1981. Year of Disabled Persons*. I once again repeat the key word 'author' following the will of Jan Koteja himself, who characterises the paradox of his creative process as follows:

'I have been asked many times – <<What are you writing?>>. I answered whatever and covered the paper sheets./ Where does that come from?/ If no-one is to know what I write, why bother to write in the first place? That piece was inspired by the International Year [of Disabled Persons]. Using a nom de plume. But how come? A nickname means anonymity. And if writing were to have some meaning, then it must be under a name./ There are various ways of reading, I need a work to find, meet and make friends with its creator. Yet it is not about looking for an individual person and his/her name. What interests me in this individual is a universe, and it is there. (...)/ A guilty person never behaves naturally: if I look for all this in written word then some other person may do it, too. They will not ask what the author wanted to express by this or that, who he/she was inspired by and why he/she wrote it in the first place. They may be looking for the author him-/herself./ And now whatever one does is wrong./ If the author is not found, the writing is in vain, and if the author is found, poor author, exposed for everyone to see.'⁵

That author secretly (during the nights of 1981) described his meeting with 'being a stranger to himself' and that literary text became to him a symbolic, safe mirror of understanding otherness, the author' as well as human. In spite of that the 'physical' mirror reflection remained alien

⁵ J. Koteja, *The Third Introduction* [Polish original *Trzeci wstęp* (translator's note)], in idem, *op. cit.*, pp. 35-36.

to him and that strangeness he communicated to his potential reader including it in his work:

'I do not like large mirrors in department stores. / They make me experience unexpected meetings with someone who is a total stranger yet I know him from somewhere.'⁶

This dimension of social inclusion, an integrative incorporation of the understanding of the author's individuality into Jan Koteja's private world of meanings and values, shall remain a mystery to us.

Inclusion: Polish – language dilemmas

The opening mottoes: three forceful, one could say keynote, punches into the social dilemma of inclusion, this socialising incorporation of all possible 'other' and 'excluded' people, amongst them those with diverse disabilities, into mainstream society, or using Jan Koteja's charmingly simple language: into 'ordinary' social life, also find their interesting reflection in the peculiar lexical resistance of contemporary Polish. In order to grasp this language-expressed social tension in constructing meanings, it is worthwhile to have a look now at the ambivalent etymology of the Polish word *inkluzja*. Its core and at the same time the smallest carrier of meaning here is the Old-Polish form *inkluz*, which originally meant 'as old folklore had it: a spirit, a charitable force included in objects, an amulet, a coin, etc.'⁷ That is the oldest modification of the Latin etymology: *inclusus* from *includere*: fence in, include⁸. And so *inkluz* **included** in itself essentially charitable, apotropeic (protective) power. An

⁶ J. Koteja, *Large Mirrors* [Polish original *Duże lustra* (translator's note)], in *idem, op. cit.*, manuscript, pp. 27-28.

⁷ See entry: *Inkluz*, in W. Kopalinski, *Słownik wyrazów obcych i zwrotów obcojęzycznych z almanachem*, Wiedza Powszechna, Warsaw 1994, p. 230.

⁸ *Ibidem*, entry: *Inkluzja*.

inkluz then **included** its holder in the sphere of supportive *sacrum*. The word inkluz later underwent historical desemantisation, that is a change of the meaning interpretation attached to its old form, under the influence of medieval monastic movements that appeared in Poland. According to Władysław Kopaliński, the medieval inkluz was ‘an ascetic locking himself up in a cell for life, accepting food through a small window’⁹ **excluded** from the order of mortal life. At the sparkling intersection of those two conflicting discourses of social *sacrum*, **‘inclusion’** (through the amulet’s integrating power) and **‘exclusion’** (due to the form of such passive asceticism), the word inkluzja then came into being meaning **physical ‘inclusion’**¹⁰. The history of the semantic ambivalence towards social change in the case of the Polish language included in the etymology of the word inkluzja reflects then – genetically in a way – the **dilemma of the ‘isolation’ or ‘aggregation’ of individuals** (who create potential niches) **and society** (rules of the dominant discourse). Cognitively speaking, inkluzja means in Polish such ‘social tension’ vis a vis the risk of participation; the cognitive resistance in the face of the ‘Other’ who may accept or reject the problematic individuality. And regardless of the fact that ‘average Polish speakers’ are (not) aware of the etymology of the word inkluzja historical ambivalences of meanings, dilemmas, are part and parcel of this (not only) Polish-language social discourse.

⁹ *Ibidem*, entry: *Inkluz*.

¹⁰ *Ibidem*, entry: *Inkluzja*.

Inclusion according to Jan Koteja: an artefact and a metaphor

Jan Koteja¹¹ was born on 17 September 1932 in Siemianowice Śląskie and died in Wolowice near Cracow on 19 August 2004. He was a full professor, active at the Agricultural University of Cracow (1959–2002). In 1989–1993, he was director of the Institute of Applied Zoology, in 1993–1994 he headed the Chair of Zoology and Ecology. In 1991–1994, he was Vice-Rector for student matters and chaired the University branch of the Solidarity trade union at the Agricultural University of Cracow in 1980–1981. To him, the Polish word *inkluzja* had paleontological connotations and he referred it to fossil insects (kermeses) sunk (their *inkluzja*) in Baltic and New Jersey amber. This natural artefact dimension of the *inkluzja* semantic field was important to him. He was literally sure of that. Yet he was unaware of the importance of the pioneering – in the Polish-language historical universe – of the *inkluzja* notion as a key element of the social model of disability¹², which he himself intuitively described and commented on. In his reflection Jan Koteja was ahead of the Polish social reality by nearly thirty years. In other words: by means of his ‘short stories’ Jan Koteja was writing about both ‘inclusions’ of fossil insects (using the word *inkluzja*) and the social need of *inkluzja*, and so ‘including’ persons with diverse disabilities. As a result, the word *inkluzja*, another key word after the word ‘author’, may be a material metaphor of the whole publication entitled *1981. Year of Disabled Persons*.

¹¹ I am quoting facts from J. Koteja’s biography as reported by Professor W. Niemczyk and Profesor B. Nowosad and made accessible to me by Sister A. Koteja [electronic version, pp. 1-3].

¹² See *Keynote speech by Professor Willy Aastrup delivered at the conference ‘Disability Awareness: New Challenges for Education’*, in ‘Biuletyn Biura ds. Osób Niepełnosprawnych Uniwersytetu Jagiellońskiego’. A collective work edited by a team composed of I. Bialek and D. Nowak-Adamczyk, Y: 2010, issue 1., pp. 26-50.

What is most mysterious and inspiring in such a reading of that foresight-heavy work – already for Koteja’s children, its first editors – inkluzja, that natural artefact, was exactly a metaphor and at the same time a summary of postulates of the social model of disability not just developed in a visionary manner but also practised daily in their father’s lifestyle. For Jan Koteja after all ‘disability’ was always just one of many, relative and ordinary, human traits¹³. It was literally this that Jan Koteja’s son said studying the manuscript unexpectedly found after his father’s death:

‘I have known since childhood that my father went through poliomyelitis, already at kindergarten age I was unashamedly answering questions asked by my friends like Why is your dad a lame walker? Indeed, it was someone else’s dad playing volleyball with us, someone else’s dad taking us skiing. It was obvious why my dad did not do it yet it never crossed my mind that he was disabled. It was even more unimaginable to me that he himself could see himself as disabled, that disability could ever intrigue him. Even less so that being 1981...’¹⁴

Later on, that biographical literalness of her brother found a metaphorical complement by the author’s daughter:

‘Inclusions of kermeses, insects sunk in amber, millions years ago. Once at Dad’s workplace I watched them through a microscope. As amber is then strongly illuminated, it gains an unforgettable, warm, spatial radiance, and one can even see the insect’s delicate wing texture. It is truly beautiful./But to get inside and examine it more closely, one needs a refined method./And once one has reached the inside, the insect will not revive./ 1981 is the inclusion of Dad’s disability./ Fragments of life I have never known./ Made accessible. After <<millions>> of years./ Maybe they revive in someone and by doing so help him/her somehow.’¹⁵

The author himself included his experience in the notion of disability as a relation with the environment:

¹³ See J. Koteja, *Distinguishing Marks* [Polish original *Znaki szczególne* (translator’s note)], in idem, *op. cit.*, pp. 17-18.

