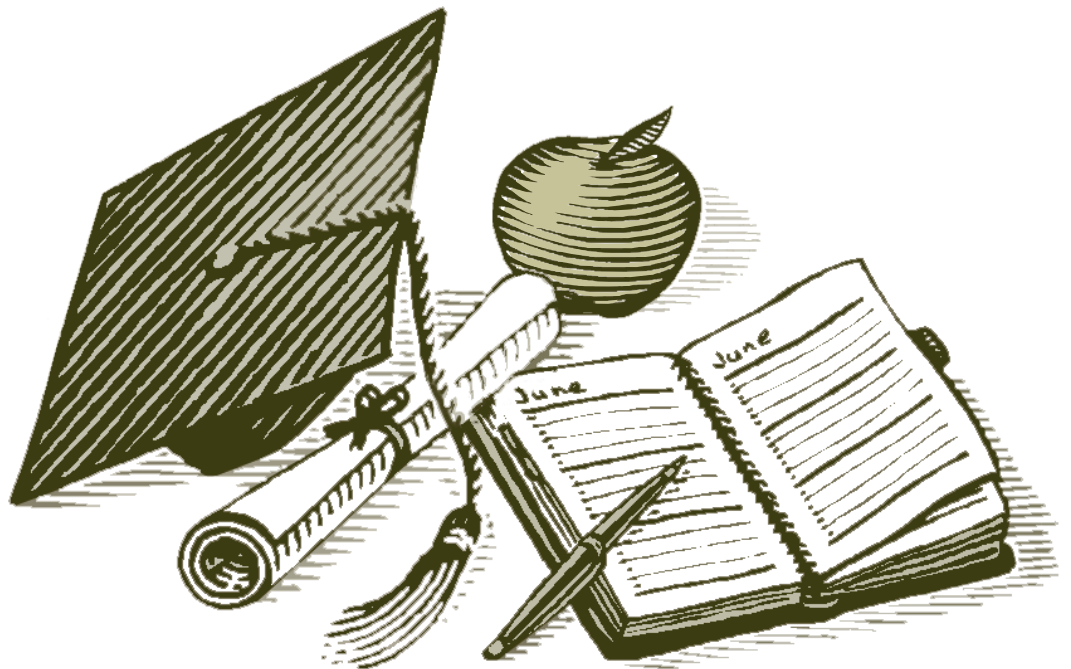


BC's
Mental
Health
Journal

Visions

Supported Education



BC's
Mental
Health
Journal

Visions

is a quarterly publication produced by the Canadian Mental Health Association, BC Division. It is based on and reflects the guiding philosophy of the CMHA: the "Framework for Support." This philosophy holds that a mental health consumer (someone who has used mental health services) is at the centre of any supportive mental health system. It also advocates and values the involvement and perspectives of friends, family, service providers and community members. In this journal, we hope to create a place where the many perspectives on mental health issues can be heard. To that end, we invite readers' comments and concerns regarding the articles and opinions expressed in this journal. Please send your letter with your contact information to:

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The opinions expressed in this journal are those of the writers and do not necessarily reflect the views of the Canadian Mental Health Association, BC Division or its branch offices.

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Supported education was originally conceived as a way to improve the employment prospects of people with serious mental illness. Helping people go back to school was seen as a way to fill gaps on a resume, a chance to attain job-relevant skills, and a way beyond dead-end jobs.

While skills and employment prospects are obviously important qualities, these days education is also seen as something that is valuable in and of itself. It represents a new start, and a chance to establish an identity beyond one's illness — to think of oneself as not just a person with an illness, but a student, with all the promise that implies.

We're also realizing that mental illness often strikes young people when they're in the midst of their educational careers and that with prompt, appropriate intervention, a young person with an illness can maintain a foothold in the educational world; and we're realizing at the same time that successfully managing one's education can be closely related to successfully managing one's illness.

As the concept of supported education evolves, mental health services personnel are understanding that they, too, must play an integral role in this process, and that comprehensive mental health care goes beyond medical treatment of symptoms; it also involves support to help people function effectively in the roles that they value.

Educational institutions themselves are moving beyond seeing students with mental illness as 'behaviour problems' or 'disruptions,' and are understanding that with the right kinds of support and accommodations, these individuals can be successful academically, even if they do have to adjust their expectations about what constitutes success, or how long it takes to get there.

As one of our contributors writes, it takes a 'village' to help students with mental illness succeed. It's a collective effort of the individual's family and friends, the physician, the community worker, the clubhouse worker, the rehabilitation professional, the disability resource centre, the counselling department, the special education program, the instructor, the teaching assistant, and the fellow student, including the fellow student with mental illness.

Above all, though, it is the courage and determination of the student with mental illness that paves the way to success. These qualities can never be underestimated, as the person with mental illness moves toward and succeeds in their educational aspirations.

Eric Macnaughton

corrections from last issue

The phone number for the Eating Disorder Resource Centre of BC in the Resources section was out of date. The new number, as listed in the article on the Centre, is (604) 806-9000.

The author's name for the article on page 22 of our last issue was misprinted. His name is Frank G. Sterle Jr., not Frank J. Sterle Jr.

subscriptions and back orders

Visions subscriptions are \$25 for four issues. Back issues are available to read on our web site at www.cmha-bc.org. Or call us to order hard copies at \$7 apiece. Back issue themes include:

- Supported Education
- Eating Disorders and Disordered Eating
- Seniors' Mental Health
- Anxiety Disorders in Children and Youth
- Employment
- Spirituality and Recovery
- Mood Disorders
- Housing
- Cross Cultural Mental Health
- Sexuality, Intimacy and Relationships
- Poverty, Income & Unemployment
- Approaches to Building Mental Health Accountability
- Community Inclusion
- What is Mental Health?
- Women's Mental Health
- Rehabilitation and Recovery
- Early Intervention

advertising

Complete advertising rates are available at www.cmha-bc.org or contact Sarah Hamid-Balma, Visions Production Editor, for more information at shamid@cmha-bc.org or (604) 688-3234.

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letter to the editor

I am a director of the board of the Prince George CMHA, and I have been working with them since 1980. In your last issue, you remarked on the passing of Lee Perkins. I had the honour of working with that wonderful lady. She sure inspired me to work harder. I am not an authority on mental health, but you need volunteers who care about the clients, and this I do.

You might be interested to know that the clients thought so much of Lee, that they raised the money to purchase a park bench and dedicate it to her. Fortunately, I was asked to take part in the presentation. The bench is located in Rainbow Park in Prince George.

I thank you for your attention, and would like to congratulate you on a very interesting magazine.

*John E. Flatt
Prince George*

Attaining your Educational Dreams

Enid Weiner



Enid, MSW, EdD, is the founder and Coordinator of the Psychiatric Dis/Abilities Program (PDP), at York University, in Toronto, Ontario. The PDP is one of the pioneering supported education programs in Canada.

It was with the greatest pleasure that I accepted the invitation to be the Guest Editor of *Visions'* focus on supported education. I saw it as an opportunity to be able to spread the word about what is possible for persons living with a mental illness who are thinking of either entering the field of higher education or perhaps returning to school after an interruption in their studies.

With the development of services for students with disabilities at post-secondary educational institutions across the country, students with mental illness are reported to be self-identifying in greater numbers to disability offices on campus. Still, there are many students or potential students who do not realize that a psychiatric illness is considered a disability in terms of post-secondary education. The term 'psychiatric disability' gives you access to

academic, financial and often social/emotional supports to assist you through your educational pursuits. If you are contemplating entering college or university or returning to school, I would suggest that you inquire about disability services that are available at your post-secondary educational institution of choice.

What is supported education?

Supported education grew out of the field of special education where students with 'special needs' were first identified. Specialized support programs for students with mental illness on college and university campuses are based on the philosophy and principles of psychiatric rehabilitation that focus on a person's abilities and strengths rather than his or her symptoms and limitations. The goals of psychiatric rehabilitation are to improve the quality of life for persons with mental illnesses so they can be as independent as possible and feel successful and satisfied in their environments of choice. The methods employed to achieve these goals include the provision of both appropriate skills and environmental supports in various milieus. Community housing and employment opportunities were the initial priorities within the rehabilitation field, and only later was higher education seen as an equally important option.

The Center for Psychiatric Rehabilitation at Boston University formulated two main prototypes of post-secondary

supported education programs for adults with a history of mental illness: *self-contained* and *on-site*. If you are recovering from a mental illness, with the self-contained model, you attend non-credit classes, typically on a college or university campus. Emphasis is placed on personal development, vocational planning and academic upgrading. In Toronto, the city where I live, two community colleges, George Brown and Seneca offer 'Redirection Through Education' programs based on this model. Participants in self-contained programs may then return to or become involved with an independent on-site program at the post-secondary educational institution of their choice. Both models share a common goal: to help you achieve access to higher education in a manner in which you can experience success. Success does not necessarily mean completion of a degree, but can also mean taking continuing education courses and learning for learning's sake. Education is a major part of our culture. Everyone deserves a right to access higher education be it at community colleges, trade schools, universities and virtual universities.

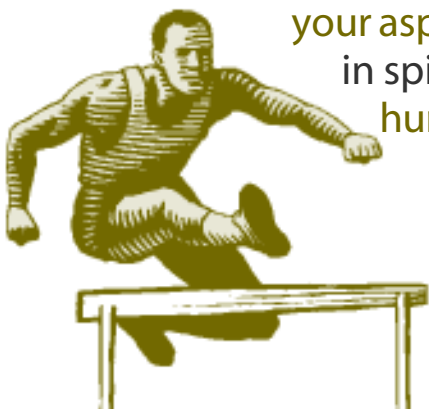
Accommodations

The conclusions of most studies on supported education — and in this area I recommend the *Journal of Psychiatric Rehabilitation* for more information — emphasize the importance of educational supports for students with psychiatric disabilities once they gain entry into

higher education programs. These supports are twofold: first, relating to the educational institutions' responsibilities in providing necessary services and reasonable accommodations for students with disabilities, and secondly, relating to students' rights and responsibilities in achieving their educational goals. Minimally, each institution should have a written policy that clearly states their standards of service for students with disabilities and the procedures they have in place to assure reasonable accommodations. Students need to be front and centre in these guidelines. They have a right to reasonable accommodations. They also need to take personal responsibility in managing both their illness and their studies.

Students are typically asked to provide the campus disability office with documentation regarding their psychiatric disability. Professors do not need to know your diagnosis but should be told how the nature of your disability affects your learning in specific courses. Some academic accommodations appear straightforward (e.g., extensions on assignments and extra time to write tests and examinations), while other requests are more complex and need to be negotiated on a case-by-case basis with instructors, to ensure that academic integrity is not compromised. At our university's Psychiatric Dis/Abilities Program, we find it helpful to write a joint letter with the student and the disability service provider at the start of the term, informing the

The important thing is not to give up and not to lose sight of your aspirations, in spite of the hurdles.



instructor how the student's disability affects his or her learning. It is instrumental in setting the stage for ongoing dialogue among the various stakeholders.

The nature of your disability is taken into consideration in relation to the nature of the course taught and its objectives, when academic accommodations are requested. For example, some courses require attendance such as at language and science labs or social work courses where class discussion and group presentations are an essential part of the curricula; others, such as mathematics and statistics, are taught right out of a text book and may not require class participation. Some courses are taught cumulatively, where information in one lecture lays the foundation for the next class and being absent on a frequent basis may compromise academic standards. It is best to negotiate academic accommodations prior to the start of classes or at the very beginning of a term. This way, the instructor and the student are made aware of the issues and there are no surprises or misunderstandings for either party. All that having been said, some

services and academic accommodations include:

- annual orientation for students with disabilities
- an adaptive technology lab for students with disabilities
- workshops on learning skills such as preparing and writing exams, time management, stress management, etc.
- separate room allocations to write proctored exams (with extra time in which to write them)
- peer support groups
- mentoring programs
- tape-recording of lectures
- texts on tape
- note-takers
- tutoring
- extensions on assignments, sometimes above and beyond the end of term.

If some of these services and supports aren't available on your campus, you may consider approaching the disability office to advocate for their inception. The cogs of the wheel may move slower than you would like, but remember that it takes time to build a supportive environment. It was students with disabilities on our campus who began their own

student organization to help promote awareness and advocacy for their community. An off-shoot of that association is a self-help group for students with psychiatric disabilities.

So often I meet students with psychiatric disabilities who want to hurry through their education. Ironically, I have found that those students who go slower achieve their goals faster than students who take on too much at once. If you overload yourself with courses, you may find yourself frequently petitioning to have grades removed from your record or financial overloads (e.g., students loans) reconsidered, due to courses dropped. While you may be successful in your petitions, it is a lengthy and time-consuming process that can affect your self-confidence and take time from your studies. You may also find yourself having to petition at the very time that you lack the energy to do so.

Since the illness experience and the education experience are so intimately linked, it is important that you have good coping strategies to manage both. By managing one, you are ultimately managing the

other. Taking a reduced course load is one sure way of staying on top of things. Other strategies include avoiding enrolment in morning classes, if that is a problem for you, letting your instructors know your needs when you are falling behind and having someone on campus to advocate with you. Even with supports, you may have to drop a course here and there or perhaps withdraw for a term or a year or more. If you are unwell, you can always return to your studies at a later date. Education is a foundation to build upon. Managing your illness also means you playing an active role in your recovery, knowing when your mental health issues are sufficiently in the foreground that you need to re-evaluate your options, albeit temporarily. Finally, effective coping involves knowing when you are being discriminated against and with whom to discuss your concerns. The important thing is not to give up and not to lose sight of your aspirations, in spite of the hurdles. All the very best to you in achieving your educational goals and attaining your dreams. I know you can do it. ■

Supported Education Qs & As

obtaining more education or training can be an effective approach to gaining the skills and knowledge required for finding competitive employment

Mental health consumers who have not worked in several years or who do not have current references may find seeking employment a discouraging process. Many people with severe and persistent mental health disabilities have difficulty keeping employment or have found that they can no longer work in their chosen field due to their illness.

For these individuals, obtaining more education or training can be an effective approach to gaining the skills and knowledge required for finding competitive employment. Without support, however, many people with mental health barriers have difficulty accessing and/or completing educational or training programs. Supported education provides an opportunity for supports to be put in place that may increase educational suc-

Jill Newman

Jill is the Transition to Education Counsellor at PACT Employment Services of the Vancouver-based Coast Foundation Society

cess. The following are some common questions and answers related to supported education:

What is supported education?

According to Dr. Karen Unger, supported education expert, “supported education involves the integration of people with severe mental health disabilities into post-secondary education and the provision of the supports that these individuals require in order to be successful in an education environment.” A supported education counsellor assists mental health consumers with a variety of services that may include access to vocational testing, career exploration, vocational planning and access to funding and support to maintain enrolment in school. Services are individualized and based on psychosocial rehabilitation principles.

How does an individual access it?

Two possible approaches are to meet with a supported education counsellor at a mental health organization, or to make an appointment with the disability services office at any publicly-funded educational institution you plan to attend.

Is there funding available for people with mental health disabilities?

There are a variety of sources of funding for people with mental health disabilities; however, funding is subject to availability. There is much competition for increasingly scarce funds and it can be tricky to navigate the funding process. The current focus is on funding short-term training programs, which means that students may have to pursue a student loan for any programs

that exceed 12 months in length. (see page 37 for options).

What if I'm not sure I can handle school?

It's a good idea to discuss your plan to return to school with your mental health support person(s). School can be stressful, especially if you've been out of school for some time or have been unsuccessful at school in the past. It is important to register with the disability services office at the school that you are planning to attend. They can help you with the application process and assist with any accommodations you may require.

What are accommodations?

Accommodations refer to modifying the academic requirements to ensure that disabled students are not discriminated against. For example, an individual with severe anxiety may require a private room or extra time to write an exam.

While there are significant challenges to providing effective supported education services, it is an important approach to education that attempts to level the playing field for people with mental health disabilities. Supported education can be an invaluable step for consumers to meet their educational and vocational goals. ■

related resources

Supported Education with Dr. Karen Unger – checklist for students returning to school at www.supportededucation.com

How Do I Make Decisions About My Education – a list of questions for people considering a return to school at www.bu.edu/cpr/jobschool

Illness Self-Management, Early Intervention and Supported Education

Eric Macnaughton

Eric is Director of Research and Policy at CMHA BC Division and Visions' Editor

The concept of “illness self-management” is gaining a lot of attention these days. The term itself is borrowed from the physical health field, especially in relation to illnesses such as diabetes and arthritis. These are ongoing health conditions that entail a fair amount of knowledge, skill and discipline on the part of people who live with them to carry out the day-to-day aspects of one's care plan (e.g., taking medications regularly) as well as to adopt lifestyle practices (e.g., stress

management strategies, changes in diet) that can lessen the impact of the illness on one's life.

In the last few years, illness self-management has also gained attention in the area of mental illness — and for good reason too, because the same qualities necessary to manage physical illnesses also come into play for conditions such as depression, anxiety, eating disorders, and also for psychotic illnesses such as schizophrenia or types of bipolar disorder.

Qualitative studies show that people with mental illness highly value, but generally lack access to, the kind of information and resources that form the basis for illness self-management.

Especially in the early stages of the illness, basic information — about symptoms, treatment alternatives, community resources, even about the diagnosis itself — is often lacking. And it is during these early phases — when the individual may be trying to complete sec-

ondary or post-secondary education — that this information is crucial.

Dr. Kate Lorig, a researcher at Stanford University, and a pioneer in the field, suggests that illness self-management involves three separate components: basic illness management, emotion management, and role management. The first, *basic illness management*, means understanding the illness and various strategies for managing symptoms and stressors. *Emotion management* involves com-

ing to terms with the diagnosis, adjusting life expectations in a healthy way, and in the case of mental illness, addressing stigma issues. The final component, *role management*, means developing the ability to function effectively in valued social roles.

Being a student is one of those highly significant roles, and a young person who develops mental illness in the midst of his or her schooling needs significant support to regain a foothold in the educational world. Not only must the illness receive prompt identification and intervention, but the individual must also learn to manage the illness in the context of the school setting — which is the very environment that may have triggered the onset of the illness in the first place.

When we think of mental illnesses like bipolar disorder and schizophrenia, we often think of symptoms that impair the individual's connection with reality. However, the key issues that must be managed in the school setting are often less obvious and more related to the so-called 'negative' symptoms such as problems with motivation, or to cognitive problems, such as difficulty concentrating.

Successfully managing in the school context, then, involves learning strategies like:

- breaking assignments down into sub-components
 - avoiding night classes (which occur after peak periods of mental energy and often last longer than regular classes)
 - finding a study space free of distracting noise or activity.
- Students with mental illness may also lack the ability to organize themselves and, in general, to manage their time effectively: a crucial skill for completing multiple tasks and working to various competing

deadlines. Students, therefore, must adopt strategies such as, at the beginning of a term:

- marking their calendar with all essay and exam deadlines for the term
- developing a timetable of milestones for completion of various projects.

These kinds of abilities assume that the individual has a basic understanding of their own illness. However, this is not always the case for a young person who may not have been offered much information, and who also may be emotionally unready to 'accept' their illness. This means that it is important for mental health professionals to help young people get to the point where they do have a basic understanding of their illness, and are ready emotionally to 'live with' the illness. What the young person needs to start is illness-related information in the context of a therapeutic relationship in which the individual is offered hope about being able to live successfully with a mental illness, and is helped down the road to gaining the necessary skills to live with that illness.

Emotion management, within the school setting, means addressing and developing strategies to deal with issues such as:

- anxiety about returning to a setting where the illness may have first come to a head, and fear of having another 'failure'
- adjusting expectations about course loads, and about the need to 'keep up' with their peers
- the fear of being singled out or discriminated on the basis of having a mental illness
- anxiety about navigating a big institutional environment with numerous rules and regulations

- dealing with unenlightened students, professors or staff.

