

Spring/Summer 2010

accessibility at brock

Creating awareness of
accessibility planning

Accessible service affects all of us



Margaret Sanderson

How many of us have experienced this type of scenario?

You've made reservations at a restaurant but you're seated 30 minutes after

the designated time. The waiter is surly and asks for an early tip because he's going off shift midway through the meal. The food arrives late and cold. You're served something you didn't order. You vow to never darken the door of this restaurant again.

Now imagine the restaurant scenario with these other possibilities: your service animal isn't allowed into the dining area; the waiter rolls his eyes and snickers when you stutter while placing your order; the washroom is inaccessible to your wheelchair or scooter.

Are you going to share your experience the next day with your co-workers or post something on a social media network? You bet. Besides the weather, few events generate more conversations around the office water cooler or family dinner table than shabby service.

And that's why good accessible service is so important, including at Brock. Not only is providing excellent accessible service the right thing to do, reputations are made and broken by how we are treated and how we treat others.

Good accessible service benefits everyone, and the way we serve persons with disabilities should be no different than anyone else.

The way we interact with persons seeking services speaks volumes about an organization. Are we respectful? Friendly? Useful? Do we preserve the dignity of persons with disabilities and accommodate them in any reasonable way we can?

A major plank in the platform of the Accessibility for Ontarians with Disabilities Act (AODA) is accessible service. Training is underway for Brock's front-line staff and faculty who regularly interact with students and guests on campus. We'll be enhancing all services to ensure that the basic principles of accessible service for persons with disabilities are met — dignity, independence, integration and equal opportunity.

Continues on page 2.

Accessibility at Brock is a newsletter published by the University Accessibility (AODA) Co-ordinator, Office of the Vice-Provost and Associate Vice-President of Student Services, at Brock University. The purpose of the publication is to create awareness of accessibility planning initiatives at Brock; profile faculty, students, staff and community members working to remove barriers to persons with disabilities; and to inform readers about University and Niagara region resources and services available to persons with disabilities.

Accessibility at Brock is available online at www.brocku.ca/accessibility. If you require this document in alternate formats or if you'd like to be included on the *Accessibility at Brock* mailing list, please call 905-688-5550 x5454, or email accessibility@brocku.ca

Brock

Customer service...continues from page 1.

People can have one or a combination of the following disabilities: physical, vision loss, deafness or hard of hearing, intellectual or developmental, learning, mental health or others.

In this issue of *Accessibility at Brock*, we focus on the barriers experienced by persons who live with invisible disabilities. Mental illness is one of the most commonly diagnosed, and most commonly misunderstood, of all invisible disabilities. And negative, judgmental attitudes of others are often the most difficult barriers to overcome.

Student Crystal Steers and Human Resources manager Susan Mifsud both speak candidly about living with mental illness and the challenges they face.

In addition to accessible service, Brock is committed to

improving its physical environment. We were the first post-secondary institution in Ontario to adopt and use Facility Accessibility Design Standards (FADS). The standards incorporate the principles of “universal design” meaning that we recognize the broad diversity of people who use our facilities — people with disabilities, older people, people whose first language is not English, and children.

By being proactive, we’ve made tremendous progress with both our buildings and in our service provision. Sometimes it’s not only ensuring accessibility in our new buildings — it can be something as simple as how to locate a pamphlet rack or to set the height of a counter in a renovation.

Or to ask: “May I help you?”



Photo: Jerry Zolner

Thomas Dunk, Dean, Faculty of Social Sciences, navigates the hallways of the MacKenzie Chown building using a wheelchair, followed closely by Lynne Prout, manager of the Office of Human Rights and Equity Services, in November. The activity was part of an in-service education session for academic and administrative representatives about the Brock University Facility Accessibility Design Standards (FADS), adopted for use campus wide in June 2009. A similar session was held in September 2009 for staff representatives of Facilities Management.

Welcoming persons with mental health disabilities

People with mental health disabilities look like anyone else. You won’t know that a person has a mental health disability unless you’re informed of it. And usually it will not affect your service to a person at all.

But if someone is experiencing difficulty in controlling his or her symptoms or is in a crisis, you may need to help out. Be calm and professional and let the person tell you how you can best help.

Here are some tips on welcoming persons who have mental health disabilities:

- Treat a person with a mental health disability with the same respect and consideration you have for everyone else.
- Be confident and reassuring. Listen carefully and work with the person to meet his or her needs.
- If someone appears to be in a crisis, ask the person to tell you the best way to help.

Adapted from “What you need to know about customers with mental health disabilities” at www.mcsc.gov.on.ca

The myth of 'pulling up socks'



Photo: Jerry Zolner

Susan Mifsud and Crystal Steers find light in the darkness.

Mental illness is one of the most commonly diagnosed, and most commonly misunderstood, of all disabilities.

Frequently it's not the invisible illness but the attitudinal barriers that are most difficult to overcome.