¹⁴ P. Koteja, *Inkluzje albo wprowadzenie do Roku Niepełnosprawnych i Nagietek Taty*, in Jan Koteja, *op. cit.*, p. 11.

¹⁵ A. Koteja, *6.03.2011.*, [an unpublished private document entrusted to the author], p. 1.

‘When is man non-disabled?/ Whilst jumping over a ditch not knowing it. If he/she contemplates how to get over that ditch, there is something wrong with his/her ability. If ditches and walls did not block the way we are on, we would not wonder how to cross them, and there would be no doubt as to our ability./ And so the notion of ability comprises an objective, measurable external world; an objective measurable ability./ I think we can skip philosophies and ideologies which look at human ability through the prism of racial purity, reproductive potential, usefulness in battle or at work (‘working age’ being a trendy expression these days). Wherever man <<services something>>, the disability issue is simple: people with disabilities should be eliminated./ If man is placed at the centre, then ability and all other things become ancillary in relation to man. More precisely, everything can – is supposed to! – serve the broadly understood human happiness. And for happiness one does not need an objective measurable ability, but rather a subjective feeling of one’s ability. To implement that notion we can and should change the objective world, to a large degree also made up of public mentality and spiritual culture, objectively enhance the ability of disabled people, but also eliminate phenomena which generate, or intensify, the feeling of disability.’¹⁶

It would be difficult to offer a more fitting diagnosis of the social inclusion of people with various disabilities. The author formulated it also as someone with a personal experience of disability. The creative quality of that experience is visible in his understanding of all social constructivisms and consistent antiessentialism. In other words – for the author – it is society that, creatively or destructively, adds a superstructure to each discourse of individual corporality and specifies the cultural (conventional) framework of human ‘ability’. The author of such an inclusive notion is zoologist Jan Koteja, specialist in amber ‘inclusions’ of paleoinsects, and he offered his diagnosis during Poland’s most famous martial law, in 1981, declared International Year of Disabled Persons.

¹⁶ J. Koteja, *Lack of Awareness Conditions Existence* [Polish original *Nieświadomość kształtuje byt* (translator’s note)], in *idem, op. cit.*, pp. 73-74.

Inclusion versus ghettoisation

In his creative, although obviously never named as such, inclusion project, Jan Koteja reflected, incidentally as if he were a professional sociologist of organisations, upon the problem of ghettoisation of interests of minority groups, including the institutional isolation of matters related to persons with disabilities. He was alert to point out that effective active ‘support’ is a process of including such groups in the mainstream of social practices, while passive ‘helping’ or the separatist articulation of particularistic interests serves no-one. He did not mince his words as regards the institutional generation of individual and social helplessness:

‘Setting up a Cooperative of Disabled Persons or an Association of Blind Persons, or proclaiming Disability Day or Year does not lead to the goal pursued by such institutions or events./ A strong association of people with disabilities <<defending its members’ interests>> exposes their disabilities and deepens the social divide. What should be striven for is the social integration of non-disabled and disabled people, so that those with disabilities could be happy amongst those without them rather than in their own ghetto./ This all seems so very obvious, yet in life desintegrational and separatist tendencies prevail. It is much easier <<to convince>> people that they are better, more important or disadvantaged, that they should shut themselves away in their own circle and isolate themselves from the others. Walls of China are, and are very likely to forever remain, the most durable structures on earth.’¹⁷

For the author the universal right to feel one’s ability, or social efficacy, like subjective decision-making power shown in the ability to take or not to take social actions as one sees fit, was fundamental and included the power of integrative, human agreement: a human right. He must have believed, against all odds, that the growing social awareness of the individual ‘need’ and social ‘interest’ of including persons with disabilities in all streams of human activity would make the ancient Wall of China the last and only human monument to creating culture on the

¹⁷ J. Koteja, *Lack of Awareness Conditions Existence*, in *idem, op. cit.*, pp. 74-75.

basis of physical and ideological isolation. It may be, however, that each, not just that, strong faith in human creativity is doomed to historically proved attempts at doubting it.

Inclusion, a thinking process

The final and perhaps most private dimension of inclusion, Jana Koteja's ideological and life project, is its significant intimate reverberation in his daughter literary sensitivity. The particular presence of her father's proactively inclusive imagination, so to speak, led to his work becoming posthumously an unexpected diptych. Part one, the father's 'short stories', was complemented by the editor with a parallel part two: lyrical poems wrote by his daughter Agnieszka, collectively named *Dad's Marigolds*. So understood, if a-synchronic, co-creation by the father and his daughter is also a proof that in the hierarchy of experiencing deep bonds with other person the 'casual' and fully 'arbitrary' fact of having a disability is a 'neutral', socialised and tamed 'obviousness'¹⁸, or an 'ordinary' feature which simply differentiates each single person. As regards the quality of such a bond, the subjective feeling love and friendship, 'disability' just like, for example, the colour of one's eyes, is not seen as a major quantifier any more. After all, for anyone who loves someone authentically the loved person is 'just this' extraordinary 'loved person' and within such mutuality excluding value judgement inclusion happens spontaneously. One 'loves' the whole person not just his/her single feature. In such an interpersonal bond inclusion is a spontaneous thinking process, or

¹⁸ It is worthwhile to invoke here a lyrical epiphonema of a daughter to her father: 'For me, Dad, your physical disability has never been a problem. As a kindergarten child I wondered when Pawel would start walking like you, as one day he had to change from boy to man'. I quote [after:] A. Koteja, 6.03.2011., [an unpublished private document entrusted to the author], p. 2.

the readiness to accept another person with all his/her properties. The author of the second part of the diptych enshrined her experience of reading the father's manuscript in the opening poem of 1981:

“The year of martial law and disabled people./ One does not need to walk in the meadows to search for inclusions./ Who would you be without poliomyelitis./ Who knows...As a child I thought / that real men/ should be lame walkers / like you./ Maybe there is a poliomyelitis of heaven/ and maybe Lord, like a child, believed / that was most beautiful // 03.02.2006.”¹⁹

For a loved child a father means simply his/her beloved father, ‘Such a Dad: one hundred per cent father and one hundred per cent naturalist.’²⁰ Here is a child's definition of the social process of inclusion...

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¹⁹ A. Koteja, Rok 1981, in idem, *Nagietki Taty*, *op. cit.*, p. 79. [the entire book publication: J. Koteja, A. Koteja, 1981. *Rok Niepełnosprawnych/Nagietki Taty*, Dom Wydawniczy „Rafael”, Cracow 2008].

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Mental Health Disability Stigma and the American College Experience

By Jack Trammell, Ph.D., Randolph-Macon College

Since the passage of the Americans with Disabilities Act (ADA) in 1990, and its reauthorization in 2008, great strides have been made in improving access to higher education for students with mental health-related disabilities. In fact, students with mental health disabilities presently attend college or university in record numbers. However, the negative stigma associated with disabilities, both visible (ex. wheelchair bound) and invisible (ex. anxiety disorder), continues in spite of helpful legislation to present the most daunting challenge to both students and university staff and faculty. In particular, the last decade has seen dramatic growth in attendance and disclosure amongst students with mental health-related disabilities. Because of lingering stereotypes about mental illness that cross cultures and have deep historical roots, these students are particularly at risk no matter where they choose to attend school.