Managing mental illness within the school context also involves the ability to negotiate accommodations — alterations to the regular school environment — that would help even the playing field with students without a disability. Many of the articles in this issue of *Visions* deal with this issue, so we won't dwell on it here, except to say that negotiating accommodations is a skill in itself, and a key one for a person trying to successfully manage the educational environment while living with a mental illness.

Ideally, young people who develop mental illness while at school can access the kind of help that can get them back on their feet as soon as possible. With projects such as CMHA's Supports to Higher Education project (see page 20), and with public education initiatives aimed at settings such as schools where young people spend much of their time — such as the early psychosis awareness campaigns run by the Vancouver Coastal Health Authority's *Helping Overcome Psychosis Early* (HOPE) program (see www.hopevancouver.com) and the Fraser Health Authority's *Psychosis Sucks* campaign (see www.psychosissucks.ca) — this kind of early intervention is becoming increasingly likely.

Helping young people make a full recovery involves more than early intervention in the medical sense. As we've discussed, it means helping them manage the basics of the illness, helping them come to terms emotionally with the experience, and providing support so that people can manage the ill-

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ness in the context of post-secondary education, and any of the various roles and settings that they value. ■

related resources

Intervening before Illness Derails Education – by Suzanne Tainter, in the University of Michigan *Research News*. See www.research.umich.edu/research_guide/research_news/poverty/edu.html

LEARN – the Centre for Addiction and Mental Health's Learning, Employment, Advocacy, Recreation Network program. See www.camh.net/at_the_centre/at_the_centre_fall2002.html#helping and scroll down to "Helping Young People Recover."

Jump Start – Boston Centre for Psychiatric Rehabilitation's *Jump Start* is a mentoring program for young adults hoping to make the transition from high school to post-secondary education or to work. See www.bu.edu/cpr/services/jumpstart/index.html

Family to Family – a newsletter for "first-episode families," Issue No. 5, on returning to school and work. Contact Sharon Scott, Editor, at Box 395, J-1631 St. Mary's Road, Winnipeg, MB, R2N 1Z4 or at sism@escape.ca

Disclosure and Accommodations

My Leap of Faith

Disclosing my mental illness is a decision that I approach with a great deal of caution. It is one that is filled with dread and uncertainty, as it is impossible to predict how people will react, and my past experience has left me with doubts as to whether my mental illness will be accepted with any semblance of compassion. However, this perspective has changed with my recent journey.

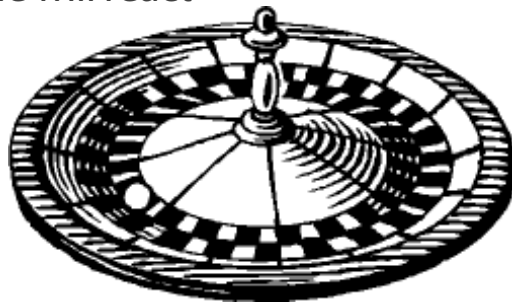
Sylvie Martel

Sylvie is a Consumer and Research Assistant for the Provincial Supported Competitive Employment Initiative at CMHA BC Division

As part of my recovery, I decided to return to university to upgrade my skills. It was a terrifying endeavour compounded by the fact that my doctor and vocational rehabilitation counsellor urged me to self-identify as a student with a disability. They explained that if during the course of my studies I became ill and required accommodations, it was necessary to have all the documentation in place prior to becoming ill. With much trepidation I complied, and in retrospect it is one of the best decisions I have ever made.

My experience at school as a consumer has been amazing. The process began with meeting with a counsellor to determine what accommodations would be required and submitting various forms to document my disability. I started this process fearful as to how I would be treated once I revealed that my disability is a mental illness; however, this issue was quickly resolved. My counsellor was knowledgeable and supportive. He assured me that under no circumstance would the nature of my disability ever be revealed to anyone outside of disability services for any reason. The process was clearly explained and I was provided with information about all the services available to me.

disclosing my mental illness is a decision that I approach with a great deal of caution. It is one that is filled with dread and uncertainty, as it is impossible to predict how people will react



My accommodations included extensions on assignments for medical reasons, extended time on exams, only one exam per day, rescheduling of exams for medical reasons and a note-taker. I was given a generic letter for my professors indicating the need for these accommodations. I was terrified to speak with my professors regarding the accommodations that I was entitled to use. My first thought was that since I do not appear to be disabled, my professors would assume that I had a mental illness and would react with ignorance and hostility to my request for special treatment. My fears however were quickly dispelled upon meeting my first professor, who was unshaken by my disclosure and didn't feel that I needed to provide him with the letter — he believed me.

When I started my course I was adamant that I would not use my accommodations; I didn't want to be any different from the other students. Much to my surprise, however, my professor encouraged me to use them, and he was interested in knowing if they made a difference for me. Prior to each exam, he came to me to see if I wanted to use my accommodations and asked how I was doing. He even asked if I had any suggestions or comments on his teaching style from the perspective of a student with a disability, and whether there was anything he could do to make his lectures accommodating for other students. All of this made me feel like he genuinely cared about how I experienced his course.

Regrettably, I don't think I could ever convey how profoundly this professor affected my experience at university. The stress of exams, assignments and of coping in a new environment became lesser issues, allowing me to focus completely on learning. The accommodations provided me with a sense of safety, as there was a process already in place if I needed it. This made all the difference for me, since it had been five years since the last time I worked or attended school; my confidence was shaky to say the least. I also found that taking that first step of speaking to my professor at the beginning of the semester helped, as I was no longer a nameless face in the crowd. Approaching him for help when I was having difficulty with the course material was less daunting since I had already spoken with him. All of these supports made it easier for me to manage my illness and enabled me to surpass my educational goals.

Each semester, it became easier to walk into my classes and disclose my disability to my professors, and I can honestly say that everyone treated me respectfully and was very accepting of my request for accommodations. The only hurdle in the process was that none of my professors knew the process for implementing accommodations, for example scheduling my exams in the disability office. I found however that locating the information that professors required and being able to explain the process to them made things easier. I'm tremendously grateful for my experience and the compassion all my professors demonstrated. ■

The Lorne Fraser Educational Fund

Finding the money to pursue an education is a major barrier for students with mental illness. The Lorne Fraser Fund was one of the pioneering programs that addressed this need and is described below. Elsewhere in this issue of *Visions*, we describe other educational funds and provide an exhaustive list of the various sources of funding — bursaries, scholarships, loans, etc. — to which people with mental illness can apply.

The Lorne Fraser Educational Fund was started in 1982 by Lorne Douglas Fraser, a man with bipolar illness. The Educational Fund is unique in BC, if not the rest of Canada. It exists for the purpose of helping people with mental illnesses achieve their goal of starting and completing post-secondary education whether at college or university and awards bursaries of \$500 to \$1000 towards that end.

When Lorne began his fund, he used his own money and collected donations from his neighbours in Surrey. Today, we are fortunate to have added some substantial donations, one of which is from a family member of a person with mental illness, Evelyn Holman. This, and other contributions have resulted in an overall capital amount of approximately \$160,000 in the fund.

A group of dedicated volunteers has worked hard over the last three years acting as evaluators for the many applications that come in requesting money from the fund. These people have established a set of selection criteria, but nonetheless it is a difficult process to assess 75 applications. The committee members represent a variety of different backgrounds, from mental health consumer to fundraiser to Lorne Fraser himself, thereby bringing a wealth of experience to the assessment team. Currently, the commit-

tee is comprised of five people: Lorne Fraser, Al Idiens (former CMHA board member and college instructor from Prince George), Connie Orr (fundraiser for Lorne Fraser Fund), Debbie Sesula (CMHA White Rock branch president) and Else Strand of Duncan (former CMHA board president).

The deadline for applications is usually mid to late April and the recipients learn their status in June. An awards ceremony takes place in September in conjunction with CMHA BC's annual general meeting, and framed certificates are presented. The actual money goes directly to the educational institution, which either sends us an invoice or a receipt showing that the student has paid fees up front.

Every year, in January, the evaluation committee reviews the application form to check if there are any other criteria that need to be added. The revised application and brochure are then both are put on our web site — www.cmha-bc.org — and 1,000 hard copies are printed. The materials are distributed to mental health centres, clubhouses, CMHA branches and post-secondary institutions throughout the province.

Applications are evaluated based on applicants':

- having a history of mental illness
- being at least 19 years of age and a resident of BC

- currently participating in some form of therapeutic support
- having an identified job goal
- demonstrating a need for financial assistance.

Applicants are not eligible if they are currently participating in a government-sponsored job training program.

An important event takes place, usually every October, which greatly helps to bolster the fund. Tom Price and Connie Orr — who are, among other things, dance teachers to Lorne Fraser — hold an event called the 'Great Turkey Run' which consists of a road rally/scavenger hunt in Surrey, followed by a steak dinner and prize-giving ceremony. The event raises around \$3,000 a year and is a great public education fundraiser. Through this connection, we have also received donations from Tom and Connie's employer, Dominion Services Ltd.

As the Lorne Fraser Educational Fund grows through donations, so do our number of applications. The main goal of the evaluation committee now is to tighten our criteria so that the process is more efficient. It was very difficult last year for the members to make a choice among so many well-qualified and deserving candidates.

Some of the fields of interest the bursary recipients have gone into include nursing, ac-



counting, mental health work, flower arranging, furniture refinishing and social work. Winners come from communities as diverse as Powell River, Cortes Island, Castlegar and Vancouver. The percentage of applications from people in rural areas has increased in recent years.

The Lorne Fraser Fund has become a significant entity over the years with increasing donations and applicants. The growing level of interest in it points to the need for more educational resources for people with mental illnesses. ❏

Barb Bawlf

Barb coordinates administration of the Lorne Fraser Fund at CMHA BC Division

For profiles of two past winners of the fund and insight from Lorne Fraser himself on how and why he began the project, see pages 18-19.

The Lorne Fraser Fund is now accepting applications for its 2003 season. The deadline is April 30, 2003. See www.cmha-bc.org for details and forms.

Fear, Anxiety and Getting an Education

Common Obstacles

Sarah Newth, PhD

Sarah is the Provincial Liaison for the Anxiety Disorders Association of BC (ADABC). She is a cognitive-behavioural therapist, provides consultation to other mental health professionals and has published articles in the area of anxiety, stress and coping

Getting an education can be difficult for people who are prone to excessive fear and anxiety. The purpose of this article is to briefly review how symptoms of anxiety disorders can create problems for students of all ages including children, youth and adults. It is important that affected individuals and families are able to recognize how anxiety is interfering with meeting educational goals so they can take appropriate action. Otherwise, unmanaged symptoms of excessive anxiety can limit a student's ability to reach their full potential.

Going to school or being in the classroom can be a problem for some students. Both children and adults can refuse to go to school or enter the classroom for a variety of reasons. Some fear being apart from loved ones or doing something on their own. Individuals suffering from panic attack symptoms may have difficulty due to fear of something terrible happening if they were to have a panic attack while in class (e.g., losing control, embarrassing themselves, or not being able to escape). Some individuals with obsessive-compulsive disorder (OCD) may have difficulty being in the classroom due to obsessional concerns (e.g., fear of being contaminated; fear of accidentally harming others; fear of certain people, colours, or objects). Other individuals with excessive worry or social anxiety may find it difficult due to fear of being watched or judged negatively by other students or the teacher.

Giving presentations or speaking out in class is another very common trigger for those suffering from anxiety; for some, it is fear of experiencing symptoms of anxiety or panic while speaking in front of others (e.g., trembling or shaking, difficulty breathing); for others, it is fear of saying the wrong thing, looking stupid or doing something else embarrassing. Some individuals will have trouble completing their education or obtaining good marks because they do everything they can to avoid giving presentations or speaking out in class.

Taking tests or exams is unavoidable when getting an education and some degree of test-taking anxiety is normal and expected for most of us. However, for some people, excessive anxiety interferes with successfully completing oral or written exams. Often this anxiety begins during the weeks and days leading up to the exam (anticipatory anxiety). Individuals with panic attack symptoms may fear having these symptoms during the exam. Individuals prone to excessive worry or social anxiety may fear failure or not meeting personal standards. Individuals who have perfectionistic standards may be especially vulnerable to excessive performance anxiety during tests or other educational activities (e.g., extreme fear of not getting an A or making a mistake).

Studying material for a class can also be disrupted by symptoms of an anxiety disorder. Many individuals with anxiety symptoms experience difficulty concentrating, which can make it difficult to learn and memorize material (e.g., trying to read a page and then realizing you don't remember most of what you just read). The need to reread or rewrite that occurs in OCD can significantly lengthen study times. Other compulsions or rituals can also interfere (e.g., needing tissue to turn pages, turning a page on a positive thought, etc.). It can also be difficult to make decisions when suffering from anxiety and this indecision can interfere with successfully completing educational assignments.

Other obstacles associated with excessive anxiety in the educational setting include difficulties with effective time management, transportation to school (e.g., fear of driving or taking the bus), using public resources such as the washroom or library, and speaking with teachers or professors. Approximately 50% of individuals with an anxiety disorder also experience symptoms of depression including problems with appetite, sleep, fatigue or motivation, which can make getting an education even more difficult.

It can be very tempting to avoid or quit school when coping with poorly-managed anxiety symptoms, but this typically increases anxiety symptoms and lowers self-esteem. If you or a loved one has a diagnosed anxiety disorder, it is always worth exploring the available options. Many schools, colleges and universities are able to provide special arrangements via the student resource centre or disability office such as extra time for tests, or taking tests in a private room. These arrangements are typically done in a sensitive and confidential manner that protects the privacy of the student while maximizing their ability to learn and complete their coursework. Ideally, such arrangements are one part of an evidence-based treatment plan — such as medications or cognitive-behavioural treatment — that gradually assists the person in overcoming their anxiety problems.

It is important to note that some degree of anxiety and stress about getting an education is normal and experienced by many students. However if the symptoms of anxiety are excessive, become chronic, and interfere with one's life, then they may reflect symptoms of an anxiety disorder. For more detailed information about symptoms of anxiety, anxiety disorders, evidence-based treatments, a self-test and further reading materials please see the Anxiety Disorder Association of BC (ADABC) web site at www.anxietybc.com.

In summary, in the face of excessive anxiety, getting an education can be challenging. However with an effective management plan in place, most individuals are capable of overcoming excessive anxiety in order to meet their educational goals. ■

related resource

Kennicott, L.M., Kottman, T. and Ashby, J. (1998). "College Students with Panic Disorder: What College Counsellors and Student Personnel Professionals Should Know." *Journal of College Student Psychotherapy*, 13(2), 41-50. Available at CMHA BC Division or can be purchased from publisher at www.haworthpressinc.com

Analyzing School Interactions

How Students can Regain Power and Perspective by Understanding Emotion Language

Imagine walking down a faculty hallway towards your office. Suddenly, a door opens and a fellow student, Cassie, runs out of a departmental meeting crying loudly, covering her face with her hands and turning down an adjoining hallway.

Startled and concerned, you quicken your pace. You see Cassie nearly collide with the department Chair. Within seconds, you are standing in Cassie's office alongside the Chair and another graduate student, the three of you listening hard, trying to grasp what Cassie is saying.

Between her gasps and sobs, Cassie relates how her supervisor berated her in the meeting, asking her if she, a grown woman, wanted her hand held, and making reference to graduate students from the B list as bad students. She cried out how no one intervened on her behalf.

Delayed graduation was the topic under discussion at

this departmental meeting. Reasons for delays that graduate and supervisory handbooks typically highlight:

- planning and time management
- the writing-up of the material
- learning or developing advanced statistical techniques
- financial complications
- personal relationship problems
- inadequate supervision.

Review of current research reveals depression accounts for most delays, expressions of intention to leave, and withdrawals from graduate studies.¹

By the time Cassie ran out of the meeting in a public display of anguish in response to public humiliation that some twenty people witnessed, she had endured many such comments. Her supervisor denigrated her ideas and analysis, imposing his own direction on her. When she refused to con-

sider only his interests, issues and ideas, he labelled her an uncooperative student, unable to take direction, unable to negotiate the direction for her studies. "Think harder," said one female professor. Another said she was a "slow thinker." When she asked for specific feedback to remarks on papers she submitted, her supervisor yelled, "am I not making myself clear, or what?"

Within four months of arriving on campus for PhD studies, Cassie was unable to eat from nervousness before, during, and after being on campus. She experienced a sense of distress—a low, steady, level of unease—as she interacted with her supervisory committee. Distress grew quickly to anguish, characterized by intense crying when she was alone thinking about the situation, and when she expressed herself to others. She experienced exhaustion and needed to sleep after being on campus. Soon the fatigue became chronic, and she was too tired to attend school. The thought of working on her studies sent her spiralling into nervousness and fatigue, and she became unable to eat.

Depression is most generally understood as a chronic, low mood state, an illness, a mental illness existing within a person that interferes with an individual's ability to function. So, yes, Cassie experiences the debilitating effects of depression. However, a more complete and accurate description of her depression exists through the

use of more specific 'emotion language,' as in the account below.

Cassie's *distress-anguish* emerged from chronic humiliation as a result of constant character assassinations for how she thought, that no amount of assertiveness could counter or stop—and where no one intervened. This attack of her competency eventually shut down *interest-excitement-curiosity* and enjoyment in her studies, for they became linked to *fear* and *humiliation*. Yelling and character assassinations signal *contempt*—the emotion of superiority (as in the comment "am I making myself clear or what?") Using a specific language of emotion highlights the way in which words bantered about carelessly elicit emotions, like *shame-humiliation*, and raise the importance of the need to be aware of the emotions embedded in our words.

Redefining depression through specific emotion language moves the spotlight from the individual onto the interactions within the workplace environment, rather than any individual's faulty coping abilities. The relationships between distress, depression and unhealthy workplace interaction (aggression, hostility, bullying, mobbing, scapegoating, etc.) have become the centre of attention by Human Resources personnel. At issue are the inter-connections to productivity and performance, and the need for increased organizational accountability for healthy

Rose Marie Borutski MA (Sociology)

As a consultant, trainer and coach, Rose Marie specializes in communication, conflict and emotions. She can be contacted at rmeborutski@telus.net

footnote

- 1 Jagatic, K.C. (2002). "The influence of educational culture on experienced and witnessed hostility by faculty toward professionals-in-training." Dissertation. US: Univ Microfilms International.



Surviving and Thriving at York

Kristin Tokarsky is currently with CMHA's National Office in Toronto. She is the Project Coordinator for the mental health affiliate project partnership with the Canadian Health Network (CHN). Below she talks with Enid Weiner (our guest editor) about her experience as a student with mental illness and about her progress into employment.

Enid Weiner: Kristin, you graduated from a four-year university program in five years and you've been out in the workforce for a year and a half. For people with mental illness who may have been away from school and are thinking of coming back or perhaps someone who has thought of university but doesn't know if it is an attainable goal, what would you like to tell them? As a former student of the university where I work, I know that you were so successful in advocating for yourself; I also know that you didn't start out that way. When I met you in your first year, you were very shy and you really came into your own as you went through school. I am wondering what kind of message you would like to send out to the readers of this journal in terms of the barriers they need to overcome in order to get through university?

Kristin Tokarsky: I think the most important thing to know is what resources exist at the university or college as far as support.

Enid: What kind of resources are you talking about?

Kristin: It runs the gamut from counselling services to peer groups to social clubs to financial aid. Academic supports such as centres for academic writing, learning skills programs, peer tutors or in-class assistance such as note-takers are all very important resources. The latter was very helpful to me at one point in my studies. Also, it's important not to be afraid to go after something that you really want. Don't let anybody say you can't do it. It may well mean that you have to take a reduced course load in order to both manage your mental illness and your education.

There are lots of barriers for regular students — the administration for one. On a good day, it's hard for anyone to deal with the bureaucratic maze, especially at a large university. When you have a mental illness, it seems almost insurmountable. In that case, finding out from fellow students how they've dealt with things is helpful. Finding out where the offices are on campus that can help you better advocate for yourself is crucial.