Student Crystal Steers, midway through the third year of her Psychology program, was hospitalized and officially diagnosed with major recurrent depressive disorder more than four years ago. But in looking back over her life, she believes she has struggled with mental illness since childhood.

Susan Mifsud, who is stepping down from her current position as Brock's assistant director, Human Resources and Environment, Health and Safety to a managerial role in the office to find more balance in her life, says she has had a "hollow feeling" ever since she was a little girl.

"I'm basically a happy person with a depressive disorder," she says. "And oh my gosh, do I ever appreciate happy when it happens."

Both Mifsud and Steers say attitudes of others are often the most difficult hurdles to overcome.

Snap out of it. Pull up your socks. Put a smile on your face and you'll feel better. What have you got to be depressed about?

"I haven't chosen to be this way," says Steers. "I have a chemical imbalance in my brain. People have no right to judge me. They wouldn't judge me if I had a broken leg or diabetes, so why is mental illness centred out? I'm still a member of the human race."

As Mifsud observes, the local soccer club isn't going to have a fundraiser car wash for mental illness.

Mifsud and Steers say their lives have improved by taking medication to correct the imbalances in their brain chemistry. But they still go through periods where even getting out of bed is a monumental task.

"During my dark days," says Steers, "I wouldn't even move if my house was on fire."

Environmental factors may also play a role. Steers is affected by Seasonal Affective Disorder and uses a full-spectrum lamp to compensate for the lack of health benefits derived from sunshine. This past summer, with its inordinate rainfall and

cloudy skies, “has just been awful.”

Genetics also have an impact. Mifsud has learned that members of three generations of her family have lived with depression.

Help is available on campus for students, staff and faculty (see sidebar resources).

“I’m blessed to be working in a place where I feel very supported,” said Mifsud. “And no one has lowered expectations because it’s thought that my mental illness prevents me from doing my job.”

But because of the stigma associated with mental illness, some people are very reluctant to seek help.

“Many people don’t want friends, family, colleagues or employers to know they are struggling,” says Mifsud. “And sometimes it’s a task to even shower in the morning, let alone find help.”

She recommends that colleagues or friends reach out when they see a person in distress. It might be an action as simple as saying, “You don’t seem OK. Can I do something to help you out?”

But be prepared for resistance, Mifsud cautions. Her advice: if the person denies that he or she is in trouble, or becomes defensive, just keep trying.

Both Mifsud and Steers have become outspoken advocates for mental health despite the stigma. Mifsud, for example, is on the speakers’ bureau for the St. Catharines branch of the Canadian Mental Health Association.

“Having depression doesn’t define who I am,” she says. “I’m still leaping tall buildings, only they’re different buildings now.”

Brock, Niagara mental health resources

Student Development Centre, Brock University

Students who are concerned about their mental health should call x3240 or stop by the Student Development Centre (SDC). Located on the fourth floor of the Schmon Tower, the SDC encompasses a host of services, including personal counselling and Services for Students with Disabilities. The SDC is also home to a nationally recognized students-at-risk program that helps students connect with appropriate resources. For more information, visit brocku.ca/sdc

Office of Human Resources & Environmental Health and Safety

This department provides considerate, supportive and confidential health management services for employees with physical or mental health concerns. These services could include providing assistance in obtaining and facilitating appropriate and timely medical assessment and treatment; temporary and permanent workplace accommodation needs; ergonomic assessments; return to work assistance; and modified work plans. In addition, the University’s long-term disability carrier and Employee and Family Assistance Provider each provide online resources that offer in-depth health information, interactive health and wellness tools, listings for community support resources, regularly updated health features and other services. For assistance, please contact Dr. John Roberts at x3123 or Kim Thompson at x3454.

Some resources available in Niagara

Canadian Mental Health Association Niagara

<http://www.cmhaniagara.ca/>

Phone: 905 641 5222

Fax: 905 684 8314

Email: info@cmhaniagara.ca

Distress Centre Niagara

<http://www.distresscentreniagara.com/>

St. Catharines, Niagara Falls and area 905 688 3711

Port Colborne, Wainfleet and area 905 734 1212

Fort Erie and area 905 382 0689

Grimsby, West Lincoln 905 563 6674

Raising awareness of bipolar disorder

By Crystal Steers

Raising awareness of mental illness in a positive and informative manner was achieved several months ago with the theatrical production of "Type 2 — A Tragic Comedy."

Held Sept. 11, 2009 in the Sean O'Sullivan Theatre, the play is about an individual living with Type 2 bipolar disorder. Co-sponsored by Brock, the Canadian Mental Health Association and the Royal Canadian Legion, the two performances were well attended by students, staff, faculty and members of the community. It was an honour for me to MC the event.

Type 2 bipolar disorder, an invisible disability, is characterized by at least one hypomanic episode and at least one major bout of depression. Depressive episodes generally are more frequent and more intense than manic episodes.