Disability stigma, while experienced in unique ways by every individual, is characterized by universal themes (Angermeyer and Matschinger, 2003, Crawford, 2002). These themes include: the fear of being perceived as less capable or less intelligent; a reluctance to disclose that they have a disability or mental health issue unless absolutely

necessary; a concern that the relationship between the student and a professor may be compromised due to information about disability becoming involved; and a general desire to be treated equally, rather than being singled out unnecessarily, or discriminated against. In many instances, mental health-related disabilities carry the additional burdens of prescription drug management and a heightened cultural awareness of related issues (Tone, 2009).

Research on stigma in the 1960s when the Disability Rights Movement (DRM) began to reach critical mass suggested that these problems would likely remain even if important legal changes were made (Goffman, 1963). In conjunction with that, civil rights legislation has not eliminated all issues of inequity in race and gender relations. The mainstreaming of mental health disorders in the last twenty years, accomplished in part through multi-million dollar pharmaceutical advertising campaigns, has not eliminated mental health stigma. In fact, it can be argued that as much harm as good has come with the Pill Revolution (Tone, 2009).

For students with mental health disabilities, there is even evidence that the process of disclosure itself, legally necessary, may also be sustaining and creating problems of its own (Trammell, 2009b). The disclosure process is a moment of truth where an individual must fully accept their disability status and make a statement of such acceptance in order to receive accommodations. It is in large part a process of red-shirting, or forcing students to accept a label, in order to receive what should in theory be an access freely given to them. It is, in Foucauldian terms, a forceful surveillance in which the student must balance giving up part of their privacy and freedom in exchange for what might be improved access to the academic environment (Foucault, 1965).

Students do not take this choice lightly, as they report in their own words: “I don’t tell anyone [about my disability] unless I have to.” “Who else will get to see this information besides the DSS office?” “I don’t think of myself as having a disability.” “I don’t want anyone to know about it.” “Am I supposed to like having a disability?” “My mind belongs to me.”

The disclosure dilemma also places the disability support office, as well as other students, faculty, and staff, in an awkward position. In order to “prove” that accommodations are available and that the disability climate is friendly, students are required to disclose and this means wearing the label for others to see. Colleges and universities are therefore obligated, ethically and practically speaking, to foster a disability friendly environment, and to make the disclosure process as pragmatic and non-threatening as possible. Perhaps this is easier said than done, but there are some themes that emerge from the literature on disclosure, and directly from student experiences (Gerber and Price, Price et al., 2005). There is also growing evidence corroborating the stigmatizing nature of disclosure (Trammell, 2009a).

First and foremost, the college or university should make disclosure a normalized process to the extent possible, the same way that registering for classes is normal, or that meeting with an advisor is normal. There should be adequate opportunity to access DSS in physical space and time, as well as in virtual space including electronically on the web. The disclosure form, as such, should be clear and concise, easy to understand, and have multiple assurances about privacy and record-keeping practices. In particular, mental health-related disabilities (depression, anxiety, attention disorders, personality disorders, etc.) should be characterized as acceptable, all the way from the format of DSS forms to the “user-

friendly” ways that the other mental health resources on campus are advertised and accessed.

Second, and with an equal but different type of importance, the DSS office should function as a thermostat on campus, helping regulate the “temperature” as it pertains to mental health and disability issues. When tensions run high, or when events transpire to call into question what is reasonable or unreasonable, the DSS office is uniquely positioned to be above the fray (since the DSS personnel have very specialized knowledge) and to offer information, suggestions, and even mediation. In some studies there are obvious correlations between high intelligence, ability, and certain mental health-related disabilities (Trammell, 2005). The DSS office can help make students with mental health disabilities feel more welcome, and reinforce the notion that they are capable and valuable members of the community.

Third, DSS offices can become clearing houses for the content of what is becoming widely known as disability studies, an area of academic inquiry on par with other minority studies. In this sense, the DSS office should be a collection point for all types of resources: journals, policy guidelines, legal definitions and summaries, and even materials that can help disability become part of the regular curriculum (especially in content areas such as psychology, history, and sociology). In addition, the DSS office should partner with other mental health agencies, on and off campus, assuming normality and eschewing stigmatization.

Finally, DSS offices provide in essence the frontline support of the college or university in determining how the human face of the institution will be regulated and disseminated. All of the activities of the DSS office and personnel should model respect for human dignity, the sensitive personal nature of disability and particularly mental health disabilities,

and an awareness of the deep complexity of disability in a relatively (still) uninformed and sometimes hostile global environment. There is nothing inconsistent in modeling this type of behavior with the diverse academic missions of any college or university (Waskul and Riet, 2002). DSS offices can also serve as vital institutional data points, gathering the kind of information that shows students with mental health disabilities succeeding, and students and professors working together on reasonable accommodations, so that even simple acknowledgements of success can combat latent stigma.

In fact, DSS offices go a long way toward defining the attitude that students have about the overall disability and mental health climate of colleges and universities. In short, the better they perceive the disability services, the better picture they have of the institution. DSS offices can enhance this climate by sponsoring disability and/or mental health awareness activities (ex. disability awareness day); inviting speakers to visit (ex. celebrities with mental health-related disabilities who speak about the importance of acceptance, or topics like twice exceptionalism); reporting regularly to administrators, faculty and staff about the mental health and disability climate (even if not required to); and making the positive achievements of the DSS office transparent to the entire community.

There are, to be sure, very real problems to be tackled, disability stigma and the negative stereotypes associated with mental health problems that go along with it being the most serious (arguably) and the most prevalent. The promise of Universal Design (UD), which began as a practical form of architecture, hints at an academic future where schools may be more diversified and individualized to the point where labels like “disability” or “gifted” or “mental disorder” become

less meaningful, and in the words of many American teachers, “good instruction is simply good instruction” (Rose et al., 2006). The reality of the present, however, demands that DSS offices be good stewards of the powerful position in which they find themselves, placed in a eminently practical place to make a difference in many positive and useful ways, and to fight stigma to every extent possible.

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- Possible triggers at university for mental health difficulties and the impact on student's studies.
- Data on numbers of United Kingdom (UK) university students experiencing mental health difficulties.
- The support that academic and welfare teams at Imperial College provide.

So firstly, what does the term 'mental health difficulties' mean?

Mental health difficulties – what are they?

The term 'mental health' describes the broad spectrum of health affecting an individual's state of mind, with mental well being at one end of the spectrum and severe mental illness at the other (Mind, 2011). A person's mental health could be at any point on this continuum, from the ups and downs of mood, experienced in everyday life, to more serious disruptions which affect thought patterns, perception and the ability to think and communicate. If an individual experiences a significant impairment to an area of their mental wellbeing, more marked than the daily fluctuations of mood, this could be defined as a 'mental health difficulty' (Kingston University, 2007).

Symptoms of mental health difficulties can include: low mood, anxiety, sleep and appetite disturbance, social withdrawal, poor concentration and motivation, ideas of self harm and suicide and a tendency to abuse or self medicate with alcohol or drugs. Less common symptoms may be disordered thoughts, delusions, hallucinations, elation, excessive self confidence and loss of connection with reality (Imperial College, 2011).

Within this definition of 'mental health difficulties', there is considerable diversity as to the intensity, severity and length of time that

symptoms persist. For some people their difficulties may be debilitating but temporary, for example, as a result of a stressful life event. However for others, symptoms may be recurring, and the impairment long term. In providing services at the College, we recognise the complexity and variation of mental health difficulties, and the appropriate level of support is offered for students with both temporary and long term conditions. However, we are mindful of our additional legal responsibilities towards students with long term conditions.