Enid: How do you go about finding this information? Do you ask other students? Do you find it in literature?

Kristin: A good source of information, which more and more Canadians are accessing for support, is the web. It may be beneficial to go to the web site of the institution you wish to attend to find out about the different offices and programs that are being offered. There are email addresses of people you can contact in a very private way. I think that is important when you are dealing with issues of self-disclosure and stigma around mental illness.

Enid: Did you get any information through the student newspaper?

Kristin: I didn't personally, although I know that the Psychiatric Dis/Abilities Program at York advertises its program in the classified section of the student paper. However, I did write an article about my experiences as a student with a mental illness for the student newspaper. I believe that a copy of that article is on York's web site [www.yorku.ca/cdc/pdp/index.htm]

Enid: Yes it is... Thinking back when you first came to university, you were a timid person and you left university a real leader. What were your thoughts and feelings about coming to university? Did you have any worries and concerns about having a mental illness and coming to university?

Kristin: I had great concerns as to whether I could handle it. One of my greatest fears was that I would have to drop out.

Enid: What do you mean 'handle it'? Academically? Socially? Financially?

Kristin: Handle it in all of those ways. But it was one of those things that I really wanted and I knew that I was going to go after it 150%, even if it meant experiencing some setbacks. I was very wise about shopping for a university that had the support services that I was looking for like the Psychiatric Dis/Abilities Program, a counselling department, and a medical clinic — a place where I could go to have my meds monitored was very important in managing my illness.

Analyzing School Interaction (cont'd from previous page)

workplace environments.

Research on academic departments shows that professors and graduate students experience similar rates of depression as employees in the regular workplace. Those who rated their departments as low in morale, poor in teamwork and supervision also experi-

enced higher levels of depression, lower self-esteem and greater intention of leaving; the same experiences of employees.

However, academics and departments enjoy operating autonomy as halls of learning and are not considered to be official workplaces. They are often exempt from the same

scrutiny that workplaces experience, the same training, or receive the scrutinizing and training much later, often in response to a public crisis.

Some seven years later, Cassie has not received the help she needs, and has not finished her PhD. *Humiliation-avoidance*, which we all experience, nar-

rows the limits of our abilities. We might never know what Cassie is capable of, or who she might have become. ❧

Enid: It's not uncommon for people who have a psychiatric illness not to think of going into the disability office for assistance. Is that something that you would suggest, checking out the disability service office?

Kristin: For sure. I think if you are going to invest a lot of money in a post-secondary institution to get your education, you should make sure there are support services that may help you: counselling, perhaps an on-site psychiatrist, a peer support group, peer mentoring, anything like that. It is important to make sure that kind of support exists, so in times when you need it, it's there for you.

Also, I want to talk about disclosing. It took me two years to admit that I was different from everybody else. I thought that my illness was going to go away. I thought some miraculous thing would happen and — poof! — this would be gone and I would be like everybody else, taking five courses, taking everything in stride. But there came a point where I had to accept that I had a disability and that as a person with a disability, I had the right to academic accommodations. I don't think a lot of students get to that point of acceptance, and that can be a barrier in itself, if you are not admitting your situation to yourself.

Enid: What helped you arrive at that point?

Kristin: I think it was meeting a lot of people like myself through the student disability advocacy group on campus, ABLE YORK as well as peer support through the Psychiatric Dis/Abilities Program — meeting people like myself who were excelling in the university environment and also advocating for themselves.

Enid: With ABLE YORK, you had an opportunity to meet students with various kinds of disabilities, not just mental illness. Was that an eye opener for you?

Kristin: It most definitely was. I met students, not only with physical disabilities, but many others with invisible disabilities such as chronic medical conditions, learning disabilities, and so on. All of us had common barriers to face. It was empowering to know you were not alone, that other students were also facing similar struggles while still managing and excelling in their studies. I had the honour to meet many students who were trying to improve things, not only for themselves, but for other students with disabilities on campus.

Enid: They were not giving up on themselves.

Kristin: Right, they did not give up, even though they faced many barriers. I would like to tell students that if they're going through a difficult time, it's important to be aware that they can defer course work or drop a course. That doesn't necessarily mean one has to withdraw from school completely. There are options.

Knowing that there are choices and resources available to you also helps you deal with your illness. Basically, it means putting a foundation beneath you, a foundation of resources — disability service providers, groups, peer mentors, academic advisors, academic tutors, social clubs and other helpful services on campus. That way, when you are struggling and you need these supports, you don't have to scramble to try to find them, especially when you probably don't have the energy to do so.

Enid: What about community resources outside the university? Are there any resources off campus that people should be aware of?

Kristin: There are community support services for people with mental illness across the country. I think that's also very important — to look outside the campus and see what supports are available in the community as well. In hindsight, I should have perhaps been more aware of the resources that existed outside the school community, because when I graduated, I felt as if I was alone; as if my foundation had disappeared and I had to build it up again.

Enid: I know that you have been involved with CMHA, as an example.

Kristin: CMHA has 135 branches and divisions across Canada. I was lucky enough to get involved in a project that included increasing awareness of issues for students with mental illness. It was a national project and I learned a great deal from working in the CMHA National Office on that project [Higher Education: Promoting the Rights of Students with Disabilities — see www.cmha.ca for more information about the project].

Enid: What was your role in that project?

Kristin: I started off as a research assistant. My background when I was studying was web design. Since CMHA needed a web site to be designed for the project, I took that on; that job led to working for different projects that were operated out of the CMHA National Office and then eventually working on the CMHA web page. I am now working full-time on a project for CMHA and Health Canada that is web site-based.

I was fortunate enough to be able to work part-time while I went to school. I appreciate that some people with a mental illness cannot take on both roles simultaneously. Working really showed me that I could use my skills from school, that I was capable, even though I had a mental illness. I could work and be successful, and people valued the work I did.

Enid: Yes, I remember that you were working at CMHA full-time in the summer and part-time during the year while you were a student.

Kristin: Yes, luckily I was able to carry both loads, but don't forget I was taking a reduced course load to manage my illness.

Enid: So it seems you are recommending that students find out what is going on in their community. In your case, you got involved with CMHA and that led to employment during your degree and after.

Kristin: Yes it did. Actually, when I reflect back, it was my mental illness, in part, that led to my involvement with CMHA. I often think that having a mental illness was the best thing and the worst thing that ever happened to me. It was the best thing because I wouldn't have gotten to know so many wonderful people and have had these opportunities. Yet it was the worst thing because many times it was a constant struggle, but for the most part it has been a very positive experience.

I think back to my second year when I consciously made the decision not to let my mental illness bring me down anymore,

that I was going to manage *it* and manage school. I decided that I wasn't going to let it take control over me and get in the way of me realizing my dreams. There was a point when I can remember thinking, 'Okay, this is how it is going to be from now on,' but I also want to help other students, because I know how I felt for those first two years. If I can just help one student realize she or he has options and deserves and has a right to academic accommodations, and not be afraid to ask for them. This is as important as succeeding in school.

Enid: Agreeing to do this interview certainly shows your commitment to reaching out to the mental health community. Is there anything you want to say about the current job you have and the kind of support the Canadian Health Network offers?

Kristin: I am a project coordinator for the mental health affiliate of the Canadian Health Network (CHN). CHN is a web-based health promotion site brought to the Canadian public by Health Canada and major health organizations across the country. The CMHA National Office is the mental health affiliate for CHN, and I am working on coordinating this national, bilingual project. I work with branches of CMHA across the country to coordinate and develop the content that exists on the mental health section of the CHN site. I think CHN would be a really good resource for students who are looking for health promotion information, for example, how to deal with stress, and

other mental health issues. Links exist on the CHN site to programs in the community and across the country such as support groups and help lines. [See www.canadian-health-network.ca/1mental_health.html].

What I want to do in the next quarter is visit universities and hand out pamphlets in order to make students aware that this resource exists. CHN is unique in that all the links to resources within the site are Canadian — and credible. The resources listed on the site are researched and selected based on a set of quality criteria by the CMHA, so you have that assurance of quality as well.

Enid: You are a wonderful advocate not only for yourself but your employer as well. In conclusion, what are the key points you would like readers who may be potential post-secondary education students, to learn from this interview?

Kristin: I would like to tell potential students that in times of relapse, there are options available to you; there are supports available to you. Hang in there. Get the supports you need and don't rush through your studies. If a program is a four-year program that doesn't mean you have to do it in four years — I did mine in five years; I have friends who did it in six, seven or more years. You really have to feel things out for yourself and just realize you don't have to do it as fast as everybody else. You're still going to do it and you are going to get your degree and the end result is the same. ■

From Depression to a Rhodes Scholarship

Natasha De Sousa

Natasha was born in Kitimat BC and received her Bachelor's degree in biology and environmental toxicology from SFU in 2000, where she was awarded the prestigious Rhodes scholarship to study at Oxford University in England.

Mental illness. Depression. Obsessive-compulsive Disorder. Words that, prior to my own experience, meant nothing to me. Or, probably more realistically, meant 'happens to others, to people who can't get it together, who need to pull up their socks.' Perhaps that's just a general feature of illness — until it touches you or someone you love, it's uninteresting, someone else's problem, misconceived. But this very lack of awareness, combined with misperception, is what, in my case at least, made depression so difficult to diagnose and treat. It led to a 'what's-wrong search' lasting far longer than it needed to, to series after

series of unnecessary diagnostic tests and, ultimately, to a much longer, more intense depressive experience.

Not that diagnoses of mental health problems are trivial or made with ease. In all fairness, I was always a moody kid, sometimes displaced in dark clouds, more difficult to appease than my siblings. But I was never, as far as we were concerned, mentally ill.

Abnormality just crept up, quietly tiptoeing past a threshold until, retrospectively, we seem to agree that, by my senior year of high school, I was officially suffering from some serious mental health problem. Manifesting itself in my work

ethic, as an addiction to academic overachievement, I became a full-blown study nut. In preparation for exams, I had entire textbook pages memorized — word for word. There was never enough time; I never felt prepared; no amount of effort would do; and, of course, there were just too many distractions. I even remember thinking it perfectly reasonable to ask my parents' guests, rather curtly, to keep the noise down so that I could study. At night, multiple tablespoons of Graval became essential in order to shut off my mind and escape into sleep. Looking back, it is obvious indeed that the seams of my sanity were begin-

ning to bulge and tear apart. At the time, however, nothing of the sort crossed our minds.

By my second year at university, whatever coping mechanisms I might have developed were failing. Insomnia was attacking with a vengeance not even Graval could curb. It was time to seek help. The on-campus GP suggested sleeping pills, which, in the beginning, seemed the answer to my prayers — half a pill and I was comatose. Problem was, after a few months, I began waking up in the middle of the night to take some more, and more, and... By the time I stopped sleeping completely, I was up to triple the original dose —

It was hard for Dad to accept that his perfectly normal-looking, academic superstar daughter was mentally ill. It was decided I should try and head back to school. “Slowly,” I promised the doctor.

with no effect. For five days straight I stayed awake. There was no sanity. Thoughts were impossible to process. Everything scared me. My eyes couldn't focus. No sentences. Static. Just blurry.

Somehow I — little veggie girl — made it on a plane and into the arms of my mom. I couldn't have conversations since I couldn't keep up. Opening my mouth, I forgot what I was saying mid-sentence. Even television commercials were too long to follow. All in all, I was exhausted. When you feel as though you no longer inhabit yourself, when you've been taken hostage by your own mind and your spirit disposed of, then it's over. Looking back, I must have broken mom's heart telling her I didn't want to be alive anymore.

And so, I was in the doctor's office constantly — a biology major, yet I thought I had the AIDS virus from the time I used the outhouse at an outdoor concert. I knew what it was! — a vitamin deficiency — so we tried beta-carotene. Maybe melatonin. Check my thyroid. Check my iron. Check my... “I think you're depressed,” he said one day. “Is it treatable?” was my response; since “yes” was his answer, I was fine with whatever he wanted

to call it. Three weeks, he said; the Zoloft would take at least three weeks to start working.

Chemically, things started returning to normal — whatever that was. I could follow entire conversations, sleep, eat, watch TV. At home, things were more difficult. It was hard for Dad to accept that his perfectly normal-looking, academic superstar daughter was mentally ill. Too heavy a label, it wreaked havoc in our home, straining my parents' marriage as well as my relations with my siblings. It was decided I should try and head back to school. “Slowly,” I promised the doctor.

I continued to improve. Amazingly, the gray shadow that had been stalking me lifted. My concentration was better; I could put things into perspective; life wasn't a chronic emergency. I returned to myself, and was keen to get living again. The only thing was that during these years my misconception of depression, and the stigma surrounding it, prevented me from accepting that I had a *mental health problem*, that this was what I was being medicated for. Indeed, as far as I was concerned, depression was what weak people had, and involved a lot of crying for no reason and wanting to sleep all

the time. It was just a coincidence that antidepressants worked for my ‘sleep disorder.’ And so, as far as I was concerned, the weighty label of ‘mental health problem’ didn't really apply to me.

As a result, after a few years without insomnia, I decided, no doubt influenced by pressure from walk-in clinic GPs, that there was no need for these pills. After all, there *were* horror stories; goodness knows, if I kept on them forever, I might turn into a monkey or something. I remember mom telling me that if anyone found out I was taking *antidepressants*, they'd think I was depressed, and then I'd never get a job, let alone be admitted to medical school. So we did it — cut the dose in half, and then in half again, and then... an enormous crash and back to square one.

To cut a long story short, it was back on the meds. This time, I knew it was serious. This time, I needed to acknowledge that, yes, I have a mental illness. This time, a psychiatrist was even involved. He warned me of the severity of my illness, that I would be on meds for the rest of my life, forever. But I can function. I can reason. I can live rather than simply exist.

So that has been it — thus far. Many things have changed besides my ability to function and enjoy life. I am motivated in a balanced way. I can put things into perspective. I can socialize without having to beg my mind to allow me to concentrate. I don't have to wrestle with chronic bombardments of worries about never sleeping again, about my mind never ever shutting off.

People tend to assume my experience with depression has been entirely horrid. Quite the contrary, really. One of the hardest — yes; one of my biggest

struggles — yes; but also, one of the greatest learning experiences of my life. For starters, I honestly care much more about people, about their pain and their struggles. I am less judgmental, aware that surfaces of grumpiness and irritability might well be reflections of pain. Second, my experience has given me a path — something to be interested in, passionate about. On winning a Rhodes Scholarship, I decided to pursue a Master's in Policy, investigating issues faced by people with mental health problems in the workplace. Onto my second Master's degree here at Oxford, I'm looking at cross-cultural perceptions of depressive symptoms.

Third, and most importantly, I am so appreciative of those who've supported me. Whatever suffering I experienced, my mom took on tenfold. She was steadfast in her commitment, despite my irrationality, irritability and intense selfishness. My family supported me as best they could, learning about depression alongside me, and eventually shedding the stigma that we all started out with.

I know I am so lucky. I have heard others speak about how they struggled for decades. I live among people who care so much about me, who celebrate my recovery. I live in a time when great treatment exists and I have an amazing GP. Depression is hell; there's no questioning that. But the *value* of the experience is tremendous. I honestly don't think I could fully appreciate the life I've been blessed with, had depression not been a part of it. ■

Psychosis on Burnaby Mountain

What Doesn't Kill Me Makes Me Stronger

Dana*

Dana is a Masters of Political Science student from Simon Fraser University currently working in CMHA BC's Education Department as Branch/Public Communications Support.

To its student body, Simon Fraser University's architecture and location — perched high up on Burnaby Mountain — are often synonymous with the isolation and depression felt on rainy and gray days. On the other hand, the school is a medium-sized university, which brings many advantages, such as more frequent interaction with professors, staff and peers. I experienced the school both as an undergraduate exchange student and graduate student. In the latter case, I found it to have a rather homey atmosphere, especially in our Political Science department where graduate students and professors know each other and often meet and socialize together.

Graduate studies can be an exacting time in one's life, especially if away from one's family and home country. I came here from the Czech Republic, leaving everyone I knew behind, attracted by the challenge of finding a new place in a different society and discovering another culture, as well as experiencing the North American educational system. All of that, though, slowly started taking a toll on me. I became overburdened with the responsibilities of school and work. In order to be able to afford my living and studies in Canada, I was working 25 to 30 hours a week while going to school full time. It was different from doing the same at home in Prague. At SFU, I had a social network of friends, but I lacked the insight that comes with age about the way I was leading my life. I also had to tackle a lot of cultural differences. The SFU campus became my small world: I lived there, studied there, worked there, and established almost all of my friendships there. The only person I knew from outside was my boyfriend. The relationship with him was very intense and didn't last long. This was because my claustrophobic existence started closing in on my mind, and I was becoming paranoid about the people and events around me.

My mind was working at its top capacity. I was tired and extremely productive at the same time. I thought I could be on top of all aspects of my life. But in spring 2001, I went through a psychotic breakdown that lasted several days. The ensuing delusional state went on for several weeks. Psychosis as a word is very scary — so, too, is the experience of it, not only for me but also for people in the student residence where I lived. They thought I was trying to harm myself, but in actual fact I was trying to stay alive, because in my mind I believed many people were trying to kill me, since I was the most important person in the world. When I look back on it, it must have been very distressing for the others in my residence, seeing me in my pitiful state, living a different reality, and not being able to help me.

The residence assistant contacted emergency services, but it took many hours before the ambulance came to take me to the hospital. There I was admitted and stayed for 5 weeks. Throughout this time, the psychiatrists weren't sure about my diagnosis and thought I had schizophrenia. My experience with the hospi-

tal and the people there was very positive. I came to think through a lot of things in life, and my mind calmed down over time, thanks to medication and the patience of the people around me.

The hardest part was returning to normal life, especially the embarrassment of returning to places that reminded me of my psychotic break, and seeing the people who witnessed it. The Royal Columbian Hospital did a great job in my discharge planning and worked closely with my supervisor at school and the Health, Counselling and Career Centre (HCCC) at SFU. I was reassured that SFU would support my return to school after a convalescence period with my family in the Czech Republic.

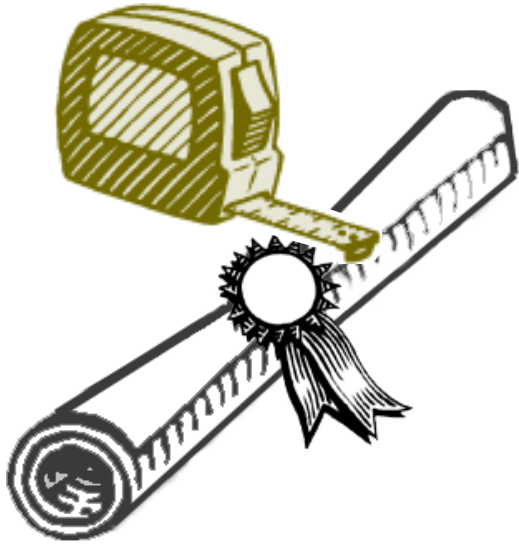
The SFU International Office provided me with a plane ticket home and a supervisor from the HCCC for the journey. In September 2001, after spending a restful summer at home and undergoing counselling, I felt strong enough to come back and returned to studies and work. It wasn't easy, but I managed to get through, thanks to an individualized plan of multiple deferrals of the courses I did not finish before my episode. The graduate committee at the Political Science department was very open-minded regarding my scheduling of studies and even granted me a semester-long fellowship/scholarship in the spring of 2002 based on my study results. This helped alleviate a lot of stresses from work.

My family at home was great, and as for my social support in Canada, my friends, professors and the staff of the International Office at SFU were amazing. They visited me daily in the hospital, and once I was back on campus, they made sure that I felt welcomed. As for me, once I was able to conceptualize what happened, I became very open about my condition. Perhaps as a way of overcoming my embarrassment, I transformed my memories of the ill state and hospital into humorous stories of my 'craziness' and informed my friends of what was going on in my mind before — and they stayed my friends and watched over me when I returned to school. People on campus were curious about where had I disappeared to, and depending on who it was, I either told them the truth, or I told them that I needed a break from my studies and had gone home to Prague.

