Developing an inclusive curriculum for

a) students with mental health issues  
b) students with Asperger Syndrome
The Inclusive Curriculum Project (ICP) aims to develop, disseminate and embed resources for supporting disabled students studying geography, earth and environmental sciences in higher education and to transfer the generic lessons widely to subject-based academics, educational developers, learning support staff and disability advisers. Its primary outputs include:

- the ICP Guide series - Nine complementary guides, aimed primarily at staff in geography, earth and environmental sciences, and one guide aimed at students:
  1. Issues in developing an inclusive curriculum
  2. Developing an inclusive curriculum for students with mobility impairments
  3. Developing an inclusive curriculum for visually disabled students
  4. Developing an inclusive curriculum for students with hearing impairments
  5. Developing an inclusive curriculum for a) students with mental health issues; b) students with Asperger Syndrome
  6. Developing an inclusive curriculum for students with dyslexia and hidden disabilities
  7. Developing an inclusive curriculum: a guide for heads of departments and course leaders
  8. Developing an inclusive curriculum: a guide for lecturers
  9. Developing an inclusive curriculum: a guide for departmental support staff (i.e. administrators and technicians)
  10. To a Degree: a guide for students with specific learning difficulties, long-term medical conditions or impairments

- a student survey report: ‘The experience of disabled students in geography, earth and environmental sciences of teaching, learning and assessment in HE’;

- a set of case studies on the experience of disabled students of teaching, learning and assessment in HE, and the experience of departments and disability advisory units of supporting the learning of disabled students.

All of these outputs are available via the GDN website at <www2.glos.ac.uk/gdn/icp/>. Both the Guide series and the survey report are also available in hard copy format via the GDN Publications Office. A complete set of the ICP Guides will be distributed in hard copy to all Higher Education institutions in England and Northern Ireland at the end of the project.

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Developing an inclusive curriculum for

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Editors’ Preface

This guide is one of a series of ten published by the Geography Discipline Network (GDN) as part of the GDN Inclusive Curriculum Project (ICP), a three-year initiative running from January 2003 to December 2005, funded by the Higher Education Funding Council for England’s Improving Provision for Disabled Students programme.

The ICP Guide series is written primarily for academics, educational developers, learning support staff and disability advisers supporting disabled students studying geography, earth and environmental sciences in higher education. In addition, one guide is aimed at helping disabled students to optimise their experience of higher education. The project builds on the success of an earlier HEFCE-funded GDN disability project, Providing Learning Support for Disabled Students Undertaking Fieldwork and Related Activities. This project, unbeknown to us at the time, broke new ground. Adams (2002), the Director of the National Disability Team (NDT), subsequently stated that:

‘The Geography Discipline Network project was, for a variety of reasons, an extremely important project:

a. It was one of the first disability-funded projects that exclusively addressed issues concerned with teaching, learning and assessment.

b. It was led by academic staff in partnership with disability practitioners – this kind of partnership has signalled a real shift in thinking regarding disability issues.’

The project, as is the current one, was undertaken by the Geography Discipline Network, a consortium of old and new universities based at the University of Gloucestershire, whose aim is to research, develop and disseminate good learning and teaching practices in geography and related disciplines.

At the beginning of the Inclusive Curriculum Project, we wanted to capture the student voice. Accordingly, we undertook a survey of disabled students studying geography, earth and environmental sciences in the consortium institutions (Hall & Healey, 2004). The survey was supplemented by case studies of the learning experiences of disabled students and the different ways in which departments and tutors have supported them, which are also available on the GDN website at <www2.glos.ac.uk/gdn/icp/>.

Awareness of the need to develop inclusive practices, which provide equal opportunities for disabled students in various elements of their courses, is spreading throughout Higher Education Institutions (HEIs) in the UK. This has been stimulated by the Quality Assurance Agency (QAA) Code of Practice - Students with Disabilities, published in 2000, and the extension of the Disability

The ICP project focuses on the fundamental principle of inclusivity, whilst addressing the day-to-day practical realities of supporting students with a wide range of specific physical and mental difficulties. Although the series is written from a disciplinary perspective and some guide titles address particular areas of disability, the project provides guidance which offers transferable lessons for what is good practice throughout teaching and learning in higher education.

Despite using medical categories for describing impairments, we are committed to emphasising a social model to exploring disability, which examines the barriers to disabled students which society creates. The distinction between the medical and social model is important because it shifts the responsibility for improving the provision for disabled students from the individuals themselves to society, and the strategies and policies that higher education institutions and their constituent departments develop and enact. However, we support recent modifications to the social model which emphasise the reality of the lived experience of disabled people, and we are sympathetic to calls to construct a more adequate social theory of disability which recognises that everyone is impaired (Shakespeare & Watson, 2002). The focus of this series of guides is on identifying the barriers that disabled students face to participating fully in the curriculum and the ways in which institutions, departments and tutors can help to reduce or overcome them.

The GDN ICP team comprises a well established group of discipline-based academics, educational developers and disability advisers. Each guide has been written by a specialist author or team of authors, based on outline content and structure discussed by the team as a whole, and has been reviewed in detail by nominated representatives from the team. Each draft was also circulated to the whole team and a panel of external advisers for comment before final editing.

Rather than adopt an imposed standardised format across the series, each authoring team was given freedom to develop their guide in the way they felt most appropriate. This also applied to the much-exercised question of appropriate language. Editing, therefore, has been intentionally a ‘light touch’ process, so individual guides in the series may vary from time to time in relation to language protocols adopted. In terms of layout and presentation for both printed and web-based versions of the guides, however, the editing team has attempted to follow nationally-established accessibility guidelines as set out, for example, by the National Disability Team <www.natdisteam.ac.uk/Accessible%20printed%20documents.doc> and TechDis <www.techdis.ac.uk/index.php?p=9_4>.
The project was undertaken in consultation with the Higher Education Academy Subject Centre for Geography Earth and Environmental Sciences (GEES). It has the strong support of the main professional associations and representatives of Heads of Department in the geography, earth and environmental sciences sector:

- the Royal Geographical Society with the Institute of British Geographers (RGS-IBG)
- the Geological Society (GeolSoc)
- the Conference of Heads of Department in Geography in Higher Education Institutions (CHDGHE)
- the Committee of Heads of Environmental Sciences (CHES)
- the Institution of Environmental Sciences (IES)
- the Committee of Heads of University Geoscience Departments (CHUGD).

We would like to thank the many individuals who have contributed to the ICP project and to making this series of guides possible. In particular, we recommend to our readers the stalwarts of the Geography Discipline Network project team, many of whom have over many years uncomplainingly devoted more of their time than we could reasonably expect to producing high quality materials and sound advice. We would also like to acknowledge the project Advisory Panel, the National Disability Team and the numerous colleagues who helped to keep the project on track and provided additional resources when necessary.

The net outcome of recent quality assurance and legislative changes is that HEIs need to treat disability issues in a more structured and transparent way. In particular, we may expect to see a relative shift of emphasis from issues of recruitment and physical access to issues of parity of the learning experience that disabled students receive. The implication of this shift is that disability issues ‘cannot remain closed within a student services arena but must become part of the mainstream learning and teaching debate’ (Adams & Brown, 2000, p.8). But there is an opportunity here as well as a challenge. As we become more sensitive to the diversity of student needs, we can adjust how we teach and facilitate learning in ways which will benefit all our students.

Michele Hills and Mick Healey
University of Gloucestershire
October 2005
References


Available at: <www2.glos.ac.uk/gdn/icp/survey.htm>.

Developing an inclusive curriculum for students with mental health issues

Jonathan Leach and Jacky Birnie
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Introduction

What is this guide for?

Well, not to attempt to turn you into a student counsellor or psychiatric nurse, and not to fuel your wilder imaginings about out-of-control students. We hope to make you more aware of mental health issues which are present in your classes already, albeit silently, and encourage you to take some simple actions which can remove barriers to learning, not just for some students, but for the majority. Actions we take deliberately to help those who have current mental health problems also help other students. They tend to make the learning environment a more understandable, comfortable and therefore enjoyable place for all.

You are probably a lecturer or tutor in geography, earth or environmental science. You are deeply motivated by knowledge and understanding of your subject specialism, you may well be actively researching some part of this, and your developing expertise is probably charted by a higher degree or degrees. Yet you are being asked not just to be a professional academic, not just to be able to communicate, but also to understand barriers to conventional access to your subject knowledge and understanding. In the case of this guide, the barriers we focus on are those experienced by students who may have no public manifestation of their difficulty, but who have to fight private battles constantly – against fears and anxieties, against the consequences of medication, and against the stigma of mental ill health.

‘Recovery from a mental illness is a long and arduous process; you do not recover overnight. An individual may have recovered from a severe bout of depression or a manic phase, and possibly remain stable due to medication, but the process is long and for some, probably the majority, a lifelong concern. Owing to the nature of mental health problems, the illness often becomes all consuming. At least initially, it becomes part of one’s life, a part of the individual.’

Perhaps you feel uncomfortable with expectations that you should have 100% empathy with all the problems experienced by your students and be some sort of expert in dealing with those also? That is understandable. The skills which make an excellent academic, especially in the science area, are not the same as those which are drawn on in the rehabilitation of someone who has been mentally ill.

1 Quotations in this guide are from potential students, as cited in Pitts (2002), unless otherwise acknowledged.
In this guide we have tried to avoid the sort of advice which seems to suggest turning your teaching into therapy and you into a therapist. We focus on the boundaries of your responsibilities and where to go for referral; on being supportive, but not the only support, for a vulnerable student. More positively, we introduce you to some experiences of students with mental health problems in higher education, to help you see the world of lectures, laboratories and tutorials from their point of view.

This view highlights the fact that some barriers are very easy for us to reduce – those aspects of the teaching and learning experience which engender anxiety.

The guide is organised into two parts. You may wish to use them separately.

**Part A: ‘Personal Issues’** provides some generic advice and points for consideration for you as a tutor, which may assist you to adjust your role and perception. In this area, we benefit from the experience of mental health service users and professionals, and map out the limits of your responsibilities and what ‘reasonable adjustments’ might mean. You could see Part A as a broad briefing about what you might expect – and what might be expected of you - given that you may be informed that one of your classes includes a student with a declared (or emerging) mental health difficulty.

**Part B: ‘Teaching and Learning’** takes the view that all of us probably have students in our classes with mental health difficulties, but that these are currently undeclared. However, we can, and should, identify best practice for including those students in the teaching and learning, and reducing withdrawal and failure, even when the individuals prefer not to reveal their problems. Taking the social model of disability means accepting that we, albeit unwittingly, create barriers to learning (Healey, Jenkins and Leach, 2006). Part B sets out to raise awareness of such difficulties for students. In describing these situations, the role of the lecturer may seem caricatured, but this exaggeration helps to make the points clearly and to assist the reader to see teaching situations from the viewpoint of an anxious student. Overall, we conlclude that best practice for these students is also best practice generally – a reduction in the anxiety associated with teaching and learning processes is beneficial all round.
The road to inclusion?

‘I think stress is the secret of it all…..I am not interested in returning to education, it would be too intense and may trigger off my illness’

‘I have thought of returning to education as I feel I need to achieve, but my concentration is poor and my past experiences are not great’

‘Education stimulated me and gave me a purpose. Learning helped my self-confidence and self-esteem’
Part A: Personal issues
Part A: Personal issues

When considering your personal role as a tutor, lecturer or other member of staff in relation to students with mental health problems, your approach may be influenced by the answers to a number of questions:

- Does your student have a mental health problem?

- Does this affect their ability to study and participate in academic/student life?

- Do they require your support?

- How much and what sort of support should you offer?

- When do other sources of support need to become involved?

This section will try to help you find the answers to these questions.
What is a mental health problem?

Having a mental health problem isn’t the same as just being unhappy. Neither is eccentricity or difference in character necessarily a sign of a mental health problem. The main thing to focus on is whether or not the person is functioning effectively on a day-to-day basis, and the impact of any difficulties they may have on themselves and others.

A common concern for members of teaching staff is ‘how do I know if the student has a mental health problem?’ A prevailing fear about people with mental health problems is that they are potentially violent, disruptive and dangerous, a view that has been influenced by dramatic media coverage of one-off events. In practice, most people with mental health problems are more likely to be affected by anxiety, depression, low-self-esteem, social withdrawal and so on. They may also be suffering from the secondary effects of psychiatric medication including: drowsiness, problems in concentration, difficulty in waking on time in the morning, unsteady hands or blurred vision.

The implications are that you are more likely to be providing support and encouragement rather than managing risk and danger.

One way of looking at mental health problems is that they are a departure from an ideal state of mental health and well-being. The World Health Organisation’s definition of mental health is that it is:

‘... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.’

(World Health Organisation WHO Fact Sheet No 220, 1999)

People could be said to have mental health problems when their state of well-being is affected to the extent that they find it difficult to:

- realise their abilities
- cope with the normal stresses of life
- work productively and fruitfully
- make a contribution to their community.
Mental health can be seen as a continuum with an ideal state as described by the WHO at one end and its opposite at the other. Most people fall somewhere in between the two and may move up and down the scale within a day, a week, a month, a year or over a lifetime.

Good mental health       Poor mental health

It is important to know that someone who is diagnosed as having a mental illness such as schizophrenia or manic depression also has the capacity to experience mental well-being for much of the time. From an academic staff member’s point of view, you won’t be able to have much impact on whether or not a student has a mental illness, but you can play a part in helping to remove the barriers which may impede their progress in higher education. The Disability Discrimination Act (1995) and the Special Educational Needs and Disability Act (2001) consider many mental health conditions to be disabling. If the student has a condition that has an adverse impact on their functioning, is likely to last more than one year and is clinically recognised, they can be classified as disabled under the terms of the Act (see the Issues guide for more details).

1.1 Different types of mental health problems

From a medical or psychiatric perspective, mental health conditions are often classified under two headings: neurotic and psychotic. Neurotic conditions (also referred to as ‘common mental disorders’) include: depression, anxiety disorders, panic attacks, phobias, obsessive-compulsive disorders and eating disorders such as anorexia and bulimia. Psychotic conditions include schizophrenia, drug-induced psychoses and bi-polar affective disorder (also known as manic depression). Further information on named conditions is contained in Appendix 5. This guide is mostly concerned with students who could be classified as having a recognised mental health problem, rather than those who are stressed or emotionally upset in relation to particular circumstances. Nevertheless, stress and emotional distress can have a serious impact on students’ lives and should be taken seriously. As stress can cause relapse or deterioration in students with a mental health problem, helping all students to avoid unnecessary stress and to deal with that stress which cannot be avoided is a good strategy. Appendix 1 has some notes on dealing with stress which could provide a handout for discussion in tutorials. As Figure 1 illustrates, anxiety and depression are common within student populations, these would not lead to students being classed as disabled unless the effects were severe and prolonged. Other conditions are less common but still affect a significant number of students.
1.2 Frequency of mental health problems in students

**Figure 1** Extrapolated levels of incidence of mental health problems in a student population of 10,000².

The above figures are based on research of the incidence of mental health problems within student populations, the numbers of students actually declaring mental health problems will be significantly lower.


1.3 Disclosing a mental health problem

The student may have declared a pre-existing mental health condition as a disability, either on entering the university or after starting university. However, they may not want details of their condition passed on to teaching and other staff. The university’s Disability Officer may be aware of the student’s condition and may request on the student’s behalf that certain allowance or adjustments are made for the student without revealing the student’s diagnosed condition. A significant number of students with mental health problems will not disclose them to anyone in the university. If the student has not disclosed their condition, then the institution is not obliged to make adjustments relating to their disability. However, good practice and the Special Educational Needs and Disability Act (2001) (SENDA) dictates that educational institutions and the staff
who work in them should anticipate the needs of disabled students.