UK legislation, the Equality Act¹ (2010, part 2, chapter 1, section 6 (1)) defines the term disability as a ‘physical or mental impairment that has a substantial and long term, adverse effect on a person’s ability to carry out normal day to day activities.’ Thus, students who have a long term, diagnosed, mental health difficulty are likely to be defined as having a ‘disability’ in the terms of this Act. In discharging our responsibilities towards disabled students, the College is required to be proactive in ensuring procedures and arrangements are inclusive, and in making reasonable adjustments to provision where this is necessary.

So, why might students at university be susceptible to these difficulties?

Triggers at university for mental health difficulties

Studying at university is a time of considerable change, and dealing with issues such as leaving home, moving to a new city or country, managing finances and making new friends, can present significant challenges. Alongside these domestic concerns, students also need to deal with the specific demands of academic life, for example, independent study,

¹ From October 2010, the Equality Act replaced most of the 2005 Disability Discrimination Act (DDA).

deadlines for assessments and exams and high expectations with regard to academic achievement.

In addition, each university has its own particular demographic which can result in groups of students in that Institution facing their own unique challenges. For example, at Imperial 17% of our students are from European countries outside the UK, and 29% are international students from non European countries, and some of these students are from cultural backgrounds where mental health difficulties are not yet well understood. Doctors at the Imperial College Health Centre report that students from these cultures are often very reluctant to disclose concerns about their mental health. Some of the students facing the challenges above, come to university having previously had a formal diagnosis of a mental health difficulty; others may have difficulties which are as yet undiagnosed; and still others may develop new or worsening symptoms during the course of their studies.

Although the pattern of symptoms and the impact of these is very individual, students experiencing difficulties can find themselves struggling to meet the course requirements. For example; managing their time, attending lectures, working with other students in a group, meeting coursework deadlines, and taking exams may be especially challenging. How many students are likely to be experiencing these difficulties? Statistics collected at the College, alongside national data, provide evidence that a growing number are affected.

Numbers of students with mental health difficulties

Universities UK (2000, p. 20) reports that students with mental health difficulties are ‘often very reluctant to disclose, due to concerns about the reactions of others and fear of jeopardising their academic or employment career.’ Thus formal statistics are unlikely to accurately represent the actual numbers of students experiencing mental health difficulties.

However, data from the College’s Student Counselling Service does provide some indicative evidence that the numbers of students experiencing mental health difficulties is growing. For example, in 09/10, 20% of the students contacting the Student Counselling Service, presented with issues of low mood and depression, an aspect of mental health difficulty. Although the numbers of students contacting the Service has grown year on year, this figure of 20% remains stable, which means that each year this percentage represents a greater number of students.

National data from the Higher Education Statistics Authority (HESA)² shows a similar trend, with the number of students declaring a ‘mental health disability’ growing steadily over the last five years – from 0.3% of the student body in 04/05, to 0.6% in 09/10. (See Appendix A for raw data).

So, in the light of growing numbers experiencing mental health difficulties, what support can universities offer to encourage students to disclose, obtain appropriate support and successfully complete their studies?

² *The Higher Education Statistics Agency (HESA) is a UK government department which collects statistics about the characteristics of students in all publically funded universities.*

Support at Imperial College

Described below are academic and welfare teams at the College, that work together to promote students' mental well being and provide support to those with mental health difficulties. While the College is alert to its responsibilities to provide suitable services, we are aware that students also have a responsibility to communicate their needs, and seek support within the university. We strive to encourage students to be proactive in this. So, in the work of these teams, two key principles come to the fore. Firstly, that we aim to foster an open, positive environment, which is conducive to well being and provides regular opportunities for students to disclose and discuss their concerns.

Secondly, although working within their own areas of expertise, services and teams are 'joined up', adopting a holistic approach to support, and communicating not only about meeting the needs of individual students, but also on policy development. The support arrangements below have been set out in the order in which a new student might come into contact with each of these services. However in practice, a student may approach one or more of the teams below at any stage in their studies to obtain advice and support.

► Wardens

The College has an extensive team of wardens, in charge of running each hall of residence.

Wardens:

- get to know students individually
- ensure the environment in hall is conducive to study;
- promote social life by planning events and entertainment, especially during the first weeks of term;

- are on call every evening and weekend.

The wardens contribute greatly to students well being by providing a positive healthy living environment and playing a vital role in responding in the event of an emergency.

Example

A hall warden notices that a student, who has a physical disability, has not been seen for some days. The warden investigates and finds the student in his room experiencing severe depression. The warden encourages the student to see a doctor at the Health Centre and assists him to book the appointment. As well as providing treatment, with the student's permission, the doctor alerts the Disability Advisory Service, and Disability Liaison Officer who arrange study related support.

► Personal Tutors

At the beginning of their studies, undergraduates are assigned a Personal Tutor to provide support with academic issues. Personal Tutors are well placed to get to know students individually and to build up a relationship which allows students to feel comfortable in raising concerns about their mental well being.

Personal Tutors:

- make contact with students early in the academic year;
- meet regularly with students in both one to one and group settings;
- provide support with academic issues, but also personal issues which may impact on the student's studies;
- are given training to enable them to have a supportive, empathetic approach and to raise their awareness of possible signs of mental health difficulties.
- are provided with procedures to follow if they think a student may be at risk of self harm.

Example

A Personal Tutor (PT) notices that a student who had been doing well with her studies in the first year, starts to miss out on lectures during her second year, and in meetings is often irritable. When asked by the PT about her drop in performance the student discloses that she is self-harming. The PT strongly encourages the student to make an appointment at the medical centre and follows up progress to assist the student to get the help she needs.

► Disability Liaison Officers

Disability Liaison Officers (DLO) in every academic department are a named point of contact that students can approach to disability issues that impact on their studies.

Disability Liaison Officers can:

- store confidentially evidence of a student's mental health difficulty;
- refer a student to the Disability Advisory Service or Health Centre;
- organise reasonable adjustments to the teaching and learning, for example, extra time for examinations;
- ensure other departmental staff are advised of adjustments required for each student; for example, allowing a student to record lectures;
- advise a student on taking an interruption of studies during a period of mental ill health, and;
- provide information and advice to colleagues in the Department ensuring that disability issues are on the agenda, for example, when planning teaching and learning, and admissions processes.

Example

A student speaks to the DLO about experiencing extreme anxiety and depression over a period of time. The DLO refers the student to the Health Centre, and the doctor treats the student and provides the DLO with a letter of evidence, recommending that the student be given extra time, and a quiet room for exams. The DLO makes formal arrangements for this.

► Disability Advisory Service

The Disability Advisory Service is a central service which provides advice and guidance to students on disability issues, as well as advising colleagues on adjustments for these students. Students can make an appointment to speak confidentially with an adviser, to discuss their physical or mental health and the impact on their studies.

Disability Advisers;

- advise students on support available and if needed can assist them to liaise with the appropriate academic or welfare colleague for advice and guidance;
- obtain formal agreement from students to share information with others providing support;
- advise students on funding available for support. For example, UK students with a diagnosed mental health issue can apply for Disabled Students Allowance (DSA);
- provide advice to teaching staff about teaching accommodations to support students with mental health difficulties;
- raise awareness with staff and students about disability issues, for example, by attending Open Days, and e-mailing all new students about support available and how to book appointments with the Service.

Example

A UK applicant with a diagnosed difficulty with obsessive compulsive behaviour, meets with a Disability Advisor and provides medical evidence. The applicant will need to live close to the campus, and support to keep on task with her studies. The advisor makes a case for the applicant to be roomed near the campus, and helps her to apply for DSA, which may include funding for a mentor to meet regularly with her and assist with study related concerns.

