

# **A GUIDE FOR EMPLOYEES OF THE UNIVERSITY OF SZCZECIN - A STUDENT WITH MENTAL DISORDERS**

## **WORKING WITH A STUDENT WITH A MENTAL ILLNESS**

### **What you should ask about during the initial meetings:**

- What is the nature of Your disorder?
- According to You what should I know about Your disorder for our communication to proceed smoothly?
- Do You remain in contact with an expert in regards to Your disorder?
- Do You take medication affecting cognitive functions?
- How will I be able to recognize that Your state is beginning to deteriorate in relation to Your disorder?
- Do you have an expectation regarding my work related to Your illness?
- What messages from your environment related to Your illness You find supportive?
- What messages from your environment related to Your illness You find unpleasant or grating?
- Were You hospitalized in relation to Your illness? If so, what behaviours indicated that staying at a hospital was necessary?
- Were You at any time in conflict with law? Do You experience uncontrolled aggressive outbursts?

If the answer to the above questions is affirmative it is worth considering taking additional safety precautions such as working with open doors or in presence of a learning guide. These two measures should be considered during the initial meetings. It will enable assessing whether a necessity for introduction of additional measures for the purpose of work comfort arises in relation to working with a given person.

- ✓ **Attempt to maintain an attitude of acceptance in regards to the person suffering from a mental illness. Simultaneously take care of the interpersonal boundaries when you feel that they are being violated.**
- ✓ **Remember that illnesses are not strictly definable and thus functioning and strength of symptoms may be different in case of any given person.**



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- ✓ **In case of multitude of symptoms attempt to not lose the sight of uniqueness of a given person and resources at their disposal.**
- ✓ **At times mental illness symptoms are so onerous that a person has to cope with suicidal thoughts.**

**THE STEPS WHICH SHOULD BE TAKEN TO SAVE LIFE OF SOMEONE COPING WITH A SUICIDAL CRISIS:**

1. Make a call to the Crisis Intervention Centre if a person discloses that they wish to kill themselves. It is best to immediately contact large Centres (the chance of reaching a better trained intervener is higher);
2. If a person disclosed that they have a specific idea on how to kill themselves it is best to immediately call an ambulance.

## **1. SCHIZOPHRENIA, PSYCHOTIC STATES**

### **How a student feels?**

- Persons coping with psychosis frequently experience discomfort, may live in a constant state of fear resulting in strong tensions;
- Delusions result in such person not accepting logical arguments;
- Symptoms such as aural or visual hallucinations (a person sees or hears something that does not exist) may significantly lower concentration.
- The hallucinations may result in the ill person speaking to themselves but when approached by someone attempting to hold a conversation a some part of the consciousness of the afflicted person will respond (with the exception of severe psychotic outbursts).

### **When a psychotic person presents a threat to themselves and the surroundings?**

- When stimulated and agitated;
- When they vocalize hallucinations with dangerous/disturbing content (e.g. claiming that they should kill themselves or other person).

**From a statistical point of view persons coping with mental illnesses do not present a greater threat to the surroundings than healthy persons.**

## **What can you do?**

- Do not acknowledge hallucinations of the ill person (though you may be tempted to do so when you become impatient and exasperated with conversation);
- Remain sincere and honest (I understand that you see yourself that way, I see it differently, the way in which people see the world is different);
- Remain tactful (do not say: "You're mental, talking nonsense, go get a treatment", say: "I'm worried about you, maybe some part of your consciousness requires assistance of a doctor").

## **2. PTSD**

### **How a patient displaying symptoms of Post-Traumatic Stress Disorder feels?**

- Such patient experienced or was a witness of events threatening their own life and health or life and health of people close to them.
- Such events were accompanied by intense feeling of anxiety, fear, helplessness or dread;
- Such experience results in development of trauma and returns as intrusive and painful memories, it can also manifest as dreams;
- Such patient acts in a manner or experiences such emotions as if the event resulting in trauma was repeating itself, experiences hallucinations and flashbacks.