One student pulled me aside after the evening production to say that he was grateful to see the performance; he'd gained an understanding of those he knows who live with mental illness.

This was extremely important for me because I've been trying to raise as much awareness and education around mental health issues as I can. As one who lives with major recurrent depressive disorder, I also see a lack of understanding around these issues.

Actors Michelle Mainwarring and Jason Gale stated their goal is to educate and raise awareness and understanding of mental health issues. I feel that this performance did a great job of not only educating people about Type 2 bipolar disorder but it also gave the audience a realistic view of some of the challenges faced by people who live with mental illnesses.

I am extremely excited to see Brock becoming more forward-thinking around mental health issues and hope to see similar events on campus in the future.

Crystal Steers is a fourth-year Psychology student and a member of the Brock University Accessibility Advisory Committee. She works part-time in Brock's Student Awards and Financial Aid Department.

Famous people and mental illnesses

Isaac Newton, 17th century mathematician and discoverer of the gravitational relationship between the earth and the moon, suffered from several "nervous breakdowns." It is suggested that he lived with bipolar disorder, which was unknown at the time.

Ludwig van Beethoven, composer, had bipolar disorder.

Abraham Lincoln, 16th president of the United States, lived with severe and debilitating depression. "A tendency to melancholy," Lincoln once wrote in a letter to a friend, "...let it be observed, is a misfortune, not a fault."

Vincent Van Gogh, famous painter and artist, lived with unstable moods and epileptic seizures most of his short life. His depressive states were often accompanied by manic episodes of enormous energy and great passion. Van Gogh committed suicide at age 37.

Winston Churchill, prime minister of Great

Britain, referred to his serious and severe depression as a "black dog."

Virginia Woolf, British novelist and essayist, experienced the mood swings of bipolar disorder her entire life.

Jane Pauley, NBC news broadcaster, lives with depression and bipolar illness.

Linda Hamilton, actor, has bipolar disorder, which was diagnosed at a young age and is controlled by medication.

Shawn Colvin, winner of two Grammys, has lived with major depressive disorder for more than 20 years.

Judy Collins, singer and songwriter, wrote about her journey with depression after the suicide of her 33-year-old son in 1992.

Dr. Kay Redfield Jamison, professor of psychiatry at Johns Hopkins University, has bipolar illness.

Maurice Bernard, actor, lived with bipolar

Famous people...continues from page 5.

disorder for many years before he was diagnosed and given medication to control his illness.

John Nash, Nobel Prize winner in mathematics, has faced a lifelong battle with schizophrenia. His struggle was documented in the book *A Beautiful Mind*, which was later made into a movie by the same name.

Carrie Fisher, writer and actor, has bipolar disorder.

Lionel Aldridge, a football player for the Green Bay Packers during the 1960s, developed paranoid schizophrenia and was homeless for more than two years.

Eugene O'Neill, winner of the Nobel Prize for literature, lived with clinical depression for much of his life. His most famous plays were written between 1935 and 1943 despite persistent mental illness.

Vivien Leigh, actor, who portrayed Scarlet O'Hara, had bipolar disorder.

Ruth Graham, daughter of Ruth and Christian evangelist Billy Graham, writes about her many years of depression, drugs, eating disorders and thoughts of suicide in her 2004 book *In Every Pew Sits A Broken Heart*.

Brooke Shields, actor, talked about her disabling postpartum depression in her book *Down Came the Rain: My Journey Through Postpartum Depression*.

Information taken from the following websites:

<http://www.stampoutstigma.org/famous.html>
http://www.mentalhealthministries.net/links_resources/other_resources/famouspeople.pdf

Thumbs up to...

These areas continue to work towards removing barriers at Brock and in the broader community:

- Services for Students with disABILITIES, University Marketing and Communications, and the University Accessibility (AODA) Co-ordinator presented a session on Assistive Technologies and Accessibility to a delegation of academic and administrative representatives from Chongqing, China in August 2009.
- "Accessible Service... Accessible Brock" presented in May 2009 by Queen's University, Accessibility and Equity Co-ordinator, the University Accessibility (AODA) Co-ordinator, staff and alumni representatives to Brock senior administrators, faculty, staff, student representatives and BUAAC members.
- Initial stages of an accessible version of the website was completed

in April 2009 on the Bold New Brock Campaign website

- Attendance at the University of Guelph conference Aiming for Accessibility in May 2009 by Brock representatives from Information and Technology Services, University Marketing and Communications, James A. Gibson Library, Services for Students with disABILITIES, Centre for Teaching, Learning and Educational Technologies — a one-day conference designed to raise awareness regarding information and communication accessibility issues and provide strategies and techniques.
- Attendance by the Brock University Director of Recreation Services in October 2009 at the Recreationable Inclusive Recreation Forum <http://lin.ca/recreationable>