► Student Counselling Service

The Student Counselling Service offers students free, one to one meetings with a qualified counsellor in a confidential setting. The meetings focus on enabling the students to reflect on any difficulties they may have, and identify strategies to help themselves move forward.

The Student Counselling Service:

- is widely advertised both online and on a range of publicity material around the College;
- is accessible, students can book appointments by email, by phone or in person;
- provides consultation, guidance and training to staff in the College, assisting with specific queries about individual students and also more generally raising awareness with regard to mental health issues.
- sets out a Mental Health Difficulties Protocol, for all in the College who work with students, explaining how to recognise and handle mental health difficulties and providing information about helping agencies and emergency contacts.

Example

A student experiencing low mood contacts the Student Counselling Service. With the counsellor, the student explains several factors affecting him; an unhappy time at

school and within the family, struggling to make friends at university and finding the course more difficult than anticipated. Speaking with the counsellor assists the student to acknowledge their deep unhappiness and in later sessions to develop strategies to help himself.

► Imperial College Health Centre

The Imperial College Health centre is a medical centre where students can see a doctor and be treated for physical or mental health conditions. Doctors at the Health Centre work closely with staff at the College advising on the mental health issues of individual students (with their permission), and working with the Student Counselling Service in setting out policy on mental health.

Services at the Health Centre include:

- general workshops for students to help promote their mental well being. For example, exam stress and sleep difficulties workshops;
- psychotherapists who provide therapeutic sessions for students;
- a Consultant Psychiatrist to see students with more significant mental health difficulties and advise doctors on referrals to specialist mental health teams.

Example

A student with a diagnosed psychiatric condition, is registered at the Health Centre and is receiving treatment from a specialist mental health team. The student becomes unwell and falls behind with her studies. With the student's permission, the doctor at the health centre liaises with her psychiatric team and as a result advises the student to take an 'interruption of studies' which allows her to temporarily discontinue her studies and resume when she recovers.

Conclusion

In outlining the support arrangements above, it is important to note that although the College provides services to meet the specific welfare needs of our student population, this is balanced with an awareness, that universities are not therapeutic communities (AMOSSHE, 2001). Thus, the level of support that is offered must fit with our main function as an educational institution.

Indeed, although the services described enable many students who experience mental health difficulties to meet the demanding requirements of a university education successfully, for others, the impact of their difficulties is so severe and prolonged, that their capacity to learn is significantly disrupted. Where this occurs, the best course of action may be for the student to withdraw completely from the university. When this becomes necessary, the College has formal protocols for a student to be medically assessed and their exit arranged, as sensitively as possible. Our experience is that supporting students with mental health difficulties, alongside maintaining academic standards, is rewarding, but challenging! We are aware that there are areas of this work where there are gaps in provision and we are working to strengthen these. For example, currently the numbers of students at the College formally declaring a mental health difficulty is very low, and we are considering ways we can encourage more students to disclose.

However, we remain committed to ensuring continued collaboration between teams, and ongoing review and refinement of our Services.

Marilyn Garraway

Disability Advisor, Imperial College. 18.03.2011

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Appendix A

Higher Education Statistics Agency – Students Declaring a Mental Health Disability 2004/5 – 2009/10

| Academic year* | Total students declaring mental health disability students | % of entire student population** | % of entire disabled students population |
|----------------|--|----------------------------------|--|
| 2009/2010 | 13055 | 0.6% | 7.1% |
| 2008/2009 | 11200 | 0.5% | 6.4% |
| 2007/2008 | 9675 | 0.5% | 5.9% |
| 2006/2007 | 8095 | 0.4% | 5.2% |
| 2005/2006 | 6945 | 0.3% | 4.5% |
| 2004/2005 | 6170 | 0.3% | 4.7% |

Table 1. The number of students declared as having a mental health disability 2004/05 – 2009/10

* The population used for this enquiry is based on the definition of the Standard Registration Population, which was introduced from 2007/08 and excludes sabbatical and writing up students. It is used for all years of data in the enquiry for comparability.

** For the percentage of entire student population those whose disability is unknown have not been included in this calculation.

Source: Higher Education Statistics Agency (HESA), (2011).

Practical support for Students with mental ill health at University College London (UCL)

Marion Hingston Lamb and Daniel Marfany

Over recent years the number of students in the UK with diagnosed mental health difficulties has increased¹ and student counselling services have also seen an increase in the severity of the psychological problems that students present². This is despite the findings of other studies that there is a general reticence amongst the student population to seek help with psychological issues due to the stigma surrounding mental illness.³ This might suggest that the problem is, in reality, larger than it already appears to be. Increasing awareness of the needs of students with mental health difficulties and also the recognition in the Disability Discrimination Act (1995, extended to education 2000) that mental ill health could be disabling and therefore be included within this legislation has led to the development of mental-health specific services within the disability support sector in UK Universities.

¹ Quinn, Neil, Wilson, Alistair, MacIntyre, Gillian and Tinklin, Teresa, 2009; Royal College of Psychiatrists, 2003.

² Heads of University Counselling Services, 1999.

³ Chew-Graham, C., Rogers, A., & Yassin, N., 2003.

The different roles of different services

At UCL a service designed to provide additional non therapeutic support for students with mental health difficulties has been developed within the Student Disability Services. This provision is separate from and in addition to the Student Counselling Service which itself has developed and extended in response to increased student need. The Student Counselling Service is an independent, confidential service that provides various forms of counselling on a self-referral basis and is staffed psychiatrists, counsellors, Cognitive Behavioural Therapists and group therapists, as well as providing a moderated online service and a self-help library. This support will, in most cases be provided in-house, but where a student is experiencing severe difficulties they may be referred to specific support within the National Health Service. These services are thus essentially therapeutic in nature, intended to tackle the mental ill health of the service users. This is in contrast to the support provided within Student Disability Services which is of a more practical nature and focuses on mitigating the impact of the student's mental health on their ability to study effectively. This service is designed for those who are disabled by their mental ill health and therefore at risk of falling seriously behind with the studies, of dropping out or of failing to fulfil their academic potential.

Support provided by Student Disability Services

At UCL the development of support services within Student Disability Services specific to the needs of students with mental health difficulties began some eight years ago. It started in response to the needs of a small number of specific students, but such was the need that this uncovered,

a mental health specialist was recruited to join the team as one of the disability advisers. This member of staff acts as a point of contact for all students with mental health difficulties who make themselves known to the service and also runs a mentoring support service for those students. An important characteristic of the support is that it given develops in conversation with the individual student; there is often a need to be creative and come up with person-centred solutions that are tailor-made for the specific issue and to make these arrangements flexible enough to adapt to changing circumstances.

Liaison with academic departments

One of the essential functions of student disability services is to ensure that appropriate information about the needs of specific students is passed on to the academic departments on a 'need to know' basis. This is as true for students with mental health difficulties as it is for any other disabled students. Once we have met with a student and registered them with our service we discuss their needs with them in person and produce a summary of those needs for the academic department so that teaching staff are better informed about how a student's condition affects their study. This alerts the academic department to the possibility that a student's progress is being hindered by their condition and enables them to make the necessary practical adjustments to allow the student to continue to work effectively. This element of the service can also help to alleviate the feelings of guilt and self doubt that often arise when a student is unable to keep up with their work. This summary of needs does not mean that the student is exempt from the rules and regulations that are in place to ensure that students meet coursework deadlines and attain set standards, but draws attention to the fact that the student might

need 'reasonable adjustments.' For example, it might be that because of variability in the student's health some flexibility in imposing attendance requirements might be needed. Or it might be recommended that the student is not required to give oral presentation to the rest of the class; if this is a course requirement perhaps the student can prepare a presentation but deliver it in a different way.