1.4 Emerging mental health problems

In addition to those students who enter university with a recognised mental health condition, there will be others who develop mental health problems during their studies. Staff may be able to recognise such students by changes in their appearance or behaviour (see Appendix 2). However, staff should avoid becoming ‘amateur psychiatrists’ and keep their focus on the student’s ability to do the course rather than feeling that they need to become an expert on the causes and treatment of mental health conditions. Your institution may have policies and guidelines to guide you in this situation. For example the University of Gloucestershire has a booklet for staff ‘Identifying and responding to students in difficulty’. The Oxford Student Mental Health Network produced a detailed resource for all those who might be involved in supporting students with mental health problems (Leach & Williamson, 2003). Your institution’s welfare services and health centre can see the student and assess what support they need.
2 Offering support

It is difficult to generalise about students’ needs, as there is such a wide range of mental health conditions, and each individual will cope with their situation differently. Students who have had mental health problems for some time will have often developed their own ways of coping. However, this guide will set out some common principles that should be useful to teaching staff as long as they take account of individual differences.

2.1 Know your boundaries

When offering support, knowing your boundaries both in your job role and in what you can personally manage is very important. Interviews with students and staff in two universities illustrated considerable differences in the extent of support which different members of academic staff felt able to offer.

‘…there seems to be two types of response from other staff e.g. tutors:

Wanting to get rid of the student as quickly as possible and not engaging with their problem, e.g. if the student breaks down into tears. So they send the student straight on to Counselling.

The other response is from those tutors or others who are inappropriately trying to do too much, perhaps using limited counselling skills.... Without awareness, staff can develop false dependency relationships with students, or in good faith set up relationships with students whose needs they can never fulfil. This situation can be serious when they get out of their depth and there is a crisis, the relationship breaks down and they demand and expect immediate help for the student from the Counselling Service...

Whilst some academics go to the extreme of saying ‘never bring any personal problems to me however trivial’, others go too far the other way.’

Student counsellor

The above quote mentions two extremes, a more helpful response would be something in between. In deciding what support to offer a student you will
need to consider:

- What is it reasonable for you to do as part of your role e.g. as a personal tutor or lecturer?
- What can you offer as a fellow human being?

Table 1 below gives examples of support offered by tutors to students with both emotional and mental health problems. You may find some of these worth considering, although if you are not the student’s tutor you may be restricted in what you are able to offer.

Table 1 Examples of support offered by tutors

<table>
<thead>
<tr>
<th>Example of Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening to the student’s problems.</td>
</tr>
<tr>
<td>Offering tea/ coffee and a chat.</td>
</tr>
<tr>
<td>Trying to help the student get their problems in proportion.</td>
</tr>
<tr>
<td>Helping the student to tackle academic difficulties.</td>
</tr>
<tr>
<td>Providing reassurance.</td>
</tr>
<tr>
<td>Encouraging the use of problem-solving skills.</td>
</tr>
<tr>
<td>Helping the student to access hardship funds.</td>
</tr>
<tr>
<td>Keeping an eye on vulnerable students.</td>
</tr>
<tr>
<td>Maintaining regular contact with students in person, by phone and by email.</td>
</tr>
<tr>
<td>Extending essay deadlines.</td>
</tr>
<tr>
<td>Advising students on surviving the examination period.</td>
</tr>
<tr>
<td>Setting up separate rooms for taking exams.</td>
</tr>
<tr>
<td>Informing students of the pastoral care available.</td>
</tr>
<tr>
<td>Referring the student to the Counselling Service, advice services or their General Practitioner.</td>
</tr>
<tr>
<td>Liaising with other sections of the university and work placement providers.</td>
</tr>
</tbody>
</table>

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3 Based on interviews conducted for the Oxford Student Mental Health Network 2000-2003
Some tutors said that they would also:

- Check the situation out with other staff.
- Ask other staff to watch out for the student.

However, these raise issues of confidentiality which need to be addressed within your own institution’s policies and practices.

**Don’t forget to ask the student what support they need – they are the expert on their own needs! However, they need to be aware that you may not be able to meet all of their needs.**

When providing support, staff often go beyond what is in their job description and this can be fine. However, you need to consider what is reasonable for you to offer to a distressed student in terms of:

- Your knowledge and skills – stick to what you do well and don’t try to be an amateur psychotherapist.
- Your personal limits – how well can you deal with other people’s distress? Who is going to support you?
- Your need to give help – what is the motivation for this? What is the effect on the person being helped?

Often the best help you can offer is to:

- Be clear about what you can and can’t offer.
- Take action to reduce the institutional barriers they face.
- Help the student find other sources of support.
- Be prepared to refer them to health or counselling services for help with their emotional or mental health problems.

### 2.2 Some particular issues

*I will tell you but don’t tell anyone else ….*

Be clear that there are some things that you cannot keep to yourself, but that they would only be shared with a GP, a counsellor, your manager or some other responsible person. This would arise if you felt that the student was at risk of harming themselves or others.
Do I raise the subject?

Yes if you can. It is often better to be proactive than reactive if you feel that something is not right. What are the best ways of doing this? You could express your concern and ask the student if there is anything they would like to talk about – either to you or someone else. Be aware that anxiety on your part can either lead to you 'pussyfooting' around the issue (which is confusing for the student), or coming down too heavily which adds to their distress.

What should I do if I can't understand what is going on for the student?

You certainly shouldn’t collude with a student’s misperceptions or strange patterns of thinking. Challenging these directly may not be appropriate and certainly shouldn’t be done in an aggressive manner. It is better to show concern and be honest if you can’t understand what the person is saying to you. You could say ‘I don’t see it like that. Would it be helpful to talk this through with ….’ and suggest some appropriate source of support such as a counsellor, student adviser, general practitioner, chaplain etc.

Whatever the reasons that lie behind difficult behaviour, the student’s continuing presence in the academic institution has to be based on them complying with certain standards of behaviour and performance. There may be times when you have to make the student aware of these boundaries whilst also encouraging them to access support for their problems.

2.3 Involving others

'It is very important for FE and HE institutions to make sure they have all the resources implicated before saying 'we are willing to have these students'. They shouldn't say this if they can't support them as they do need extra support. Counsellors can't spent that time, so institutions need to get people in who can give quality time to those students.'

Student

Sometimes tutors and lecturers can provide all the support a student needs. In some cases they may want to use someone else (a colleague, a university counsellor, a disability adviser) as a sounding board to check that they are offering appropriate support. On some occasions academic staff may not
be able to provide all the support that a student with emotional or mental problems needs. Staff may not have the time or the skills to provide the level of support needed. The student may have needs which would be better met by trained advisers, counsellors or medical practitioners.

2.4 Why might students not seek support?

Some students can be reluctant to seek additional support (e.g. from counsellors or GP) beyond that provided by friends and academic staff. They may:

- fear that they will get an adverse health record which will affect their employment prospects;
- fear that personal information will be fed back to their university or college;
- not feel that their problems are serious enough for professional intervention;
- not believe that anyone can help them with their problems.

2.5 What can you reasonably do?

Academic staff, fellow students and others can help to reduce the stigma and concerns which surround consulting a professional about one’s mental health. There are a number of ways of doing this:

- providing information on the services available (see below);
- finding out what the student’s fears are, e.g. some may be put off using counselling because they mistakenly believe that it is a form of psychiatry;
- pointing out that many students make use of these services for a whole range of problems;
- reassuring students that their use of services would remain confidential.

You may also need to point out the impact that their situation is having on their friends and that this could be relieved by taking the problems elsewhere.
‘I think that students with problems rely on their friends for support too much and can overwhelm them. There is a need for a link to official routes of support to address students’ reluctance to use the counselling service or come to a support group. The problem is that people like to be informal and impromptu and as a result everything comes out at 10.00 at night with the student in tears. Rather than seeing a need to approach support, the students see themselves as needing a cup of tea with a friend.’

Student

In order to encourage the use of services you can familiarise yourself with what is on offer within your university or college. You may have this information in a staff handbooks, or from leaflets and web-pages produced within your institution. If you do not have sufficient information on the nature of the services provided, you will normally find that the staff employed in them are very happy to talk to academic staff and student groups about the services they offer.

2.6 Sources of support

Tutors and other academic staff can play a role in reducing a student’s anxiety around accessing support and informing them of what is available. The main sources of formal support are likely to be:

- counselling services;
- advice services (Student’s Union, Disabled Students Advisers, Mental Health Advisers, International Students Advisers, Mature Students Advisers etc.);
- Medical Centres / Health Centres (General Practitioners, Practice Nurses, Health Visitors, Counsellors).

University and College Counsellors will often assess students to see if they will benefit from counselling alone or whether the student needs additional medical support. If the student seems severely ill it is better to recommend direct access to their General Practitioner.

Whilst counselling and medical services can help with specific mental health concerns, the student may need practical support to deal with their studies. Students with existing mental health problems may have dealt with any need for treatment and therapy but still require support in the academic environment. Depending on the severity of their condition, some students may be able to finance additional support through the Disabled Students Allowance. The institution’s Disabled Students Adviser will be able to help them in this respect.
Some universities now employ a mental health adviser who can help to co-ordinate the range of support required by the student. Other support may come from study support or careers services, depending on their needs at the time.

2.7 Sharing information and respecting confidentiality

A member of academic staff may want to share their awareness about a particular student with one or more of the above sources of support. This can be helpful but a number of points must be borne in mind:

- Has the student consented to information being shared?
- Under what circumstances would information have to be shared without the student’s agreement?
- Counsellors and health service staff work within professional and ethical guidelines which cover the privacy and confidentiality of their relationships with clients.
- Does the academic institution have its own guidelines on confidentiality and the sharing of information? If not, by what mechanisms can any information shared be kept confidential by the parties concerned?

2.8 Supporting the individual’s learning

Some students find group situations difficult and prefer individual work. One-to-one support for such students can make a big difference to their academic progress. However, these students can be demanding on your limited time and you may need to seek guidance on what is reasonable to offer to students who have additional needs. Providing that the balance can be got right, the student’s relationship with a staff member, particularly a personal tutor, can provide a steady point of contact and help deal with pressure points.

‘Throughout the three years I was open with my personal tutor as I went through some profound peaks and troughs which I couldn’t work with to best of my ability. I didn’t go to the tutor for advice but to say ‘I will have problems finishing this piece of work; will you send a note round?’”

Student
‘We give some time to the person, spending a few minutes to allay their fears and worries and to calm them down before taking a test. It is taking the threat, the fear, away. Exams bring out the worst in these situations.’

Lecturer

In addition to any ‘reasonable adjustments’ that may need to be made for the student (e.g. allowing more time in exams, providing a separate room for exams, employing a note-taker), students with mental health problems may benefit from the advice and support given any adult learner. The student can be supported to become their own change agent, learning how to manage their workload, find out what their personal learning style is like and develop their study skills. In this way, the student can be encouraged to take a more independent approach to their learning.
3 Safe and effective ways of working with students

In the majority of situations encountered, safety will not be an issue. However, staff must always bear health and safety considerations in mind. If a student is aggressive (whether or not they have a mental health problem), staff should avoid meeting them in an isolated location and should make sure that colleagues are close to hand. Does your institution have any guidelines on this topic?

If a student has a recent history of self-harm or attempted suicide, a risk assessment should be carried out. This may relate to the laboratory – e.g. use of chemicals and equipment, or to fieldwork situations e.g. hazardous environments. You will need to know who to contact in an emergency. You should also check if there are any insurance implications of the situation. What mechanisms does your institution have in place for identifying and responding to students who are particularly at risk?
**Part A: Summary points**

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Part B: Teaching and learning
Part B: Teaching and learning

This section is less about broad issues and more about actual practice. In the everyday tasks of delivering Higher Education, what can we, the lecturers, do to reduce barriers to those students who experience mental health difficulties? There is almost nothing published which specifies good practice in this context; a consequence of the hidden nature of much mental ill-health. So we place you, the reader, in familiar teaching and learning contexts, and bring you the voice of the student with mental health problems, enabling you to reflect on the changes which might be possible. As in Part A, we do not focus on specific illness, but, based on the knowledge that a common factor is anxiety, we demonstrate the many small adjustments which would reduce this. Every lecturer feels over-stretched and may react by saying they do not have the time to follow up suggestions given here. If you use this section either to target one aspect of your teaching, or to reflect on and draw up priorities for change – and then make just one action to reduce barriers, students will benefit. The voice of the student with mental health difficulties will be found in the quotes throughout this section.
More effective (less threatening?) lectures

The lecture environment is intimidating to many students: the ‘theatre’ setting emphasises the distance and power of the lecturer. A front entrance is particularly difficult, even when a student isn’t late. It can be an impossible barrier for the late arrival. The lack of possibility of a quiet exit may also cause anxiety. As the controller of the situation, our manner can serve to emphasise it further – the way we deal with late arrivals, the extent to which we play up the formality of the setting. It may seem appropriate for a latecomer to feel uncomfortable if there is a general problem with student punctuality, but it may not be appropriate for this student.

Sophie Pitts (2002, p.12) described the effects of medication on students with mental health difficulties:

‘Some were unable to function before 10am and others were affected more in the afternoon, by 4pm they were exhausted and their day in relation to work was over. This may sound familiar, however it is important to acknowledge, emphasise and appreciate, that not being able to function before 10am, means exactly that. It doesn’t mean they can’t be bothered to get out of bed, it means due to the effects of their medication they are unable to function’.

Structuring a lecture session so that it has five or ten minutes at the start which is student-centered learning, such as individual recall of the previous lecture, discussion of set reading in small groups, or a distributed active learning task, would allow for late arrivals, and meet the need to focus the students on the lecture topic.

4.1 The setting

Is the room suitable for your purposes? Can you talk to campus management about accessibility issues such as rear entrances/exists? Is there flexibility to re-arrange furniture and teaching focus so that the door is less obvious? If the class is too small for the room, can you re-locate to a more intimate space so individuals feel less isolated?
If an old-fashioned, front-entrance, large lecture theatre is unavoidable, can you counteract the message of the setting with a deliberately informal style? Chatting with early arrivals at their level or near the door (not ‘from the stage’), demystifying your role by making a joke or telling an anecdote at the start, resisting the temptation to launch into a very formal delivery until access to you as a human being outside the lecture has been established? Smiling?

4.2 Approachability

Who hasn’t experienced the pomp and ceremony of the lecturer sweeping in with gown, labcoat (or even suit, tie and laptop) exuding professional mastery – and, at the same time, inaccessibility?

You might suggest that students contact you by email, or explain where your office is and how to make an appointment, or remind students of tutorial opportunities. It helps if you acknowledge that students may not feel comfortable with something about the course, or their own needs, and emphasise that you are willing to hear their concerns, and that you want the course to work for them. These opportunities allow students to disclose specific concerns they may have in a more private venue, when you and the student can find a way round the difficulty.

This doesn’t mean you have an ever-open office door, nor that you need medical information. Clear rules about access, and where boundaries lie, are important for all students (but may be particularly so for those with mental health problems). Focusing on the immediate issue, the particular difficulties of sitting in a lecture, can lead to a simple solution.

‘Avoid labelling…labels tell us very little. There is still a lot of stigma attached to having a mental health problem and this can affect a person’s ability to disclose. Other people’s reactions can be as hard to deal with as the illness itself. It is better to focus on the functional effects of a person’s condition rather than its label’


4.3 Concentration

The limitation of the lecture method – particularly in terms of the ability of most students to concentrate (and then recall) for more than a few minutes at a time – is widely acknowledged but imprecisely known. Bligh (1998) reviews an interesting range of evidence for effective attention spans from 5 mins to
30 mins. There is enough evidence to suggest that all students benefit from structured breaks in the lecture delivery – and certainly students with some forms of mental illness or working with medication are likely to have more acute difficulties with sustained concentration, and therefore to benefit particularly from changes of activity and opportunities to reflect and absorb what has been delivered.

