The Unseen Among Us: Mental Health in Our Classrooms

Presented by: Bevan Gibson, MsED
Director, Southern Illinois Professional Development Center
Let’s Take a Quiz!
Some considerations:

- Psychiatric disabilities affect people of any age, gender, income group, and intellectual level.
- Disruptive behavior is not an attribute of most people with psychiatric disabilities.
- 80-90% experience relief through medication/therapy or a combination of the two.
Major DSM-5 Categories of Mental Disorders

- Schizophrenia and other psychotic disorders
- Mood disorders
- Anxiety disorders
- Somatic Symptom disorders
- Memory disorders
- Personality Disorders
- Substance-related disorders
- Disorders usually first diagnosed in infancy, childhood, or adolescence
- Eating disorders
Schizophrenia and other psychotic disorders:

Symptoms:
Disorders characterized by the presence of psychotic symptoms including hallucinations, delusions, disorganized speech, bizarre behavior, or loss of contact with reality.

Examples:
- Schizophrenia-paranoid type, disorganized type, catatonic type
- Delusional disorder, jealous type
Mood Disorders:

Symptoms: Disorders characterized by periods of extreme or prolonged depression or mania or both

Examples:
- Major depressive disorder
- Bipolar disorder
Anxiety Disorders:

Symptoms:
Disorders characterized by anxiety and avoidance behavior

Examples:
- Panic disorder
- Social phobia
- Obsessive-compulsive disorder
- Posttraumatic stress disorder
Somatic Symptom Disorders:

Symptoms:
Disorders in which physical symptoms are present that are psychological in origin rather than due to a medical condition

Examples:
- Hypochondriasis
- Conversion disorder
Memory Disorders:

Symptoms:
Disorders in which one handles stress or conflict by forgetting important personal information or one’s whole identity, or by compartmentalizing the trauma or conflict into a split-off alter personality

Examples:
- Psychogenic amnesia
- Psychogenic identity disorder
Personality Disorders:

Symptoms:
Disorders characterized by long-standing, inflexible, maladaptive behavior beginning early in life and causing personal distress or problems in social and occupational functioning.

Examples:
- Antisocial Personality Disorder
- Histrionic Personality Disorder
- Narcissistic Personality Disorder
- Borderline Personality Disorder
Substance-related Disorders:

Symptoms:
Disorders in which undesirable behavioral changes result from substance abuse, dependence, or intoxication

Examples:
- Alcohol abuse
- Cocaine abuse
- Cannabis dependence
Disorders usually first diagnosed in infancy, childhood, or adolescence:

**Symptoms:**
Disorders that include mental retardation, learning disabilities, pervasive developmental disorders, attention-deficit and disruptive behavior disorders, tic disorders, and elimination disorders

**Examples:**
- Oppositional Defiant Disorder
- Conduct disorder
- Autistic disorder
- Tourette’s syndrome
- Stuttering
Eating Disorders:

Symptoms:
Disorders characterized by severe disturbances in eating behavior

Examples:
- Anorexia nervosa
- Bulimia nervosa
The Facts: Schizophrenia

- Can be treated and managed with medication
- One of the most debilitating mental disorders
- NOT split personality
- NOT automatically violent criminals
- NOT caused by bad parenting or character flaw
- Over 2 million in U.S.
- High risk for suicide
The Facts: Bipolar Disorder

- More than 3 million cases/year in U.S.
- Formerly called manic depressive disorder
- Includes “highs” (mania) and “lows” (depression)
- Suicide attempts are common
- Can be effectively treated with medication and psychotherapy
- Age of onset is late adolescence or early 20s
- Sleep patterns very erratic/abnormal
The Facts: Panic Disorder

- Sudden periods of intense fear
- May include palpitations, sweating, shaking, shortness of breath, numbness
- Affects about 2.5% of people at some point in their life
- Usually begins during adolescence or early adulthood
- Women more affected than men
- Often correlated with substance abuse
The Facts: Obsessive-Compulsive Disorder (OCD)

- Affects 2.3% of people at some point in their life
- 50% develop problems before age 20
- Males and females affected equally
- Common activities: hand washing, counting things, checking to see if door is locked
- Associated with increased risk of suicide
The Facts: PTSD Post-Traumatic Stress Disorder

- Women more likely to develop than men
- Develops in some who have experienced a shocking, scary or dangerous event
- Symptoms usually begin within 3 months of the traumatic incident
- Flashbacks, bad dreams, frightening thoughts, easily startled, angry outbursts, loss of interest in enjoyable activities
The Facts: Hypochondriasis

- Affects about 3% of visitors to primary care settings
- Fears that minor bodily or mental symptoms may indicate a serious illness
- Constant self-examination
- Preoccupation with one’s body
- Doubt/disbelief in doctor’s diagnosis
The Facts: Psychogenic Amnesia

