



Kayti Baur, student, Mount Saint Vincent University

Kayti Baur is a graduate of NSCAD University and a current 4th year Honours Psychology student at Mount Saint Vincent University. Having endured bipolar disorder and post-traumatic stress disorder throughout her university career, Kayti offers a unique perspective on dealing with mental illness in academia.



Hi! My name is **Kayti Baur**
I am a **student** who suffers
from **mental illness**

OVERVIEW {

- Mental Illness &....**
- Life**
 - commitment to health
 - medication
- University**
 - framing emotion
 - unique challenges
 - prevention focus
- Disability Services**
 - self advocacy
 - differences in need
 - accommodation agreements
- People & Policy**
 - role of professors
 - the human application of policy



MENTAL ILLNESS
& LIFE } }

THE TWO PHASES OF MENTAL ILLNESS:
INACTIVE VS ACTIVE SYMPTOMS

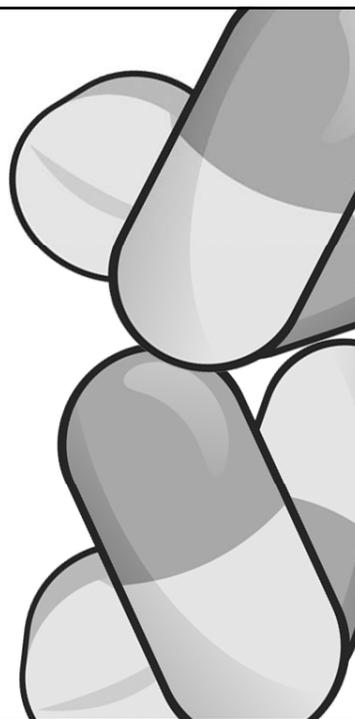
THE
PARENT ANALOGY

AKA the significant impact of mental
illness on your life, time & energy

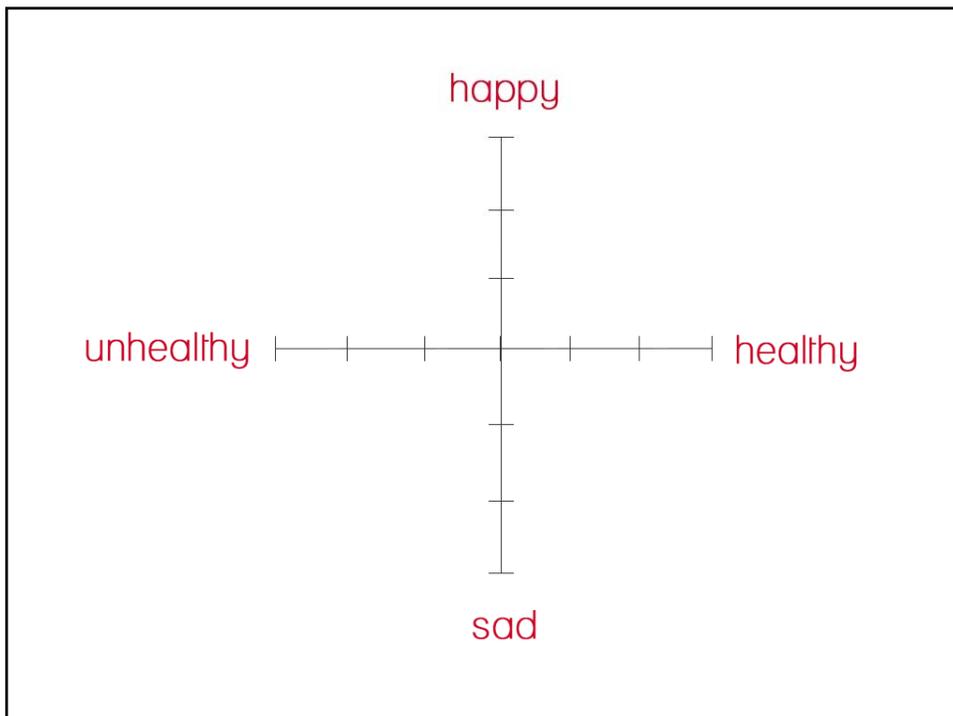
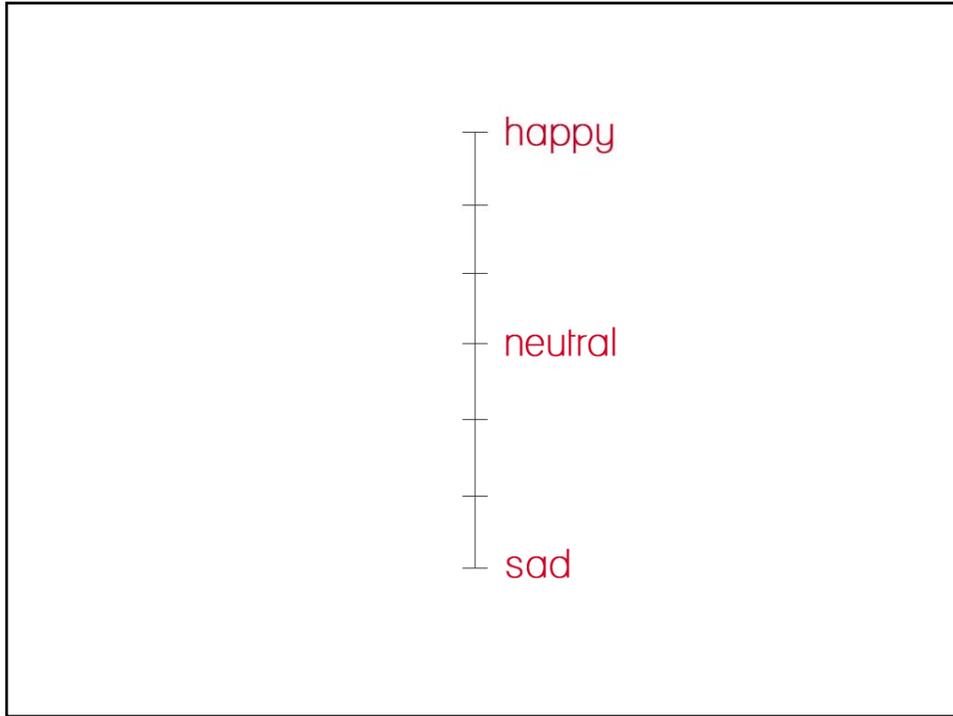


MEDICATION

- cognitive changes
- behaviour changes
- coping skills
- side effects



{ MENTAL ILLNESS &
UNIVERSITY



THE TWO PHASES OF MENTAL ILLNESS:
INACTIVE VS ACTIVE SYMPTOMS

CHALLENGES

- self-stigma
- unpredictable onset of symptoms
- lack of experience with symptoms
 - stress induced onset
- lack of acceptance as a legitimate problem
 - difficulty of diagnosis/disability services

MENTAL ILLNESS &
DISABILITY
SERVICES



DIFFERENCES IN NEED:
MENTAL ILLNESS VS. OTHER DISORDERS

ACCOMMODATION AGREEMENTS

SELF ADVOCACY

these are not temporary problems
& cannot be given temporary solutions

ENGAGING PROFESSORS

the majority of problems that arise are not with the services provided, but the integration of these services into daily functioning, and explaining the need for change to third parties.

{ MENTAL ILLNESS
POLICY &
PEOPLE

IN SUMMARY...

- symptoms are fluid and inconsistent
- the inactive periods are as important as the active periods
- differences in need mean differences in accommodations
- self advocacy is important and needs to be encouraged
- professors play a key role in implimenting policy and creating a feeling of acceptance

THANKS!