‘Medication hinders my learning ability, which I find really frustrating’

‘The main impact seemed to be on concentration levels, frequent breaks are necessary’

‘Medication means it is hard to settle down and concentrate’

‘The power and control medication has over you is scary’

Many suggestions for modifying lectures with short breaks, either reflective or interactive, can be found in Bligh (1998), Agnew and Elton (1998), Anderson (1994) and Gibbs and Jenkins (1984) and a selection of these ideas is given below:

**Activities to break up lecture delivery:**

- Give students the chance to discuss the lecture objectives.
- Give students an opportunity to relate the lecture to their personal experience.
- Take written questions from students.
- Use incomplete handouts (diagrams or text) for students to complete.
- Use buzz groups (timed tasks and discussion for small groups, fed back).
- Use pyramiding (individual tasks feed into pairs, then groups, then fed back).
- Set small problem-solving activities (for example, map-based).
- Conduct a demonstration (as in a laboratory).
- Show a video clip without sound, ask them to write a commentary.
- Run a short quiz, either initially to relate to the previous session, or after one section to emphasise main points just made.
• Construct a diagram and label it in real time (on the board or OHP) talking it through – but give them a copy afterwards so they can watch and listen. (Be careful with Powerpoint as it makes this visible thinking sequence less clear.)

• Just stop talking for two minutes and tell them to have a breather!

4.4 Content

The actual material of a lecture is probably the least threatening part of it!

Unless your topic deals with something very close to personal experience of one of your students, you are unlikely to trigger problems or upset coping strategies with your material. Clear outlines about course content before the first lecture and open lines of communication will help avoid this.

However, anxiety about being able to take adequate notes is widespread:

‘I have problems keeping up with note taking’

‘I have trouble concentrating so I often lose track in lectures’

and

‘many more hours ….are taken…trying to recall data within lectures’

(Hall & Healey, 2004)

Good practice for all students will benefit those with particular concerns in this area. Have you made it known that your lecture may be taped? The lecturers’ union NATFHE have worked with the Disability Rights Commission and SKILL to recommend wording for advice to students which respects the intellectual property rights of the lecturer, available at <www.skill.org.uk/news/policy/word/guidance.doc>. Have you provided access to notes and/or overhead slides outside the lecture time? Increasing use of virtual learning environments is helping here, with staff sending out items as attachments to emails, placing PowerPoint presentations on the web, or using a shared access folder or noticeboard in an environment such as WebCT.

Most projected illustrative material is helpful, but bear in mind the specialist nature of graphs, equations and the processing demands of large tables of numbers or lists. Students may need help to interpret these – having them on handouts will help, but providing access to further support will also reassure them, even if it turns out not to be needed. Some medication affects vision and students may struggle to focus sharply and quickly at all times – if illustrations can be accessed for use in their own time this will help.
Many students are over-anxious, not lazy, and their requests for non-verbal versions of lecture material stem from worry that they have not written enough down in the one chance available to them.

4.5 Possible action

A few moments reflection on what it might feel like to be a student in one of your lectures may suggest some points of action, although most of us see ourselves as student friendly! Alternatively: request a quick, anonymous commentary from your own class about their experience, peer observation from a colleague, or watch a video of your lecture filmed from the back of the room. Using the subheadings of this section as a checklist, seek feedback which focuses on the accessibility issues described here.
5 In the laboratory - and working in groups

Laboratory work as it is usually conducted in geography, earth and environmental sciences provides a number of challenges if you consider the potential needs of students with mental health issues.

5.1 Familiarity breeds confidence

‘It was a fear of entering an unknown place and feeling disconnection from others, this may simply be a perception, however, it was something that was felt very intensely’

The apparent demands of the strange environment: laboratory clothing (never mind the jokes about white coats), unfamiliar furniture and fittings, rules of behaviour, detailed regulations about health and safety – fuels anxiety levels in many students. These could upset coping strategies in those living with mental ill-health. The main solution is to provide increased opportunities for familiarisation – arrange for a tour, a meeting with technical support staff, time for students to orientate themselves and even simply explore what may be otherwise a locked (and therefore worrying) room. It might be useful to have ‘drop in’ sessions where small numbers of students work their way through some self-paced simple laboratory procedures, so that they can develop confidence. Such opportunities also serve to improve the effectiveness of laboratory work for all students – especially since those with previous experience tend to be in the minority now. (Leeds University Geography Department provided a case study of good practice in induction and technician support, described in Birnie and O’Connor, 1998).

5.2 Dexterity issues

Medication for some students may lead to dexterity problems (as some physical disabilities do), and you may need to ensure that you have given students an opportunity to tell you (or a laboratory technician) in confidence about this issue before you launch into a major glassware-fest. If they are working in groups, it could be helpful to request that the members of the group discuss their individual strengths and weaknesses with one another before they start. Encourage some formal role allocation: there is always someone who is good at data recording, or glassware labelling, or teaching someone else to use a
new bit of kit, and a prompt about who is ‘clumsy’ with glassware might allow dexterity concerns to be raised in the group. This structured ‘team’ work would be excellent practice for all group work in the laboratory and field, leading to more effective outcomes and better group communication.

5.3 Group work pressures – defusing the situation

5.3.1 Meeting the group

The requirement for group work in laboratory and other practical work can be a major issue in itself for those with mental health concerns. The need to create teams which work well is paramount. Imposing compulsory ’ice-breakers’ makes some of us uncomfortable but student experience tells us that some sort of opportunity to get to know the people you will be working with is absolutely crucial. Experience of working with those with mental health difficulties only emphasises the importance of this.

‘If the tutor does not pay attention to helping the class get to know each other and so become a group, vulnerable individuals become isolated whilst others form cliques. The case studies illustrate that when this happens, students with mental health problems become uneasy and may well drop out. In fact all students are likely to function better within a group that they feel more comfortable in, a dynamic and supportive group will also be much more pleasant to teach’

Leach (1997, p.3).

In the laboratory, can you develop a simple activity which is relevant to the work, but does require that students engage with one another? They probably need to get together outside class time, so simple swapping of names, phone numbers and timetable (and employment) details is a useful start. Many never see each other except in your class, and are quite capable of walking away without this information if it isn’t structured in to the first session. You could also ask each group to set a timekeeper and then give each member one minute to talk to the rest of the group about ‘their previous laboratory experience’, or ‘the worst thing about laboratories is...’, or ‘my first science teacher’, or ‘what I would like to use a laboratory for’, or ‘what I want to know about this course’. The latter option gives the chance for you to get some feedback if each group prioritises one question and you deal with them. Having set a well-structured easy task to begin with, can you allow time for the group to reflect on how they worked together and to formally note how they would prefer to organise themselves for the next task? Clark and Wareham (1998) is a useful source of suggestions.
5.3.2 Planning for clarity

Groups will function best if the members are all clear about what is expected of them. Is access to the laboratory clearly timetabled and availability of technician support clarified? Can bookings be made by phone or email? What should groups do when one or more members don’t turn up to these meetings? Can the group have access to you for advice?

‘Mental illnesses are surrounded by uncertainty, things can be fine one day then suddenly everything can seem to crumble around your feet. Because of this it is essential that people have some understanding of mental health problems. Many participants felt that a majority of students and teachers would have no idea of the implications of a mental health problem. There were some suggestions that perhaps they should be taught more about them, especially in the case of tutors.

Ensure that in class time you do not appear to spend more time with one group than another, and if a group has access to your advice outside class time, do other groups know you are available? Providing written advice to all groups which matches that given verbally to one group (perhaps by a follow-up email) can also help here.

5.3.3 Group assessment

Another major anxiety with group work is the question of assessment. Students fall out over marks as families fall out over money, and we tend to forget that this is the hard currency of their degree, and so it is not surprising that feelings run high. Where there may be an undisclosed mental health problem this could be a point of stress, or it may be that coping strategies for one individual (such as a need to gather all the data and work through it independently) are hard for other students to understand.

There are a number of anticipatory actions which will help avoid crises in interpersonal relations within the group. You can make sure that the precise way in which marks are allocated – those parts which are individual and those which are common to the group – is completely transparent. You can explain what will happen if part of the group does not perform, for whatever reason. You could illustrate it with an invented scenario. You can draw up a procedure for complaint (not a formal student complaint to the university, but a proper documented procedure for one group member to communicate their concerns to you about group performance).
‘We operate a policy of self selecting groups as they usually know each other quite well. Other group members tend to feel annoyed if one member is not contributing. A current example of one girl in particular: the group complained behind her back saying she had only done 5% of the work. She has problems with anxiety and depression; it is possible that has contributed. The extent to which we can do anything about people who don’t contribute is limited and it is an issue. We can’t do much except to help the group through it. We have a policy that if there are problems the group must state the percentage of the work done by members and we allow for the differential. We would make allowances if they have personal problems.

Lecturer

In a situation where a student has declared a mental health issue, the well-meant but rather vague approach above might not be considered to be ‘reasonable adjustment’, and the feelings of the rest of the group are not accommodated either. A more formal approach is needed, and, where a mental health difficulty is declared (to the university, and the tutor), the student concerned could be encouraged to share their concerns and preferred working practices with their group if at all possible. If the group is a support, rather than a threat, all parties are likely to feel that their work is properly acknowledged.

5.3.4 Managing absences

SENDA guidelines (example 4.17 A)

A student has a mental health problem and, because of the medication she is on, finds it difficult to get to her first morning class. After several weeks during which she has missed all her morning classes, and without approaching the student to find out why she has not turned up, the college decides to remove her from the course. The institution has not taken reasonable action to find out whether the student’s failure to attend is due to a disability, and so is likely to be acting unlawfully.

Although this example is intended to highlight the responsibilities of the institution under the new legislation, it also serves as a reminder that mental health issues may lie behind attendance difficulties, and that ‘reasonable adjustment’ may require us to work around such problems. Compulsory attendance is often relied on in laboratory and field work, both for health and safety reasons, and for effective group work, and may be built into assessment
with penalties exacted for non-attendance. However this may have to be waivered for some students and in some circumstances. It is diplomatic to ask about medication without needing to enquire about specific conditions, and this might be an appropriate question to put to a student with repeated absences.

To ensure that the student concerned is fully briefed about health and safety, and that the effective working of the student group is not penalised by the poor attendee, are more challenging demands. Knowing at the outset of the course that there may be problems would help – so make sure you provide an opportunity for a student to tell you, in confidence, about likely attendance difficulties. Considering arrangements for independent student work at other times of day (see below) may be the most effective way of overcoming this barrier to inclusion.

5.3.5 Where groups are too difficult

Whatever groundwork you do there may be one or two people who simply cannot work in a group. Although many students with mental health problems benefit from the support of a group to work with (because isolation is one of the common problems), there are some who will only be able to access the content of your course if they are enabled to do it independently. You will need to work through this eventuality with your colleagues or head of department since it is probably going to require special arrangements for laboratory access, which involve technicians, timetabling and possibly extra resources for materials. Health and safety issues will need to be addressed for 'lone workers', and you will probably need a modified form of assessment if data is to be generated by one person rather than four or five. Supplying part data sets from previous years and requiring the student to complete the data and then write up the same work as the others is one solution. The possible need for independent access is an added incentive to make method sheets available for all students centrally (helpful for students wanting to know more before they enter the laboratory anyway) with full health and safety commentary, and also to provide risk assessment sheets for students to sign at each use of the laboratory.

5.4 Banishing the nightmare scenarios

Put the images of someone experiencing a mental breakdown and that of a laboratory together and immediately the potential for self-harm (or even assault) with sharp objects, hazardous or toxic chemicals fuel some fairly wild imaginings. A crisis, involving a student acting irrationally, could happen. However it is no more likely that someone will ‘lose it’ in your laboratory session than in the supermarket or your kitchen at home. The great majority of students suffering with mental health problems are withdrawn and passive, and when things are too much, their response will be simply not to appear for classes.
However, where a university knowingly admits a student with a potentially dangerous mental condition, it is absolutely reasonable that you should be advised of that fact and be provided with training in crisis management. Alternatively, the student may be counselled against taking courses where the particular circumstances may put them or fellow students at risk. A student who is known to be a suicide risk should probably not have laboratory access, and certainly should not be working alone in a laboratory. You are advised to check the current procedures at your university and establish the lines of communication by which you would be advised of such potential difficulties, and by which you, in turn, can communicate potential risks of the learning environment to a relevant counsellor or doctor. Be aware that a diagnosis is not, in itself, a classification of risk. Conditions such as schizophrenia can be managed successfully for years with appropriate medication, while short-term drug abuse can lead to unpredicted behavioural problems.

As with fieldwork (next section), recognising an emerging crisis and having some idea of what to do will be helpful. Appendix 3 offers a simple series of questions and appropriate actions. Staff anxiety about potential problems is very real, and you should request staff training workshops in which these fears can be expressed and professional advice is available. However, the chances of you ever needing to deal with such a crisis are extremely small, and it is important that our nightmares, however vivid, are not allowed to dominate our views of mental health issues in higher education.
Fieldwork

Amongst the different teaching and learning modes that we use, fieldwork has the greatest potential to put students into unfamiliar and testing situations in which they may feel anxious and unable to cope. Students on fieldwork are likely to be:

- away from home;
- away from supportive friends;
- in a challenging physical environment;
- in a challenging social environment;
- asked to divulge personal responses;
- living communally;
- on unfamiliar territory, particularly when in a foreign country;
- completing tasks in groups;
- travelling long distances using unfamiliar modes of transport;
- away from professional support, such as a GP, counsellor or psychiatrist.

Providing support for students with mental health difficulties on fieldwork was the subject of a recent guide (Birnie & Grant, 2001) and this section is a brief summary of that material. Case studies and further information can be found in the original. Appendix 5 of this guide duplicates Section 11 of that publication, where brief notes on possible adjustments for a wide range of named conditions are suggested.

Action that can be taken falls into two areas: preparation for the fieldwork, and ‘in the field’ itself.

6.1 Preparation

The key here is communication. Given that anxiety is a major component of many mental health problems, there is a great deal that can be achieved with full and complete communication about every aspect of the fieldwork experience before it happens. It isn’t always easy to put yourself in the shoes of someone who has no idea what your proposed fieldwork entails. Testing out your guidance on a member of staff from another area of the curriculum might be a useful exercise.
6.1.1 Checklists

Checklists which cover a full range of relevant information, including checkboxes for students to record items they need or actions they need to take, are the simplest way of ensuring there is an enduring copy of the information needed. These can be supported by verbal explanation and examples, and perhaps as Frequently Asked Questions on the web or equivalent.

Common areas of anxiety about logistics:

- transport and travel – and any independent options;
- weather (day and night temperatures, likely exposure to sun, wind and rain);
- footwear and clothing;
- luggage and equipment;
- money, passports and other documentation;
- communication (access to phone, email, post etc);
- health and fitness (length of walking, timetable of each working day, rest periods);
- medical facilities (local facilities, first-aid qualified staff, medication reminder, safe storage for medication);
- living and sleeping arrangements (number of beds per room, bathrooms, domestic rules of behaviour with regard to noise and hours);
- food and drink (type of food, times of meals, access to own purchases, options to supplement, attitudes to alcohol).