Strong rationality, openness and humour on my part, as well as the open minds of people at SFU were crucial in my coming back to this life — this, in addition to staying on medication and receiving intensive counselling, both of which I am slowly phasing out. Now nobody can guess that my mind and soul were once in such turmoil.

I look back on what happened to me as a learning experience and I am not bitter about it. I take it as a kind of slap in my face, telling me to slow down and notice the beauty of life around me. I had to modify my lifestyle and reduce the stresses in my life. I do tend to be more depressed than before — and what happened to me can come back again if I am not careful, or when life becomes hard. But at least I am aware of the signs, and ►

Measures of Success



There is little doubt that completing a post-secondary education increases one's chances of finding employment, so that success in the college or university environment is usually measured by whether you graduate or not. This is an appropriate measure, but not the only one.

Success comes in less concrete — but not less significant — forms while negotiating and managing the campus experience, and success can be found in each experience (formal or extra-curricular) along the way to accumulating credits and graduating. A student also has an environment where he or she can develop aspects of personal mastery — most if not all required to achieve graduation — relating to such varied areas as self-management, self-aware-

ness, skill-development, stress-management and social relationships.

As for graduating, available data from existing supported education programs shows that students with psychiatric disabilities graduate (although they take longer than others to do so). But being a student is a challenge, disabled or not, and thinking of the micro-successes or 'small wins' within the process of learning in a structured environment might help the prospective student see beyond the daunting prospect of higher education.

Graduating was never foremost in my mind while at school. Coming from a troubled background, I escaped to university drawn by the idea of the university in its ancient sense: as a place for the gather-

ing of scholars and the exchange of ideas. It was, as a colleague derided, a contrived existence. But for me it was a wonderfully-contrived environment — a seed ground for social, intellectual and psychological experimentation and growth, a fluid mini-society rife with successes and mistakes. Graduate I did, but it is the less tangible successes that have benefited me the most.

Those experiences are varied, such as the time I walked into my first lecture (coincidentally, an introductory psychology course) thinking I was in the wrong place. It was a concert hall, and I found myself surrounded by 1200 fellow students. The lecturer got our attention by firing a starter's pistol. I dropped the course: the first accommodation I was to make for myself at university as there were no services for psychiatrically disabled students at that time. The experience was a success in that I set boundaries and became aware of my limitations — and of my intolerance of crowds and explosive noise.

The course that taught me the most was my least academically successful. I would listen in awe to the instructor — the legendary literary critic Northrup Frye — and then, with assignments left undone, fly off on tangential quests for knowledge. I failed the course, and learned of my 'distractability,' but also found a rare source of satisfaction in intellectual adventuring. My measure of success in a course became not the grade I achieved, but the amount of inspiration I got from the material or the lecturer.

In arts courses, I learned

written and oral communication skills that have helped me express myself. These skills have been of great value as I manage the emotional and cognitive distortions that are the hallmarks of my illness.

In science courses, I learned critical data-interpretation skills that allow me to understand and interpret information relating to psychiatric issues and research, again an important aspect of managing mental illness.

Colleges and universities are known hubs of social activity (and activism) and socially I could participate, observe or interact as I felt. Be it the transient nature of campus life, or its removal from the 'real' world, social mistakes are not too costly.

Another critical success came at the point where I realized the difference between conflict and constructive debate. It is a lesson that I'm not sure I would have learned as readily in another environment.

When I look at it objectively, successes such as these have been more influential and useful in my life than having a degree. Unfortunately, access to post-secondary education remains limited by one's ability to pay or to find funding, but thankfully, through supported education programs, being a student is made manageable for those with psychiatric disabilities, and distance education makes further education possible for those who are unable to attend a campus. ■

Cynthia Row

Cynthia lives in Vancouver and has a background in freelance writing and broadcasting

Psychosis on Burnaby Mountain (cont'd)

people around me are informed about them too. Now, in the spring of 2003, I am finally coming to the end of my studies. I have a good job at the Canadian Mental Health Association in Vancouver where I can give back to others some of what was given to me by my family, friends, the Royal Columbian Hospital and SFU. ■

How I Started the Lorne Fraser Educational Fund

Lorne Douglas Fraser

I spent 20 years in a state of depression, seeing nothing good in life. Then I started to swing the other way; even today, when I get a shiver in my brain, I know it's the mania coming.

I have been in and out of Crease Clinic at Riverview, St. Vincent's Hospital, Vancouver General Hospital, and St. Paul's Hospital. My first wife took my three children from me before

my very eyes. At that point, I felt I would have been better off dead.

During my employment years, I was in and out of work. Part of it was due to my being put into the hospital to treat my manic-depressive or bipolar illness. This information soon got around to employers and as a result, it became difficult for me to become employed. This was due in part to their ignorance concerning mental illness. As a matter of fact, one employer told me, "We can't have a mental patient working here." I was fired immediately.

I was very willing to work and during my working years I changed jobs several times. I had stints at accounting, real estate sales, and teaching at Vancouver Community College. At one time, I even taught guitar. For me, each new job I had required new training. It's always been difficult for me to get back into the workforce. My life has always been a re-training program.

In 1979, I incorporated a company called C.D.B. Investments Ltd; I just had to try and work for myself. Bouts in psychiatric wards in hospitals were taking their toll on my life. I was able to secure bookkeeping clients and thus I was able to work according to my timetable.

In 1981, I was hospitalized and sent to St. Paul's Hospital. On the second day of my admission, the head nurse asked me if I would talk with a particular patient. She advised me that this person was not talking to the medical staff and that

they needed to have some sort of dialogue with him so that they would be able to treat him. I responded to this and said that I would attempt to have his trust and friendship.

I was able to establish a dialogue with him. He said he was 55 years old, unemployed, an alcoholic, and now a mental patient and very depressed. Overnight, he escaped from the hospital and jumped from the 13th floor of his apartment and killed himself. I realized that I was not the only person facing the same conditions; I came to believe that other people may be in a worse situation.

Now I was determined to give people with mental illness money for job-skills training. From 1982 to 1992, through my company, I gave whatever money I could to people with mental illness to go to college with the idea that they would find work. (see page 9 for more about how this fund operates today.)

By participating in an individual's education, the community will ultimately benefit. An individual with marketable job skills can contribute to society and help lessen the stigma associated with mental illness.

For my part, self-sufficiency is a very conscious effort about surviving. ■

A Professor's Extra Effort

York University Stigma Sub-committee

Reprinted with permission from the York University Gazette, April 17 2002; 'Fighting the Stigma of Psychiatric Disabilities'

Religious studies professor Patrick Gray had the ideal credentials to accept the challenge of a student with a psychiatric disability into his third-year course, which was already full. He is an experienced member of the clergy and grew up with a brother with disabling heart disease and another who is intellectually impaired. Still, he is a demanding teacher and was worried he didn't have the proper training or knowledge to help this student.

Gray decided to meet this 30-something prospective student. Medication made the student impassive, but Gray suspected there was a good mind at work.

"I didn't want to offer academic charity. I didn't want to compromise him. I was really concerned that he could achieve what other students could achieve."

Gray was also worried about how much extra time he could devote to this student. The class was very big. As it turned out, Gray spent about an hour each week going over tests to clarify and unravel meaning in the student's sometimes rambling answers. "I had to give him additional opportunities to get across his mastery of the material in the same way you would allow a student with a learning disability to take an extra two hours to write an exam." The meetings "took hard work" on the part of this instructor. The student earned a B+ on his mid-term and a final passing grade.

Gray says expanding classes and fewer resources make it harder and harder for professors to give any student individual attention. "Our job as teachers is to find and let fly that beautiful mind... That's what you hope for everybody. ... It takes an extra special effort. And someone has to be committed enough to do it, to go the extra mile." Helping this particular student "was worth it and I'm very gratified that it was helpful to him."

So is the family. According to his parents, being in Gray's class was a positive experience that brought hope and new meaning to their son's life. They report that he is doing better on his medication and his thoughts are more focused this year. ■

profile

Night School: A Place for Father and Daughter to Bloom



▲ Larry Paquette and daughter Michelle Harris

Barb Bawlf

Not everyone looks to night school as a place to further his or her career. More often than not, night school is seen as a place where one finishes their Grade 12, or takes Industrial Education (i.e., woodworking, etc.). Well, times have changed, and the Lorne Fraser Fund is helping two individuals who are pursuing their dream of becoming florists by attending evening classes.

Michelle Harris, 40, of Vancouver and her father Larry Paquette, 64, formerly of Debdon, Saskatchewan, are both winners of 2002 Lorne Fraser bursaries. Coincidentally, they both requested funding for courses on floral arranging through the Vancouver School Board. We thought it would be interesting to interview the pair to find out how the bursaries have helped them attain their educational goals.

Upon hearing of their success in winning the bursaries, both felt very excited and thankful. Michelle had found out at a career assessment at the employment centre that she was suited to looking after plants at a nursery. Larry liked gardens and floral arrangements.

The financial award gave Michelle a chance to realize her dream and work towards establishing a career, while Larry felt he could go into a trade that he could do the rest of his life, as floral arranging is something you can do at any age.

Michelle will use the bursary to register for courses — on wedding flowers, and on silk and dried flowers — and to pay for materials. Larry is also to take the silk and dried flowers course and one on Christmas decorations. In total, the whole diploma program in Floral Arts takes 128 hours and three years to finish.

In response to the question: "What does education mean to you?" Michelle said it was a way to get ahead, make money and achieve independence. She has been on disability benefits for 15 years and prior to that she worked at a restaurant in Zellers. For Larry, education means socialization and a way of keeping busy.

Larry's goals are to open a florist's business at Coast Foundation, where he already volunteers. He plans on doing arrangements there and having mental health consumers deliver the flowers by bus. Michelle wishes to work in a florist's shop and make the \$300 allowable earnings on disability benefits.

At this point, father and daughter both report that their courses are going well, and they plan on taking more to become full-fledged florists. Larry says, "It's a joy working with flowers" while Michelle's words are: "It would be very disappointing if I couldn't do this."

My impression is that this father and daughter team will achieve their dreams — as they both are very focused and determined. Seeing and hearing them talk about their studies and vision for the future is very inspiring and shows how meaningful a little bit of financial help can be. ❧

profile

A Funny Thing Happened on the Way to my BSW

A funny thing happened on my way to earning a Bachelor of Social Work. I had completed three years of the program when — totally unexpected and without much concern for the rest of my life — mental illness struck.

Some may consider it offensive that I refer to the onset of mental illness as a funny thing happening. Others would recognize that a sense of humour is important when dealing with barriers to higher education.

By all accounts, my onset of mental illness couldn't have come at a more inopportune time or be such a strong episode. I was three months into what was to have been my final year and was looking forward to graduation which was just months away.

After a month in hospital, I was not prepared to return to classes. I received notes from professors, mostly encouraging, with the most unusual one suggesting I look into a career other than social work since my weight was indicative of other outstanding issues. I remember thinking, 'Hello, I just spent a month on a psychiatric ward; I guess there are issues.'

I never did get back into school then — in the late 70's. There was always one hoop or another to jump through. That was then; this is now. I have just finished a social work law course with an 84%, but believe me when I say that it has taken a 'village' to get the process underway. From a local and accessible vocational rehabilitation worker, a willing and helpful staff member at the mental health office and an office at the University of Victoria for persons with disabilities, the supports to my education are many and varied. Returning to school has been less overwhelming with all of them in place. Acknowledging my need for the help has been important too.

I am very much on a learning curve with respect to the technology used for the distance education courses, as well as learning where my strengths and weaknesses are, and how best to challenge my weaknesses in learning.

I am encouraged by others who are studying now or who have completed their education goals. Receiving a Lorne Fraser bursary has been a wonderful encouragement. After the Awards Ceremony this past September, I felt like a new man, with dreams intact and goals to look forward to achieving. ❧

Robert Kaye

Robert is a student at the University of Victoria, and is a recipient of a \$1000 Lorne Fraser Educational Fund bursary. Robert lives in Powell River and is studying social work by distance education

related resource

Athabasca University Distance Education Self-Assessment Questionnaire — helps people decide whether distance education is right for them, at www.athabasca.ca/studserv/ssg.htm

Access to College and University for Consumer/Survivors

A National Picture

Heather McKee

Heather was project manager with the CMHA National Higher Education projects up to 2002. She is currently working with the Ontario Peer Development Initiative, a provincial umbrella organization of consumer/survivor-run groups. Further information on the CMHA National Higher Education projects is available on the web at www.cmha.ca

For over a decade, the Canadian Mental Health Association's (CMHA) National Office has been actively involved in promoting access to higher education for consumers. In 1993, CMHA published *Learning Diversity: Accommodations in Colleges and Universities for Students with Mental Illness*, one of the first resources available on the subject. Between 1999 and 2002, CMHA National engaged in several local and national projects to increase awareness and understanding of the issues faced by mental health consumers who wish to attend college or university. As a result of these projects — including one based at Northwest College in Terrace, BC — a number of partnerships have been developed between students, consumers, mental health professionals and college and university professionals.

One of the lessons learned from these projects was the need for student/consumers to have access to support early in their education career, especially during the high school years, when young people are deciding whether to continue their education. For this reason, the next phase of the CMHA project is addressing that issue: promoting the rights of student/consumers to have the necessary supports to help them overcome a variety of obstacles and successfully make the transition from high school to post-secondary education.

Supports for students with mental health problems can come from informal sources such as peers, friends and family. It also comes from formal supports such as rehabilitation-oriented mental health professionals, supported education programs, and from universities and colleges, usually through the disability services or counseling offices of the campus. However, supported education programs remain few and far between across Canada.

The good news is that within the formal mental health system, there is increasing support for the psychosocial rehabilitation model which includes the concept of supported education. Mental health reform in several provinces, including British Columbia and Ontario, specifically highlights the importance of access to such services. However, as mentioned, actual funding to make these services available to consumers still lags behind.

In the post-secondary education field, a mixed picture also emerges. While disability service offices are offering supports to increasing numbers of student/consumers (or 'students with psychiatric disabilities'), the larger social barrier of dramatically rising tuition is acting as a serious deterrent to consumers living on government disability income. Awareness of the various issues faced by students with psychiatric disabilities is gradually occurring throughout college and university campuses.

The emerging field of early psychosis intervention is another area of potential positive impact, providing support for people (often young) experiencing their first episode of psychosis. These programs are raising the awareness of the good possibility of recovery for all people with mental illness, especially for those who are offered prompt, sensitive care and who are supported to resume their participation in the community. While the initial focus of these programs has been on the need for prompt treatment, consumers are increasingly being supported with their educational aspirations.

One young woman who has spoken publicly about her experience with psychosis describes the lack of support she still faces in her education in the Winter 2003 issue of *Schizophrenia Digest* magazine. According to her, she's "bounced from department to department, and can expect to wait in line for one to three hours with every visit." Her requests for assistance and accommodation are met with 'attitude.' Despite this, she has been successful in continuing with her education.

One area to watch in the future will be the impact of the increasing national attention being paid to mental health issues, as exemplified by the recent *Commission on the Future of Health-care* report, also known as the *Romanow Report*. With the recognition that mental health has been the 'orphan child' of health care for too long, there is increased motivation to improve the situation for Canadians experiencing mental health problems.

Will this attention lead to an increased recognition that people with mental health problems need more than health treatment, but also equal access to the basic elements of citizenship, including education? This remains to be seen; but, across Canada, there are important foundations upon which to build. More students with mental health problems are attending post-secondary education, and are seeking support and assistance when they need it. Some are becoming active in groups with other students with disabilities, or are taking the lessons they have developed through consumer/survivor activism into the education system. Much work has been done, and much more still remains to be done, to ensure that all students, including consumers, can fully benefit from their college and university education. ■

Visions

Our next issue of Visions (due out this summer) is on **SELF-MANAGEMENT**.

If you have a story idea you want to share, contact our editor Eric Macnaughton at (604) 688-3234, toll-free at 1-800-555-8222 or at emacnaug@cmha-bc.org

Psychiatric Dis/Abilities Program

The life of a university student is definitely difficult, yet students with mental illnesses can have even more challenges to face. The cyclical and varying symptoms of illness as well as medication side-effects often take a toll on how students with mental illness cope at school.

“Many students with psychiatric illnesses have difficulty maintaining academic standards due to their situation,” says Enid Weiner, Program Coordinator of York University’s Psychiatric Dis/Abilities Program. “They are often socially isolated as well.”

The Psychiatric Dis/Abilities Program (PDP), which runs out of the Counselling and Development Centre (CDC), encourages students with mental illness to become as independent as possible and to maximize their educational experience. Weiner was asked to initiate the program in 1990. Elements of Boston University’s Centre for Psychiatric Rehabilitation as well as more traditional psychiatric rehabilitation models were used to create the PDP, but Weiner ensured the program philosophy was adapted specifically to York University.

The program assists students in receiving academic accommodations such as writing exams separately, receiving extensions on assignments, and obtaining financial support. Yet, managing one’s illness is the key to life on campus — and the PDP can help.

A vital part of a consumer’s approach to education is familiarity with their psychiatric con-

dition, adds Weiner. “If you don’t understand or accept your illness,” she says, “you will have difficulty coping.”

The first step for Weiner was to find students with mental illness and let them know about the PDP. “I told seven colleges at York as well as key hospitals in the area, and linked with the local CMHA,” she says.

But the best results came from the ad she placed in the student newspaper, and soon students were coming to her door. “Within the first six months, I had to make it clear this was a support program, not a therapy program,” says Weiner. “I did some therapy at the beginning, but that got in the way of broadening the program, so I asked students to find their primary therapist in the community.”

Weiner tapped into the services of a learning-skills specialist who would come to the support groups and talk about preparing for examinations as well as reading, writing and studying. Students were also informed there was an adaptive lab for students with disabilities — a place where they could learn about adaptive software, for example, if necessary — a good resource says Weiner, as 40% of students with learning disabilities also have psychiatric disabilities.

In 1995, Weiner established a consumer peer support group within the PDP and eventually hired a psychiatric survivor to coordinate the group. In the following years, Weiner also hired non-consumer student coordinators, but found that wasn’t as effec-

tive for the group. “We found that students with mental illness were reluctant to self-identify when meeting with other students or group coordinators without the same issues,” she says.

A self-help group was born out of the initial peer support group. The two groups are completely separate and work out of separate premises on campus. Once students complete Weiner’s 10-week program, she encourages them to move on to the self-help group to receive wider support and mentorship. But Weiner and her staff are always available throughout the year. “It’s important students have continuous support,” she says, adding, “many students will be at school for two to five years or more

due to taking a reduced course load — and they learn over time what they need.”

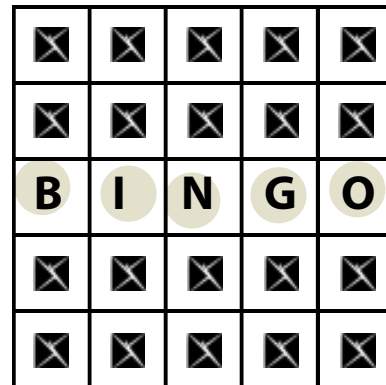
Today, Weiner still makes the campus rounds to increase awareness of the PDP. She says at first she never received referrals from faculty, but that’s changing. “We’ve been invited to a number of classrooms to speak,” she says.

“York differs from every other university in Canada. We have a lot of disability offices. Others have just one,” she says. “It’s good there is a separate program for students with psychiatric disabilities.”