Mentoring

The Disability Adviser for Mental Health runs a mentoring service for students that involves linking the student with a mentor for regular, usually weekly, sessions to discuss academic progress and who provides support with issues such as time-management, motivation, and attendance. The Disability Adviser meets with the mentor and the student to introduce them and to explain how the service works and then the pair works together to agree times and what the focus of the meetings should be. Regular supervision is provided for mentors to ensure that any specific issues are dealt with and to allow the Disability Adviser the chance to follow any issues up with the student before taking appropriate action such as referral to other services or liaison with their academic department.

The team of mentors are recruited mostly from the graduate student body and are expected to have prior experience of working with a similar client group. Additional training is organised and delivered by the Disability Adviser. Mentors will usually only have one or students that they support at any one time as this work, although rewarding, is often very demanding.

Liaison with other services

In the extreme cases where a student is hospitalised the Disability Adviser can ensure that lecture notes and reading lists are collected to allow the student the chance (if this is possible) to keep up with some of their work. The Adviser also acts as a point of contact for mental health professionals and may help to arrange a staggered return to study in order to ensure that any undue pressure that may lead to a relapse can be avoided. In those instances where the severity of mental ill-health is such that a student is unable to continue with their studies at that time, the Disability Adviser will help to arrange an interruption to study to allow for a period of treatment with a view to the student returning to their study at a later date. In these cases the Disability Adviser continues to keep in contact with the student and their care team, and can relay necessary information to the academic department so that they are kept abreast of developments.

Encouraging students to disclose mental ill health

The problem of how to tackle the issue of students not feeling able or willing to disclose their difficulties is faced by all universities. At UCL students can disclose a disability or medical condition at the application stage, and at subsequent stages ahead of their enrolment. They can also disclose at any time during their studies. The prospectus and other material encourage students to disclose if they are disabled so that any support or adjustments that are needed can be put in place. The fact that mental ill health is considered a disability is made clear in this information. If students do declare a disability this information is received by Student Disability Services and we are then able to begin the process of working

with the prospective student to determine what support they may need. In some cases the student will be well aware of the difficulties they face because of recent experience of study. Those students who do disclose mental health difficulties before arriving at University have generally been through a process of diagnosis and treatment and are in some ways better prepared than other students to tackle the issues that starting a new life at University may throw up. However, there are still a number of students who choose not to disclose and often their problems only become apparent once they are already enrolled on a course. This is sometimes because they presume that there is little that can be done to support them and despite our best efforts they may not be fully aware of the services available to them. Our recent service evaluation found that a number of students with mental health difficulties were worried about disclosing and made statements such as: “I was worried how I would be perceived by my department, whether it would be taken seriously or just seen as an ‘excuse’”.

In order for higher education to become a section of society where mental health is openly discussed and stigma is reduced there needs to be a joint approach that includes the ideas and needs of students, academics, pastoral staff, and support services. To this end Student Disability Services also works with other parts of the university to lessen the stigma attached to mental illness and in doing so to encourage disclosure. The Students’ Union in particular has organised a number of campaigns and every year holds a mental health awareness week. The Disability Adviser for mental health and staff from the Student Counselling Service deliver training to academic staff to help them identify students who may be at risk and to inform them about the different services that are available.

Summary

The very nature of the service that we offer means that it is not possible to quantify the impact on student retention or attainment. However we do collect feedback from students who use the services and many students tell us that this support made the difference between studying successfully and dropping out. Academic staff also report that having information about a particular student's needs and being able to ask advice about how best to make adjustments for an individual student is greatly beneficial. The danger is perhaps of the service being a victim of its own success. Resource constraints limit the extent to which the service can expand to meet the need which grows as more academic staff and students become aware of what it can provide. On the other hand the service plays a key role in promoting a greater awareness of the effects of mental ill health and in reducing the stigma. This is of benefit to all current and future members of the university community.

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Mental Disability, Its Impact on the Process of Studying and Possible Adaptation Support: Practical Remarks

Edyta Dembińska, MD, Chair of Psychotherapy, Jagiellonian University Medical College

Mental disability is one of the most varied and most difficult disabilities in terms of social reception. Mental-health difficulties of students and their impact on students' academic progress may be interpreted as lack of goodwill in fulfilling their duties or it may cause fear, reluctance and a sense of danger. The concept of disability is still being developed. The modern definition included in the UN Convention on the Rights of Persons with Disabilities emphasises that aspect of disability that makes it difficult to participate in the life of the society on a par with healthy people ('the disabled persons are people with long-lasting physical, mental, intellectual or sensory impairment, which, in interaction with different barriers, may limit their full and efficient participation in social life on a par with other citizens').

The Polish law describes disability as permanent or temporary inability to fulfil social roles because of permanent or long-lasting physical impairment which leads especially to inability to work. Even nowadays many people who deal with mental disability perceive it as the disability encompassing the intellectually disabled persons and 'people who are

mentally ill with personality and conduct disorders.’ This definition is very wide and incorrect from the point of view of modern psychiatry. It puts together people with extremely different kinds of difficulties: people with impaired intelligence who have limited ability to learn and people with mental disorders whose intelligence is within the normal range. Later on in this article, when I will refer to mental disability, I will write only about persons with mental disorders.

Mental disability is usually perceived as tantamount to mental illness yet according to the modern psychiatry only psychoses, that is the disorders with hallucinations, delusions hyperactivity or psychomotor impairment, are considered mental illnesses (examples: depression, schizophrenia, bipolar affective disorder, persistent delusional disorder). Mental disability can actually be caused by many other mental problems mentioned in the table 1.

| |
|--|
| Anxiety disorders: agoraphobia, social phobia, general anxiety disorder, mixed anxiety and depressive disorder, anxiety disorder with panic attacks, obsessive-compulsive disorder |
| Eating disorders: anorexia, bulimia |
| Somatoform disorders: hypochondria disorders, somatisation disorders |
| Personality disorders: paranoid personality disorder, borderline personality disorder, dependent personality disorder, anancastic personality disorder, avoidant personality disorder |
| Adjustment disorders |
| Mood disorders: cyclothymia, dysthymia |

Table 1. Examples of mental non-psychotic disorders leading to disability

Even though mental-health problems cause difficulties in functioning, many students manage to have an active life if they receive adequate support from their environment, including their university. Problems with obtaining support may result from lower acceptance of mental disability

than of motor or sensory disability. Students with mental disorders can be perceived as dangerous, unpredictable, unable to cooperate. Due to the lack of acceptance students with mental disorders are afraid to reveal the reason for their difficulties because they are afraid of negative reactions of their colleagues and academic teachers. Unfortunately, their fears are often justified.

Students with mental disability may have health problems throughout the course of their studies. The kind of symptoms, their intensity and duration change in time; they also may be different for different students with the same medical diagnosis. Symptoms rarely form a regular pattern, which makes it more difficult to forecast their occurrence in the long-run; consequently the students may require various methods of support from the university at different stages of their studies. If we analyse individual needs of a particular student, it is useful for a consultant of the disabled person to cooperate with a psychiatrist. The consultant knows what adaptations are available to the disabled person. The psychiatrist, after examining the patient and checking his medical documentation, evaluates the impact of current symptoms on the process of studying and suggests the best adaptation solutions adjusted to the profile of the student's difficulties. The information about the psychiatric diagnosis is too general to provide the student with help adjusted to his needs due to complexity and variety of symptoms of mental disorders.

Difficulties of the mentally disabled persons have an impact on many spheres of functioning in their academic role. It may be difficult for healthy people to understand to what extent symptoms may disturb the disabled students' lives and why they need very specific adaptation support during their university studies. Each person has times when they are sad, cannot focus on reading or feel irritated. In case of healthy people

such disturbances are short-lived and don't disturb their functioning in social roles. In case of people with mental disorders similar symptoms are more persistent and more intense, they cause suffering and disturb their individual and social functioning. It is precisely the presence of clinical psychological symptoms, suffering caused by the symptoms and disturbances of individual functioning that are decisive for the diagnosis of a mental disorder made by a psychiatrist.