These probably seem to be covered already in your fieldwork briefing, but it is well worth seeing how many likely questions remain unanswered. As an example, compare these two descriptions of fieldwork journeys:

Example 1

‘The bus will leave at about 6am and arrive about 3pm’

Example 2

- ‘The 40-seater coach will leave from outside the Geography main entrance at 6.30 am on Monday 1st May. There are 32 students and 2 staff members travelling on the coach, and your luggage will be placed in the boot and will not be accessible until arrival, so have a small day-bag with you.’
• The coach is equipped with toilet facilities but we shall be making stops at service stations every 3 hours.

• We shall travel to Keswick in the Lake District via...where we will stop for lunch and a visit to...

• You will need money on the journey to buy snacks (and lunch if you don’t bring one packed).

• You should wear walking shoes and have waterproof clothing as the visit to ...involves a 10 minute walk across farmland and you will be out in the open for approximately one hour (whatever the weather).

• You will need a fieldwork notebook (see Department Guidelines) and may appreciate having the use of a camera, although photographs are not essential.

• The OS map for the field visit en route is........

• We shall arrive at the hostel in Keswick at approximately 3pm.

• The address and contact numbers of the hostel are...

6.1.2 Handouts

Similarly, handouts which relate to the teaching and learning in the field are often very brief, relying on verbal instructions at the time, or assuming that students already have relevant experience. The unsaid information leads to students trying to guess in advance what is needed, and what the fieldwork will require of them physically and mentally. They are unable to judge whether they need more advice, more support, to adjust medication, or to request an alternative – or, indeed, will be absolutely fine with what is required of them. Here is an example of a full handout for one field stop for an annotated field sketch:

We will leave the coach at the main road and may be away from it for about 3 hours. You should be prepared for rain and some rough walking terrain. The climb up takes about 1 hour at a steady pace, and will not be a problem for those of moderate fitness. There will be time for those who wish to go more slowly, and an alternative viewpoint at a lower level for those who prefer it. You will not be standing above or below steep or vertical slopes at any time.
At the tor, you will be working individually on your own annotated field sketch for about 30 mins, with questions and prompts from the tutor. (Provide fieldsketch title.) There will then be a short group discussion (see background reading to prepare you for this). The walk down will take approximately 45 mins.

Our next stop, for lunch and bathroom facilities, will be a 10 min drive.

Please ask your tutor (name/room/phone/email) if you have any concerns about this part of the field trip.

Obviously the need to put this much detail into preparation also makes risk assessments very much easier, and therefore helps meet increasingly stringent health and safety requirements for all students on fieldwork.

6.1.3 Communication

Having dealt with preparatory paperwork, the third area of attention in the run up to fieldwork is to ensure that individual students can communicate with you about any concerns, or ongoing mental health problem. Whether it is vertigo or a chronic depressive illness being treated by medication, it would help if you knew in advance. However, students are unlikely to reveal these problems in a group situation, so you do need to ensure that alternative means of talking with you are signposted clearly. When and where you can be reached needs to be specified on the handout, a non-verbal route should be offered also, and mental health difficulties should be amongst the examples on any ‘health and safety’ questionnaire collecting information from the students, together with an area for open comment to allow a student to describe their needs in their own words. In briefing sessions to the whole group, make reference to the range of anxieties that students may have, and encourage students to talk about them either in the group or individually. Students may also be anxious about the health of their friends, or about living in close proximity with students whose behaviour is unpredictable or alarming and the boundaries of peer support should be discussed before the field trip, rather than at the time, if possible.

6.2 In the field

6.2.1 Special arrangements

In a situation where a student has declared a mental health difficulty, the first person to consult about their needs and ways of coping is the student themselves. This, and some flexibility along the lines suggested below, may be all that is needed. It would be reasonable to ask for the agreement of a doctor, counsellor or psychiatrist for the student to take part in the field trip if you are
anxious about their safety or the safety of others.

Possible adjustments:

- ensuring the student does not work alone at any time;
- monitoring that medication is taken;
- making sure student can leave early if unable to cope;
- offering single room accommodation;
- providing additional staff or a helper to support the student;
- providing alternative locations for exercises to avoid specific anxieties;
- providing extra time to complete fieldwork tasks, or adjusting the number;
- providing an alternative fieldwork venue, possibly home-based.

6.2.2 Supporting individual students and the student group

A useful flowchart ‘Responding to emergencies’ is given in Appendix 3. You need to ensure you have access to support systems wherever you are: local GP, hospital, contact number for student services at home, professionals to contact if appropriate for a particular student (this last assumes a declared problem). When something comes to light on a field course, or an existing situation deteriorates, the lecturer has to balance the needs of the whole group with those of the student concerned. You have a duty of care to all students. Some things should be quite manageable provided the rest of the students may be told what the situation is. Where they cannot be told, due to a respect for confidentiality, tensions are more likely. Minor eccentricities and ‘odd’ behaviours can be tolerated. A need to eat alone, to remain in the bedroom, to be exempt from certain activities can be accommodated. Eating disorders may become apparent, but probably do not require urgent action, although other students may need to be reassured about this (see Appendix 4). The student concerned should be advised to seek help on return from the field course. Self-harm may also become apparent, and is even more disturbing for fellow students. Again, they may need reassuring that this is not an attempt at suicide (see Appendix 4) but the student concerned should be told that harming themselves in front of others is unacceptable. This may be sufficient to help them control the behaviour, or at least any public evidence of it. If not, they may be asked to leave. Rarely, behaviour may be exhibited which is dangerous to the student or their peers, or is so disruptive as to jeopardise the learning outcomes for the other students, in which case the student will have to be asked to leave, and may need to be accompanied. The student group should be given information about access to counselling or support on their return from the field.
If every effort is been made to encourage students with mental health difficulties to declare their needs, at least to the staff, so that their own coping strategies are able to remain in place during the field trip, crises are very unlikely to occur.
Seminars, presentations and role play

The reading and research that goes into preparation for seminars and presentations are unlikely to present specific problems for a student with mental health difficulties in higher education, since the very fact that they have managed to get to that point means that they have been coping with these activities to produce essays.

‘Writing provides a good release for me, education is the way forward’

However the performance aspect of these things could be overwhelming. All of us are anxious about presentations, and we are aware that for many of our students, seminars and presentations, particularly if they are assessed, can be the learning situation that they dread most. So it is not difficult to see what a major issue this could be for someone for whom successful management of their mental health condition is a daily effort.

‘I’m worried about returning to education, I feel inferior and not as articulate as people who have not been ill’

‘There is an issue about feeling isolated and not being able to connect with others. Despite wanting to do a course I do not feel I could face it as I suffer from panic attacks’

‘I’ve got to be careful that what I do doesn’t spark off my condition’

Consider building student confidence gradually. You can start with an exercise in which students work in pairs and one speaks formally to the other on a given topic for just a minute, and then they switch roles. You can involve small groups in discussions about what a successful presentation needs in terms of overheads or handouts, and also how effective presentations may be done in many different ways (so that anxiety about technology such as using Powerpoint doesn’t predominate). Enable students to access presentation equipment in their own time to develop familiarity with it. Students may be asked to prepare materials for an informal 10-minute (non-assessed) presentation to a small student group, and you could give positive feedback to
those presentations. If you rely on students to provide this feedback, you will need to structure the process so that it is positive – without guidance, student feedback may tend towards criticism as they may not be practised at selecting the good points, or making positive suggestions, despite their deep empathy with the speaker.

Each of these activities will build confidence in speaking to an audience, and small steps towards confidence in oral communication are much less likely to promote a crisis (which would probably manifest itself in absenteeism).

7.1 Alternatives to presentations

In this area particularly, the tutor is asked to think of alternatives for those students who really feel that they cannot, and do not wish to, face the challenge of public speaking. With regard to the learning outcomes of the sessions, perhaps they can be achieved via a poster presentation or a webpage, by use of PowerPoint (but without a live narration) or by a taped or videoed session which the student has been able to put together in relative privacy. Oral skills might be assessed on the basis of informal contribution to discussion (taped or observed) rather than a formal delivery. If oral presentation is not one of the chief learning outcomes, perhaps an essay or report on the same issue would be equally acceptable. Discussion or debate can be recorded on paper also, or take place on a message board on the web. One benefit of working out such alternative assessments is that they are often also useful for distance learners, thereby widening access to your courses.

Issues with group work (see section on Laboratories) arise here too, and in a group presentation, possible non-speaking roles need to be negotiated early on, perhaps with tutor assistance, and the allocation of marks across the group clarified.

7.2 Role play

Role play could create very real risks of displacing coping strategies for students with mental health difficulties – unless you are a qualified psychiatric counsellor of course. Role plays became very popular in geography in recent years, certainly at school level, and do provide a dramatic and sometimes entertaining way to explore issues. Properly done, role plays need a ‘return to reality’ at the end – as any drama teacher knows. Unfortunately, this formal setting aside of roles is often omitted from role play sessions used with geography students, and we are lucky that most students adjust back to reality with reasonable ease and can joke about the ‘events’ of the role play session. Some students will not be able to do that, and the whole process of entering an ‘unreal’ world could be deeply destabilising. Emotional responses acted out within the roles may be carried over into real lives. If we are serious about increasing access
for students with mental health difficulties, then this is one form of teaching and learning that we should think carefully about, and consider seeking more professional training, particularly in relation to effective debriefing. As with presentations, it is important to consider whether this process is essential to the achievement of the learning objectives, or if students may be offered alternative routes to the same ends.

7.3 Being a listener

Some mental health problems lead to a student finding it difficult to tread the appropriate line in a seminar or tutorial discussion between silence and dominance of the discussion. This is also the case with many students (and staff) who would not be considered to have mental health issues at all! Although much is written about ‘acting out’ in a group situation, which is a sort of attention-seeking activity identified in some psychiatric patients, it is not appropriate in the social model of disability to label aspects of group dynamics in this way. To avoid or manage inappropriate behaviour in a group discussion, ensure that all students are briefed about what is expected and what the discussion is intended to achieve. You can be quite formal about the ‘rules of engagement’ (for example, taking turns to speak, and having time limits) and you can let them bring up issues about acceptable behaviour. Emphasise the importance of listening and reflecting, and you can even build those in as short breaks where students note down in private what they are thinking. This may be a useful tool to defuse a situation, when getting into the argument yourself is unlikely to do so!

In general, in any situation where a particular student seems bent on engaging you, or another student, in belligerent and emotive debate, be prepared to evade and defuse, and do not challenge. Breaking up the larger group into small groups with a new set task is one way to do this. Inappropriate behaviour may be discussed calmly at a later date, in the presence of a third party, and clear limits about acceptability can be set then. There are a number of reasons why you, the figure of authority, might be perceived to have made a personal and unacceptable challenge to a student – and their mental health is only one possible aspect of this. We need to be aware of possibilities but not to make assumptions.
Developing an inclusive curriculum for students with mental health issues

8 ICT and online learning

For many students with mental health difficulties, the computer is (apparently) a friend: accessible, non-judgemental, flexible. Apart from those with real anxiety about using computers at all (for whom we may need to make special arrangements, just as we do for those prevented from access for physical reasons) many students who find dealing with people stressful, will find work which they can manage on and from the computer terminal easier. So ICT and online learning is not necessarily an obvious problem. It may be possible for a student to be provided with a networked computer in their own room. However, for some students, the isolation which the computer encourages may lead them into a more solitary working life than is advisable – especially if prone to depression. So it may be helpful to work out with the individual student what they (and their counsellor or doctor) would advise over the longer term.
Dissertations and major independent projects

The issue here is not the work itself, but the apparent scale of it (level of expectation, and anxiety about not being able to meet it) and the extent of independence which can lead to isolation and depression. Tutorial times spaced throughout the project, which are agreed between both parties and adhered to, are very important for reducing the sense of isolation and breaking the work down into manageable chunks which seem less intimidating. In these cases staff really should follow up a ‘failure to show’ – but if this is different from normal practice then the student needs will have to be explicit at the outset – one of the benefits of self-declaration.

Another student may find the lack of set structure a problem, making it difficult for them to engage with the task. Negotiating milestones and providing interim deadlines will help make it more tangible.

SENDA Guidelines (example 5.8J)

A student with a mental health problem has to attend a month’s work experience placement as part of his college course. The usual college procedure is for students to go independently to their work placement but this student is very anxious about how he will cope. A likely reasonable adjustment would be for his tutor to arrange to accompany him on the first day and then to telephone him at regular intervals.

What this example illustrates is that tutors may be expected to provide more support for a student with declared mental health difficulties than for other students. For a dissertation this could mean visiting the field site, regular checking on laboratory work, or assisting in liaison with external individuals and organisations. In the context of dissertation supervision, this may challenge your Department’s view on student parity, so it is important to agree formally just what is to be provided and how other students will be informed about any special arrangements. Procedures adopted for enabling student independent work for those with physical challenges are likely to help here.
10 Feedback and assessment

10.1 Feedback

Receiving and reacting to feedback (criticism?) is a sensitive area for all of us. For those coping with mental health difficulties, this is an area where small changes by tutors can really make a difference – and the changes are likely to benefit all students. Many vulnerable students are lacking in self-confidence, and probably already very self-critical by the time they have finally parted with the last of many drafts of that essay. The longer that feedback is in coming, the more certain they may become that they are an abject failure. So – ‘positive’ and ‘fast’ are the key words if feedback is to help prevent that spiral into a sense of worthlessness.

10.1.1 The purpose of criticism

Academics get used to criticism, both giving and receiving it, and see it as a necessary evil since criticism is so much part of the academic research process. We can forget that those who are new to academia may not understand the professional role that criticism has, and a tutorial session exploring overtly the purpose of criticism would be very useful for helping students to see comments as relating to the work and not to them as individuals.

Research about adult learners and their responses to criticism is helpful here, as it reminds us of the many reasons why students may find criticism more problematic than we imagine. Alan Rogers (1986, p.8) notes the role of previous experience and pre-existing knowledge which affects abilities to accept new ideas.

‘Adults have an emotional investment in what they already know and are used to defending their position. The knowledge may come from a ‘significant other’ to whom they feel loyalty and trust. They may have strong prejudices. They may be ‘habit-bound’ arising from the need for security, undue reverence for the past and excessive conformity needs. In this case the learner may withdraw or become unreasonably challenging’.

10.1.2 Language

We also need to be very careful with the language of feedback. Comments about shortcomings need to be specifically related to the work and not the writer...not ‘you should..’ or ‘you didn’t..’ but ‘the report would be clearer if.......’
or ‘the results might have been presented as……’ or ‘additional research from these sources might have added a valuable viewpoint’, and suggestions for additional work need to be balanced with comments about the value of what is already displayed in the submitted work. ‘Positive’ should be seen in the sense of both supportive and showing options ahead.

‘Feedback is helpful in maintaining positive mental health. Both students with diagnosed mental health problems and the many others who are feeling stressed and anxious about their performance, are likely to benefit from well-structured feedback’

(Leach, 2000, p.2).

10.1.3 Timing

As well as providing at least some feedback quickly (could be a swift comment by email as a holding position), we should be careful with the timing of students receiving full commentary and marks for work. A student who is concerned about their grade or your comments (or cannot read your writing) really needs to be able to resolve their problem immediately – if work is returned just before a break you are leaving students to stew over the weekend or holiday period. Returning work in a lecture, with access to you afterwards, or making office time available to pick up problems, or, at least, making yourself available by email can avoid these crisis points. If students have access to an electronic message board and are encouraged to share reflections on their performance, this may also help more anxious students put their performance in perspective.

10.1.4 Feedback in person

Rogers’ comments about students withdrawing or becoming ‘unreasonably challenging’ in the face of criticism may be experienced in tutorial sessions. In both cases, you might suggest time out to reflect on feedback and a later meeting to focus on moving on. Cajoling a deliberately withdrawn student into some response or entering into a major argument with a more bellicose student are likely to be unproductive. Tactics to produce a sense of calm and positive thinking are needed. Part A of this guide includes advice on one-to-one meetings.