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Keynote Address- Nov. 1, 2012- Making the Connection: Developing a University Team Approach to Student Mental Health Care

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SLIDE 1

Hi everyone, and thanks for having me here today. My name is Kayti Baur and I'm here not only to represent the student perspective on mental health care in universities, but to speak from the perspective of someone currently experiencing the effects of mental illness within a university environment. Essentially, I am the beneficiary of all the time and energy you've been putting into this topic and I am representative of the reason you have all gathered here today. So hopefully I will be able to offer a voice that is not often heard in relation to creating policy, and represent not only the student, but also offer insight into the mentally ill experience. So, just to give you a little bit of background information about me, I graduated from NSCAD University in 2009, briefly attended Dalhousie University before settling in a Mount Saint Vincent University where I am a 4th year honours psychology student. During the process of my education I was diagnosed with bipolar disorder as well as post traumatic stress disorder and generalized anxiety, although these specific labels are up for review, the fact of the matter is that my experience of mental illness has greatly affected my university life up to this point and will continue to do so as I move on to graduate studies.

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So in this talk I'm going to be addressing a few different areas that I feel are important to understanding the effects of mental illness on the student as well as some personal opinions on the ways that mental health care is currently addressed on university campuses .

To do that, I'll be breaking things down into 4 general topics. The first will be looking at how mental illness affects a person's daily life and level of commitment to health that having a mental illness requires. I will also briefly be talking about the role of medication and the effects that that has. From there we'll be talking about mental illness and University, and things the university staff and policy would need to consider regarding mental illness. So I'll be trying to reframe how emotion is viewed in these contexts and discussing some of the unique challenges faced by students with mental illness. Then we'll be looking more specifically at disability services and the services they provide to students- specifically I'll be discussing accommodation agreements as well as the role of self advocacy of the student and the need to engage professors. Finally I will be briefly touching on People and policy and the role that individuals have in creating a safe and welcoming environment for students.

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However, before I get too far into things I did want to clarify that as you know, the term 'mental illness' covers a broad range of clinical issues from autism spectrum disorders to substance abuse, and I simply cannot speak to the experience of people suffering from all forms of mental illness in university. So what I will be talking about to today will be in relation to my specific experience of mood and anxiety disorders and how the university environment interacts with those forms of mental illness.

Mood and anxiety disorders are thought to affect between 10-20% of the general population during some point in their lifetime, and these numbers are usually found to be higher on university campus. Additionally, the number of students coming to university with a mental illness is readily increasing overall and the number of university students meeting the clinical criteria of a mood or anxiety disorder is higher than ever before. So obviously this is an important area to address in terms of policy and support to make sure that these students are able to perform to the best of their ability and get the most out of their university education.

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So! Mental illness & life! How does mental illness affect a person on a day to day level, and what parts of this experience become relevant to the university experience?

There is a general idea that when you have a mental illness, the characteristics and symptoms of the disorder are all pervasive, constantly present and affect you in certain ways in a consistent and predictable manner. This is simply untrue for most mood and anxiety disorders. This is closer to true for some other forms of mental illness such as autism or personality disorders which are characterized by the pervasive nature of symptoms that remain and are constant throughout a life time. However, mood disorders are fluid and the symptoms are ever changing

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In terms of mood and anxiety, there are periods of active and periods of inactive symptoms. In this case, I'm calling **active periods** the time periods not only when symptoms are present, but when they are actively impacting the person's life and ability to function normally for an extended period of time. In turn, **inactive symptoms** would include not only the periods were symptoms were not present, but also when the individual may be experiencing some symptoms, but not to the point where it is interfering with functioning for a substantial amount of time. However, more important than this distinction, is that while the periods of active symptoms may have the same general characteristics, the effect they have on the individual may be radically different at different times or in different places. As people who are trying to create policy for those suffer from mood and anxiety disorders, if there is one thing I can leave you with is the idea that you need to acknowledge the fluidity of symptoms and their presentation.

The other issue that is not fully discussed when addressing mentally ill individuals is the idea of **time and energy required to live and function with mental illness**. When this is brought up, it is generally spoke

about in terms of active symptoms, and how active symptoms cause you to lose valuable time and pieces of your life. And this is absolutely true. The symptoms of mental illness affect your lives, and cause you to exit your preferred routines and go somewhere else for awhile. And this can be incredibly detrimental to the life and well being of the individual. However, what I actually want to focus on is the time and energy it **requires to simply maintain**. The inactive periods. The dedication and time it takes to simply maintain and hold at what most people would consider average.

