



## Welcome to 2009

Welcome back from the Christmas break which we hope has reinvigorated you for 2009.

Judy Buckingham has joined the ACE Disability Network this year on a part time basis. She has many years experience in adult education and disability both at an academic and practical level and will be contributing a Frequently Asked Questions section based on her experience with neighbourhood houses and learning centres.

As we have been doing in recent newsletters, we are continuing with a themed approach and this quarter we will focussing on **mental health issues** and how we can best cater for people with mental health problems who attend our centres.

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We are aware that among the many and varied tasks you work with, dealing with specific disability issues is another challenge, so we suggest you try your helpline. This is a number to call and a person will answer!!! No matter what the issue is, if it's a disability specific problem, query or question we can help...!!!!

It's free and messages can be left 24/7 if there is no immediate answer. So if there is a problem, try us first.

**"We're here to help"**

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## **Mental Health and Adult Education**

(Reference: **The Right to be Here:** Eastern Metropolitan Regional Council of Adult Community Further Education, 2004)

1 in 5 Australians are affected by mental health issues. Many learners in adult education classrooms must cope with mental health issues daily. Unfortunately the stigma which is still attached to mental health means that these people are still challenged even in the less demanding environment of adult education. However, ACE organisations and teachers can be proactive in supporting learners and reinforcing the rights of all to access further education opportunities.

Teachers and managers only need to know about a learner's mental health difficulty as it impacts on their capacity to learn so that their needs can be accommodated within the learning environment. For example, knowing that a person's medication makes them restless and agitated means frequent breaks and allowances for leaving the classroom can be provided. One does not need to know what the medication is or why it has been prescribed.

### **Frequently Asked Questions about people with mental health issues**



#### **1. Do we have to accept people we know have mental health issues?**

Yes. The Disability Discrimination Act 1992 and, more specifically the Education Standards 2005, include in their definition of disability "*a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour.*"

This means that where possible reasonable adjustments have to be made to accommodate people with mental health issues. See the tip sheets in this newsletter for ways in which accommodation can be made.

#### **2. Do people have to disclose their condition?**

No. Because of the stigma surrounding mental health, many people are reluctant to disclose. However, it can be helpful to know if a person's issues are likely to impact on their learning. We suggest that a version of the following paragraph on the enrolment form can encourage disclosure:

*Please inform us if you need any support to participate in the class you have chosen. You do not have to disclose medical or mental health information, although disclosure will not result in exclusion from any activity at this centre and may help us make reasonable adjustment for you. Any information given will be considered confidential and only passed on to your teacher, in case of an emergency or where legally necessary.*

### 3. Is someone with mental health issues more likely to be violent?

No. On the contrary most people with mental health problems are often withdrawn and try not to attract attention to themselves. A very small sub section of people with mental health disorders may be violent but they are more likely to harm themselves than others. Abuse of drugs and alcohol are the most likely factors in violent behaviour and this is a separate issue which can be addressed by your centre's drug and alcohol policies.

General policies which relate to all adult education participants around both violent behaviour and substance abuse may be put in place provided they do not automatically exclude people with mental health issues or any other disability.

### 4. What about unusual or disruptive behaviour?

Most unusual behaviour is just that – unusual: something we are not used to. Managers and teachers need to consider whether behaviour is simply odd or if it is seriously disruptive and this applies to all participants with and without a disability. For instance, while someone who constantly drums their fingers on the table can be annoying it presents no real threat to class room activity and can normally be dealt with by having a quiet word with the person concerned. While you must intervene where safety is an issue or the learning outcomes for others are seriously compromised, where possible, reasonable adjustment should be made. The tip sheets give some ideas of how to manage some unusual behaviours but a "Code of Practice" for the class is a common and successful way to go.



## Possible physical side effects of medications

Impact on the individual	Suggested solutions
Drowsiness and lethargy	Timetabled classes in the afternoon Quiet space to rest Reduced work load, flexible attendance requirements A designated study mate Self paced/flexible delivery
Restlessness	Frequent breaks, with freedom to leave room and go for walks
Dry mouth/persistent thirst	Allow drinks in class/frequent drink breaks
Problems with coordination e.g. shakiness/tremors in hands	Adapt mouse to minimise impact of shakes. Oral tasks substituted for manual tasks and vice versa as per need
Involuntary movements of mouth, tongue and other parts of the body	Encourage learner (or permit teacher) to explain this to peers
Headaches, Nausea	Empathise, provide outside breaks, place to rest
Vision difficulties	Provide oral explanations and discussions of text

## Classroom tips for supporting people with mental health issues

**Issue:** Lack of motivation

**Suggested strategies**

- Be interested in the learners well-being: see if some common interest can be found
- Understand that disinterest in classroom activities is not criticism of your teaching
- Encourage the smallest achievements

**Issue:** Inappropriate expressions of emotion

**Suggested strategies**

- Acknowledge understanding that behaviour is a mental health symptom
- Ask the learner how to help them rejoin the group e.g. offer to explain to others
- Focus on previous positive behaviour and the learner's strengths.

**Issue:** Unexplained expressions of anger, agitation and frustration

**Suggested strategies**

- Acknowledge frustration and try to understand/empathise with cause
- Be calm, patient and empathise with how the learner is feeling
- Acknowledge the learner's difficulties- don't take it personally
- Suggest a break, coffee or a walk to calm down
- Talk to the learner after the incident to work out causes or triggers for strong reactions

**Issue:** Disorganised thought processes including difficulty making decisions, organising and planning ahead

**Suggested strategies**

- Patience with decision making process; reframe or redirect topic
- Break down task into smaller steps
- Set realistic achievable outcomes.
- Provide extra time to complete learning activities and reduce number of activities

**Issue:** Difficulty concentrating and remembering

**Suggested strategies**

- Help with study and organisational skills and learning to learn strategies
- Revise what was covered in the previous class
- Frequent rest breaks
- Range of different types of learning activities in a session
- Minimise distractions – organise quiet space to withdraw to work, away from noise
- Small groups
- Simplify instructions: one task at a time
- Help with identifying key information
- Empathise with difficulties

**Issue:** Lack of confidence and low self esteem

**Suggested strategies**

- Provide manageable activities that show immediate success in beginning
- Focus on strengths
- Being clear about what is expected in the course
- Make clear to all learners in first class that you are available for any issues and concerns
- Provide opportunities for interaction in pairs or small groups rather than whole class.
- Give oral feedback in a positive manner than written feedback on assignment tasks

**Issue:** High levels of anxiety. Outwardly the learner may appear tense and worried and /or restless.

**Suggested strategies**

- If possible show learners around the buildings prior to the course starting
- Be clear about expectations and what you are doing
- Show encouragement: build trust and empathy
- Provide seating near the door and freedom to leave if a learner is feeling panicky
- Provide a separate, quiet area: respect their need to work on their own and at their own pace
- Understand that some may arrive late and be flexible about people leaving early
- Direct questions to group and don't single out individuals

Negotiate realistic tasks with the learner