10.2 Assessment

Assessment is a point of crisis for many students, seeing it not so much as ‘formal feedback’ but as an absolute judgement on their value and worth. Flexibility and variety in assessment types provides the best ‘adjustment’ for students, but in addition to the many types of exam and coursework assessment which are possible (see Bradford & O’Connell (1998) for example), there are additional actions which can reduce the barriers for students with
mental health difficulties. For any assessment it is helpful to demonstrate what is expected. Students may have unrealistic expectations of themselves (perfectionist anxieties) and a conviction that we are expecting PhD-level performance. It can be immensely reassuring to be shown examples of answers which are ‘good enough’ as well as those which are ‘excellent.’ Increasing their familiarity with the assessment process and the application of criteria also removes some of the mysticism, and this can be done by students ‘marking’ each other’s work, applying the criteria and providing each other with some formative assessment in the process.

Practical information about coursework deadlines and handing-in procedures, and arrangements for late submission, all need to be available early in the course, and similarly the exam room, timing, number of examiners, nature of the questions, type of answers expected, should be made clear well before the exam date. For a viva examination, consider showing a video of a mock or previous viva, and running a ‘practice’ viva. Students may be encouraged to viva each other, which again, causes them to consider assessment criteria.

One particular type of coursework assessment which may lead to difficulties is where personal opinion or reflection is particularly encouraged. Reflective diaries and personal responses to emotional stimuli are part of some human geography assessments. In these it will be important for the students to have very clear guidance on where the boundaries of the exercise fall. In treatment for mental health problems, students may have experienced similar activities as therapy and thus find it hard to manage it as an academic exercise.

Not all students will want to deal with the stress of exams, but that is not to say that there are not advantages in doing the course.

‘Despite contemporary society’s obsession with qualification, it should not be forgotten that access to learning is for some enough, it enables them to learn and test their abilities, and this is very much the case for people who have experienced mental health problems. To be given the chance to feel as though they are achieving is reward enough’

(Pitts, 2002, p.35).

A few students may back off from formal assessment, having successfully undertaken the learning offered. Challenging as that may be to our own views of what is a successful outcome, it is important to respect the students’ decisions.

**Exams create the most common barrier to achievement, so re-considering the purpose of the formal exam for your course, and considering alternatives which still meet the learning objectives, may be the single most helpful action you can take to enable more**
students to benefit from the teaching and learning you offer.

One of the elements of exams which causes most anxiety is recall. There are forms of examination which test understanding but not detailed factual recall. Open-book exams – involving the student’s own previous case-study research, experimental results, or set texts (research papers or extracted results) can be devised with challenging questions which require the student to demonstrate their ability to apply complex theoretical concepts and to undertake tasks which are new to them under controlled conditions. ‘Seen question’ exams allow students to target their preparation, and yet still test abilities to write concisely and clearly under pressure.

Another cause of anxiety is the sense that there is only one chance to get things right. Computer-based tests allow students to progress through an interaction with the computer, and can be designed to give useful feedback when answers are incorrect, making the experience a more positive and progressive one. The learning objectives may be met provided the student demonstrates an ability to pass the test at one sitting, however many practice runs they have had.

Particular students may have anxieties about the examination room. The physical environment should be suitable for adults and should not remind them too much of being at school. A ‘reasonable adjustment’ for a student who has come forward with this issue would be to enable the exam to be taken elsewhere. Extra time might also be allocated to accommodate medication-related difficulties with concentration, reading or writing. Do they need to openly declare a named problem to you? Or to the examination unit? What are your institutional procedures?

Overall it is very important to let students know what is negotiable in relation to the assessment, and to clarify the means by which they could access modifications.
## Part B: Summary points

<table>
<thead>
<tr>
<th>Checklist for yourself</th>
<th>Workshop topics for your department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are your lectures unthreatening? Do you make it clear that students can access you to discuss problems?</td>
<td>Are your teaching rooms suitable for all your students’ needs? If not, what action can be taken?</td>
</tr>
<tr>
<td>Do your lectures allow for ‘rests’ from concentration? Can you use this positively?</td>
<td>Building interactivity and/or reflection into lectures.</td>
</tr>
<tr>
<td>Are your materials available outside the lecture time?</td>
<td>What support is available to help make materials accessible? How are concerns about copyright to be dealt with?</td>
</tr>
<tr>
<td>Do you arrange induction activities for laboratory work?</td>
<td>Liaison with laboratory support staff, timetabling of access, potential for self-paced learning in the laboratories, lone student issues.</td>
</tr>
<tr>
<td>Do you manage group work carefully to ensure effective operation?</td>
<td>Managing small groups, encouraging teamwork skills.</td>
</tr>
<tr>
<td>Do you have an alternative to group work (in the laboratory or field)?</td>
<td>Equivalence of assessment when a student cannot participate in a group activity.</td>
</tr>
<tr>
<td>Will you automatically receive information about a declared mental health difficulty, and advice on whether laboratory / fieldwork is appropriate and safe?</td>
<td>Systems of communication about student mental health issues, confidentiality versus safety, Department guidelines for staff, support for safe working practices.</td>
</tr>
<tr>
<td><strong>Checklist for yourself</strong></td>
<td><strong>Workshop topics for your department</strong></td>
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</tr>
<tr>
<td>Have you provided very detailed information about field (or laboratory ) activities to allay fears of anxious students?</td>
<td>Swap shop of good practice. Asking for specific student feedback on clarity of information provided.</td>
</tr>
<tr>
<td>Can you reconsider assessment to reduce unseen examination elements and increase variety and flexibility? Can students work with criteria for assessment beforehand? Are viva exams rehearsed?</td>
<td>Review assessments across all courses to check against learning outcomes. Agree acceptable alternatives which would provide ‘reasonable adjustments’ in the event of a student saying they were unable to take one form of assessment. Ensure students know of these options.</td>
</tr>
</tbody>
</table>
References


Birnie, J. & Grant, A. (2001) *Providing learning support for students with mental health difficulties undertaking field work and related activities* (Cheltenham: Geography Discipline Network).


Pitts, S. (2002) *Access and provisions available to people, within education, who have experienced or are experiencing a mental health problem* (unpublished?) Report on behalf of the Oxford Student Health Network. 40pp and Appendices.


Appendix 1

Dealing with stress

Butler & Hope (1995) suggest a five stage strategy for dealing with stress:

1. Take stock of the situation – what is the balance between work, play, health and relationships.
2. Clarify your major priorities.
3. Reduce the 'outside load' – deal with the small stresses too (as they are part of a 'cumulative load'.
4. Reduce the 'inside load'. Develop awareness of your drives, desires, attitudes, messages absorbed.
5. Lay the right foundation. Ensure good diet and exercise (keep both regular). Allow time for: rest, recreation and relationships.

We can look at successful ways of dealing with stress on a number of different levels, including the physical, the psychological and the social:

• **Physical techniques.** Relaxation, diet, regulating use of stimulants etc., taking exercise.


• **Social and political action.** Developing a supportive network of friends. Share concerns with others. Taking control of one’s environment. Addressing institutional shortcomings and political factors.

You may look at the way that the person approaches their study. Are they getting the best out of the time available? Butler & Hope offer some strategies (see overleaf):
Appendix 2

Recognising emerging mental health problems

If positive mental health is about:

- feeling in control;
- being able to make rational decisions;
- being in touch with one’s feelings;
- being able to form positive relationship;
- feeling good about oneself;
- knowing how to look after oneself;

then the opposites of each of these states should be taken as a warning sign, especially if many of them apply to the individual. Other warning signs include:

- changes in the way that the student behaves or presents themselves;
- continuing difficulties with academic work;
- withdrawal from activities;
- mood changes;
- irritability;
- weight loss;
- bizarre or challenging patterns of thought and behaviour;
- reliance on alcohol or illicit drugs.

The presence of one or two of the above might not mean that the person has a mental health problem. What may be indicative could be the intensity of the above factors and the combination of several of the above at the same time.

(See also <www2.glos.ac.uk/gdn/disabil/mental>, section 8.2)
Appendix 3

‘Responding to emergencies’ flowchart

(from Birnie & Grant, 2001)

- Is the problem urgent?
  - Do you think that:
    - there is a risk of suicide?
    - the student may be at risk of hurting her/himself or others?
    - the student is seriously physically ill?
    - he/she has stopped functioning academically or in other areas of life (e.g. cannot get out of bed in the morning)?

- Could you help the student?
  - Do you have the time and/or the skill?
  - Do you know who you should consult for advice?

- Refer the student to someone else
  - If you are clear about the help that the student requires then provide the student with the appropriate information.
  - If you are unsure, then seek further advice.

- If the student will accept help:
  - refer him/her directly to the Health Centre (or to the Counselling Service if the student is already a client)
  - support the student in referring him/herself, but check later that

- If the student will not accept help:
  - Telephone the Health Centre* or Counselling Service yourself to seek advice.
  - (* In exceptional circumstances, where someone may be at risk, GPs can visit without the patient’s prior agreement.)

- Offer appropriate support
  - This might include:
    - listening to the student’s concerns
    - offering practical advice
    - providing reassurance
    - showing your concern by following up your conversation at another time
  - Beware of getting out of your depth or of role confusion.

- If the student does not want any help make a note of your concerns in the appropriate departmental files.
Despite the representations of the behaviours of those with mental illness in books, films and other media, the chance of emergencies occurring when the safety of any of those on the fieldcourse appears to be threatened is extremely small. Very occasionally, a students’ behaviour may give rise to very considerable concern. The student may:

- threaten suicide, or serious self-harm or harm to others;
- show signs of serious alcohol or drug addiction;
- claim to be hearing voices or hold fixed irrational beliefs;
- have ceased to take any part in the academic and social activities of the course.

In any of these cases, the need for intervention on behalf of the student may be urgent, and you should follow the procedures you have in place for dealing with serious physical illness. If you are faced with a situation where a student’s behaviour suggests imminent danger, follow the six point plan:

- stay calm;
- consider safety: yours, others, the student’s;
- engage with the student if appropriate;
- be direct and clear;
- take threats of harm to others and self-harm seriously.
- when in doubt always consult or involve others, using the local medical services, ambulance or other emergency services as appropriate.
Appendix 4

Dealing with difficult situations

SAFETY CONSIDERATIONS  (adapted from Leach, J., 1997).

Educational staff are not employed to supervise people with mental health problems but may find themselves doing so in their classroom. In the vast majority of instances violence is unlikely but the possibility exists. That possibility can be lessened by giving staff some basic training in dealing with challenging behaviour and by laying down safe working practices. Staff are potentially vulnerable for a number of reasons:

1. They may not set appropriate boundaries with students.
2. They are not trained to deal with difficult situations.
3. They may work in isolated locations.

Are there any threats to your own safety that you would like to address?

Some do’s and don’ts if you have a problem with a student

- Do find someone to consult with.
- Do find some private space to discuss the problem but...
- don’t meet with the student in an isolated location. Make sure there are other people around.
- Try to stay calm. Avoid escalating the situation.
- Decide whether to address the problem on the spot or to deal with it afterwards.
- Decide whether to involve the rest of the group in the situation.
- Do judge each situation according to its particular circumstances.
- Do ask your manager for training in dealing with challenging behaviour.
Comments

There are pros and cons of dealing with awkward behaviour in the class or privately afterwards. Considerations include:

- How much has the rest of the class been affected?
- How cohesive is the group?
- What can they cope with?
- How well can you manage the process?

This is the negative side of mental ill-health and it should be remembered that most students with mental health problems are more likely to be withdrawn and nervous rather than difficult and aggressive.
Appendix 5

Named problems and some suggestions for fieldwork management

From: Birnie, J. & Grant, A. (2001), Providing learning support for students with mental health difficulties undertaking fieldwork and related activities, Geography Discipline Network, Cheltenham.

Also available online at <www2.glos.ac.uk/gdn/disabil/mental/ch11.htm>

Named problems

- Agoraphobia
- Alcoholism
- Alzheimers
- Anorexia
- Anxiety
- Asperger syndrome
- Autism/autistic
- Bipolar depression
- Brain damage
- Bulimia
- Claustrophobia
- Dementia
- Depression
- Manic depression
- Obsessive/compulsive disorder
- Paranoia
- Phobia/phobic
- Schizophrenia
- Self-harming
- Senility
Developing an inclusive curriculum for
a) students with mental health issues  b) students with Asperger Syndrome

- Stroke
- Suicidal
- Tourette's syndrome
- Vertigo

Agoraphobia

Usually interpreted as a fear of open spaces but actually most often a fear of people-occupied spaces such as supermarkets, shopping centres, football games rather than vastness or emptiness. One of the more common of a huge list of phobias. Most of us have mild phobias which we can manage without them interfering with normal life. If a student declares themselves as agoraphobic it probably means that they have experienced it sufficiently severely for it to prevent them leaving their home, or at least going out unaccompanied. They may be currently managing to get to lectures etc. with some treatment, either medication or behaviour therapy. They may be worried about whether they can cope with the unfamiliar places and circumstances of fieldwork. If a student has declared themselves on a health and safety form then a conversation with them about the circumstances they feel most likely to lead to severe anxiety or a panic attack would enable you to jointly plan to avoid those triggers. You should also ask what action is appropriate if they have a panic/anxiety attack – they may have medication for that. Reassurance that they would be always with a friend or in the same small group may also help; knowing that people around them are understanding goes a long way to relieving the anxiety about having a panic attack which can close more doors than necessary. (See also anxiety.)

More information:
<www.anxietypanic.com/agoraphobia.html>

Alcoholism

Not referring to the excess consumption of alcohol which seems to traditionally accompany some student fieldtrips, but to a chronic problem for an individual student which could affect their ability to participate in any fieldwork. A declared alcoholic will be a recovering alcoholic, almost certainly on a recovery programme. For those for whom alcohol has become an addiction, recovery almost certainly involves avoiding it altogether. Field trips create enormous social pressure to conform with a hard-drinking student stereotype, and tutors could plan to reduce this social pressure by not participating themselves and by arranging alternative activities which would acknowledge the needs of all those who are uncomfortable with heavy drinking. Many students suffer more anxieties about the social circumstances of field trips than about the academic
or physical demands. Evenings with planned work-related activities giving them a clear role, and some sort of structure, are more supportive than ‘free time’ which leaves them facing social demands or isolated in their room.

More information:
<www.alcoholconcern.org.uk/>

Alcoholic blackout:
<www.mhsource.com/expert/exp1020899b.html>

Alzheimers

One explanation for memory loss and increased confusion with age. It can occur in younger people. (See also brain damage.) Very unlikely to be declared since it is unusual to diagnose it in the early stages when someone would still be managing higher education. Some students of retirement age may be a little worried about their age affecting their ability, but this is more likely to be associated with recall necessary for examinations than with the specific challenges of fieldwork. If a student on fieldwork seems to have severe problems with losing equipment, or difficulty recalling simple domestic details, there are other more likely explanations, even if they are elderly. General stress or anxiety, or medication for another condition should be considered.

Anorexia

Anorexia, as with bulimia and self-harming, is not about the obvious issue (i.e. thinness). Anorexic behaviour is not susceptible to rational arguments about ‘the need to eat’. On fieldwork, anorexia may become apparent to other students and tutors for the first time, and may cause distress, but rarely danger. The sufferer feels shame and fear, and providing an understanding environment within the fieldwork group (specifically avoiding conflict and anxiety about someone who ‘won’t eat’) is probably best practice. The ‘Changing Minds’ leaflet <www.rcpsych.ac.uk/campaigns/cminds/leaflets/anor/anor.htm> is designed to help others understand anorexia and is an excellent brief insight into the world of the anorexic to which it would be useful to refer other students, as well as tutors, for better understanding.