In this article I will describe the most frequent symptoms of mental disorders that cause difficulties for students with mental disability during their university studies. I will also add suggestions how to help the students effectively.

Difficulties with concentration and staying focused

Among the symptoms are difficulties in following the line of thinking of a lecturer, inability to focus on the content of the lecture, difficulty in understanding orders or longer questions of a lecturer, difficulty in staying focused during a longer task. Some students with such symptoms may effectively focus attention for a few minutes.

Difficulties with concentration and staying focused have influence not only on the quality of participation in classes but also lengthen the process of learning, preparing for exams; they may also result in failures in written and oral exams since they require a high level of concentration for a long time. One of the possible adaptations for students with problems listed above is prolonging the time of exams. During classes it is advisable to adjust the students' work in such a way that he can focus for a short time (10-15 minutes), and then have a break or do tasks that do not require a high level of concentration. Understanding of lectures

may be improved if the student can record them or has access to their synopses.

Worsening of memory (especially short-term memory)

Worsening of short-term memory makes learning process much more difficult because it is the type of memory that is responsible for assimilating a new material. In case of some people the information is memorised yet remembering it requires a longer time than in case of healthy people. The presence of the disorders extends the process of learning. Due to the longer time necessary to remember the material it may be impossible for the student to write an exam in the allocated time. A method to give equal opportunity to students with worsened memory is to prolong the time allocated for written exams. In case of an oral exam, the students should have a possibility to write down the most important bits of information on a piece of paper. What may also be helpful is spreading out exams during the session.

Psychomotor impairment

It is about slowing down of voluntary movements and the pace of thinking. It takes much longer to do physical exercises or other tasks requiring physical movement. It also significantly slows down the pace of speech and writing during taking notes or exams (slower thinking and slower hand movements). Oral expression of a person with the disorder may suggest that the person is unsure of his or her knowledge or doesn't know the answer. Dragging out each sentence can be irritating for an examiner.

The adaptation helpful to the students with such difficulties is lengthening the time for any task requiring physical activity or intellectual activity, including the time for oral and written exams. It is also advisable to extend the time necessary to prepare written assignments at home.

Acceleration of thinking

It is the opposite to the symptom described above, it leads to acceleration of physical movements and the pace of thinking. Acceleration of different activities may create a sense of chaos and may lead to lack of precision in performed tasks. Accelerated pace of thinking is manifested through accelerated speech; in extreme cases the speech seems chaotic and incomprehensible. This group of disorders disturbs to the highest extent all oral expressions, for example oral exams and practical exams that require knowledge of manual techniques. Accelerated pace of thinking leads secondarily to concentration and attention disorders described above. Another form of adaptation can be postponing exams till the time when psychomotor activities return back to normal.

Other disorders of thinking: obsessive thoughts, delusions

Mental disorders can be accompanied by many other disturbances of the process of thinking that influence learning. For example obsessive thoughts or associations appear despite the student's will and hinder his concentration. Students preoccupied by obsessive thoughts seem to be miles away while sitting in a classroom; it is possible that they don't react to questions. If symptoms are acute, the students need more time to learn the material and more time during exams. Recommendations are the same as in case of concentration disorders.

The most disturbing symptoms are delusions, false judgments; people abide by them even though there is evidence that they are false. False

beliefs can pertain to any aspect of the reality. Depending on the kind of delusions the students may encounter different difficulties: quarrels with lecturers if delusions concern the topic of a lecture, a sense that teachers or colleagues are hostile, a sense of absurdity of continuing education or conviction that the students have already passed exams even though they haven't even taken them. Highly intense delusions towards which the student is not critical usually require pharmacological treatment. In some cases an extended sick leave is necessary.

Fear of public speaking

Fear of speaking in front of a group or of oral presentation is a frequent symptom that makes it difficult to function in an academic role. The students with this difficulty refrain from participating in discussions, expressing their views in a bigger group even though they have extensive knowledge, they also avoid oral presentations. Their grades for activity during classes are low, teachers often perceive them as not interested in their topic. Usually they perform better during written exams; during oral exams it is difficult for them to present their knowledge, especially if they are examined in the presence of a group of people.

An adequate adaptation in this case is changing oral exams into written exams. During classes the student should work in a small group and should be encouraged to express his opinions during discussions.

Fear of enclosed places, panic attacks

The symptoms of fear are the most frequent manifestations of mental disorders. Some of them may considerably disturb academic activities. The fear of enclosed places, like lecture rooms, classrooms results in

concentration and attention disorders; it can also lead to avoidance of classes and consequently to absenteeism. Panic attacks may take place on the way to the university so the student must get off the means of public transport or go on foot and as a result he may be late for classes or miss classes if they are held far away from the student's place of living.

Perfectionism and excessive expectations

It may seem that a student who expects a lot from himself should have satisfactory academic progress. Yet if perfectionism and excessive expectations become a symptom, they make it difficult to complete any task. Too scrupulous preparation of notes or such preparation for an exam makes it difficult for the student to master the whole material because he focuses too much on details. The students with such symptom often can't assess which information is the most important, which may lead to problems in prioritising during oral exams, especially when they must present the gist of the topic. What may be helpful to the students is training on how to plan learning.

It is not the full list of psychopathological symptoms that may disturb students' academic functioning. As a rule several symptoms occur at the same time and they may require different adaptations. Table 2 shows the most frequent mental symptoms that make it difficult for students to function at a university; it also shows which mental disorders are accompanied by the symptoms.

To sum up I would like to emphasise that people with mental disorders can continue their education at universities. The same curricular requirements should be applied to them as to healthy students. Yet sometimes they need additional support in order to meet the requirements. If academic teachers have knowledge on mental disorders

and if they show flexibility, openness and readiness to modify their ways of teaching the disabled students, it will help the mentally disabled students to obtain the same practical skills and theoretical knowledge that can be obtained by healthy people.

| Table 2. Occurrence of symptoms leading to disability of students in different mental disorders | Depression | Bipolar affective disorder | Schizophrenia | Obsessive-compulsive disorder | Social phobia | Agoraphobia, panic attacks | Other anxiety disorders | Adaptation disorders | Eating disorders | Personality disorders |
|--|------------|-------------------------------|---------------|----------------------------------|---------------|-------------------------------|-------------------------|----------------------|------------------|-----------------------|
| Difficulties with concentration and staying focused | + | + | + | + | + | + | + | + | + | + |
| Worsening of memory | + | + | + | + | + | + | + | + | + | + |
| Psychomotor impairment | + | + | + | | | | | + | | |
| Acceleration of thinking | | + | | | | | | | | |
| Other disorders of thinking | + | + | + | + | | | | | | + |
| Fear of public speaking | + | + | + | | + | | | | | + |
| Perfectionism, excessive expectations | | | | + | | | | | + | + |
| Fear of enclosed places, panic attacks | | | | | | + | + | | | |

Table 2. Occurrence of symptoms leading to disability of students in different mental disorders

questions in both oral and written forms during oral exams as well as replacing oral exams with written ones

- spreading examinations over the course of the session rather than grouping them together because of difficulties related to memory and concentration issues as well as low tolerance of the stress entailed by the examination session
- adjusting work organisation during practical classes to the student's current difficulties: work in a smaller group, allowing the student to answer from where he/she is seated in order to reduce his/her social exposure and to have brief activity periods followed by pauses for rest
- improving the student's reception of lectures by allowing him/her to record them or providing him/her with a lecture synopsis beforehand
- giving the student extra time to prepare home assignments, in particular extensive written contributions, as well as, if necessary, dividing them into smaller chunks
- assistance in work organisation, in particular through splitting tasks into smaller units (including examination and credit-earning papers which require learning of large portions of material).
- extending the period of studies/academic year and postponing examinations because of periodical deterioration of the student's mental wellbeing or hospital stays
- allowing the student to be absent from classes more than the others; students can skip lectures or practical classes due to health reasons; if that is the case, it is justified to support them in catching up after falling behind and make relevant classroom materials available to them