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And the best way that I have come up with to explain this to you is through **the parent analogy**. I will openly admit before I start this that I am in fact, not a parent – but I do have some, so hopefully that counts for something!

So the way I see it, becoming diagnosed with a mental illness is sort of like coming home with a newborn as first time parents, only without many of the good, happy parts, and nearly all of the life altering, time sucking parts. In fact, I think at least in some respects, the first few months of being a parent equate quite well to the experience of untreated mental illness: something keeps waking you up all night crying and you just can't figure out why or how to make it stop. Only in the case of parents, it's a baby, and in the case of mental illness, it's your brain.

But think this analogy actually goes a bit deeper than that. As a parent, you view your child as a piece of you that you need to love and care for, to be responsible for and in many ways, your child becomes an important part of how you view yourself. However, they are not physically a part of you and their actions, although they reflect back on you, do not necessarily represent you and your beliefs. This relationship is similar to that of having a mental illness. My mental illness is not something I would consider to be a defining characteristic of who I am, nor would I say that the actions of my mental illness can be seen as defining my own beliefs, however, it is something that holds an unbelievable amount of weight in my life, my choices and my happiness. It is a thing that involves every fiber of my being, that I am responsible for caring for, and that has to take priority over everything else. And similar to the fact that as a child grows up and needs less constant physical attention, and yet the parent does not become any less of a parent or have any less of an emotional investment in their child, as you progress through treatment, it is not that mental illness requires less of your time and attention, but your relationship with it and what type of time and energy it needs become different than they used to be. But regardless of what stage you are at in the process, it is an all consuming part of your life that takes up a significant amount of your mental energy and physical time.

To underscore this, I myself have not experienced a period of active symptoms during this semester, and yet I have spent more time working on maintaining my mental health through therapy, doctors, behavior modification routines etc, than I have spent on campus or doing homework this school year. So while acknowledging the loss of time a person with mental illness goes through when their illness overtakes their lives is extremely important, in terms of understanding what a mentally ill students experiences in their daily life that will be brought with them into the university environment, the dedication of time and energy to maintaining baseline cannot be ignored.

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Another area that effects how a student will interact with their environment is the use of medication. I know that side effects of medication are often discussed in these types of environments, and they are incredibly important and need to be considered. As someone who is incredibly allergic to most treatments for the illness I have, I can honestly say that my daily experience of health while in treatment is worse than most people's experience of the flu, and it is entirely due to my body's physical reaction to medication. That is a trade off you sometimes have to make, and it can have a great impact. However, there are other elements of taking medication which are equally as important are rarely addressed, and **that is that these are mood altering drugs and they work.**

When medication starts to take effect there are large changes in how the student perceives the world and their emotional reactions to it. And while may be a very positive thing over all, actually experiencing it can be quite unnerving. You're emotional experiences are no longer matching your expectations, your coping skills are no longer relevant and for a time period, before you learn to work within your new life framework, you feel defenceless. And that in and of itself can exacerbate symptoms, cause a great deal of stress and make working in a university environment exceptionally challenging. Developing new life skills does not happen overnight, and the effects of medication may be long lasting within a university career, especially if medication levels are constantly adjusted or changed, which they almost always are. This is a challenge which is relatively unique to mentally ill students and which needs to be considered when designing their care.

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So from here I'm going switch tactics a little bit and instead of focusing on what the student brings to the table, I'll be focusing more on the things that university's themselves need to take into account when dealing with mental illness.

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The first thing I want to address is actually how the **majority of people address the concept of emotion.** I know a lot of you have some mental health training and this may be a familiar concept to you, but there are many people who work in universities in situations where being able to discuss emotional qualities would be beneficial to their interactions with students and this is a pretty simple concept so I wanted to make sure it was addressed. And that is, that most people view the emotional spectrum something this- as a unipolar scale with something like happiness on one end and something like sadness on the other with most emotions fitting somewhere in between, and the daily average being somewhere in the middle.