Be aware that an anorexic student will not be fit to tolerate non-standard weather conditions and physical strain, and this physical frailty should be planned around as with other physical limitations. As an anorexic student may not be able to acknowledge that they are thinner than average you may need to intervene to protect them from vulnerability to hypothermia etc.

More information:
<www.rcpsych.ac.uk/info/help/anor/index.htm>
Anxiety

Uncomfortable levels of anxiety are experienced by people for all sorts of different reasons. Anxiety is a component of many mental health problems which might be relevant to inclusive fieldwork planning. Understanding anxiety is therefore key.

A diagnosis of anxiety is likely to be made for someone displaying fear or pathological anxiety in situations which would probably not provoke similar feelings in other people. The anxiety may be associated with a particular object or situation (generally referred to as a phobia) or it may affect a person in a generalised, all-pervasive way (sometimes known as ‘free-floating’ anxiety). Examples of phobias include claustrophobia (fear of enclosed spaces), agoraphobia (fear of being away from the security of one’s home) and social phobia (fear of meeting people). The level of anxiety can vary; ‘panic attacks’ occur when the level of fear rises suddenly and sharply (for example, when speaking in a group or being trapped in conversation with another person without having any natural exit).

(Open University, 1996, p.23)

A student with anxiety may experience physical sensations (palpitations, sweating, stomach pains, headaches). They may be easily discouraged, and have low esteem. They may display unwarranted concern for detail (e.g. in instructions or during data collection) or for perfectionism (e.g. in group work or the presentation of results). They may make excessive demands on the tutor for advice and support about matters of a trivial nature. Difficulties may be encountered with fieldwork due to one or more of the many aspects of it which differ from other study, and successful group work may depend on understanding from other student members.

Anxiety related to group work may have become apparent prior to the fieldwork itself, and including group work in preparatory activities will help ensure that this stimulus is met and accommodated before working away from the usual environment. However, many stimuli to anxious conditions will not occur until you are away. If the student has an opportunity to explain their fears beforehand, for example on a questionnaire or in a one-to-one tutorial, then you will have been able jointly to arrive at a plan of action to support them. If the problem does not surface until you are in the field then you may be able to help by meeting with the student away from the main group and trying to establish the main causes of anxiety. For a student who has experienced panic attacks in the past the dread of one occurring is often the overriding sensation or concern. Together you can arrive at a plan of support during the fieldwork,
which may involve agreed ‘rules’ to create a more supportive structure for
the student, such as place and time of access to tutors, formal time for group
work, alternatives to certain fieldwork activities. Such a structure will help
tutors and other students also. Try to be positive and give encouragement at all
opportunities during the fieldwork.

Excellent prose ‘the alien within’ for empathy:
<www.anxietyontario.com/alien.shtml>

Panic disorder:
<www.nimh.nih.gov/health/topics/panic-disorder/Panic/panic-disorder/index.html>
<www.nimh.nih.gov/health/topics/panic-disorder/Panic/panic-disorder/pdf.html>

Social anxiety:
<http://socialanxietyinstitute.org/examples.html>

Marijuana and panic attacks:
<www.mhsource.com/expert/exp1051099f.html>

Aspartame and panic attacks:
<www.anxietypanic.com/aspartame.html>

For those who suffer from anxiety:
<www.anxietytomfreedom.com/news.html>

Asperger Syndrome

Students with Asperger Syndrome (AS) may be described as ‘having a dash of
autism’. Autism covers a wide spectrum and most of us are more familiar with
the image of an autistic child who may need intensive support to participate in
even basic education. We probably also know that autistic children tend to be
very intelligent, but that it is socialisation obstacles that have to be overcome
– and the severity of these means we are unlikely to see an autistic young
person in higher education. In contrast we are very likely to encounter AS in
higher education and see it only as slightly odd or unusual behaviour, perhaps
in a student who shows exceptional ability in their academic studies. There
are probably many undiagnosed AS students, since the description of AS really
fits the caricature of an absent-minded boffin – and academia is the realm in
which the benefits of the syndrome are rewarded. Fieldwork, however, is not
the same. Socialisation difficulties which may be secondary in lectures and
examinations tend to be highlighted. An inability to ‘read’ other people and
their responses, typical of AS, can make working in groups difficult. While the
rest of the group (and perhaps their assessment) suffers, the AS student may
feel very hurt and isolated – not understanding what it is they are missing
and unable to express their feelings. AS is also a condition which generates
anxieties which the student may reduce by list-making (train-spotter syndrome)
and they would benefit particularly from details of travel and accommodation
arrangements, and the time to absorb these details in their own way. They
may also have little obsessions about personal behaviour or domestic rituals
which could concern other students unless they understand that it is necessary
to reduce personal anxiety.

More information:
<www.rusalka.demon.co.uk/index.html>
<www.nas.org.uk/asd/aspleaf.html>
<www.udel.edu/bkirby/asperger/>

Personal view of an Open University student:
<www.geocities.com/mckeeandme/index.html>

About educating the (younger) student with AS, and also students on autism:
<www.sasked.gov.sk.ca/k/pecs/se/docs/autism/asper.html>

Autism/autistic

People with a diagnosis of autism may experience difficulties
developing social relationships, communicating and may have a
tendency to isolation... (the student) with this diagnosis may appear
disconnected from the social environment: he or she may have
problems with speech or conversation and may, in addition, be
unable to recognise, interpret or learn from body language, changes
in tone of voice, facial expressions and metaphoric speech.

(Open University, 1994, p.25)

Severe autism is likely to preclude a student reaching higher education,
but some form of mild autism, including Asperger Syndrome, may be fairly
common, especially since one facet of the condition is usually a very high level
of intelligence, ability or knowledge in an intellectual domain.

To overcome the tendency to withdraw, education for an autistic person is
achieved through a very structured process, with explicit rules and strict
routines. Away from the home base it may be particularly difficult to put such
a structure in place, and for it to be effective in the time available. Group
work and tutorials may be difficult, with the student seeming withdrawn
or self-absorbed, and the student may then suffer feelings of isolation and
rejection. On fieldwork, and with the groupwork which it usually involves,
the opportunities for this are multiplied. Try to make arrangements for one-
to-one support, and to be positive and friendly even in the absence of normal
feedback. If the student has idiosyncratic behavioural traits (e.g. grimacing)
which could be unsettling to other students, ask for their permission to explain
the circumstances to the rest of the group.
The Open University view on attendance at residential summer schools is relevant here:

Attendance at a residential school could lead to great difficulties for the student in view of his or her dependence on people and situations with which he or she is familiar. Very thorough preparation may be required, including the involvement of a friend or relative as a personal helper. Excusal may be a sensible option to discuss with them.

(Open University, 1994, p.26)

Teaching students with autism:
<www.sasked.gov.sk.ca/k/pecs/se/docs/autism/autism.html>

Advice from an autistic person about how you can best help:
<www.angelfire.com/in/AspergerArtforms/besthelp.html>

‘This is the place where I tell you about my autism’ David Andrews:
<www.angelfire.com/in/AspergerArtforms/autism.html>

Bipolar depression

This used to be termed manic depression and the descriptions of feelings in the section on depression apply also here. The difference is that the student may also experience phases of ‘mania’ meaning only hyperactivity, sleeplessness, and untoward energy. These phases are usually very infrequent and medication for bipolar depression tends to eliminate or reduce the manic phases. If a student declares themselves to be suffering from bipolar depression, a conversation with them about triggers for their manic phases, and a suggestion that they consult their doctor about the fieldwork activities may help – but generally vigilance about medication (and therefore regular mealtimes and routine daily activities both of which assist all those on medication) is what matters. Ask the student how a manic phase may start and what should be the response – and a phone number for their GP or 24 hour support. It would be wrong to behave as if a manic phase is inevitable – depressive symptoms are more likely to be the obstacle to effective fieldwork – but on the rare occasion it happens other students may be disturbed, and the student concerned might put themselves in danger by over-zealous investigation of the physical environment.

Lithium is fairly widespread medication and worth knowing a little more about.

More information:
<www.depressionalliance.org/>
Brain damage

An outcome of an accident earlier in their life may mean that a student has a particular mental difficulty. As with stroke damage this could vary enormously, affecting any part of brain function. It is included here because sometimes slightly ‘strange’ behaviour – which could be social, and therefore manifest itself in group work, or it could be attitude to risk – has this explanation rather than a mental ‘illness’ subject to control by medication. Brain damage (including stroke) can leave people with obvious speech impediments, but alternatively with less obvious communication problems such as an inability to read social signals, a difficulty in finding the right word (and frustration over that), a tendency to tire mentally and perhaps then appear confused, a difficulty with instantaneous decisions. To help overcome fieldwork obstacles you need the information from the student beforehand, but if their group is able to be supportive rather than reacting warily there should be no problem in making the fieldwork accessible. Medication is unlikely to be an issue in terms of modifying behaviour. After a stroke, medication is used to reduce the chance of further strokes and after both stroke damage or accident trauma this might include anti-depressants (see depression).

Bulimia

Bulimia is an eating disorder and closely related to anorexia. A person suffering bulimia avoids feeding their body by eating (even binge-eating) and then making themselves sick later, a strategy which is more private than anorexia and less likely to be known prior to residential fieldwork. As with anorexia and self-harm a person suffering in this way is ashamed and afraid of discovery, but their fear of what will happen if they do not make themselves sick is so great that they must do it to release tension. In a fieldwork situation a feeding disorder is unlikely to progress to a dangerous point and management by understanding and avoiding conflicts is probably best. Obviously a student should be counselled to seek professional help on return. Distress levels all round can be reduced if other students and staff appreciate that a student with bulimia wants to be able to deal with unbearable anxiety in the only way that works for them, and that this does not threaten their immediate health or the
health of those around them.

More information:
<www.mhsource.com/hy/binge.html>

Bulimia and substance abuse:
<www.mhsource.com/expert/exp1040698a.html>

Claustrophobia

Fear of enclosed spaces. If a student declares this it probably means it is quite severe, and could lead to panic attacks or severe anxiety symptoms. Discussion with the student beforehand should establish which circumstances are likely to give them most problems, and how they would prefer to manage – a supportive student group, medication (and if so, how long before the event) or avoidance of the place altogether. This may include not just caves and mines, but some buildings, lifts, the Underground, coaches and airplanes, and rooms without windows (including hotel rooms and toilets).

Dementia

A general term for deteriorating brain function, usually in the elderly. See Alzheimer’s and brain damage. For a student reported by others as behaving in a ‘demented’ fashion see bipolar depression and schizophrenia, consider substance abuse.

Depression

A diagnosis of ‘clinical’ or ‘unipolar’ depression may be in response to moods of profound sadness which seem out of all proportion to the person’s circumstances or life situation... (a student) with such a diagnosis may display a mood of overwhelming despair, guilt, loss of drive, apathy or be unable to accomplish the simplest of tasks.

(Open University, 1994, p.24)

Fieldwork occurs over such a limited and intensive period that depression is unlikely to suddenly manifest itself – a more likely scenario is that a student who is already experiencing depression has to decide whether they can face the fieldwork or, having opted to give it a try, find themselves unable to participate effectively. Attending fieldwork may actually relieve the depression and enable more effective learning for the student, but be prepared for the feelings they experience to be unchanged by normal outside stimuli. Give praise and encouragement, but also be clear in your own mind about the limits to the support that a tutor or other students can offer.
Manic depression

Manic depression is now referred to as bipolar depression. Periods of deep depression (recognised and experienced in the same way as depression itself) give way to manic phases when the person behaves in an excited, over-active way. The student may behave extravagantly, talk incessantly, have inflated self-esteem, sleep very little and show signs of irritability or aggression.

Obsessive/compulsive disorder (OCD)

A term for anxieties manifested as compulsions to do certain things either repeatedly or excessively thoroughly. Washing and checking are common compulsive behaviours. On fieldwork room-sharing and group work can mean that these relatively minor mental health problems may precipitate social problems. Solutions probably rest in overt recognition of the compulsion or obsessive behaviour by the student concerned and by the rest of a group as something to be worked around, and not threatening or deliberately annoying behaviour. General anxiety is likely to increase or trigger such behaviours in those who are susceptible, so reducing anxiety on fieldwork, as suggested elsewhere in this guide, will help.

OCD and young people:

[More information including case studies and students:](<www.rcpsych.ac.uk/info/mhgu/newmhgu26.htm>)

Paranoia

Not a helpful label. If other students describe someone’s behaviour as ‘paranoid’ they may mean obsessive/compulsive behaviour, including the sort of attention to detail which can characterise Asperger Syndrome, or they
may be referring to hallucinations or delusions. The latter might be part of *schizophrenia*, or relate to substance abuse.

**Phobia/phobic**

Something which triggers a panic attack or severe anxiety symptoms may be described by someone as their ‘phobia’. There are many phobias, and a useful list can be found at <www.phobialist.com/class.html>.

The main point is to plan the fieldwork experience to avoid a serious phobia, and to be prepared with what to do in the event of the student suffering a panic attack. Talk to the student about any declared phobia prior to the field trip and take the opportunity to ask how they manage their anxiety in the ‘phobic’ situation – it may be a question of them having appropriate medication with them. Those who suffer from panic anxiety spend much of their life being afraid of having the next panic attack – if you can help them feel in control of the experiences fieldwork will involve, you will do much to reduce their overall stress, and perhaps open up some areas of learning to them.

**Schizophrenia**

If a student declares schizophrenia, the management of their fieldwork experience is rather crucial. The fact that their mental health is already sufficiently managed for them to be coping with higher education demonstrates that there need not be a problem with fieldwork. Medication is the key, and alcohol, recreational drugs or missed medication due to non-routine activities are therefore the main risk factors in residential fieldwork. Under control of medication the only difficulties may be side-effects of the medication (see below). If medication is disrupted the behaviours associated with the mental illness may manifest themselves, which can include delusions and irrational thought, disturbing for other students and possibly leading to increased risk-taking. Violence is a very small risk. However, there are serious circumstances in which access to medical assistance is important – be prepared with telephone numbers for appropriate local professional assistance, and ensure the student has discussed the fieldwork with their own doctor prior to leaving, giving you 24 hour access to advice.

*What is schizophrenia?*

The commonly held view that a diagnosis of schizophrenia implies a dual or split personality is incorrect. It is possible that people with the diagnosis may experience intermittent difficulty distinguishing between their own and other people’s realities. This may be where the notion of a ‘split’ originates. Other types of difficulty experienced by the person may involve disturbance or disorganisation of thought, feeling or behaviour. Some people with this diagnosis appear very
withdrawn; there may be a lack of drive or interest, a lack of willpower or a blunting of emotions. The person may intermittently experience unpredictable emotions or hallucinations (e.g. hearing voices), or may speak in a way others find unintelligible. A person with a diagnosis of paranoid schizophrenia may experience delusions of grandeur or persecution. Many people with a diagnosis of schizophrenia manage their lives with the help of drugs. For some, the side-effects of drugs are unacceptable. Counselling, psychotherapy or living in a supported environment can help. People diagnosed as having schizophrenia are rarely violent.