- Sudden retrograde of memory can occur for period of time from hours to years
- Inability to recall personal information, usually traumatic or psychological stressful in nature
- Very controversial
Enduring maladaptive patterns of behavior, thinking, and inner experiences exhibited across many contexts and markedly deviant from those of the culture (Diagnosis by Cluster)

- Develop early
- Inflexible
- Difficulties in thinking, emotiveness, interpersonal functioning or impulse control
- Diagnosed in 40-60% of psychiatric patients
- Most frequent psychiatric diagnosis
The Facts: Cluster A (Odd or Eccentric Disorders)

- Cognitive or perceptual distortions
- Paranoid
- Difficulty being understood by others
- Have potential to develop schizophrenia
The Facts: Cluster B (Dramatic, Emotional or Erratic Disorders)

- Antisocial
- Borderline
- Histrionic
- Narcissistic
The Facts: Antisocial

- Impulsive
- Irresponsible
- Deviant
- Unruly
- Disrespect societal customs, rules, standards
The Facts: Borderline

- Unpredictable
- Manipulative
- Unstable
- Frantically fears abandonment
- Rapidly fluctuating moods
- Others either all good or all bad
The Facts: Histrionic

- Dramatic
- Seductive
- Shallow
- Stimulus-seeking
- Vain
- Overreact to minor events
- Constantly seeking attention of others
The Facts: Narcissistic

- Egotistical
- Arrogant
- Grandiose
- Preoccupied with fantasies of success, beauty or achievement
- Deep need for admiration
- Little regard for other’s feelings
The Facts: Cluster C (Anxious or Fearful Disorders)

- Avoidant Personality Disorder
- Dependent Personality Disorder
- Obsessive Personality Disorder
The Facts: Avoidant Personality Disorder

- Feelings of social inhibition and inadequacy
- Extreme sensitivity to negative evaluation
The Facts: Dependent Personality Disorder

- Psychological need to be cared for by others
The Facts: Obsessive Personality Disorder

- Rigid conformity to rules
- Perfectionism
- Control to the point of satisfaction
- Exclusion of leisurely activities and friendships
- Not the same as OCD, quite different
The Facts: Substance Abuse-Related Disorders

- Often correlated with psychiatric disorders
- 63% of panic attacks are alcohol-related
- 59% Illicit drug use
- 36% methamphetamine psychiatric disorders
- 7% meth cause panic disorders
The Facts: Substance Abuse-Related Disorders (cont.)

- Substance-induced delirium: inattention, cognitive deficits, sleep changes
- Substance-induced psychosis: alcohol, cannabis, sedatives, barbiturates, cocaine, meth, LSD, amphetamines, benzodiazepines
- Substance-induced mood disorders: mania, hypomania, depressive disorder, bipolar disorder,
The Facts: Oppositional Defiant Disorder (ODD)

- Estimated 2-16% of children and teens
- More common in males
The Facts: Conduct Disorder

- Rules broken include the regulations and laws made by society
- More serious than those seen in ODD
- Pattern of behavior must last at least 6 months
- Usually occurs in older children and adolescents
- Between 1-4% of population
The Facts: Autistic Disorder

- 1 in 150 individuals is diagnosed with autism spectrum disorder
- Occurs in all racial, ethnic, and social groups
- Four times more likely to strike males than females
- Impaired ability to communicate and relate to others
- Symptoms range from mild to quite severe
- Often restricted range of interests or obsessions
- Voice flat and emotionless
The Facts: Anorexia

- 2 million globally
- .9-.4.3% women affected
- .2-.3% men affected
The Facts: Bulimia

- 6.5 million people globally
- 1% of young women affected at some point in life
- 2.3% of women affected at some point in life
Medication Side Effect Considerations:

- Increased access to water, unlimited access to restrooms (Lithium)
- Decreased reading assignments or books on tape or computer screen-reading (due to blurred vision)
- Modified arrival, shortened day, scheduling core content during most alert time, reducing homework and extending deadlines, longer more frequent breaks
- Provision of notes and listening guides
Educational Implications:

- Lack of concentration
- Lack of Focus
- Uninhibited actions
- Difficulty remaining seated
- Disorganization
- Performing below potential
Educational Implications (cont.):

- Loud talking
- Unable to sit or wait
- Lack of motivation
- Difficulty completing tasks
- Sleepy or slowed
- Crying spells
- Problems with peers
Educational Implications (cont.):

- Angry outbursts
- Difficulty with change
- Difficulty with stress
- Frequent absenteeism
- Frequent tardiness
Educational Implications (cont.):