### **What behaviour will allow you to recognize these symptoms?**

- The memories of the event resulting in trauma emerge as a result of association, e.g. with the sound heard during the accident or assault, e.g. the sound of an ambulance siren;
- The association may relate to other stimuli, e.g. the colour of clothes. For instance, you wearing a yellow blouse and, e.g. the perpetrator of the assault wearing clothes in such colour may result in various unpleasant reactions on the part of a person suffering from PTSD;
- At times PTSD symptoms may manifest as unexpected aggression when, e.g. a person with PTSD will associate a part of your wardrobe with assailant's clothes which may result in uncontrollable need for protecting oneself.**How can you help?**

- If a student shares with you that they are suffering from PTSD thank them for their trust and attempt to jointly determine what form of help you can offer.
- You may ask which part of the classes you are conducting an afflicted person finds the most difficult, if it is e.g. publicly speaking to the group you may temporarily resign from engaging this activity. Ask about the most comfortable form of participating in classes;
- If you conduct classes in morning hours and a person with PTSD has a problem with waking up due to disturbed daily rhythm you may make an appointment to meet for consultations at a later hour;
- If possible try to divide the material to be assessed into smaller chunks;
- If you notice symptoms which may be indicative of PTSD but you are not certain you may tell a student that you worry about them because something has changed in their behaviour;
- Relay to a student the information regarding the Psychological Counselling Centre of the University of Szczecin where a student can make an appointment and receive consultation with a trauma specialist;
- Inform a student about the possibility of taking individual course of studies.

### **3. MANIC EPISODES, MANIA IN AFFECTIVE BIPOLAR DISORDER**

#### **How a student suffering from mania feels?**

- They are agitated, full of energy, appears jesting or irritable;
- They have little need for sleeping;
- Is characterized by uncritical attitude to their opinions;
- Owing to accelerated rate of thinking, so called "racing thoughts", they display difficulty with vocalizing own thoughts;
- They have a sense of increased and stronger energy, believes that they "can and know everything", "can do whatever they want".
- Grandiosity - a sense of own strength, power and being someone important, with significant social or political importance, not corresponding with the factual state.

## **How such person behaves?**

- Psychomotor agitation which may make establishing contact more difficult;
- Speaks a lot, rapidly and without logical link, jumps from subject to subject, so called "word salad";
- Tactless behaviour in company of others;
- Taking dangerous, risky actions or decisions which a person later regrets;
- Inclination towards conflict, aggression, engaging in fights;
- Wanton sexual behaviour;
- Excessive, ill-considered spending;
- Increased need for creativeness and creative output;
- A risk of overindulgence in psycho-active drugs;
- Taking detrimental financial obligations.
- The uncritical and unfounded sense of own strength and capabilities may be accompanied by willingness to satisfy own needs immediately. In such circumstances refusal, lack of consent or prohibition on the part of persons in the immediate surroundings for taking such actions may result in irritability, anger or even aggression;
- In case of mania an irritable and irascible mood can at times manifest on its own, without external stimuli. It may be accompanied by verbal or active aggression aimed at other persons or objects in the surroundings as well as self-destructive behaviour;
- Increased risk of suicidal thoughts and tendencies, particularly in the case of displaying irritable or irascible mood.

## **How can you help?**

- If a student shares with you information regarding their mania thank them for their trust, attempt to jointly determine how can you help;
- Do not treat any possibly insulting remarks personally; instead, try to separate a person from the illness. Simultaneously establish boundaries for behaviour, openly speak what words and behaviours will not be tolerated. The attitude of a person struggling against manic episodes may pose a significant challenge to your patience;
- Immediately summon appropriate services if you feel that life of yourself, students or the afflicted person is at risk. Do not wait until psychomotor agitation increases in intensity, react when you feel the need;

- You may ask which part of the classes you are delivering is the most challenging for the afflicted person and attempt to jointly determine what can be done to improve the situation;
- If possible try to divide assessment into smaller stages, chunks of material etc.;
- If you notice symptoms which may be indicative of mania but you are not certain you may tell a student that you worry about them because something has changed in their behaviour. Encourage the student to contact a specialist;
- Relay to a student the information regarding Psychological Counselling Centre of the University of Szczecin; encourage a student to make an appointment with a general practitioner or a psychiatrist.
- Inform a student about the possibility of taking individual course of studies.