(Open University, 1994, p.25)

What tutors and other students should know

Side-effects of medication include both lethargy and extreme restlessness. The latter may be disturbing for everybody concerned on fieldwork, but it is beyond the student’s control. It is very likely that this would already be known from earlier classes, and it would be helpful to other students for the cause to be explained if the student concerned agreed to that. Other difficulties arising from the condition itself also have the potential to disturb the student group, such as inability to sustain a line of rational argument; branching off into (some highly personal) irrelevancies; susceptibility to distractions; complete disengagement from study. Over a long period of time, encouragement of group activity for this student may be very beneficial for them. In the short term of a field trip, you may find the need to put the other students first. Certainly it would help to have their understanding, and to be able to reassure them about the unthreatening nature of unpredicted behaviour, and advice on who to inform, but this does depend on agreement of the student concerned. Perhaps such agreement could be made a condition of attendance on fieldwork. Contact with the student themselves should be calm, consistent and sympathetic. On fieldwork it is particularly difficult, but important, to maintain regular and predictable contact. Ensure that medication is available and used, and that you, the tutor, know where to go for professional support (e.g. GP, local hospital, student’s own doctor) if needed.

Top ten things you need to know (recommended!):
    <www.educ.drake.edu/nri/syllabi/reha222/schizophrenia/top10.html>

More information:
    <www.educ.drake.edu/nri/syllabi/reha222/schizophrenia/Aboutsciz.html>
    <www.mhsource.com/narsad/schiz.html>
    <www.mentalhealth.org/publications/allpubs/ken98-0052/default.asp>
Use of amphetamines can mimic schizophrenia symptoms:
<www.mhsourse.com/expert/exp1081699e.html>

Self-harming

Self-harm, including cutting, is not rare in the student population. It is usually concealed, and the problem with fieldwork is that it becomes public (as with bulimia). Those who self-harm are unlikely to be attempting suicide, (although it may appear to others who witness it that this is what is happening. On fieldwork it is other students who are likely to report evidence (e.g. cut marks on wrists and forearms) to a tutor, and the priority will be to assess whether this is an acute crisis or an ongoing condition. As with anorexia and bulimia, the action of the sufferer is something they do to release unbearable pain or fear of not doing it. It is not to seek attention and it is not susceptible to rational argument. As with eating disorders the student needs an understanding environment, and should be counselled to seek professional help on return. You do need to consider the other students, who would find this distressing, and the self-harmer can be told that taking this action in front of others is unacceptable, and that they will be asked to leave if they do so.

More information:
<www.mirror-mirror.org/selfinj.htm>
<www.selfinjury.freeserve.co.uk/help.html>

Insight – see the excellent ‘secret shame’ site at:
<www.palace.net/~llama/psych/injury.html> (and also the family/friend section)

Senility

See Alzheimers.

Stroke

See brain damage.

Suicidal

The crucial question is ‘Are they serious?’ The Web is extremely helpful in suggesting how you find this out, providing actual questions to ask (see below). Basically if a student is seriously depressed and feels hopeless, has a past history of suicide attempts and/or has made concrete plans or preparations, they are at high risk. It is acceptable to ask these questions, and you will get answers, so do ask them. Talking about it won’t make it more likely.

More information and questions to ask:
<www.nami.org/helpline/suicide.htm

Stress and suicide:
<www.mhsource.com/expert/exp1122198b.html

Tourette’s syndrome

Uncommon, and manifested in uncontrollable movements or repetition of words – an extreme form of a ‘nervous tic’ which can be alarming for others. Likely to be declared and already known before the fieldwork. Management means providing knowledge and understanding for the student group.

More information:
<www.mhsource.com/hy/tourette.html> (including the section on ‘education’)

See also ‘twitching’ at:
<http://mhsource.com/expert/exp1111698d.html>

and ‘dystonias’ at:
<www.mhsource.com/hy/dystonia.html>

Vertigo

Very relevant for fieldwork. See phobias and consider managing anxiety or panic attacks.

NB: All web addresses checked December 2005
Developing an inclusive curriculum for students with Asperger Syndrome

Jacky Birnie
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Foreword

Asperger Syndrome
(a difference rather than a ‘mental health difficulty’)

When Jonathan and I were asked to write a guide which covered widening access for those with mental health difficulties and had covered much of the ground for a range of issues, and were familiar with relevant case studies and had developed generic advice, it was clear that Asperger Syndrome (and perhaps other High Functioning Individuals with Autistic Spectrum disorder (HFIWAS)) did not really fit. I had read enough about Asperger Syndrome (and there is an increasing amount of excellent and accessible material by Asperger students) to feel that it was sufficiently distinct from mental health problems, especially in an academic context, to require separate coverage, hence this guide.

Asperger Syndrome (AS) has probably been a part of higher education for as long as there has been higher education. Some people believe it is the other side of the ‘genius’ coin – brilliance and this particular syndrome are found in the same people, perhaps of necessity. It isn’t new, but it is new to have it declared, along with dyslexia or mobility problems, as a ‘disability’.

‘One mother called me and was very upset that her...son had Asperger’s. She then went on to tell me that his IQ was 150. I replied that before people knew about Asperger’s Syndrome, their child would have received a very positive label of intellectually gifted.’

(Grandin, 2001)

Unlike many of the issues addressed in the mental health guide, being an Asperger person is a characteristic a student has from birth, or before birth (if one is to be completely logical and literal as Asperger students teach us ‘neurotypicals’ to be). It is not a passing phase, and not something to be treated. It is a mental difference, not an illness. As a difference it may cause Asperger students such difficulty and frustration – as this guide will show – that it leads on to secondary mental health problems such as depression or panic attacks.

‘Anxiety problems worsen with age. My anxiety became unbearable in my early thirties. It was like a constant state of stage fright......I have talked to several people with autism who quit good, high paying jobs in graphic arts when anxiety and panic attacks made going to the office impossible.....My career would have been ruined if I had not started taking anti-depressants to control my anxiety’.

(Grandin, 2001)
However these problems are not intrinsic to the difference labelled ‘Asperger Syndrome’, they are probably a sad consequence of society which – through lack of understanding – finds it difficult to accept and support the difference.

‘The world has long delighted in celebrating these strange but gifted people and incorporating them into popular culture; however, when confronted with these odd, brilliant people in life, society finds it difficult to cope with them’.

(Prince-Hughes, 2002, p.xiii)

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November 2005
Introduction

This guide tries to avoid using a list of ‘symptoms’ to describe what Asperger Syndrome (AS) is. There are teaching support materials which do this, inevitably drawing on the published literature of diagnoses, but in doing this they are following the medical model of disability. This project deliberately uses the social model of disability (see the Editors’ Preface in this volume) and this seems especially necessary in the case of AS. For the sake of ‘neurotypicals’, AS students have started to educate others and are able to explain clearly, and with humour, the obstacles they face in higher education. To find the voice of the AS student you need to read – since chatting, in real time, and being required to respond to enquiries, are some of the major obstacles experienced by AS students in a society of neurotypicals. Computers, with the possibilities of constructing personal websites, electronic notice boards, and conversations which do not have to be in real time (and enable the exclusion of body language, subtle emphases and facial expressions intended to convey meanings beyond the precise words) are a huge liberation for AS students. As lecturers, we simply need to to work out how best each of us can tap into that improved world.

‘Autistic culture has only become possible in the age of the Internet (because) difficulty in coping in social situations, aversion to direct eye contact, and difficulty quickly responding conversationally prevent many people with autism from finding each other and organizing sustainable real-time meetings’.

(Prince-Hughes, 2002, p.xi)

Section 1 draws heavily on the words of AS students to depict what being an Asperger person is like, from growing up and becoming aware of difference, through to the problems and benefits of higher education experiences, and on to employment. Section 2 looks at how AS may be perceived by staff at present, and then briefly suggests what may be good practice for each teaching and learning situation as it is encountered. Ideas for reducing anxiety and panic attacks, and advice about the problems associated with medication, are covered in the mental health guide.
Experiencing Asperger Syndrome

1.1 Growing up with Asperger Syndrome

Garry recalls being young and being different but nobody knowing why:

‘With AS it is very common to have obsessions…some of mine were pocket watches, waistcoats, hibiscus, azaleas, roses, camellias, orchids, American presidents and politics. On my special area of interest I would talk nonstop, unable to read the signals that my particular favorite topic should come to a close ……sadly I had no friends….no idea of the social rules of behaviour…I felt extremely uncomfortable.’

(Prince-Hughes, 2002, p.2)

Darius (ibid.) described using strengths to get around difficulties with learning. He couldn’t transfer map knowledge from a map he had revised with, because it was in different colours and on a horizontal surface, whereas the test map was hung on the wall in class. Fortunately his powerful attention focus and memory enabled him to ‘learn’ the hanging map in situ about 10 minutes before the test. He recognises this as being a fairly useless type of learning, but typical of a ‘work around’.

Social rules create major difficulties when they are not formally taught. A number of AS students recall how they came to survive social situations by intellectually developing their own rules for circumstances – once they had experienced the circumstance without doing so, and had it explained to them. For example Jim wanted to play basketball with classmates at the lunch break:

‘Someone shot the ball but missed. I moved for the rebound. I was focussed on the ball in typical autistic fashion, and injured one of the other players – I just ran him over. I didn’t understand why the others were upset…by my understanding I had succeeded – I had recovered the ball for my team’.

A classmate told him afterwards that he should have apologised to the student he had injured – he had no idea. Since then he has ‘worked on’ more behaviour rules with his classmate and has learnt to do better ‘to cover his different thinking’ (ibid. p.69).
1.2 How AS appears to other students

‘To most people I appear to be a shy, quiet, and somewhat awkward person who may have odd eye gaze, occasionally misunderstand things, and act a little absent-minded every now and then. There are a number of things that may appear to be a bit more strange to people who know me better, such as the fact that I made the same thing for dinner for two years’

(Susan, *ibid.* p.104)

Jim records that others find his very logical statements humorous, but he doesn’t mean them to be. If someone asks how he is ‘not long ago I would have told them exactly how I was, including a statement of health and description of recent activities. Now I reply ‘I’m alive’ and they think I’m trying to be funny’ (*ibid.* p.69). Colloquial phrases like ‘All tickets please’ cause great difficulties for a very (exclusively) logical person like Myriam (*ibid.* p.62) and it is easy to see how the responses of a person with AS could engender mirth.

Difficulty with social interaction can lead to an impression of being ‘standoffish or aloof’, leading to further isolation. Garry says that people with AS are seen as the ‘nerds’ of society because of their inept social skills, and he points out the loneliness that social rejection brings: ‘People with AS want friends but they simply do not know how to interact or belong…the rejection was much worse than the bullying and teasing’ (*ibid.* p.4).

Some AS people have a nervous reaction to excitement known as ‘stimming’, an automatic response such as rocking back and forth, opening and closing hands, stretching fingers or hand flapping. Darius explains that he works to check these in a public environment, but it is an effort.

Angie finds the college environment quite traumatic. She is depressed and says

‘I am perfectly happy just to tell people that I am in fact retarded, which is not hard to do if you can’t remember the right words in the first place, remember people’s names, hear well against noisy backgrounds, clue in to important details that everyone else gets etc.’

(*ibid.* p.78)

1.3 Causes of increased anxiety

All AS people find change disturbing, and repetition of certain sequences of action may be necessary and soothing. Darius (*ibid.* p.24) described difficulties in using any computer in a different place from the one he was learning on. ‘The simple fact that it faces another wall is wildly disorientating to me’. Garry says it helped his employers to know he had Asperger Syndrome, because it explained why he got so anxious if he made a mistake. Angie is frightened to
be put in a situation where she has to explain anything to anyone.....unless she can write it down, go off ‘and stew about it in my own time’. Susan says she gets anxious, and tired, in social contexts ‘always wondering if I forgot to say or do something or wondering if the other person thinks I am weird, insensitive, egocentric or ignorant’ and she notes the effort continually made to ‘appear ordinary’ which means constant self-monitoring (ibid. p.104).

Working in groups is a common difficulty, explained by Darius:

‘I still have problems in groups where there is too much information going on, or where the informational flow is too fast. I simply can’t shift my attention focus quickly enough to the relevant part of the interaction process. Consequently I miss a lot of vital information needed to interpret social messages. There is no such thing as adequate delayed social reactions. One is either quick enough to keep up, or one is weird and socially disabled.’

( ibid. p.25)

Susan says almost the same thing:

‘Topics were discussed too fast for me to think of anything useful to say, and people volunteered for duties faster than I could evaluate the work involved’.

( ibid. p.103)

Darius also takes neurotypicals (the rest of us) to task over their exam questions. He finds our communication sloppy, saying: ‘If your focus is different, people have to be clear about what they mean’. He has given ‘wrong’ answers to badly phrased questions and says: ‘Apparently neurotypicals ...do not notice the messed-up, non-communicative quality of these questions. They may be able to take them to mean what the teacher means them to mean’. Another frustration in exams arises from the ability of Asperger people to see things from different angles: ‘I have noticed that the answers I don’t get during exams are never the really difficult ones. Rather, they tend to be the easy ones, where I saw a solution or a problem that led me to give a different (but not necessarily wrong) answer instead of the ‘correct’ one’ (ibid. p.38).

The assumptions of neurotypical thinking are illustrated by Myriam in an imaginary situation where two people are looking at the same cloud, one sees a rabbit head and assumes that’s what the other sees, so starts talking about animals. Maybe 99.9% of people would have seen that rabbit head, but the other person saw a geometrical figure, and is thinking about angles, and maybe other things, and cannot guess the rabbit head – which may be very irritating and frustrating, yet is not wrong. Multiple choice questions don’t help. The student has to work out whether the answer is logical, colloquial, or a deliberate
distractor. Myriam believes colloquial is more likely to be right than strictly logical.

Being asked to ‘brainstorm’ is also a major challenge. Jim noted that putting ‘anything’ down, as asked, was impossible. In practice the ideas had to be practicable, but that’s a social rule about brainstorming which isn’t explicit. As an aside, he recalled using brainstorming to do a cost-benefit analysis on suicide at age 10. ‘One of the benefits of suicide was that I would no longer have to deal with a world I couldn’t understand’ (ibid. p.69).

1.4 Mitigation

Although accounts of student life are full of frustrations and loneliness, there are also explanations of how Asperger students have learnt to survive. Susan, who had an instinctive feeling for letters and sounds, and became a successful linguist, recalled how much a friend had helped her to learn to understand other people’s reactions, for example, to her not saying ‘thank you’ for a gift:

‘I studied her intently in the nine years I knew her and extensively modified my self-expression in the process. Many of my expressions, from the pattern of intonation in my voice to the way that I smile, have existed only since my early 20s and were copied directly from her’.

(ibid. p.98)

Darius says

‘I can learn to be almost normal with a certain person in a certain environment. If the environment changes I have to learn everything from the start again….social learning does not transfer to different people or situations’.

(ibid. p.25)

And then there are the benefits of Asperger Syndrome. Darius again:

‘Because of my different attention focus and because of my associative thought processes I often have an unusual and original point of view. An attention focus that highlights other aspects than the usual ones can be of great value to any researcher. Associative thought processes lead one beyond the confines of one’s own intellectual territory and this makes it possible to find new and different solutions using other fields of knowledge, or ask new questions that are not obvious to experts in your own field of expertise’.

(ibid. p.39)
Developing an inclusive curriculum for students with Asperger Syndrome

He identifies the academic skills of logic and analytical thought processes and, interestingly, the ability to see through ‘smoke-screens’ of ‘smooth-talk’ in research articles, as things that are easy for high-functioning autistics. He also suggests that the efforts needed to explain yourself to others, when you know that they will be thinking differently from you, help to develop precise and clear communication skills.