For more information on the Psychiatric Dis/Abilities Program at York University, check out their web site at www.yorku.ca/cdc. ❏

Kathy Smith

Kathy Smith, consumer and proprietor of Smith Secretarial & Design in Victoria, is a freelance writer who specializes in writing about mental health issues



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US Supported Education Models to Learn From

Sarah Hamid-Balma

Sarah is Public Education and Communications Coordinator at CMHA BC Division and Visions' Production Editor.

Although not exhaustive, the list below describes a range of supported education models and prototypes that have sprouted up across the US. Most began as research demonstration sites and grew from there, others faded away once the funding and coordination disappeared. Lessons, though, can be learned from both varieties.

Existing Programs

California

Over the past ten years of operation, the College of San Mateo's Transition to College Program has provided help and accommodation to more than 400 college students with mental illnesses. The educational support services include specialized courses in disability management; college orientation and peer counselling; assistance with registration and financial aid; disability related, academic and career counselling; supporting relationships with instructors; a peer support system with study labs; and low-stress test accommodations. Most of the students had a diagnosis of severe mental illness for more than 10 years, usually with repeated or long-term hospitalizations. More than 75% of the students have attempted college unsuccessfully before enrolling in the award-winning program which documents a retention rate of 83%.

Web site: gocsm.net/html/transition_to_college.html

For more info, read Marshall, L. (1997). "The journey from patient to student." *California Alliance for the Mentally Ill (CAMI) Journal*, 8(2), 17-22. and Rades, D. "A teacher's perspective." 46-48 of the same resource.

Illinois

Thresholds Psychiatric Rehabilitation Centers in Illinois offers the Community Scholar Program, a supported education model for college-bound adults with mental illness. The Community Scholar Program offers six off-site college preparatory classes, an extensive individualized tutorial program, a support group, academic and career counselling, and on-site advocacy and linkage for students who have entered the college setting. Scholarship opportunities are available for qualifying members at Thresholds. Program staff are also able to provide training on working with students with a psychiatric disability to Chicago area college and trade school faculty and staff. Since its creation, the program has seen over 400 students, almost half of which have pursued post-secondary education. A similar percentage of alumni were found to be working.

Web site: www.thresholds.org

For more info, see Kerouac, J. (1997). "Off the road": Supported education for college students with psychiatric disabilities." *CAMI Journal*, 8(2), 41-43.

Michigan

Michigan's Supported Education Program (MSEP) is a collaboration of the University of Michigan, two area community colleges and local mental health service providers. Like several other initiatives, it began several years ago as a federally-funded research demonstration project. Short-term results indicate positive improvements in self-concept and social efficacy, increased support from mental health workers, and increased enrollment in post-secondary education.

Students in the program receive supportive services using a specially-designed method combining classroom and group formats, on-site at both Wayne State University and Henry Ford Community Colleges. Academic support, stress management and vocational exploration are the topics primarily addressed. The program meets twice a week for a two-hour session over 28 weeks (two semesters). For those not able or wishing to meet the prescheduled group format, students can also receive individual assistance to address their educational goals. This may involve working one on one with a staff person.

To qualify for the supported education program, a student must have or be nearing completion of a high school diploma or equivalent, have had their psychiatric illness for at least one year and be currently receiving mental health services.

The program attributes much of its success to the way it began: building awareness of consumers' potential throughout the community via the media and presentations; and working in collaboration with mental health, rehabilitation, consumer, family, advocate and academic communities. For instance, the advisory council for the project includes representatives from

3 supported education models

Self-contained classroom: Students attend classes at a post-secondary site with other students who are also characterized as people with psychiatric disabilities. The curriculum is set, and students receive the same instruction in the same classroom. The students are not initially integrated into regular classes, but they may participate in the activities and use the resources of the institution. However, support is available from program staff for students as they progress and move on to regular classes. Program staff may be from the sponsoring program and/or the academic institution.

On-site support: Students attend regular classes at the post-secondary site for which they receive credit. Support is provided by staff from the post-secondary site. The settings from which services are provided are disabled student services or counselling services at the post-secondary site.

Mobile support: This model is the same as the on-site support model with the exception that the support is provided by staff from community-based mental health services. Although staff members are housed at the community mental health services, they are available to provide support to the students on-site at a variety of post-secondary institutions.

(Unger, K.V. (1990). "Supported postsecondary education for people with mental illness." *American Rehab*, 16(2), 10-14;32-33)

Michigan Rehabilitation Services, Community Mental Health agency sites, the Alliance for the Mentally Ill, participating academic sites, MSEP consumers, and their family members.

Web site: www.ssw.umich.edu/sed/msep

For more info, see Megivern, D. (1997). "Barriers to higher education for persons with serious mental illness." *CAMI Journal*, 8(2), 23-24. and Mowbray, C.T. (1999). "The benefits and challenges of supported education: A personal perspective." *Psychiatric Rehabilitation Journal*, 22(3), 248-254.

New York

At Ulster County Community College in Stone Ridge, New York, the Academic Coaching for Educational Success (ACES) program has been helping students for 7 years. The ACES program currently helps 72 students who suffer from mental illness cope with the demands of going to college. The current program director was herself an ACES student.

Students in the ACES program range in age from 19 to 58 with a range of mental disorder, substance abuse and even criminalization histories. Approximately three quarters of the ACES students have been on government income support. Most are taking medication, are seeing a psychiatrist, and face financial difficulties. Of the 32 graduates over the past two years, 18 are studying at 4-year colleges and 13 are working.

The program helps students' college life with a long list of services: a 25-hour orientation, tutoring and teaching students *how* to study, facilitating workshops on decreasing anxiety and improving coping skills, helping fill out admission and financial aid forms, helping students and teachers get along together, and enhancing social and communication skills for people who may have been lonely and isolated before they entered college. There is also practical assistance available such as transportation to medical appointments or referrals to housing specialists or other community services. The program is sponsored by the Ulster County Mental Health Association and began as one of the national research sites selected by Boston University's Center for Psychiatric Rehabilitation.

Web site: www.sunyulster.edu/resources/academic_coaching.asp

For more information on this program, also see Cooper, L. (1993). "Serving adults with psychiatric disabilities on campus: A mobile support approach." *Psychosocial Rehabilitation Journal*, 17(1), 25-39.

Massachusetts

Sponsored by the Quincy Mental Health Center, CAUSE (Consumers and Alliances United for Supported Education) provides a wide range of services to encourage individuals with psychiatric disabilities to enter or re-enter college or technical school programs. Services by professional staff and peer counselors include academic and career counselling, assistance with finding financial aid, study skills, stress control, tutoring/coaching, and assistance with crisis while hospitalized. One hundred students are on a waiting list for services from the CAUSE program. For more information, contact Elsa Baldwin Ekblaw, Director of Consumer Affairs, Quincy Mental Health Center, 460 Quincy Avenue, Quincy, MA 02169, (617) 337-2685.

Massachusetts

The Harvard Mental Health Awareness and Advocacy Group (MHAAG) is not a supported education program in a traditional sense but it does provide a unique, on-campus support and education service for students with psychiatric disabilities and the broader community. MHAAG is an undergraduate organization at Harvard University, officially recognized in 1997, and one of the first groups of its kind on a college campus.

MHAAG is dedicated to increasing awareness of the issues surrounding mental health and mental illness, and to improving the services offered those suffering from mental illness at Harvard University. The group has operated on the premise that mental illness should be addressed aggressively, compassionately and without shame. MHAAG contributes to the public understanding of mental health issues and reaches out to students who would otherwise suffer alone and in fear of the stigma of mental illnesses. MHAAG also serves as a source of information for members of the community.

Members of MHAAG include people who have mental illnesses, friends and relatives of people with mental illnesses, and other members of the Harvard community who are interested in issues related to mental health.

Early in 2002, as part of the Provost's Caring for the Harvard Community initiative, MHAAG participated in a panel with the aim of educating tutors and House Masters about the needs of students struggling with mental illness. As a result, the group has been invited back to help with tutor training in the fall.

Web site: www.hcs.harvard.edu/~mhaag

Connecticut

The southwestern part of the state features two supported education programs both of which were initiated in 1989 and still continue. One is the Kennedy Center's Supported Education Program, a rehabilitation facility serving people with a range of disabilities, and Laurel House's Supported Education Program, a much smaller agency operating from a clubhouse model of psychosocial rehabilitation. Similar to other programs already described, both programs offer assistance in adjusting to the school environment and choosing career-oriented courses, practical support in navigating the admissions and financial aid processes, counselling, academic support and peer meetings. The two pilot programs were established and implemented in just over a year, with students demonstrating early success with course work and attaining good grades three-quarters of the time.

Web sites: www.laurelhouse.net/education.html

www.thekennedycenterinc.org/rehabil.htm

More information can also be found in Pettella, C. & Tarnoczy, D. L. (1996). "Supported education: Functional techniques for success." *Psychiatric Rehabilitation Journal*, 20(1), 37-42; Wolf, J. & DiPietro, S. (1992). "From patient to student: Supported education programs in southwest Connecticut." *Psychosocial Rehabilitation Journal*, 15(4), 61-69. and Dougherty, S. J. (1997). "The chance to go to school." *CAMI Journal*, 8(2), 36-38.

Washington

Community Colleges of Spokane's PACE Services (People Accessing Careers and Education) assists individuals to achieve in-

dependence, employment and ongoing education. Their program for mental health consumers is called Supported Education Enhancing Rehabilitation or SEER for short. SEER non-credit classes work on the transition into college, job training or employment. The program also provides peer supports through the Eagle/SEER support group, mentoring, and even musical theatre in addition to the vocational, educational and mental health supports.

Web site: ielhp.spokane.cc.wa.us/abe/pace.htm

For more info, also check out Turner, J. R. (1997). "SEER: A supported education program for building consumers' careers." *CAMI Journal*, 8(2), 49-50.

Time-limited Research Projects

Philadelphia

The National Institute on Disability and Rehabilitation Research (NIDRR) recently funded the Matrix Research Institute to undertake a research project on School-to-Work Transition Services for Youth with Emotional Disturbances in Philadelphia. The research project is designed to evaluate the outcomes of a model that promotes collaboration among the Philadelphia Board of Education, the Philadelphia Office of Mental Health, a city-wide network of provider agencies, and the Philadelphia Office of the State Vocational Rehabilitation system. The model, based on an earlier funded pilot study, the Young-adult Employment Supports project, provides intervention through each of three stages for youth in transition:

- identification and engagement of youth leaving school
- the implementation of services focused on assessment, interest and skills identification
- the development of individualized supports in post-transition activities.

The project is built upon a model designed to develop inter-system collaboration in the operation of a school-to-work transition program for young adults with serious emotional disturbances. The project tests the pilot model by evaluating, through a randomized design, the intervention's impact on the vocational, academic, social, personal, and behavioural outcomes of 200 participants.

Web site: www.matrixresearch.org/3-resrch.html#School

New York

Project CHANGE (College Helps Adults Needing Growth and Education) was a joint program of Rockland County Department of Mental Health and Rockland Community College that ran for several years in the late 1980s. The project offered special supports and an initial closed-classroom format to facilitate mental health clients' re-entry into the college mainstream when ready, while at the same time, monitoring related stress. The students — referred mainly from local day-treatment programs and outpatient clinics — took six credits worth of courses per semester offered at Rockland Community College — courses chosen for their appeal, practical value and relatively low academic stress (e.g., vocational assessment, art course, physical education course etc.). A group of 12 to 20 students per semester took these courses together. In addition to the group format, support included help with registration and financial aid forms, pre-regis-

tration orientation, ongoing coordination and personalized attention, weekly or biweekly support group meetings, and even initial help with transportation if needed.

Concerns that led to the dwindling of the program included logistics and motivation for students traveling between the treatment facility and the campus, lack of connection with the campus disability office, lack of sustained marketing, and a prime desire of consumers for support towards a paid-work role. A more comprehensive evaluation of what worked and didn't work with the program is detailed in: Ryglewicz, H. & Glynn, L. (1993). "Project CHANGE revisited: An experiment in entry or re-entry into college." *Psychosocial Rehabilitation Journal*, 17(1), 69-82. The authors do close the article with a checklist for agencies interested in implementing such a program:

- 1 Is there a sufficient number of potential students with compatible needs and levels of functioning?
- 2 Are there mental health and college staff members with time and capabilities to serve as coordinators and teachers?
- 3 What training, experience, motivation and personal qualities equip such staff members to deal with this student population?
- 4 Is additional orientation and training in mental health issues needed for college staff members?
- 5 Are there appropriate credit-bearing courses in the college curriculum?
- 6 How many students does the college require for a closed classroom course in the program?
- 7 Are college and/or mental health staff members available to develop specially-tailored courses as the program continues?
- 8 Are remedial and other specialized services available as needed?
- 9 Is there a coordinated mental health system in the local community?
- 10 How will the college and mental health staff work together to ensure an early warning system and ongoing monitoring of students' educational and mental health needs, especially in response to impending crisis or failure?
- 11 Are there mental health case managers and/or specially assigned college counsellors to help with registration and financial aid?
- 12 Is there an effective local transportation system? If not, how will transportation be handled?
- 13 Is there solid administrative and other staff support for the program at both the college and the mental health agency? If not, how will such support be developed?
- 14 How will concerns about providing adequate support be balanced with concerns about student autonomy, self-determination and absence of stigma in the operation of the program?
- 15 How will the program respond to incidents of dangerous or erratic behaviour of a student?
- 16 What special procedures may be needed to arrange a student's time-out and return to the program?
- 17 How will the program respond to indications of substance use on the part of one or more students?

California

In the early 90s, the California Community Colleges' Chancellor's Office initiated a research study in response to data that in one year, more than 3100 students with mental illness had received educational accommodations at college campuses throughout the state. At the same time, another report on college concerns revealed a widespread perception that "as a group, this student population [with psychiatric disabilities] is too ill, unmotivated, disruptive, or academically unprepared to be successful in the role of college student and that the nature of the disability-related accommodations they require are psychotherapeutic in nature and therefore not appropriate to the educational mission of the colleges." Ensuing research over 18 months revealed these perceptions to be unfounded. The four colleges chosen — Kings River Community College, College of San Mateo (the only program still existing, see above), Santa Barbara City College, and San Diego City College — varied in their size, geography, and the ethnicity and socioeconomic backgrounds of the student populations. A three-pronged approach was used for each college:

- 1 educational support services equivalent to those provided to students with other disabilities:** access to adapted equipment, job placement/development, registration assistance, parking accommodation, supplemental orientation, test-taking facilitation, disability-related counselling, mobility assistance, note-taker and reader services and special tutoring.
- 2 special classroom instruction** to provide students with necessary transition skills related to being a successful student.
- 3 a temporary crisis intervention mechanism:** few of the students ended up experiencing crisis although quick and early intervention by the student's therapist in cases of panic or anxiety probably averted a few.

A full evaluation of learnings from the California college site interventions is described in Parten, D. (1993). "Implementation of a systems approach to supported education at four California community college model service sites." *Psychosocial Rehabilitation Journal*, 17(1), 171-188. and Parten, D. (1997). "Incorporating students with psychological disabilities: An assault on stigma at California community colleges." *CAMI Journal*, 8(2), 14-16.

Texas

With temporary grant funding and technical support from Boston University's Center for Psychiatric Rehabilitation, the Houston Community College System and the local county's Mental Health and Mental Retardation Authority partnered in a supported education demonstration site in the early to mid-90s. Key features of the program included:

- a work training program culminating in a paid internship as case manager aides at the Mental Health Authority
- establishment of an on-campus Office of Supported Education for Psychiatrically Disabled Students
- specialized case managers who traveled to the student
- a peer support group
- entry/re-entry program focusing on self-management of one's disability, study-skills training, confidence-building refresh-

outcomes study

In 2000, a preliminary outcome study was released of 124 students with a mental illness who were followed for five semesters. The students were from three of the supported education sites described above: College of San Mateo, Quincy's CAUSE program and Laurel House. Results showed that students completed 90% of their college course work and achieved a grade point average of 3.14 (the range for B/B+). Forty-two per cent of them were working — a lower average than part-time students without mental illness, but much higher than the population of people with severe mental illness in general. By the end of the study, almost 98% were living independently.

Fast Facts

- The average supported education student who returns to school is about 34 years old
- The most common mental illnesses among supported educated students are schizophrenia, major depression or bipolar disorder
- The average age of onset of psychiatric illness is 20
- The average student has been hospitalized seven times and has spent 11 months in the hospital
- People who are enrolled in a supported education program have decreased incidences of hospitalization
- Supported education is significantly and positively related to successful employment

(Unger, K.V., Pardee, R. & Shafter, M. S. (2000). "Outcomes of postsecondary supported education programs for people with psychiatric disabilities." *Journal of Vocational Rehabilitation*, 14(3), 195-199.)

er courses in basic English and math, vocational exploration, peer-support-network-building, and assistance in dealing with college administrative requirements. Evaluation of the program noted that the coursework in disability self-management, in particular, appeared to be a fundamental need of students transitioning to the college environment. Specific topics include symptom recognition, symptom monitoring, medication management, individualized coping skills, and general stress management including test anxiety.

For more info, see Housel, D.P. & Hickey, J.S. (1993). "Supported education in a community college for students with psychiatric disabilities: The Houston Community College Model." *Psychosocial Rehabilitation Journal*, 17(1), 41-51. ■

related resources

- **Supported Education and Psychiatric Rehabilitation: Models and Methods** – Edited by Mowbray, Brown, Furlong-Morman and Sullivan-Soydan. International Association of Psychosocial Rehabilitation Services, 2001. Available to order at www.iapsrs.org/Books/supported-ed.htm. Highly recommended by Gail Simpson of CMHA Victoria.
- **California Alliance for the Mentally Ill (CAMI) Journal, Issue on Supported Education** – Index and selected articles available at www.healthieryou.com/index82.html. Sections 2 ("Different Venues; Similar Barriers") and 3 ("Developing Success Models") provide some great discussions of many of the programs just described.
- **Psychosocial Rehabilitation Journal, 1993, Volume 17, No. 1, Special Issue on Supported Education** – Still relevant as it describes a whole host of learnings and implementation descriptions from supported education demonstration projects around the US. [Now known as Psychiatric Rehabilitation Journal] A must-have for anyone wanting to implement a supported education program in BC, particularly the following articles: Carol Mowbray and David Moxley's "A framework for initiating supported education programs" (pages 129-150) and Karen Unger's "Creating supported education programs utilizing existing community resources" (pages 11-24). Secure online ordering available.
- **School of Social Work at the University of Michigan** has a fantastic catalog of published articles on supported education models and programs: www.ssw.umich.edu/seed/pubs.html
- **The Process of Providing Supported Education Services** – Karen Unger, an expert in the field, has this checklist on her web site: www.supportededucation.com

The Benefits of Peer Support

Jennifer Lund

Jennifer is a staff member of the Psychiatric Dis/Abilities Program at York University in Toronto, Ontario

along with another staff member in the Psychiatric Dis/Abilities Program (PDP) at York University, co-facilitate an academic support group that meets for ten weeks every term. The group provides a forum for students with psychiatric disabilities to discuss their experiences on campus. It's structured around guest speakers, videos and discussions on a wide range of topics relevant to successfully managing school, while prioritizing one's mental health.

A learning-skills specialist visits each term to discuss issues such as procrastination or strat-

egies for preparing for tests. We may also go on a tour of the library or to the adaptive technology lab. In addition, students may want to be familiarized with the location of the financial aid office or the Registrar's office. We show tapes from the Mood Disorders Association of Ontario discussing recovery, medication management and stigma. While students may be managing a wider range of mental disorders, the topics in these talks are chosen for their universal applicability. In addition, we show a film written and directed by a student in the PDP called *Ode to Learning*, a docu-

drama following a first-year student with a psychiatric disability as she negotiates academic accommodations.

The group can be a powerful source for developing the skills of self-advocacy, which are especially important, since York is a large university that is often very intimidating. Within the group, mature students and upper level PDP students act informally as mentors for incoming students. Often this is a student's only opportunity, outside of hospital or day hospital, to interact with others who have similar experiences and concerns. Students often remark on how 'normal' everyone else is! This can be a powerful impetus for students to understand their right to accommodations as justified, and to help people maintain an ongoing commitment to well-being that will become so important to student success.