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But I would argue that when addressing emotion, especially the role of emotion in a student's experience, you need to look at it more like this. There are ways to experience every form of emotion that are reasonable and appropriate to a given situation and this remains true even if you have a mental

illness. The difference is that all of these emotions, including what you were perceive as happiness and other positive emotions, can be experienced in an unhealthy, clinically relevant way. So just because you see someone behaving in a way that you yourself would associate with the experience of something positive and healthy, even enjoyable, you cannot assume that just because their outward actions match what you would be doing in that emotional state, that their internal emotions and reactions are at all similar to what you would be experiencing if you were demonstrating such behaviours.

SLIDE 12

And on a related note, I did want to touch again on the idea of active vs. inactive symptoms in terms of how of universities should be addressing mental health care overall. There is a tendency to think that the university needs to be primarily concerned with the periods of active symptoms, and that it is during this time that the students would need their resources most. In other words, much of the talk surrounding mental health tends to **be crisis focused**. This is an important part of the universities role, and facilitating a student's ability to exit and enter the academic system with ease when it is due to a medical condition beyond their control is imperative. However, it is also something that current policy tends to do very well in my experience. Additionally, the periods of active symptoms tend to be when students are removed from an academic environment either by their own actions or by a third party. Thus, what i would argue, is that at this point, much more focus needs to be placed on what universities are able to do to help students when they are **in their inactive** or semi active phases to allow the student to remain within an academic environment for a longer period and with more success. In other words, I feel that universities need to move away from being crisis oriented in their handling of mental health care, to switch to a prevention oriented methodology which will allow the student to utilize school resources which reduce their stress, increase their comfort level, and give them the overall feeling that they are in a supportive, respectful environment so they are able to experience less symptoms as a direct result of interacting with an academic environment. In other words, **to reduce the likelihood that school would become a trigger for the onset of symptoms.**

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There are many challenges that mentally ill students face which are quite different than that of the average student and may cause difficulties and exacerbate symptoms. For example, very few other forms of illness have quite the same level of **self stigma** attached. The stigmatization of mental illness is pervasive across our culture and is likely to be internalized, and this is a major hurdle to get over once you receive a diagnosis. This results in fewer people accepting treatment, and to be willing to admit they are struggling. Additionally, **cultural stigma** is absolutely still an issue. Studies have shown that people see having a mental illness as being equally bad as being homeless or having an active heroin addiction, and that they do not want to see these people integrated into classrooms. This cultural outlook may make it difficult to maintain peer relationships or to feel accepted within a class environment, and thus symptoms of the illness will go unexplained. Additionally, as I mentioned the **onset of symptoms** can be unpredictable and challenging to work around and because many forms of mental illness have onset periods of late teens and early twenties, this may be the first time they are

actually experiencing these symptoms and thus they are less competent in dealing with them than someone who has had an illness for a substantial amount of time.

Furthermore, many symptoms of mental illness can be brought about or made worse by **stress**. University is by nature a rather stressful environment and while this may not be something that can be changes, it is something that will need to be considered. And finally, there is the **problem of diagnosis**. If a student begins experiencing symptoms while in university, they will need to go through the entire diagnostic process before they are able to access some forms of university services. This means at any given time, there's a significant population of people who have a clinical issue, who are simply unable to access disability services because they haven't managed to nail down an exact title for their symptoms. This can be extremely difficult for an individual because they may know exactly what accommodations would improve their ability to remain in school but not be able to register with disability services.

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So, fittingly, this brings us to the discussion of the role of disability services to students with mental illness. In most ways, disability services is meant to be your ally or your safe place on campus where you are able to go and freely discuss your issues and needs without fear of stigma. But more importantly for this particular talk, is disability services' role in allowing you to obtain accommodations that suit your needs.