#### **4. ANXIETY DISORDER**

##### **How a person suffering from a panic attack feels?**

- Heart rate is elevated;
- A person starts sweating profusely;
- Throat is dry;
- A person feels that they cannot control breathing;
- A person fears for life and health;
- Such person feels ashamed that they draw attention to themselves with the behaviour they perceive as deviating from norm;
- Such person feels lost and disoriented (frequently strong panic attacks are accompanied by vertigo, fainting sensation or the feeling that a person may lost control over themselves).

##### **How can you help?**

- Do not judge;
- Remain calm;
- Express understanding;
- Offer the afflicted person to move to an isolated location to reduce the sensation of discomfort related to being in public;
- Follow student's needs.

### **If a student needs this you can:**

- Ask whether they want you to open a window;
- Bring something to drink;
- Fetch a wet towel (a cold compress placed on nape of neck may help);
- Offer help with steady breathing;
- Fetch a paper bag to stop hyperventilation;
- Ask whether the afflicted person wants you to call someone close to help with calming down;
- Ask whether the afflicted person finds distractions helpful, e.g. counting tiles in the ceiling or cars passing by.

✓ **If the panic attack cannot be contained by use of the aforementioned means inform the person suffering from the attack that you believe that an ambulance should be summoned.**

✓ **If the methods you used will turn to be effective and the person calms down ask the afflicted person whether they are receiving psychological support. If not inform such person about the Psychological Counselling Centre of the University of Szczecin.**

## **5. DEPRESSION**

### **How a student suffering from depression feels?**

- Feels sad, miserable and overwhelmed with helplessness;
- Lacks motivation for action, is troubled by feeling of emptiness and futility;
- Has problems with concentration and memory;
- Feels devoid of energy;
- Wakes up early in the morning and cannot go back to sleep;
- May display suicidal thoughts;
- Perceives themselves, the world and other people negatively;
- Is ashamed of what they are coping with;
- Is irritable, copes with feeling of guilt;
- Experiences hopelessness (cannot see a way for solving their problems);
- Is coping with powerlessness (has no strength to solve problems);

- Is fighting against feeling of bleakness (perceives future negatively, without a chance for improvement).

### **How can you help?**

- If a student shares with you information regarding their depression thank them for their trust and attempt to jointly determine what can be done to help;
- Do not ask several questions at once;
- Attempt to ask closed questions for which a student can answer yes or no;
- Do not play at therapist (do not attempt to discern roots of the illness: "Do you have any idea why it had to be you?");
- Do not say: "think positively", "get a hold of yourself";
- Do not attempt to forcefully activate a student (passive attitude of a depressed student is a result of disturbed neurotransmitters not laziness or ill will);
- Do not say: "come on, smile", its like saying a person with a broken leg to dance;
- you may ask which part of the classes you are conducting an afflicted person finds the most difficult, if it is e.g. speaking in public you may temporarily resign from engaging in this form of activity. Ask the afflicted person what form would be the most comfortable for now;
- If you conduct classes in morning hours and a person with depression has a problem with waking up due to disturbed daily rhythm you may make an appointment to meet for consultations at a later hour;
- If possible divide assessment into smaller chunks of material etc.;
- If you notice symptoms which may be indicative of depression but you are not certain you may tell a student that you worry about them because something has changed in their behaviour;
- Inform the student about the Psychological Counselling Centre of the University of Szczecin.
- Inform a student about the possibility of taking individual course of studies.

**Sources:**

<https://www.youtube.com/watch?v=aBWRc6E86xE>

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*Embracing the Fear.* Bemis Judith, Barrada Amr.

*I morgen var jeg alltid en løve.* Arnhild Lauveng