‘For many high functioning individuals on the autistic spectrum, college can be about as close as you can get to Heaven on Earth’. 
(Perner, 2002)

Garry puts the positive side of Asperger in employment:

‘In the workplace people with AS like structure and routine in their employment, are punctual, can work alone, are meticulous, pay great attention to detail, take pride in their work, do not talk during work time and do not take days off, and can handle repetitive tasks. We tend to stay in positions for long periods of time and enjoy working with people who are motivated, and do not mind isolation.’ 
(Prince-Hughes, 2002, p.7)

So, how can we apply this understanding of what it is to be a student with Asperger Syndrome, or other High Functioning Autism (HFA), to modifying the teaching and learning experiences we deliver? Section 2 starts by considering how these students may appear to staff, and then takes the experiences of Section 1 and applies them (logically!) to different teaching and learning situations, highlighting possible modifications.
2

Removing Barriers

2.1 Staff perceptions

Staff responses to the challenges of accommodating Asperger students depend on whether the student is declared, and then on whether the staff are appropriately briefed. Some experiences reported by staff (Hall & Healey, 2004) relate to difficulties with fieldwork, and some frustration felt by the staff that students were unrealistic in their ambition to join in with everyone else. In two reported cases, staff had tried to counsel students against taking a residential field course, but the students had gone ahead, and problems had arisen. After three years of similar experiences, staff patience seemed to be wearing thin – not a good foundation for improved inclusion. What can we learn from these early experiences of accommodating declared Asperger Syndrome?

It appears that staff may have been unprepared for the determination that many Asperger students show in pursuing the set learning goals, and also the desire to participate, characteristics that come through clearly in Section 1 of this guide. Asperger students, on the whole, do not meekly take advice that 'perhaps they shouldn’t participate in this part of the course’ – and may be deeply hurt by the implied rejection. Some Asperger writing portrays, to neurotypicals, a naivety bordering on arrogance, and this may come across in staff negotiations with students, and fuel the sense of dispute. When staff have better information about what Asperger Syndrome is, and realise that the student may be both very focused (on subject goals we have explicitly set) and desperately wanting to be socially included, then the anger and frustration of a student who is excluded may be better understood. Planning for inclusion means that difficulties must be anticipated, and tight planning, or ‘rules’ for the student, could be agreed between staff and student beforehand. The student should be consulted, but (a) will need any social scenario fully explained, and (b) will need time to respond in writing with their own proposals.

The following sections suggest possible adjustments for different types of teaching and learning.

2.2 Tutorials

In a small tutorial group, especially involving personal tutoring and some 'bonding' with a peer group, knowledge about Asperger Syndrome would be very helpful. If an Asperger student can benefit from peer support at an early stage, they will have a source of advice and explanation for all the social situations which may go awry. They will also benefit from having advocates
on other courses and in other situations. Such advocacy from neurotypicals will be as useful to them as a hearing aid for someone with hearing difficulties. Assisting this process by breaking down the barriers of perceived ‘difference’ in the first weeks at university or college would be an extremely valuable role for the tutor. If the student agrees, explanations of ‘strangeness’, including odd eye gaze and stimming, would help the others. Providing reading material which allows other students to understand and empathise with the position of the Asperger student, such as some of the extracts used in Section 1, will help. Acknowledging the strengths of the student, and discussing what different people bring to successful group work, provides a positive environment for all. Utilising electronic support for communication not in real time – such as a discussion on WebCT and encouragement for all students to write something about themselves - would provide an Asperger student with an effective means of social intercourse, which sitting in your office in a tutorial will not.

2.3 Non-academic issues

An Asperger student who has left home to come to university will be grappling with major changes of routine, and these may be the obstacles that turn out to be insurmountable. This guide does not attempt to cover advice to students in this area, but there are now several excellent sources that do (e.g. Jamieson & Jamieson (2004); Perner (2004); Harpur et al. (2004)). For the tutor, it is a question of recognising their own limits – there are many potential problems here, and risks of loneliness, anxiety and secondary mental health issues such as depression, stalk the displaced Asperger person. Perhaps intellectually being able to separate out what might be causes, from such effects, would help the tutor. On the other hand, an Asperger student is not likely to beat a path to the tutor’s door, seeking a helpful discussion. Dealing with issues in sequence and logically, perhaps by email, and referring the student to other sources of support (ensuring these include reading material and websites) might be the most helpful input.

2.4 Lectures

Difficulties with lectures may spring from two areas. Due to difficulties of adjusting to physically different spaces, an Asperger student may need to have the same seat in the lecture room for each session of a course. A need for structure in thinking may mean that clearly structured and formalised lectures are easier to deal with than free-flow or multi-threaded ones. Lectures that advance step by step, logically, will be no problem, but those where interaction and small group discussion are involved will present more obstacles. An Asperger student will probably benefit, as will others, from lecture outlines made available on the internet or as handouts. Learning outcomes or other specific goals will be taken seriously, and literally.
2.5 Laboratory work

The largest obstacle with all practical work, both in the laboratory and field, will be the expectation of working in groups. As suggested in Section 1, this can be such a major problem for some students that we should not take it for granted as a means of learning. Where normal expectations are of group work, the Asperger student may benefit from an option to work independently. However, given the palpable sense of rejection that many Asperger people feel socially, this would need to be made available in a sensitive manner, and equally to all. Other suggestions for managing group work are given below.

Other aspects of laboratory work which may cause concern are simple lack of familiarity with the environment. Induction time, when students may spend time in the laboratory, and technicians may help them find their way around – or, better still, small induction activities which have a learning outcome and are subject related – will help overcome anxieties which may surface here. Using a video, workbook or computer environment to simulate the laboratory or the processes may not work because of the difficulties shown in Section 1 with transfer of knowledge from one medium to another.

Some Asperger people are motivated by subjects where there are clear rules and predictable outcomes, however complex the pathways to these. Environmental subjects, especially where practical sessions are based on unknown outcomes (soil tests, water quality, mineral identities) may prove frustrating when exactly the ‘right’ answer cannot be determined. What is ‘right’ in terms of hypothesis testing may need to be explicit, and clarified beforehand, with clear and literal definitions of an acceptable envelope of results. Practicals where batches of results can be subjected to statistical tests, creating firm steps in the knowledge base, may prove more rewarding. Practicals which lead on to theoretical modelling may prove even more enticing. Inevitably teaching styles differ, and we all accept that our style may not be of value to all students. In addition, by no means all Asperger students are numerically inclined. However, being aware of potential sources of frustration in students can be helpful to the tutor.

2.6 Fieldwork

Once again, the main obstacle to the work itself is its dependence on functioning groups. Some suggestions are made under the heading Group work below.

In addition, residential fieldwork raises a large number of potential anxiety-causing situations owing to difficulties Asperger people have with change. A single room, possibility for eating alone, the need to eat certain things, the requirement for routines (some appearing very strange to others), and general anxiety about timetables and events are all areas that need to be planned
beforehand. In one example, a support worker/note-taker was used. Staff observed that this helped diffuse tensions with other students, but the student who was the subject of this support did not enjoy it, and it did not solve the practical problems mentioned above.

For someone who is bright and wants to forge ahead in their learning, the whole requirement to socialise while studying might be, understandably, frustrating. Having a ‘minder’ could exacerbate that sense of tension, since the minder also demands responses. Probably time spent planning, by anticipating areas where the Asperger student may encounter problems, and requiring that other students be allowed to understand why special arrangements are being made, would be a better form of support. Apart from anything else, this would give the Asperger student a detailed, day by day itinerary, with an account of all events where a home routine was being replaced with a fieldwork routine. Simply possessing this ‘guide to daily life’ will help to reduce anxiety. A student friend who shares accommodation at University, or a family member if the Asperger student is living at home, would be invaluable to help with anticipating needs. Beyond this, many of the recommendations for reducing anxiety for all students, given in the mental health guide in this book and in Birnie & Grant (2001), such as checklists for clothing and other requirements, detailed accounts of travel arrangements, a clear course structure and description of fieldwork ‘events’, are all necessary to the Asperger student.

Social science type fieldwork, involving interviews, questionnaire surveys, reflection on feelings, and real time discussion and debate may not be areas in which an Asperger student appears to shine. An inherent lack of social sensitivities may make this a particularly tricky area to navigate, where social gaffes and unintended humour, such as those recounted in Section 1, would not be tolerated by a student group or the subject of the research. However, it would be important to provide the opportunity – not restrict it to face-to-face discussion, but enable students to have time to reflect, to choose their words and to express their thoughts without the constraints of real-time interchange. Electronic discussion allows for this.

Some research into Asperger Syndrome has used ‘bubble dialogue’ - putting words into the mouths of cartoon stick characters on the computer - as a way of depicting interactions in set scenarios (Rajendran & Mitchell, 2000). This might be used to parallel role play but by removing the requirement for instant empathy with roles and an ability to ‘act’ emotions, it allows someone of a more analytical mind to express a sequence of interactions or events.

2.7 Group work

Where group work is unavoidable, or group work is strongly desired by the Asperger student, it is likely to work best when roles are taken formally, and
there is some structure to the specific outcomes expected. Groups which operate as teams, with formal roles for timekeeping, research, presentation etc. allow the Asperger student to see where they fit in without having to interpret social signals within the group. Reporting back should also be to a strict timetable. Even discussion can have clear rules for who is speaking and who is listening. If the group is able to know and understand the strengths and weaknesses of this student (which probably involves declaration), but at the same time can acknowledge all their individual strengths and weaknesses, then it has an opportunity to plan effective work, and a language and a set of agreed expectations, to express difficulties when things don’t go according to plan.

2.8 Assessment

Working alone, and dealing with knowledge in a logical and sequential fashion, are the easy parts for most Asperger students, so individual coursework will be an area of strength. A group presentation could be a nightmare, and alternative assessment formats could be considered. Much as we may feel that some skills are an essential part of graduate abilities, perhaps Asperger students challenge our notion of ‘degree requirements’. In celebrating difference it should be possible to write an excellent reference in which ‘working in groups’ and ‘giving a presentation’ do not feature. This reflection, however, goes beyond the scope of this guide!

Written examinations may not pose a problem, although some Asperger students would take the option of sitting in a separate room, where ‘stimming’ might be less disturbing for other students. Interpreting ‘correct’ answers could be an issue, as noted in Section 1. Asperger logic has difficulties with colloquial answers for multiple choice questions, and Asperger lateral thinking may come up with ‘right’ answers which had not been anticipated by the tutor setting a standard essay exam. This type of unpredicted alternative would usually be the subject of discussion in the marking team – something that students may not know – and external examiners always advise to the benefit of the student. Where students see their marked exam scripts and comments (as at the University of Gloucestershire) at least they are in a position to challenge their assessment, and open the debate.

As an ex-examiner for public school examinations, I am well aware that the rather formulaic examination process, necessary to impart consistency across the country, does not really allow for the very bright and very different to have their value celebrated. At university this should not be the case, and assessment processes should be flexible enough to reward such distinctive thinking. Perhaps in large first year classes, and where assessment is by teams of examiners, this could not be guaranteed. At more advanced levels, where a student has learnt the rules of making an academic argument (the need to provide supporting material from a range of authors, to develop the arguments
both for and against, and to acknowledge such sources formally and correctly),
and has then applied those rules to construct a completely unexpected essay answer, it should be valued. Of course, this does mean the student must learn the rules of engagement in academic debate, and cannot expect acknowledgement for undeveloped assertions of difference.

2.9 Careers advice

Temple Grandin’s advice is ‘sell your work not your personality’. She did this by showing her portfolio of pictures and blueprints to prospective customers: ‘I never went to the personnel office. I went straight to the engineers and asked to do design jobs. Another approach is to put up a web page which showcases work in drawing or programming.’ She warns against being promoted to management, and notes that Asperger people benefit from concrete, well-defined goals at work. The projects can be very demanding, but they must have a well-defined goal and preferably one at a time.

References might be written to help explain the patchiness of performance:

‘many HFAWAs (high functioning adults with autism) may have accumulated certain bad grades – perhaps overall, through a frustration with school in general, or specifically in less-liked, or less understood subjects’.

(Perner, 2002, p.7)

‘A big problem faced by many bright HFAWAs is a very uneven distribution of intellectual abilities. One young man … had an excellent understanding of ‘hard’ science … but he simply could not explain the significance of a major historical character about whom he had just read a complete book’.

(Perner, 2002, p.10)

‘I am what I think and do, and not what I feel…..life would not be worth living if I did not have intellectually satisfying work’ says Grandin, and she describes feeling real grief when a library she knew flooded and books were destroyed. She sees people living through their work after they die, and notes that many computer people are happy to give their work away because they are putting themselves into a program and their ‘intellectual DNA’ will live on in cyberspace.
3 References and further reading

Althealth website at <www.althealth.co.uk/services/info/ailments/Asperger_Syndrome.php>

Birnie, J. & Grant, A. (2001) *Providing learning support for students with mental health difficulties undertaking field work and related activities* (Cheltenham: Geography Discipline Network).

Families of Adults Afflicted with Asperger’s Syndrome (website) <www.faaas.org/>


University students with Autism and Asperger’s Syndrome. Website and mailing list at <www.users.dircon.co.uk/%7Ecns/>.

**NB: Web addresses last accessed 10 Jan 2006.**
Appendix 1

Asperger Syndrome: summary for handout

Asperger Syndrome (AS) is most easily described as a mild form of autism. This may not be an acceptable definition to a medical expert, but it is a useful shorthand. AS is probably quite widely present in the undergraduate, graduate and even professorial population! However, recognition of the condition as a developmental disorder in children, and subsequent declaration of it as a disability by students, is a fairly recent phenomenon.

Asperger students are often high achievers academically.

‘He has a restricted set of interests, to the point of obsession. He gathers information, uses materials and dwells on images which support this interest. Classification and considerable feats of memory are often involved. Special interests can cover a wide range: gathering numbers, maps, lists, or information on a particular disaster, playing an instrument, writing stories, working with computers, eating certain foods.’

The problems arise with difficulties in socialisation. Not only do other students find this one boring or odd, because of the rather obsessive interests, but he or she (most commonly he) have an awkward manner which can lead to isolation within a group. Use of eye contact may be inappropriate – either staring or avoiding gaze. He or she may invade personal space of others, and may be physically awkward or clumsy. They may talk incessantly or react inappropriately to other’s comments. They may have problems fully comprehending the meanings of conversations, activity, thoughts, games and behaviour of others. They may take things very literally, and be taken advantage of. They may be unusually over-sensitive to sensory stimuli (noise or distractions) but also unable to respond emotionally to events which move most other people.

Asperger students are often very anxious, and may be very lonely. Group work constitutes a major barrier for them – and often they really want to be accepted and part of the group and are very hurt by the isolation their behaviour can bring – so the failure of social activities is a frustration and sadness. They may become withdrawn, or, occasionally, disruptive. Anger comes from the frustration.

Asperger students who have reached higher education are unlikely to exhibit very disruptive behaviour, as their school experiences have been sufficiently successful to enable them to reach University. Many aspects of socialisation
can be learned. However, arriving at university, and being beyond the understanding and support of home and school, may bring unbearable pressures of continually failing social activity, without the reassurance of a structured day.

These students will particularly benefit from a strong structure and consistent expectations such as that provided by a clarity of timetables, course information, assignment requirements, and arrangements for field trips. Group work will be a challenge, and opportunities to excel at independent research are needed. The pressure of group work may be lessened if the rest of the group are able to share an understanding of what Asperger Syndrome means – but even if this is confidential, groups will function more inclusively if they are given a chance to develop and build as a team, acknowledging different strengths and weaknesses. Rules for behaviour in the group – whose turn to speak, whose to listen; adoption of specific roles etc. will all help to include the ‘outsider’. In general, we should probably not just leave groups to ‘get on with it’ but take some control of the effectiveness of group function.

Jacky Birnie
January 2005