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While disability services and the people working there have always been exceptionally useful and willing to help in my experience, the fact of the matter is that in most schools the **framework used for disability services was simply developed with other forms of illnesses in mind**. Specifically for a long time, disability services was primarily concerned with physical disabilities and learning disorders. And the reason that this is so important to the discussion of mental illness again comes back to the fact that these issues are much more static in their symptoms. People with these forms of illnesses are much more able to predict issues in advance and to understand how their illnesses can be adapted or compensated for with some sort of physical modification to the system, be it note taking or exam writing, recording etc. These also tend to be symptoms that these individuals have plenty of history with and know how they affect their ability to function and when they will or won't come about. These are things which have been present in their schooling for a substantial amount of time- even if they've been newly diagnosed.

In contrast, people with mental illness are often experiencing these symptoms for the first time in university, are unclear how these things will affect their abilities in an educational environment and often times, the difficulties they face are not things which can be addressed through static accommodations or modifications of physical processes. The things that mental illness needs addressed focus much more heavily on stuff like attendance, ability to retrieve notes if they need to miss large periods of time, extensions or flexibility in timing and deadlines which depend on their cognitive state and present effects of medications. And I think a lot of times this is where things become sticky for people because with learning disorders, you are modifying how they obtain or regurgitate the

knowledge, but they are doing so on the same time schedules as everyone else. With mental illness, the focus is less on modifying how we obtain the information, and much more of modifying the **schedule, pace and structure that we do it in**. This can often be taken as an unfair advantage when people do not know why, and cannot visibly see any reason for this modification in your actions. It also becomes difficult because if you have an extended period of inactive symptoms or where you wouldn't need these accommodations, it does open the door for some people to say you are taking advantage of the system.

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Which brings us to the role of Accommodation agreements, because these are what define how students with mental illness then function in their academic environment and define what is or isn't an acceptable change to the academic environment according to both the university and the student. Currently, there are a lot of ways in place to allow the student to modify the pacing and structure of their courses. For example, having people discount attendance marks, allow them a note taker if they are likely to miss large chunks of time, allow for fewer exams to have to be written in one day, allow for flexible due dates on assignments etc. The problem really only comes in because these are the areas that professors are least willing to accommodate, especially without seeing a copy of written medical documentation or if you don't appear to be in any form of crisis. Basically what is happening is the overall attitude is that **you should only need these accommodations if you are in crisis, but the purpose of many of these accommodations is to allow students to avoid a crisis situation**. And this often becomes a challenge when working with professors.

Additionally, many students with mental illness run into troubles with their accommodation agreements because their symptoms change, manifest different or medication greatly affects their ability to function at an unanticipated time, and because all of these accommodations as well as all exam accommodations are made so far in advance its then extremely difficult for them to get things modified to suit their current situation. This is an area that does need to be addressed in some way. Obviously, I can't come to you the day before an exam and expect to have major accommodations made for me at the drop of a hat, but for universities who make their exam accommodations months before finals, there does need to be a system in place so that people with **fluctuating symptoms** are able to update their agreements and receive the services they actually need at a given time, if they have documented reason to need these things. The alternative of course is just for them to bulk up their original agreements with services that they may not currently need, but feel might be applicable in the future, and then they end up utilizing many services which they don't need which costs the school valuable money, and time and in effect, can give the student an unfair advantage over their non-clinical peers.

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The other major issue I feel often comes up with regards to accommodation agreements, is that the students are often never involved in process of solidifying these agreements with professors. In other words, the student meets with disability services, disability services sends their paperwork to the professor and the student is never required to discuss these agreements any further. On the surface,

this sounds awesome, and good way to facilitate comfort level in the student and hopefully reduce possible stigma from the professors. In actuality, this practice makes very little sense, especially for students with a mental illness and of course, it can often make life much more difficult for professors.

The process of **talking about your accommodations and needs is an important life skill** for anyone with a disability. Once students have left the university environment, this disability is not going to magically disappear. These are not temporary problems and we need to stop giving them temporary solutions. If we leave university unable to address our own issues and talk about our own strengths, if we are unable to complete the same sort of tasks we did in university in the real world, we are not actually benefitting from our education. And at some point, these skills need to be developed. As much as it is important for disability services to be ready and willing go to bat for student when needed, it is much more beneficial to the student if they themselves can facilitate some discussion of their own needs and how and why these modifications will benefit them without going into specific diagnostic details. In my opinion, accommodation agreements offer an ideal way to develop these skills.