- agreeing on the format in which the student will catch up in such cases resulting from his/her absence or periods of weaker mental health; the student should be able to prove his knowledge of the material covered in a flexible manner depending on his/her mental wellbeing, yet on the other hand he/she should feel obliged to finally do it within a deadline set by the teacher, his/her health permitting; being consistent with the student is of utmost importance
- taking into account the specific and sometimes only periodical difficulties the student experiences in making social contacts; it may be useful to ensure the student's agreement to have guidelines provided, arrangements made, works consulted or written work submitted electronically
- acknowledging the fact that the medication the student takes may have such side effects as drowsiness, slower reaction time, weaker memory or concentration problems
- accepting the fact that some students may need assistance from a personal advisor, psychologist or psychiatrist; if that is the case, students should be encouraged to seek professional help and contact the Jagiellonian University Disability Support Service
- respecting the student's right not to disclose his/her psychiatric diagnosis.

P. C.: I chose the form of a social network because I think it is the best medium for young people who are our target group. A large number of people first consult Uncle Google to find out the answer to their problems. People with neurosis or depression often for many years are not aware of their condition because the symptoms of these illnesses also characterise other somatic conditions. My desire is that after visiting trzysmie.pl and reading comments and blogs there, young people realise that a visit to a psychiatrist is just like a visit to any other doctor and they should not delay or fear it.

In the near future I would like to expand the portal to include the facts prepared by specialists – reliable information on psychiatric conditions that, regretfully, is not available in the web. I am against any therapy over the Internet and I will try to shape the portal in such a way that a visit to it becomes the first step leading to a visit to a specialist. I also hope that the form of a social network will also appeal to healthy persons. The page with particular focus on them can be found on Facebook (www.facebook.com/trzysmie) and includes information on social campaigns targeting mental health difficulties abroad as well as inspirations from music and film. I encourage everyone to add this page to the ones they ‘like’ so that we can make as many students as possible familiar with the subject and start talking openly about mental health.

What is the role of trzysmie.pl in supporting persons with mental health difficulties? What is in your opinion the most valuable for its users?

P. C.: Persons with mental health difficulties visiting the networking service may find out that they are not alone with their problems. Very characteristic symptoms, especially in the initial phase of an illness,



Phot.1. Mental Health Problems and University Study, a group at trzysmie.pl

include the feeling of loneliness and incomprehension. One feels that he or she is the only individual with these problems in the entire world, that he or she is ‘the other one’. Suddenly, it turns out that there are thousands of similar persons. Then the reflection appears why so little is said about it. I hope that at this stage the shame related to having a mental health problem has significantly decreased. The next important role of the service is collecting stories of victories over such conditions as depression, neurosis, anorexia, bulimia, etc. It is very difficult to find such reports on the web, which often clips the wings of the Internet users looking for them and discourages them from starting a therapy and seeing a psychiatrist. In fact, there are quite a few people who have successfully dealt with their demons but afterwards they do not enter

psychological forums any more. We will be trying to change this trend so that such reports may give hope to others.

‘Mental Health Problems and University Study’ is one of the most active groups at trzysmie.pl. What do you think is the reason for it? What issues are the most often discussed by the users?

P. C.: This is caused, first of all, by the fact that university students together with secondary school students are in general the most active users of social networking services. Secondly, all the messages in the service so far have been primarily targeted at this group. One of the most often discussed subjects in the group and at the same time in the entire service was the problem of access to health care free of charge. For students it is often the only option to start treatment. Usually, which is natural, they are not entirely independent financially. Some of them might ask their parents to pay the costs of the therapy but here we smoothly move on to the next most often discussed subject in the service, namely sharing your problem with the closest ones and a variety of reactions that may be encountered. A general conclusion from these discussions is that one should speak about the problem, especially to the closest persons – be it family or friends – but one should also consider who had better not be informed about the problem.

How is the current shape of the portal consistent with what you initially planned? Did you manage to achieve your intended objectives, has any ‘added value’ appeared?

P. C.: The shape of the portal is more or less consistent with my initial plans. Of course, as the service developed, some adjustments were

unavoidable, but these were not drastic changes. With time I began to realise the truth, which is now self-evident to me, that even the most interesting project is non-existent without promotion. I thought that after the IT work was over, everything would be easy, but in fact this was when the real struggle to bring the information available at trzysie.pl to as many interested persons as possible started. Thus we had to begin operating as a normal business, invest in advertising at other web pages, etc. The element which adds value is definitely the 'Constellation Leo' programme. Although our cooperation has continued for no more than two months I think that over that period we have managed to do a lot of good in the area of social awareness and in the future, joining our forces, we will do much more.

What are your plans, hopes and dreams related to the functioning of trzysie.pl in the future?

P. C.: We want to maintain the non-commercial nature of the service and at the same time to move forward, that is add new functionalities to the portal. At the beginning we came up with the idea to establish a 'trzysie' foundation and thus facilitate our 'coming out' of the virtual world and add various actions outside the network to our Internet activity. As for now, linking the portal with partners, such as the Constellation Leo, which make this 'coming out' possible seems more effective. My personal dream is to create in Poland a real social campaign focusing on mental health problems that would involve non-Internet media and public figures. I would like to get young people to focus on mental health issues, reduce the taboo. An interesting idea is also organizing music mini-festivals under the patronage of trzysie.pl, but this is a rather remote perspective. Concluding, we have plenty of ideas and enthusiasm

The Jagiellonian University
Disability Support Service

invites **academic teachers** whose
students include persons with
disabilities to

***a disability awareness
enhancement workshop.***



The objective of the workshop is to equip the participants with knowledge concerning disability: its types, consequences for the educational process and disability compensation methods as well as techniques for preparing classes so that they are adapted to the needs of students with disabilities.

The workshop is conducted as a group training session. The materials to be used are heavily interactive and the exercises prepared for the participants are based on activating methods.

At present, the following three modules are available:

***Who are people with
disabilities?***

The workshop focuses on the following themes: the role of the oppressive language used while speaking about disability, the stereotypical perception of persons with disabilities as a threat to their participation in society on equal terms and the role of the environment of persons with disabilities in determining his/her opportunities and limitations.

Each module lasts three hours. At the end of the workshop the participants receive certificates and supplementary materials.

The workshops are offered on a regular basis in the afternoon at the office of the Jagiellonian University Disability Support Service in Kraków at ul. Retoryka 1/210.

More than Braille

The workshop focuses on educational support for students with sight disabilities. The participants become familiar with methods for conducting classes and preparing materials in a format adapted to the needs of students with this type of disability. Appliances are showcased which facilitate the elimination of restrictions in access to written word through electronic and Braille versions of texts.



I cannot hear, I am a university student, I talk

The workshop covers educational support for students with hearing disabilities. The participants become familiar with alternative communication techniques used by persons with hearing disabilities and requirements related to principles of conducting classes for student groups including deaf and/or hard of hearing persons. One of the workshop's assets is a discussion on the meaning of Deaf Culture offered as part of the training.



If you would like to participate in a workshop please contact trainer **Małgorzata Perdeus** at malgorzata.perdeus-bialek@uj.edu.pl.



Contact our Service at

ul. Retoryka 1/210
31-108 Kraków, PL
tel.: +48 12 424 29 50
fax: +48 12 424 29 52
e-mail: bon@uj.edu.pl
www.bon.uj.edu.pl