- Frequent headaches/stomach/leg aches
- Difficulty remembering/understanding assignments with complex directions
- Difficulty reading and comprehending long, written passages of text
- Displaying unusual repetitive physical behaviors or verbalizations
Teaching students with Psychiatric Disabilities: (Strategies)

- Learn about Mental Illness
- Avoid Stigmatizing Mental Illness
- Balance Flexibility with Firmness
- Good Supervision is Critical
- Confidentiality
- Monitor Your Level of Involvement
- Focus on Strengths
- Treat Everyone as a Person First
Teaching students with Psychiatric Disabilities: (Strategies)

- Discuss inappropriate behavior during lectures with the student privately, directly and forthrightly, delineate the limits of acceptable conduct if necessary
- Do not attempt to diagnose or treat the disorder, only the student’s behavior in your class
- If abusive or threatening behavior refer to appropriate authorities
Teaching students with Psychiatric Disabilities: (Strategies)

- May need to help students focus on more realistic and achievable goals
- Allow sufficient time for discussions with a student so they do not get anxious about unfinished conversations or unresolved matters
- Flexible delivery of teaching material via electronic media is helpful for students who are unavoidably absent from class or who cannot participate for extended periods of time
Teaching students with Psychiatric Disabilities: (Strategies)

- Make reading lists and handouts available early in the course to assist students.
- May benefit from tailored reading lists, with some guidance to key texts. Allow work to be completed on an in-depth study of a few selected texts rather than a broad study of many.
- Provide an individual orientation to laboratory equipment or computers to minimize the anxiety in unfamiliar learning situations.
Teaching students with Psychiatric Disabilities: (Strategies)

- Organize one-to-one tutoring or ask the student to record their presentations on tape
- Provide verbal rather than written feedback on assignments
- Allow students to record lectures
- Give explanations in small, distinct steps
- Provide a written copy of oral directions and lectures
- Provide visual cues on chalkboard or other technology
Teaching students with Psychiatric Disabilities: (Strategies)

- Have learner repeat directions orally, or use a written cue
- Allow more time to complete assignments
- Avoid lengthy periods of desk work
- Encourage breaks and physical movement during breaks
- Have learner work with a partner who will cue learner to stay on task
- Provide specified time frame for task completion
Teaching students with Psychiatric Disabilities: (Strategies)

- Help learner know what to expect, outline day’s plan
- Post daily routine, discuss changes as soon as possible
- Allow learner adequate time to acclimate to new areas, new staff, new learners
- Provide clear, predictable break between two activities
- Allow learner to bring a support person to class when difficult changes are anticipated
Teaching students with Psychiatric Disabilities: (Strategies)

- Have shortened work intervals
- Use rocking chair for calming effect
- Use soft, relaxing music (if not distracting)
- Allow learner to set up own schedule
- Use fidget objects (paper clips, small balls) to relieve tension
- Have learner chew gum or a lollipop
Teaching students with Psychiatric Disabilities: (Strategies)

- Provide appropriate and adequate feedback on how they are progressing with their learning, particularly on their achievement of learning goals.
- Provide the student with recorded books as an alternative to self-reading when concentration is low.
- Devise a flexible curriculum that accommodates the sometimes rapid changes in the ability to perform consistently in class.
- Identify a place where the student can go for privacy until he or she regains self-control.
Teaching students with Psychiatric Disabilities: (Strategies)

- Hard copies of notes, powerpoints, and handouts are useful in reinforcing ideas covered in class.
- Awareness of material that may be emotionally evocative for the student and a sensitive approach, including some explanation of topics to be addressed.
- Students with psychiatric disorders benefit from using computers and on-line services from home for research and obtaining notes whenever possible, i.e., blackboard.
Teaching students with Psychiatric Disabilities: (Strategies)

- Allow to have water bottle in class for dry mouth and increased thirst due to meds
- Allow student to call home if obsessed over safety of family members
- Ignore minor behaviors during mood swings
- Present worksheets one at a time vs a large packet of work to reduce frustration
- Copy all class notes or allow someone to dictate answers for student to allow for hand tremors from meds
Teaching students with Psychiatric Disabilities: (Strategies)

- Avoid escalating negative behaviors/situations by using a calm, non-threatening voice and demeanor
- Allow additional time for exams, when levels of medication or inability to concentrate interfere with speed
- Allow students to sit near the exit in case they need to leave the room for a short break
Teaching students with Psychiatric Disabilities: (Strategies)

- Use visual supports such as schedules, task cards, etc.
- Use graphic organizers to support students before, during and after units of instruction
- When energy is high, increase opportunities for achievement
- Have a plan for unstructured time
- Schedule most challenging tasks at a time of day when student is best able to perform (medication-related tiredness)
Questions/Comments?
Bevan Gibson
bgibson@siue.edu
618-650-2254