Students watch the struggles of others in the group, perhaps permitting them to accept their own challenges. So often students with psychiatric disabilities want to keep up with their peers, and in so doing, jeopardize the success of their progress as part-time students. Watching their colleagues validates their struggles in a way

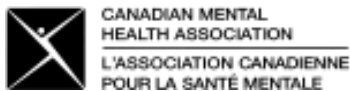
that we as service providers cannot. While I self-disclose my own psychiatric disability, and my status as a doctoral student, my experiences may be too removed and not as influential as that of their peers in the group.

While we emphasize that the group is not a therapeutic one but one of academic support, students usually comment on the wider applicability of the issues that arise through the group. The general format of speakers, films and discussion remains consistent, with variability in content depending on the group's needs. We end with a sharing of resources that is always very inspiring, and often unpredictable. It is interesting to watch a more rigid student writing down the titles of books on spirituality, or to watch a student who chose to observe, join in with a myriad of suggestions. As we began the group again for the winter session, a student commented on how striking it was for her to hear that everyone in the room was facing similar challenges. She felt rejected by fellow students to whom she had disclosed her disability. She had come to the group overcome by feelings of loneliness, and left with a feeling of mutual support. ■

Depression Screening and Education DAY

Depression Screening and Education Day 2002 took place on October 10th and saw 3400 people attending, the greatest attendance in the event's eight-year provincial history. For more details, see the event Final Report at www.cmha-bc.org. Special thanks to all the site holders, partners, provincial sponsors and the Ministry of Health Services for making this event a success.

Presented by



With generous support from



Funding provided by the Ministry of Health Services



L I T E B O O K



related resource

Unger, K. & Susan Langi. (1997). *A Peer Support Manual for Supported Education*. National Research and Training Center, University of Illinois, Chicago, IL.

This manual describes how to set up a peer support group for people with psychiatric disabilities who are returning or continuing in college. It outlines many of the skills needed to do so. The lessons in the manual also provide a process to learn the skills and knowledge that will help a person return to school successfully. The Table of Contents include:

- Developing a peer support group
- Being a peer mentor
- Helping and communication skills
- Problem-solving skills
- Making decisions
- Developing an educational goal
- Advocating for resources
- Accommodations and services
- Financial aid
- Conclusion

Peer Support for Students in Postsecondary Education is available from the National Research and Training Center, University of Illinois at Chicago, 104 South Michigan Avenue, Suite 900, Chicago, IL 60603. Phone (312) 422-8180. Judith A. Cook, PhD, Director

The GOLD Program

Anxiety is the result of being both gifted and learning disabled — a concept that used to be considered an oxymoron. The GOLD Program, at Prince of Wales Secondary in Vancouver, was established to help students with these characteristics be successful in high school. School becomes tolerable, though not openly enjoyable.

You, in the mental health professions, have seen many of the GOLD students. Often they stop attending school for a period of time in elementary school, sometimes they are diagnosed as ADHD, sometimes obsessive-compulsive, sometimes as Asperger's Syndrome sufferers, but always anxiety is an unwelcome companion. For most students who are gifted with learning difficulties, a type of strangulation occurs. The gifted areas, which often involve absorbing knowledge through reading, listening or the media, provide easy access to stimulation, energy and new ideas — and the learning difficulties, often involving written output and organizational problems, block access to expressing this information and obtaining good grades. The result is frustration and hopelessness. The two together, the gifts with the learning difficulties, could be described as a double handicap.

The GOLD program provides at least one block of support time for students. During this block of time, which is about 75 minutes two or three times per week, we must accomplish a lot. Discussions — which can range from political topics, learning strategies, any new science regarding learning difficulties or problem solving — usually start the day. Next, agendas are checked to make sure students are organized regarding homework and tests. Some students then spend a small amount of time on remedial work and the remaining time is for subject support. Grade eight students are also taught English 8 so both enrichment and remedial work can be provided and the focus can be — much more than a 'regular' class — on the individual needs. Several students each year are taught math or English by the GOLD teacher, and some students have more than one support block.

All GOLD students have adaptations, a term used to provide allowances such as extra time, no marks off for spelling, or use of a computer to compensate for their learning difficulties. Adaptations are not changes to the prescribed learning outcome. Several students use a walkman (to aid concentration) during individual work time. As well, many students write tests in the GOLD room where they are comfortable.

The GOLD program benefits from good computer support, a flexible school environment, and many teachers who now understand this type of student. We are lucky to have a special education support person who provides much needed one-to-one help and very often supervises our room at lunch, so students who choose to have a friendly, familiar place to lunch, chat and play games. Fortunately, we have many peer tutors who also provide much needed one-to-one help.

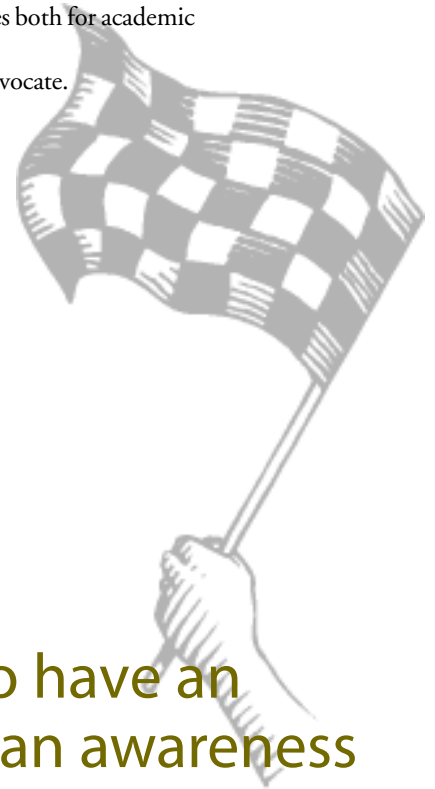
Some students leave the program after two years, others stay longer, and some are in the program for all of their high school years. When students exit the program, it is hoped that they

- understand their strengths and weaknesses
- have some knowledge of useful strategies both for academic achievement and stress management
- have developed the ability to be a self-advocate.

Care, acceptance, understanding, trust, confidentiality, humour, structure and the willingness to 'call a spade a spade' are all essential ingredients to support this stimulating and deserving population of adolescents. ■

Corinne Bees

Corinne has taught in the GOLD program for 13 years. She has an MA in Special Education, and has taught in that area for 25 years. She has been published in the *Roeper Review*, and received the Special Education Association (BC) President's Award for Innovation in 1998.



With the GOLD program, my son came to have an understanding of his learning style, and an awareness of how to advocate for his own adaptations.

He became less critical of himself and began to understand how to deal with the stresses and anxieties that were a huge part of his life as a gifted/learning disabled high school student. Now, at the post-secondary level, he negotiates his own accommodations through student services and with individual professors.

— parent of a GOLD program graduate

What BC Campus Disability Centres Can Offer Students

A Survey of Several Universities and Colleges

Dana

When talking about mental illness and education, inevitably we come across the term ‘reasonable adjustments’ or ‘accommodations.’ According to Boston University, these terms refer to any modifications that need to be made for a person or within an environment to minimize the discriminatory effect of a person’s physical, emotional, or learning disability. The student is expected to meet the minimum standards such as attendance or examinations.

There are students who come to school with mental illness, but there are many others who enter school without a history of psychiatric problems and develop them later, which often leads to withdrawal from school. For this reason, the questions that were posed to BC’s post-secondary educational institutions in the present survey were focused on both issues: reaching out to students with an established mental illness, and connecting with those who are at risk or have become mentally ill during their studies.

The following post-secondary institutions in British Columbia have responded to questions regarding services available for students with mental disabilities at their campuses: Simon Fraser University (SFU), University of British Columbia (UBC), University of Victoria (UVIC), Prince George’s University of Northern British Columbia (UNBC), Douglas College in

the Lower Mainland, Cranbrook’s College of the Rockies, Emily Carr Institute of Art + Design in Vancouver, and Northern Lights College based in Terrace. Since their policies are rather similar, what follows is a synthesis of the common accommodation policies offered by most institutions.

Disability offices carry various names: Resource Centre for Students with a Disability at UVIC, Disability Resource Centre at UBC, or Disability Services at Northern Lights College. These and other centres try to reach out to students with special needs as early as the application process and initial campus orientations. During the school year, many of them have awareness-raising programs and kiosks set up on the premises. They also maintain information web sites with resources regarding the mandate and the services provided. Students who seek their services meet with an advisor and plan out the strategy necessary for their successful academic year. Douglas College also has a special college preparation course for people with mental disabilities interested in pursuing their studies at this school.

With their advisors, students discuss possible academic accommodations that range from exam and course extensions to note-takers and additional tutoring. Students who come to disability centres and ask for services are expected to provide a letter from their physician stating their disability

and the limitations it poses on their academic performance. At the beginning of the semester, based on need and the student’s consent to being represented by the disability office, the office reaches out to the professors and issues a letter specifying which accommodations will be necessary, without disclosing the illness unless the student gives consent. There are confidentiality rules in place meant to prevent different offices on campus from releasing and sharing the personal information of a student unless the student agreed to this option.

There is a wide range of options regarding academic adjustments:

Classroom accommodations:

- preferential seating in front, by the door, to reduce distractions
- having someone to go with the student to the class to help with note-taking or moral support
- beverages permitted in class to alleviate dry mouth or tiredness caused by medications

Lecture accommodations:

- pre-arranged breaks that help manage anxiety, stress
- tape-recorders to alleviate pressure of note-taking

Examination accommodations:

- altering an exam from a multiple choice to an essay format
- permitting use of computer if physical handwriting

is difficult due to medication side-effects

- negotiating an extra amount of time before the exam and having the exam divided into parts over one to two days

Assignment accommodations:

- delays granted due to hospitalization and assistance in completing assignments during hospitalization

Administrative accommodations:

- providing waivers of courses, and modifications on a case-by-case basis
- providing assistance with registration and financial aid
- flexibility in determining full-time status for the purposes of financial aid and health insurance
- offering an incomplete grade rather than failure or withdrawal if a relapse occurs.

Disability centres are there to help students not only with academic adjustments but also with administrative issues and access to financial aid, especially when a student’s illness or a relapse prevents him or her from completing a course or registering on time. In most schools, the students can also register as a full-time student while taking 40% of the regular full-time course load and therefore still be eligible for financial assistance.

Outreach to the student community also works through the cooperation of the disabili- ►

THEO BC's Supported Education Program and Bursary Fund

Since 1997, THEO BC has been supporting adults with mental health issues to return to school. Using a *Choose-Get-Keep* model of support, the individual will work with their counsellor to choose an educational program, access funding, enroll in a program and maintain that enrollment. At each stage, this process is one to one. It is individualized to meet the needs of the student and to support their choices, their vocational goals and ideas.

In the *Choose* phase of the Supported Education Program, a student will sit down with their counsellor to solidify their educational plans — a process that involves career assessment. As most adults with mental health issues report some degree of anxiety around returning to school, the student will explore where they feel they will need support. This could include a functional assessment to address issues like memory loss and concentration issues due to medications; environmental concerns like noisy, large classes; and how to study. The student's learning styles are assessed and their coping styles are discussed with the idea of school accommodations. Will they need additional support to do tests and papers? Should they disclose? Can they get to class on time? These are just some of the concerns that will be discussed.

Once the educational goal is decided, the process moves to the *Get* phase. This is the phase where the student receives support to look for funding and to make applications to school. Some students feel quite confident to enroll by themselves in the school of their choice. Others feel they need assistance to get their educational transcripts ordered and to fill out the applications. At this time, the student's funding options are considered: student loans and grants, bursaries, bank loans, and lines of credit are all discussed.

Once funding is secured and the student has been accepted into the program of their choice, they move into the *Keep* phase. At this point, the counsellor and student sit down to discuss the

types of support that will be needed in school. Students are encouraged to consider all their options, from weekly meetings with their counsellor to accessing the services at their school. This process could include looking at course schedules and timelines to help keep the student on track.

As THEO BC began to do more work in the area of supported education, it became apparent that there was a need for funding support for individuals to return to school. Since 1999, the Board of Directors of THEO has authorized fundraising to support the THEO BC Bursary Fund. Successful applicants are eligible to receive up to \$500 per annum, and a qualified student may apply for a second year. The bursary application has now been incorporated into the supported education process and, to date, over \$20,000 has been granted to students.

THEO BC has supported students to go back to school in a variety of educational settings. Our students are expanding their horizons in vocational programs, high school upgrades, college and university programs.

Should you have any questions regarding THEO BC's Supported Education Program and Bursary Fund, please feel free to contact Megan Graham at (604) 872-0770, via email at mgraham@theobc.org, or see www.theobc.org. ■

Megan Graham

Megan is the Education and Employment Services Coordinator at THEO BC (BC Society of Training for Health and Education Opportunities), a program based in Vancouver and Kamloops. Appreciating life-long learning principles herself, Megan has supported people for more than eight years with their education and employment goals

Education Coaching

The purpose of the Capital Mental Health Association's Education Coaching program is to provide information that assists and supports consumers to become successful students in the learning environment of their choice. Through the program, consumers articulate their educational wishes and develop plans to meet their goals. They then find appropriate courses and facilities, connect with support services available in both the community and schools, fulfil prerequisites, register for courses and programs and secure funding.

Bernice Montgomery, MEd

Bernice has a teaching degree and public school experience at the secondary level. She began working in public school adult education programs and for community colleges. She has also worked as an instructor of basic education for community agencies that specialize in disability services. She has been an education coach at Capital Mental Health Association since 1996 and just recently completed a Master's degree in Education.

What BC Campus Disability Centres Can Offer ... (cont'd)

ty offices with the health and counselling services based on mutual referral.

Some schools have peer support programs set up as well. But to my knowledge the York University's student-run organization which promotes the rights of students with disabilities has not been copied by any BC college or university.

I think it is a great advan-

tage of this country's educational system that these offices exist and provide support for those that need it. In the Czech Republic, where I come from, although the educational system is and has been very advanced, a student with a disability has nowhere in particular to turn to and has to rely on the understanding of the professors and peers. ■

Consumers who are not interested in formal academic education or training develop independent learning plans, so they may study topics as diverse as music, chemistry and spelling, or develop individual creative strengths and natural talents for writing, poetry and visual art. Independent learning plans may be supplemented by group meetings, weekly tutorial drop-ins, or by individual meetings with the education coach. Generally the Education Coaching program at CMHA provides ongoing education support, tutoring, individual instruction and learning groups for clients engaged in formal learning or independent learning plans.

For an education coach, the important issue to address is not the intellectual ability of consumers to participate in post-secondary learning, but rather the ability of educational institutions and mental health services to respect the requirements of individual consumers who wish to be successful students. The attention and accommodations that consumers require are as individual as the people themselves, and people with a range of personal histories and experiences and a variety of diagnoses access the program. Young adults return to inter-

rupted education; working people change careers; writers and poets emerge. Men and women who once believed they were forever shut out of post-secondary education become successful students in all sorts of settings, including school districts, community colleges, private colleges, distance education, university and independent learning programs.

People who experience symptoms of psychiatric illness and/or receive psychiatric treatment need lots of time to access information, to think about what they would like to do, to make plans, to establish support networks and to take the necessary steps to enrol in school. They also need opportunities to reassess their needs and wishes throughout their educational experience. Consumers who withdraw from programs or courses because of illness — or simply because they change their mind — need support to ensure that if they decide to try again, that is a safe option for them, both psychologically or financially.

To be an effective education coach, I have learned to celebrate diversity and differences. In doing this, I rely upon the values of social justice and equality of opportunity that are the foundations of adult education. Consumers are citizens first. They are also self-directed adults with individual learning skills and strengths.

They have the civil right to access and participate in an enormous range of courses and programs, in a variety of presentation forms, that address learning choices from basic literacy to post-graduate studies.

For more information on this program, call (250) 389-1211, or visit www.mentalillnessrecovery.com ■

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The Clubhouse

Introduction

In this next section, *Visions* looks at the potential of the clubhouse as a base for supported education, through a series of interviews with clubhouses in various parts of British Columbia, including Pathways in Richmond, Langley Stepping Stone, and the clubhouse based at CMHA Mid-Island in Nanaimo. We asked staff at all of these locations a series of questions relating to the what each was currently doing and their hopes for the future. In answering the questions, clubhouse staff involved clubhouse members who were currently undertaking or preparing to enter post-secondary education.

According to Dave McDonald, Executive Director of Richmond CMHA, the host of Pathways Clubhouse, the International Center for Clubhouse Development (ICCD) standards have always reflected supported education as a worthwhile goal for clubhouse development. But in the past few years, there has been more activity in this area, and at the recent faculty meeting for the ICCD last fall in New York City, there was much greater emphasis put on this issue.

While employment has always been a central focus of clubhouse activity, the feeling reflected at this meeting, and throughout the clubhouse community, is that too many people with mental illness have become stuck in entry-level positions. Going back to school — not just getting one's GED (Grade 12 Graduation Equivalency Diploma), but going back to college or university — is therefore increasingly recognized as a way out of this 'entry-level trap,' also referred to as the 'Four F's' phenomenon, where consumers are offered jobs related to 'food, filth (janitorial), filing (secretarial) and flowers.' According to McDonald, in the future, the clubhouse accreditation process will be taking a much closer look at what individual clubhouses are doing in the area of education, whether that's supporting people inside or outside the clubhouse.

Pathways Clubhouse

The questions put to Pathways Clubhouse were answered by **Susan Knight**, Manager of the clubhouse, and by **Scott Woodburn** who has been a member of Pathways Clubhouse for 6 years. He is currently enrolled at Kwantlen University College pursuing a Bachelor's Degree. Susan has been on the faculty of the ICCD since 1995.

Visions: What is the impetus within the clubhouse movement towards giving education an equal amount of attention as employment?

Pathways: The clubhouse movement is definitely putting a huge emphasis on education now. The Clubhouse Standard #26 addresses this issue and it states: "The clubhouse assists members to further their vocational goals by helping them take advantage of adult education opportunities in the community. In addition, clubhouses provide in-house educational programs that significantly utilize the teaching and tutoring skills of members." When the ICCD certifies clubhouses, the number of mem-

as a Base for Education

bers pursuing educational opportunities as well as members employed in transitional, supported and independent jobs is measured to determine the efficacy of the clubhouse.

Visions: What kinds of strategies has your clubhouse tried in the past with respect to supported education (for people both within and outside the clubhouse)?

Scott: Pathways Clubhouse has set up an education area where we post members' pictures along with a profile on what type of education they are involved in, and where members can access a computer and do their homework in quiet. We have also set up members with other members or staff for tutoring. We have helped members to access financial aid and have gone to school with them for orientation and to sign-up for classes. We have also set them up with the school's disability office. Recently we put out a survey to our membership to see if members were interested in having any in-house, formal classes offered. The response was yes, most members were interested in getting their GED and career planning courses, and liked the idea of being able to take those classes at Pathways.

Visions: What kinds of barriers do clubhouse members see as standing in their way as they consider going back to school?

Scott: I found age to be a huge barrier. Because I was sick in my late teens and early 20's, I am much older than most of the people in my classes. I really have to try to relate to my classmates on their level, but I feel like I don't have that much in common with them. Some symptoms of my illness are huge barriers too, for example, loss of concentration and motivation. I also feel afraid to re-enter society — sometimes I feel like society has forsaken me, so I will forsake society. It's hard to see the end of the road sometimes. I wonder to myself: 'I've tried many times, and am I going to make it this time?' I'm no longer motivated by material things; I could be happy just reading and learning at my own pace, but I also have to struggle to get back my ambition. Another symptom of my illness is grandiose ideas, so I really have to focus on doing practical small things like homework (as opposed to thinking I am Jesus). I sometimes hear voices too, so obviously this is a barrier.