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Professors are receiving information that they are required to modify how they structure their course and possibly remove portions of their grading system, and often the student is never required to discuss these things with them. How is it fair to a professor to ask them to modify these things for you, without ever having discussed how to replace the marks, make up for missed time or what is reasonable given that particular course in terms of extensions? If a student is able to make contact with a professor, address their own concerns and talk about their needs, the professor is in turn much more likely to respond positively to having to change their methods and to feel there is a justification in doing so. It is unfair to expect the entirety of an accommodation to rest on the shoulders of the professor. As much as students with accommodations surrounding attendance and flexible deadlines may need and deserve them, the professor may have legitimate concerns about how these marks are to be made up, or a need to have assignments completed by certain times in order for the student to actually get the full benefit of the course.

Many would argue that it is the role of disability services to hammer out these details with the students, but the fact of the matter is, every course is different and will require different things and a third party simply cannot account for all aspects of this. If a student doesn't engage the professor from the beginning to work out a lot of these details **before they become issues**, it is much less likely that the professors will be willing to modify things that they feel are fundamental to how they teach this class. This results in students feeling ostracized and discriminated against when they don't feel like they are getting their proper accommodations and once at this point, very little of the professors justifications matter very much to the student. All they are able to see is that they have documentation which states that they need these things, that these particular things have worked for them in the past and have allowed them to excel in an academic environment, and now this professor is saying they cant have them and they panic. In turn, the professors don't get to discuss their own concerns, or why they are relevant or even suggest alternatives that may also work.

In a system where the student never speaks about their accommodations to the professors, the professors are put in a position where they feel they have no control over their own course and it turns, in my experience, have much more difficulty working with the system. Both disability services and the student need to acknowledge **the role and rights of the professor to feel comfortable** in what they are doing while still acknowledging the needs and rights of the students. In my opinion, facilitating discussion directly between the student and the professor regarding accommodations is absolutely necessary. It develops self-advocacy skills in the student, it allows professors to feel they have some control over how their course is structured so that it will still benefit the student and remain fair to their classmates, and gives them an opportunity to discuss any areas of concern from the get-go. The student should never be required to discuss their actual diagnosis, but even just addressing the accommodations themselves can make the entire process much smoother, while giving the student experience on how to handle these situations outside of university.

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This of course brings us to the discussion of people and policy and the affect interactions with individuals can have on how the student perceives the school, and whether or not they feel comfortable and accepted in their academic environment.

Frankly speaking, I have attended a few of these conferences now and heard people speak about policies that sound simply amazing, that I as a student, had no idea existed and after returning to my institution, could find no information on. There is a distinct need to not only write policy but implement it in a way that engages students, allows them to know what services are available to them and is **proactive** in allowing students to know that they qualify for and are able to receive this help.

Disability Services is a great and much-needed resource for students. However, in the scheme of things, interactions with disability services account for very little of a student's interactions surrounding the topic of disability on campus. The influence of peers and faculty in creating an accepting, comfortable environment cannot be understated. Even if everything I've worked out with disability services is absolutely perfect on paper, my overall impression of whether a school is accepting and handling mental health well, is going to come down to my interactions with professors. As much as the university is an environment is a culture in and of itself, when a student talks about what makes up their university education, class is the vast majority of it. It is the reason we are all there. As much as modifying the tools available to students by policy is important, it is more important to engage professors, and create a community who understands what mental illness is and the role it plays in people's lives. This knowledge base alone will reduce stigma and make people feel much more comfortable and able to work within an academic environment.

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So that's everything! I hope I was able to offer you some insight on the mentally ill experience of university life. It is truly an honor to have been able to speak with you today and it is extremely heartening to know that the student perspective is being heard and considered as these policies are being developed. So thanks for listening!