Visions: What strategies do you use to get beyond some of these barriers?

Scott: One thing is to make sure I have a regular routine and that I keep all of my appointments. I also make sure that I avoid certain situations — for example, busy crowded places make me nervous, so at the end of class, instead of going out the front door I go out the side door. I have coping mechanisms to know what is real and what isn't. For example if the voices/thoughts I have are negative and repetitive I know they aren't real and I focus on the teacher. I have to make sure I know the difference

between loss of concentration and sheer boredom — I mean, everyone is bored in school sometimes, right? I also know that going to school and keeping my mind busy helps my symptoms. I have also contacted the school's disability office and they were very helpful financially. They made sure I got a Part-Time Study Grant worth \$1200. It's a federal grant and you can take two classes a year with it; it's specifically for people with a disability. You can get these forms either at the school's financial aid office or the disability office. The disability office also gave me a form about accommodations — for example, more time for tests — that I could give to my teachers. I've chosen not to do this yet because I really don't want special treatment just because I have a mental illness. It is also really helpful to me to see another consumer in the hallways. We haven't talked yet about why we know each other — we just smile and say hello to each other and this is helpful.

Visions: Once people actually enter a school setting, what kinds of support do you envision offering to people to help them make a successful transition?

Scott: At present, I find the computers at the clubhouse really useful to do my homework and access the internet. When the new clubhouse has a quiet space for homework, it will be nice to be able to study here and then eat lunch here with my friends, and to get help if I need it from someone in the clubhouse.

Pathways: The clubhouse plans to offer tutoring, space to do homework, advocacy with the school, help with accessing financial aid, monthly celebration/support dinners, and if the members want, a 'buddy' to help with the initial stages of enrolling in school. For example, a staff member (or another member) could go to school with the member initially to get through the confusing part of signing up for classes, finding classes, etc. We could even 'fill-in' for members if they were sick and take notes for them so they don't fall behind and educate teachers about any possible accommodations the member might need in class or to write tests.

Visions: What kinds of resources would your clubhouse need to fully implement your vision?

Pathways: Pathways Clubhouse needs to develop relationships with our local college and continuing education department to hopefully be able to use a teacher to come in regularly to teach classes (especially the GED). Our current staffing level (five funded staff with an average daily attendance of about 60 members) is stretched to the limit providing employment opportunities for transitional employment where we provide on-the-job training and absence coverage [i.e., staff filling for members who are absent and unable to perform job duties in the community], so if funding for more staff is impossible, the relationships we build with educational institutes will be essential to realize any of these plans. We also need to use the talents of

our membership to provide tutoring and support for members already enrolled in school. We have done this in the past, but our new clubhouse is still setting up our space so we need to make sure we have an education space. Our members obviously need money to pursue school, so hopefully they will be able to access government grants to pay for their school while maintaining their disability benefits. Some members have been very successful at this and other members have had to get loans (which obviously is scary when you are on a fixed income) so this prevents them from pursuing school.

CMHA Mid-Island Branch, Nanaimo

This interview is based on a conversation with Chris Martens, the Executive Director of the CMHA Mid-Island Branch, which runs a clubhouse as part of the services offered by the agency. Chris is currently working on her Masters in Education in Community Rehabilitation and Disability Studies.

Visions: How does supported education fit into the framework of your current clubhouse operations?

Chris: Our clubhouse is really just in the start-up phase, but as a part of the entire framework, we look at what the person wants for their life and options for getting there. This usually starts with rebuilding hope and dreams, which seem to be dismantled through the illness cycle. The clubhouse provides a secure environment to try new things without fear of failure, derision or stigma. This leads, hopefully, to a desire and willingness to explore even more. It really increases a person's confidence when people realize that their participation is valued in the clubhouse and that they have something to offer to the community. This confidence will hopefully grow and strengthen so that when goals are identified, people are strong enough to risk them.

Visions: Where a person has identified education as a goal, what kinds of resources does/would the clubhouse offer that person?

Chris: We offer general support and a quiet place to study if people need it. We have also offered peer tutoring and assistance to connect at the school-district level or college (e.g., to the disability resources office). Mainly, we offer unconditional support.

Visions: What resources would you need to expand your ability to provide education supports at the clubhouse?

Chris: Basically, we lack sufficient staffing to provide a full and diverse clubhouse. We have space, desire and willingness because we see the changes that take place for people who are able to regain their confidence and hope. Our partnerships with other community agencies could also be great assets in education support, but a dedicated person for the work is desperately needed.

Langley Stepping Stone Society

The questions forming the basis of this interview were originally formulated through a discussion between *Visions* and Janet Burden of Langley Stepping Stone. The final responses were prepared by Sheila O'Hare and include contributions from Mary

Cormier, Alison Cartier, Nicky Serfontein, and the following clubhouse members:

- **Linda Harper** is currently attending Kwantlen University College and an Adult Education Centre in New Westminster.
- **Roxann Ganzeveld** completed her grade 12. She has also completed Kwantlen University College's Integrated Bookkeeping Systems program and is currently looking for work.
- **Joyce Worthington** is presently doing her Grade 12 at the Langley Education Centre. She plans to complete it and then look to enter college to study political science.
- **Stephanie Illescas** is currently doing a Basic English Academic Career Preparation (ACP) program at Kwantlen University College. Ultimately, she would like to do a diploma/degree that includes history.
- **Rebecca Skidmore** is engaged in a full time Administrative Assistant program at Sprott Shaw College.

Background

Langley Stepping Stone Society was established in 1984 to develop services for adults who cope with serious and persistent mental illness. The primary objective is to offer psychosocial rehabilitation, and this is provided through many programs and services including food services, the communications unit, the craft group, the education series, social and leisure activity programs, supported work and volunteer programs, and community living support and supported independent living programs. In addition, there is a regional mental health resource centre and an employment services program.

Visions: What educational supports do you offer to help people looking to make the first steps back to school?

Stepping Stone: Langley Stepping Stone clubhouse offers informal educational support by providing opportunities for our members to discuss and research information on attending or returning to school. The discussion procedure provides encouragement to those thinking about school and assists people through the decision-making process. Stepping Stone has collected numerous community educational calendars which outline courses and programs. We also have internet access which provides this information online.

Once people decide that school is an option for them, we can support them in a variety of ways. We often accompany people to educational institutions in order for them to either gain further information or to attend orientation sessions. We also support people to attend scheduled appointments with schools and provide assistance to fill out application forms.

The clubhouse is equipped with computers, internet access, fax machines, telephones and a photocopier, all of which can assist people to complete school assignments, or to make contact with instructors, admissions offices or fellow students. In addition, we have both staff and peers who can provide support and assistance with the process of essay writing or exam preparation.

Linda: Stepping Stone offers a creative writing group, provides computers and a printer which can be used throughout the day, and has places where I can sit and do my homework.

Roxann: I have found the staff to be supportive. I was introduced to the Employment Services program (described below), which assisted me in making my decisions and helped me secure funding for the Integrated Bookkeeping program. I also think that having access to computers and the internet is very helpful.

The Employment Services program is available and has assisted me in my educational decision-making and my educational funding. It also helped me to secure daycare and provided me with a training and travel allowance while I was in school.

Joyce: Stepping Stone and my SIL (housing support) worker have provided me encouragement and helped me pace myself so that I don't take on too much or overdo the number of courses that I am taking. My SIL worker has also supported me by attending school meetings. I also use Stepping Stone's computers to do my homework and look at the course calendars online.

In the future, Stepping Stone can help me plan my courses and brainstorm around career options. The clubhouse can help with my financial planning, help with my student loan application or any government subsidies that might be available. They can make suggestions for other resources that I could use to reach my educational goals. Stepping Stone can also help me to cope with my childcare issues by assisting me to research and plan daycare and after-school activities that are available in Langley.

Stephanie: Stepping Stone encourages me to stick to my goals. I use the computers to complete homework and to plan my courses. I have received help in the form of tutoring and developing a study-skills plan. I have also received essay-planning help and support.

Rebecca: I rely on the computers because I don't have one at home. The staff members are available to bounce things off of and ask questions to. Also, staff can help find the resources that might help me or explain concepts to me that I might not know. I appreciate that they offer support but do not do the work for me — rather, they encourage me to do it on my own.

Visions: What other resources do you have available once a person has decided to go back to secondary or post-secondary education?

Stepping Stone: As mentioned, all of our computers have internet access, which can assist people to explore and research educational institutions and various programs and courses.

We also assist individuals to access the Rehabilitation Enabling Fund through mental health services. This fund provides individuals with up to \$200 per year for courses, home-based business start-ups, equipment, or clothing for interviews or ongoing employment.

One of Langley Stepping Stone's numerous programs is Employment Services, which is a career exploration, employment planning, educational planning and job placement program funded by the Ministry of Human Resources, Vocational Rehabilitation Services Division (VRS). This program can assist individuals to develop employment and educational plans and, through VRS, individuals can receive funding for training and educational programs (see sidebar, this page).

employment services program

Employment Services has assisted and supported 14 people in post-secondary education programs in both public and private institutions. These programs have ranged in length from six months to two years, and have included the following: computerized accounting, administrative assistant, integrated office systems, AutoCAD (computer-assisted drafting), resident care aide, veterinary assistant, furniture upholstery, geriatric activity coordinator and commercial floristry.

Employment Services not only assists individuals to identify and choose their educational direction, but also offers support while students are completing their programs. Employment Services works with the educational institutions' Disability Advisor or Director, and can arrange to have numerous accommodations in place, to be implemented if necessary. These accommodations can include:

- a reduction to part-time hours
- the use of note-takers
- extended time for projects, tests or exams
- separate settings for tests and exams
- the use of tape recorders, lap-top computers or other adaptive equipment

Employment Services maintains ongoing and regular contact with our students throughout their programs to ensure they are coping well, progressing successfully and, if necessary, will help negotiate through any mental health issue which could complicate the individual's educational progress.

Supported education can also take another direction. While post-secondary education is appropriate for some, other participants may prefer (and be better suited for) short-term, vocationally-based training courses. Still others may require specific certificates which will assist them in their immediate employment search. Employment Services is able to provide internal funding and support for these shorter-term programs, which often can lead directly to employment. Some of these vocationally-related training and certificate programs include road flagger, food safety, first aid and CPR, building service worker, individual computer courses, forklift training, WHMIS (Workplace Hazardous Materials Information System), and cashier training. Employment Services has assisted and supported 25 people to obtain shorter training programs and certificate courses, which provide specialized training to assist people in their job search.

Visions: What other educational supports would you like Stepping Stone to offer?

Linda: I would like to see more computer skills, typing and internet programs available for the members. I would also like to see more creative writing and math courses offered. It would also be useful to have courses on stress management. I would like to see Stepping Stone involved in advocating to make school environments more supportive and assist in dealing with diplomatic issues regarding mental health issues. Kwantlen disclosed my relationship with the mental health system, which became problematic for me. But I'm not going to let it deter me. It would be make things worse if I should allow my first attempt at a post-secondary program to be an influence on returning in the future.

Roxann: It would be helpful to have study groups with peers. I also think that having help finding supported work experience placements would be good. Also, help practicing for interviews and telephone training would be valuable.

Joyce: They could offer help with family issues and dynamics that interfere with school, like boundary issues, etc.

Stephanie: I would like uninterrupted time on the computers to do my homework.

Stepping Stone: Langley Stepping Stone clubhouse is a 6,000-foot, four-floor facility, which is an ideal environment to provide both formal and informal programs to assist people who

have returned to school or who will be returning in the future. We would like to offer organized study groups, peer tutoring programs, professional tutoring, educational support groups, and workshops on returning to school (e.g., what to expect, how to find what you're looking for, how to be successful, good study habits etc.).

Visions: What does education mean to clubhouse members?

Linda: It gives me the sense that I can change my future.

Roxann: Being involved in an educational program has totally improved my confidence and self-esteem. It has enabled me to learn the skills of the job and given me the knowledge of how to explore employment.

Joyce: By furthering my education, I am more likely to have a better job one day, which will lead to a better life. I feel that school helps me grow and improve myself. I feel more in touch with worldly issues. Going to school and achieving my educational goals also improves my self-esteem and helps me to be a better parent to my son.

Stephanie: Furthering my education means that I have greater career options, which will hopefully lead to a paying job. I also think that schooling leads to self-improvement and increased

skills. Achieving my educational goals has improved my self-esteem and has given me a sense of direction and purpose.

Rebecca: Education will benefit me financially. I now have a desire for a career. My self-esteem and self-respect have increased and I am proud of my good grades. I want to earn my own money and not be dependent upon my disability benefits cheque to live. My independence is important to me.

There are some negative things that I experience. Occasionally my stress level increases, and the inconsistency of my student loan is problematic because I don't get my benefits cheque at the same time every month. But, I love the routine of school, knowing I have to be somewhere five days per week. I enjoy meeting new people outside of the clubhouse and expanding my social life. School now takes priority.

Stepping Stone: Our members view education as a chance to engage in something meaningful that can give purpose and direction to their future. Some members see education as a potential step towards employment and have taken single courses or full programs in order to further themselves or to achieve their career goals. Education has provided our members with a sense of accomplishment, improved self-esteem, improved personal confidence, and provided a sense of moving forward in life. Throughout the past year, 21 Stepping Stone members have attended school or taken courses in the community. ■

Community College Partners With CMHA Port Alberni

Sandra Leicester and
Sharon Barret

Sandra is the Supported Work Program Coordinator for CMHA in Port Alberni, working part-time over the past four years. Supported Work has recently integrated with the New Horizons Clubhouse program as the first step working toward clubhouse accreditation.

Sharon is a faculty member in Adult Special Education, Programs and Services for persons with disabilities at North Island College in Port Alberni. Her background is in social work.

As a part-time supported work coordinator, I face the challenge of working in a rural community where there are dwindling resources for pre-employment training. Often, the programs have attendance requirements and are fast-paced. As a result, successful completion by consumers is rare, and the self-esteem of people with mental illness suffers as a result.

In 2000, CMHA Port Alberni developed a business plan that would provide consumers with work opportunities otherwise unavailable in an area with an increasingly poor labour market. In our efforts to

mobilize a work-ready labour pool, we provided some basic courses including a series of pre-employment seminars. In the supportive atmosphere of the clubhouse, individuals who were not ready to enroll in off-site programs were seeing success and requesting further training.

In the spring of 2001, I received the news that North Island College (NIC) was eager to institute a local Transition to Work program for individuals with a serious mental illness. Eureka clubhouse had a successful pilot project in Courtenay that could serve as a frame of reference in designing our program. By November, the

College announced it was ready to start working in partnership with our agency.

The course was designed with consideration for the needs and strengths of the target group, the realities of life with a mental illness, and included strategies to reinforce work habits. Classes would begin at New Horizons clubhouse, with the advantages of having few distractions and providing a familiar environment. Participants would be registered with the college for non-credit courses, receiving only a pass or fail based on participation.

Structured to be consistent with employer expectations,

and following the college calendar year, the classes would start early and be held every week, including disability cheque issue day. Each class would be a separate module, so missing a session would not have an effect on continuity.

In developing the curriculum, we considered the employment-focused courses Eureka clubhouse had implemented, the requirements of our particular group, and the expertise of the college instructors. New Horizons clubhouse members also expressed an interest in continuing with personal development prior to working on job-readiness skills.

I had witnessed first-hand

the expertise of both college instructors working with individuals with cognitive difficulties, and knew we were in good hands. They are respectful and engaging as well as knowledgeable of the supports conducive to success for persons with disabilities entering the realms of education and employment.

In September 2002, we held an orientation for the Transition to Work program at New Horizons, open to any clubhouse member. The clubhouse coordinator and I had been 'selling' the program and I was relieved when we exceeded an acceptable number of registrants. Most participants were older and had been out of the workforce for an extended time. It was clear that old members and newcomers alike were sincere in their desire to regain employment.

Classes began this October with the goal of providing a valuable and pleasurable learning experience. I took on the role of support worker, assisting in the classroom with tasks that would promote successful participation.

It has been important to consider the social benefits of the group and to facilitate the development of peer connections. The first exercise was a self-introduction through collages. What appeared to be a grade-school activity soon turned out to be a revealing and humorous tool to learn about each other's goals and dreams. The ice was broken, anxiety was reduced, and positive group interaction began.

We valued flexibility in responding to the group, and suggestions were considered throughout. Class time became a means of sharing information and addressing issues such as the recent reassessments and changes to the provincial assistance program for persons with

disability designation. A coffee break offered further opportunity to network and accommodated students with difficulty concentrating over extended periods.

An orientation to NIC was held on campus for the students, many of whom had never been on site. This event dispelled the notion that the college was only for young, high school graduates. It also provided a transition to the second semester of the program, instruction in basic computer skills, that is being held on campus in order to accommodate the number of registrants. One additional benefit came when we were able to hire a participant as a 'student-aiding-student.' The class has extra support and the aid now has an opportunity to develop work skills.

Next semester, we return to topics relevant to consumers entering the workforce. Many of the fears and concerns that surround the world of work can be addressed; for example, issues around disclosure, self-care when working, impacts of work on disability benefits, and strategies for dealing with difficulties on the job.

This small community project in partnership between CMHA Port Alberni and North Island College has received excellent evaluations. People have gained new coping strategies and more confidence that they can successfully gain and maintain employment. Members say they have something meaningful to look forward to, and that they have been able to restore or develop skills. For others, the program has served as a link to further education. ■

Creative Learning

Emily Carr Institute of Art + Design

Van Gogh, Brontë, Hemingway, Tolstoy, Picasso, Plath, Goya, and Dickinson are some of the more famous creative names associated with mental illness. The complex relationship that has always seemed to exist between mental illness and creativity has been the focus of many studies. Researchers have long hypothesized that the emotional, intuitive or 'subjective' professions, such as abstract painting and poetry are better suited to people dealing with mental illness issues than are the more 'objective' professions such as engineering and physics.

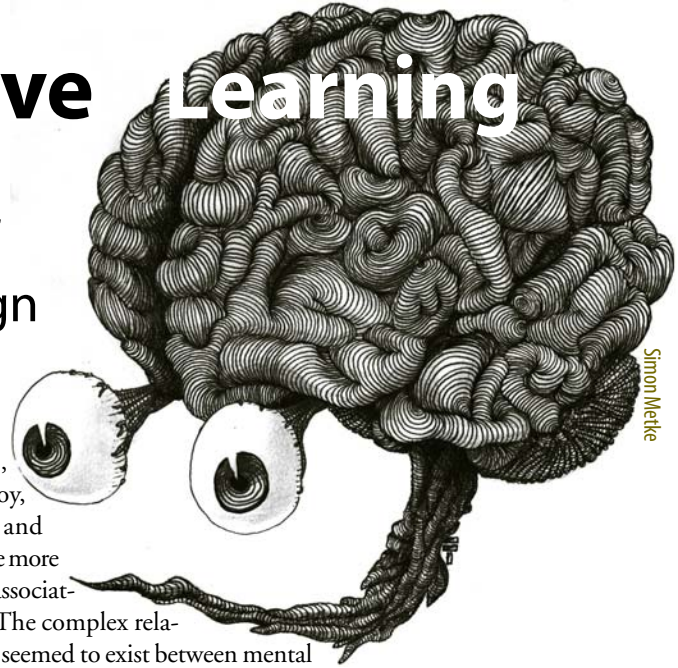
Emily Carr Institute of Art + Design is 77 years old. Situated on Granville Island in the heart of Vancouver, we offer Bachelor degrees in design, fine arts and media arts, in programs mixing academic and studio instruction. Our students graduate to careers in film, graphic arts and education and as professional artists, to name a few. Many students set up small businesses as consultants, small manufacturers or designers. As one of Canada's foremost centres of visual art and design instruction, we welcome 1,250 students annually. Around five per cent of this student population discloses disability and requests services.

One aspect of the application process to attend Emily Carr Institute that appeals to students is our emphasis on the creative, rather than just the academic. The challenge for applicants who meet the minimum academic eligibility requirement is to present a uniquely creative and inventive art portfolio and special project to our selection committee. It is these items that will determine acceptance.

Louise, a 4th year visual arts student with a mental health disability describes Emily Carr this way: "It is an intimate environment that fosters autonomy and supports exploration. You're encouraged to find your voice and discover where you fit in the context of other artists in the world around you."

"People have a lot of time for you; there are not huge line-ups, but support and a relaxing atmosphere to learn in. Instructors are working artists or academics who — while staying within the educational constraint — teach you to think outside the box," she says. "This is attractive to someone who has ideas of their own. Emphasis is placed on the process and this is important to the emerging artist because you're new and if you're so worried about the end product, you lose out on your exploration."

Dr. Rory Wallace, an instructor in the academic program at Emily Carr, works to make the classroom a good learning envi-



Heather Mitchell,
Dawn Whitworth,
Dr. Rory Wallace

Heather is Emily Carr's
Disability Services
Coordinator and Intake
Counsellor

Dawn is the Career and
Cooperative Education
Coordinator

Rory is an Associate
Professor in the
Department of Critical
+ Cultural Studies

The Vancouver Education and Leisure Fund

Heather Jahrig and
Janet Ashdown

Heather is Manager of the
Education and Leisure Fund,
which is part of the
Consumer Initiative
Funds

Janet is a Consumer
Support Worker with
Vancouver Community
Mental Health Services of
the Vancouver Coastal
Health Authority

There are times in life, especially if you have a mental illness, when you need supports in place to help you move forward. For some, these supports need to be financial. Being able to access some funding to help achieve goals you have set for yourself can be a crucial step in moving towards realizing your own potential. For some, academic success is important; for others, it is having a chance to acquire skills that could lead to future employment. For others still, it is leisure or hobby activities that can help pull themselves out of the doldrums. Whatever the chosen goals, it is important to have some choices during these times and the Education and Leisure Fund at the Vancouver Coastal Health Authority can help. To be eligible for the Educa-

tion and Leisure Fund you must be a resident of Vancouver and the course must be in BC. The following stories describe how different individuals have been able to benefit from this fund:

Robert was diagnosed at 37 with schizoaffective disorder. Life had also been difficult for several years before receiving medication. He is now in the last term of a full-time, two-year Mechanical Engineering program at BCIT. Prior to his enrollment at BCIT, he took a general drafting course and worked happily as a draftsman until he decided he required more challenge. He attributes a large part of his success in school to finding the right combination of medications. Over the last year and a half, along with student loans, Robert has found resources for

funding his education. Besides receiving the top amount allowable of \$400 from the Education Fund, he was fortunate to qualify for a Royal Canadian Legion Bursary. He did mention money was tight over the past year and half, but that he is looking forward to better times when he graduates. His income will sizably increase after graduation.

Tanya accessed the Education and Leisure Fund and took a belly dancing course. She has had bipolar disorder since the age of 15. With the help she received from the Education Fund, she was able to take this course which both suited her schedule and her health considerations. The class was small, and provided good physical exercise, with individual attention. If she chooses, Tanya can take the advanced course that could lead to employment. She liked the ease of the fund's accessibility and was impressed with the non-judgmental manner in which they accepted the nature of the course. Tanya is also working on a Provincial Instructors Diploma course and found the belly dancing to be a relaxing break from her other academic demands.

John was in and out of the hospital starting in 1987 and was diagnosed later in life with schizophrenia. He feels he has finally achieved stability after many years and after finding the right medication. John started out taking the Peer Support Work Training offered at the Vancouver Coastal Health Authority. He was then offered and accepted several six-month contracts at local mental health

teams. John likens peer support work to the 12-Step Alcoholics Anonymous program: people who have experienced life with mental illness help others who are also living with mental illness. John is now on the wait list for taking the Community Mental Health Worker program offered at Douglas College. He applied for and accepted a student loan. The \$400 from the Education Fund helped defray the cost.

Wendy has experienced many traumas in her life. As a young girl during the Second World War, she witnessed dead soldiers; some of these were her relatives. These memories have re-occurred in her dreams and appeared as invasive pictures in her mind. After many years, she realized she needed help in dealing with these traumas. After finding medication that worked, she was diagnosed with depression. Recently, the Education and Leisure Fund was able to honour Wendy's request for funding an all-day workshop: *Making Peace with Your Past*. The workshop was conducted at the 411 Seniors Centre and speakers presented many tools and ideas to deal with trauma and to find tranquility. Wendy is working with these options to have a more peaceful inner life.

Roxanne, a single mother of two, has bravely stepped out to follow her passion of working with seniors in gerontology-based recreation. She found a federally funded program called *newStart* that helped her explore careers and acquire computer skills. She took out a student loan and also accessed

Creative Learning (cont'd from previous page)

environment for all students. "At Emily Carr, more than anywhere else I know, students and faculty realize that our personal differences are an important part of who we are as creative people and of what we have to say as individuals."

Besides the full-time programs leading to Bachelor degrees, Emily Carr Institute offers non-credit, part-time courses through the Continuing Studies department. The Continuing Studies program allows registrants to enroll in courses while working or parenting; these programs are focused on evenings and weekends, but some programs run during weekdays as well. People as young as sixteen can consider Transition to the Arts courses that aim to assist participants in exploring their creative potential.

This fall, Elizabeth, a student with Down Syndrome whose life-long dream is to study art, enrolled in Continuing Studies. In accepting this student, Emily Carr became the first post-secondary-degree-granting institution in British Columbia to extend inclusion to adults with intellectual disabilities.

An arts or design education concentrates on self-expression and creativity. It's a form of higher education that can lead to careers of personal satisfaction and a healthy income. ■

For more
information about
Emily Carr Institute
of Art + Design,
see www.eciad.ca

the Education Fund. The program moves at a demanding, full-time pace and she will have a great sense of satisfaction when she has completed it. When she has time, she is volunteering at a local nursing residence. This allows her some practical and realistic time with the residents. Roxanne feels confident in finding employ-

ment when she graduates.

We write about these individuals who have accessed our fund in order to show you the diversity of interests and the options available to the consumer. The fund does not prescribe; the applicant chooses. When the choices have been made, for *whatever* the interests of the applicant, the funds

contacts

- Royal Canadian Legion Bursaries – people can apply for a variety of bursaries through their local Legion branch office and/or through their BC /Yukon Command Office. Contact Laura at (604) 736-8166 for more information.
- Peer Support Work Training – for further information in Vancouver, contact Jill Stainsby at (604) 708-5274.
- newStart – a 14-week Pre-Employment Bridging Program for women on income assistance dealing with abuse issues. For further information, call newStart at (604) 215-4344.
- Vancouver Education and Leisure Fund – contact (604) 708-5252 ext. 2 for more information.

can help. A financial jump-start can be available in a non-judgmental framework. Our

primary restriction is that the funds are available on a first-come-first-serve basis. ❏

Funding Options for Students with Mental Illness



Coralie McCormick and Sylvie Martel

Coralie and Sylvie are both Research Assistants with CMHA BC's Supported Employment Initiative

program	description	access
Canada Student Loans	The federal government (through Canada Student Loans) and the provincial government (through BCSAP: BC Student Assistance Program), provide low-interest loans to full-time and part-time students across Canada and BC. Loan remission for a portion of amount owing may be made available upon graduation, while those youth who do not qualify for Canada Student Loans because of a high family income can apply for BC Youth Foundation Loans. For more information on Canada Student Loans, see www.hrdc-drhc.gc.ca/student_loans . For information on BCSAP, see www.aved.gov.bc.ca/studentervices	Application forms can be accessed at post-secondary institutions across BC or online at www.aved.gov.bc.ca/studentervices/ila/ (Applying online is only available to students attending a BC public institution (including Trinity Western University), CDI College of Business & Technology and CompuCollege School of Business. Students attending other schools will need to complete a paper-based application)
Canada Study Grant	There is a Canada Study Grant for Students with Permanent Disabilities. The Grant is for education-related disability expenses only, not direct costs, and could include aids such as a computer, note-taker, or wheelchair (up to \$8000). Applications should be submitted with Canada Student Loan applications. Additional grants may be available for high-need, part-time students, people with dependents, and women in doctoral studies. Information at www.neads.ca	Contact your institution's financial aid office and/or the campus disability office for more information about applying.
Canada Millennium Scholarship Foundation	This foundation administers scholarships based on a combination of need and merit. Applicants need to have a minimum 40% course load if they have a permanent disability to qualify for the scholarship. For more information, call 1-800-561-1818 or go to www.millenniumscholarships.ca or www.aved.gov.bc.ca/studentervices/student/grant.htm where you can also find information about BC Study Grants.	Submit your application with your application for Canada Student Loans and BCSAP.
EI and EI Reachback	This program is for those who have collected regular or illness-related Employment Insurance Benefits in the past three years, or Maternity/Paternity benefits in the past five years. Support for training/educational expenses, self-employment support, and targeted wage subsidies may be available. At regional Human Resources Centres, applicants can make appointments with local contractors for eligibility assessments. Skills Development Program: www18.hrdc-drhc.gc.ca/programs/skills/desc.asp	Contact your Local Human Resources Centre. For information, see your phone book or visit www.hrdc-drhc.gc.ca/menu/profile-search.shtml#100

program	description	access
Opportunities Fund	This program is meant for people with disabilities who are not eligible for EI or EI Reachback programs. Applicants must have a documented disability and undergo an assessment and application procedure before being considered eligible for educational/training funding opportunities, subsidized on-the-job training, or a self-employment program. For more information, call 1-800-788-8282 or go to www.hrdc.gc.ca/epb-dgpe/ofpd-fiph/menu/home.shtml	Contact your Local Human Resources Centre. For information, see your phone book or visit www.hrdc-drhc.gc.ca/menu/profile-search.shtml#100
ABESAP: Adult Basic Education Student Assistance Program	This is a provincially-administered program that, depending on regional availability, offers funding for direct educational costs (tuition, books, and supplies). This program is primarily for students who have not completed high school and who are attending a public post-secondary institution, although there are exceptions. The purpose is skills upgrading and may include academic upgrading, pre-vocational English-language training, and adult special education.	Some of the programs are not directed specifically towards people with disabilities, although some categorized as adult special education or pre-vocational are geared towards people with disabilities.
Consumer Initiative Funds	Local mental health centres or clubhouses may provide funding opportunities for accessing courses, for educational opportunities and/or recreational expenses. Support is nominal, and may or may not be offered in all communities. Eligibility varies at the local level.	Contact your local mental health centre or your local clubhouse. For phone numbers, contact the BC Mental Health Information Line at 1-800-661-2121.
Bursaries	The Lorne Fraser Fund (see page 9), THEO (see page 29) and the BC Coalition of People with Disabilities (BCCPD) all provide funding opportunities for people with mental illness. Regionally-specific funds may be available through health authorities or other agencies. (e.g., page 36)	Contact BCCPD at (604) 872-1278. Contact your local health authority or other community agencies regarding local funds.
Ministry of Human Resources	Local access to Ministry of Human Resources programs can provide training opportunities to people accessing Employment Assistance or Assistance for Persons with Disability Designation. Training for Jobs provides training opportunities to people on assistance. Pre-employment Services contractors provide people with disabilities opportunities for life-skills training and pre-employment support. These are new programs, and should be available in early 2003. A more comprehensive program providing training/educational programs for people with disabilities should be available by mid-2003. In the meantime, Vocational Rehabilitation Services funding has been extended for people on disability at contracted agencies in most communities.	Contact your Employment Assistance Worker for information about referral to training programs in your area. For more information on these and upcoming programs, see the Ministry of Human Resources web site and reference fact sheets. Information about the Employment Strategy for People with Disabilities can also be accessed at www.gov.bc.ca/mhr
Canada Pension Plan Vocational Rehabilitation	Vocational rehabilitation is available for individuals receiving CPP Disability Benefits. This is a voluntary program for those who are stable and considered suitable to participate in a work-related rehabilitation program. Services offered include guidance to determine your needs, skills, goals, and any educational upgrading required to return to work. Once a return-to-work plan is in place, if upgrading is required, CPP may cover the costs to allow the client to retrain while maintaining their benefits.	For more information on eligibility and services available to those receiving CPP disability benefits, contact HRDC toll-free at 1-800-461-3422 or www.hrdc-drhc.gc.ca/isp/cpp/vocational_e.shtml
BC Permanent Disability Benefits Program	This loan forgiveness program assists permanently-disabled borrowers experiencing financial hardship in repaying their student loans. The applicant must have a Person with a Disability (PWD) or Persistent Multiple Barriers (PMB) designation. Those successful in their application will have their student loan paid out by the Provincial Student Financial Aid office. This program will only cover the provincial portion of the student loan; the federal portion may be covered under the Federal Permanent Disability Benefits Program and requires a separate application.	For more information regarding eligibility and the application process, call (604) 660-2610 or (250) 387-6100 or visit www.aved.gov.bc.ca/studentservices/student/finish/debt_red/bc_dis.htm
Federal Permanent Disability Benefits Program	This loan forgiveness program is available to students with a permanent disability who are experiencing difficulty repaying their Canada Student Loan due to their disability. It is only applicable however to the federal portion of a student loan. Applicants must have exhausted their eligibility under the Federal Interest Relief Program and must demonstrate that their disability will affect their lifetime earning potential.	For more information regarding this program, contact the Canada Student Loans Program toll free at 1-888-432-7377 or www.aved.gov.bc.ca/studentservices/student/finish/debt_red/fed_dis.htm

Articles and Reports

- ✿ **Best Practices for BC's Mental Health Reform: Psychosocial Rehabilitation and Recovery.** Report and fact sheets available from CMHA BC Division.
- **Keys to Success: Strategies for Managing University Study with Psychiatric Disability.** An excellent report produced by the Unabilities Project Steering Committee of Flinders University, the University of Adelaide, and the University of South Australia. Looks at strategies for managing various illnesses including eating disorders, anxiety disorders, mood disorders and psychotic disorders. See www.unisa.edu.au/eqo/pubs/uniability/keys.pdf
- **Students with mental illness in a university setting: Faculty and student attitudes, beliefs, knowledge, and experiences.** Becker, Martin, Wajeeh, Ward and Shern. (2002). *Psychiatric Rehabilitation Journal*, 25(4), 359-368.
- **Transitioning and adapting to college: A case-study analysis of the experience of university students with psychiatric disabilities.** Werner. (2001). *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 62 (3-A), 942.
- **The Michigan Supported Education Program.** Mowbray. (2000). *Psychiatric Services*, 51(11), 1355-1357.
- **Outcomes of postsecondary supported education programs for people with psychiatric disabilities.** Unger. (2000). *Journal of Vocational Rehabilitation*, 14(3), 195-199.
- **The benefits and challenges of supported education: A personal perspective.** Mowbray. (1999). *Psychiatric Rehabilitation Journal*, 22(3), 248-254.
- **Choose-get-keep: A psychiatric rehabilitation approach to supported education.** Sullivan, Danley, Nicoletlis, and MacDonald-Wilson. (1993). *Psychosocial Rehabilitation Journal*, 17(1), 55-68.
- ✿ **Counseling culturally diverse students with eating disorders.** Krentz and Arthur. (2001). *Journal of College Student Psychotherapy*, 15(4), 7-27.

Web Sites

- ✿ **www.neads.ca** – National Educational Association of Disabled Students site includes a comprehensive list of disability offices, as well as information on financial assistance, forming a student group, and history of the disabled rights movement.
- ✿ **www.obad.ca** – the student group of the Organization for Bipolar Affective Disorders in Alberta. The link also takes you to a list of mood disorder self-help groups across Canada.
- ✿ **www.openingdoorsbc.com** – non disability-focused, but a great starting point for investigating the range of degrees, programs, certificates and trades available for study in BC's post-secondary institutions.
- ✿ **www.canlearn.ca** – maintained and managed by the Canada Student Loans Program of HRDC, CanLearn Interactive is a planning guide for any student wanting to access post-secondary education in Canada. For disability information, check out the Accessibility section under the Planning tab.
- **www.psych.uic.edu/mhsrp/supp_ed_res.htm** – supported education resources from the University of Illinois at Chicago, Mental Health Services Research Program.

- **www.brookes.ac.uk/student/services/osmhn/** – the Oxford Student Mental Health Network. Information about and resources from this three-year project aimed at creating support for students with mental health problems and promoting mental health within the student population at large.
- **www.studentmentalhealth.org.uk** – a comprehensive manual developed at Lancaster University, UK — “dedicated to the dissemination of good practice in supporting students with mental health difficulties.”

Resources from CMHA National's Higher Education Project (at www.cmha.ca)

- ✿ **Higher Education for People with Mental Illness Report** – examples of the supports and services accessible universities and colleges can provide to enable access for consumers.
- ✿ **National Government Financial Aid** – valuable information on guidelines regarding national financial aid for students with psychiatric and other disabilities.
- ✿ **Learning Diversity** – a report dealing with accommodations in colleges and universities for students with mental illness
- ✿ **The School Book** – student/consumers describe in their own words the supports that have worked for them and the barriers that they still face.
- ✿ **How We See It** – a brochure with advice from consumers on surviving post-secondary education that you can download, print and distribute at your school or self-help group.
- ✿ **Student Activists** – a flyer for downloading and printing describing the issues facing student/consumers geared for other students.
- ✿ **Famous Students with Psychiatric Disabilities** – an inspirational list of public figures who have identified themselves as consumers and succeeded in the academic world.

Resources for sale from the CMHA National project:

- ✿ **The Road to Empowerment** – a useful booklet from York University's Psychiatric Dis/Abilities Program, by Enid Weiner.
- ✿ **Ode to Learning** – a 40-minute film written and produced by students, documenting a student's struggle through mental illness.

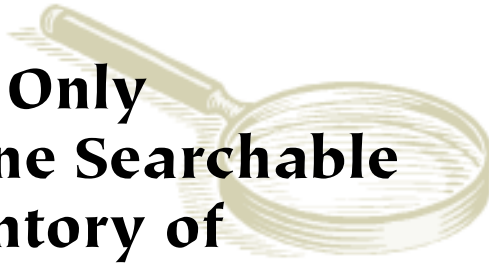
More Funding Web Sites

- ✿ **www.studentawards.com** – this web site allows users to construct a student profile which is then used to provide information on Canadian and regional funding opportunities, including foreign students. There is no category in the database, however, for psychiatric disabilities.
- ✿ **bcawardsonline.sd61.bc.ca** – BC Awards online is a database of scholarships and bursaries available to Grade 12 students entering post-secondary institutions.

Don't forget that the rest of Visions is also full of resources at the end of articles, in footnotes and in sidebars. They are not all repeated on this page.

This list is meant as a guide only and not meant to be exhaustive. While we have attempted to include helpful references, inclusion in this resource list does not necessarily reflect content endorsement by CMHA BC Division

BC's Only Online Searchable Inventory of Employment Services



www.cmha-bc.org
(Launching May 2003)

Get ready to check out a comprehensive employment services database for BC, particularly those specializing in supports for mental illness. The searchable database will include detailed information about accessing a variety of programs not just through employment service providers, but also through clubhouses, mental health centres and the like, which often provide vocational programs. There are currently 300 listings and over 80 categories of services such as negotiating accommodations, accessing subsidized volunteer opportunities, as well as subsidized educational opportunities.

Why am I receiving Visions?

As part of the new BC Partnership for Mental Health and Addictions Information (see the special insert stapled to the centre of this issue of Visions for more information on this initiative), members of provincial mental health and addictions agencies other than CMHA, whose members already receive Visions, will now receive a complimentary copy of this quarterly, award-winning journal. Neither your name nor your mailing information was shared as it was sent by the organization of which you are already a member. If you would NOT like to continue receiving your free copy of Visions in the future, please let your member organization know. Contact information can be found on the back page of the insert.



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