

Aerobility Disability Awareness Guide



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Introduction

A person with a disability is someone with “a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.” (Disability Discrimination Act, Part 1). Aerobility is committed to ensuring that services offered are as fully accessible as possible. This guide is part of that commitment and its aim is to help develop heightened and sensitive awareness for Aerobility staff and volunteers. Throughout the guide the term ‘disability’ is used because of its common usage and general understanding of the term, however it’s more accurate to refer to people as having ‘impairments’ because it is their environment that makes people ‘disabled’.



General guidelines

It is important to remember when interacting with someone with a disability that they are a person.

You are not interacting with disabilities, you are interacting with individuals with disabilities; they are people first.

When meeting a person with different needs, consider the following:

- Don't assume that, because they have an impairment, they need help - always ask.
 - Offer assistance. If your offer of help is accepted, never assume what sort of help is required or how it should be provided - always ask.
 - Always listen to any instructions that you are given and repeat them to ensure you have understood correctly.
 - Don't use gestures to adults which would be more appropriate to children, e.g. patting a person on the head.
 - Any physical contact must be appropriate.
 - Talk directly to the person with the disability, not to their companion. Occasionally intermediaries, such as a carer or signer, will communicate a disabled person's point of view. However, your focus should always be directed towards the person with the disability.
 - Don't be embarrassed about using common expressions which may relate to a person's disability, such as 'Do you see what I mean?' to someone who's blind.
- Don't make assumptions about the existence or absence of disabilities. For instance some people have hidden disabilities such as epilepsy or mental health issues.
 - Be aware of your attitudes and assumptions and try not to make prejudicial judgements about people.
 - People with disabilities can be unreasonable or rude like anyone else. If you feel this is so, then respond as you would in any other situation.
 - Don't allow a person with a disability to get away with inappropriate behaviour if you would not let a person without a disability do the same.
 - The most important thing to focus on during a conversation with a person who has a disability is the overall goal. It is simply communication between two individuals. Ultimately, it is what is communicated - not how it is communicated - that is important.

As with every person, no one likes to be labelled or categorised by one aspect of their individuality. Unintentional details of behaviour and language that belittles or negatively labels a person with a disability can offend and spoil an otherwise positive meeting.



It is offensive to refer to groups of people by either their impairment or aspects related to their impairment: for example 'epileptic', or 'dyslexic'. It's equally offensive and grammatically incorrect to refer to a person by the name of their impairment, e.g. 'he's 'cerebral palsy" or 'the one with 'muscular dystrophy". Where it's absolutely necessary to refer to an individual's impairment it is better to state 'person who has 'dyslexia' or 'people with arthritis'.

- | | |
|--|---|
| <input type="checkbox"/> wheelchair bound | <input checked="" type="checkbox"/> wheelchair user |
| <input type="checkbox"/> midget | <input checked="" type="checkbox"/> person with restricted growth |
| <input type="checkbox"/> epileptic | <input checked="" type="checkbox"/> someone who has epilepsy |
| <input type="checkbox"/> deaf and dumb | <input checked="" type="checkbox"/> deaf without speech |
| <input type="checkbox"/> backward, retard, slow | <input checked="" type="checkbox"/> person with learning disability |
| <input type="checkbox"/> hard of hearing | <input checked="" type="checkbox"/> deaf, hearing impaired |
| <input type="checkbox"/> handicapped, cripple, invalid | <input checked="" type="checkbox"/> people with disabilities |
| <input type="checkbox"/> nutter | <input checked="" type="checkbox"/> person with mental health needs |

Also try to avoid phrases like: 'suffering from....' 'crippled by.....' and 'victim of.....'

It's important to remember that ultimately people want to be treated courteously and with respect. Don't tie yourself up in knots about what you can and can't say and if you do use the 'wrong' term don't feel uncomfortable about it. Just be aware for next time.

Cultural differences can relate to many different aspects of an individual's life, from the way they communicate, both verbal and non-verbal, to the way they dress. Please have consideration for this when meeting people, especially for the first time.



Awareness of specific disabilities

1 Asthma

Asthma is a very common condition with approximately 1 in 12 adults being treated for long-term asthma in the UK. Asthma causes a person's airway to be sensitive, becoming easily irritated and swollen. When the airway becomes irritated, the muscles around them tighten making it more difficult for them to get air in and out of their lungs. It can also cause an increase in the production of mucus or phlegm. Although most people with asthma will be relatively unaffected by their symptoms on a daily basis, 'attacks' can occur, the frequency and severity of which will depend on the individual. Most people will be aware of the warning signs, and take the appropriate action to lessen the severity of or prevent the attack.

Should a person have an asthma attack:

- Encourage them to breathe slowly and deeply.
- Don't panic. It's important for the individual not to panic as it can exacerbate their attack and your reaction can influence the individual.
- Assist with use of inhalers.
- Ask the individual for instructions. If they cannot provide any, immediately call for an ambulance.

Let the ambulance crew know that it's an asthma attack. Inform them if the person's abdomen is rising and falling more than normal as this can be an indication that the person can no longer breathe through their nose or mouth.

Talk to the person, get them to concentrate on their breathing, and inform them if an ambulance is on its way. As much as possible, keep them still as movement can make the condition worse.

2 Autism

Autism affects more than 1 in a 100 people and is a disability that affects people throughout their lives; it affects the way that they relate to the world around them and how they communicate with others. The world can seem complicated and confusing to people with autism and their struggle to make sense of it can cause great anxiety. Communication can be difficult and even those who can express themselves well in words can find it difficult to cope with the other elements of communicating such as facial expression, body language and tone of voice. They may have a strong sense of being 'different' to other people who can seem to pick up so much more than is communicated in words.

A high proportion of people with learning disabilities also have autism (between 20% and 30%) but there are also people with autism who are of average or above average intelligence. However, despite their ability, they can still struggle in their relations with others and in their understanding of the world around them. Some people with autism will always need a great deal of support whereas others can lead quite independent lives.

All people with autism share three characteristics or areas of difficulty which are known as the 'triad of impairments'. The extent to which any individual will experience these characteristics will vary and no two people are the same. The triad of impairments are:

Social communication. This is having a difficulty with communication in everyday life. Even people who have no problem understanding and using words can struggle with the informal way they are used in conversations and take words at their literal meaning, struggling to understand jokes, metaphors and play on words. They may find it difficult to interpret body language, tone of voice and facial expression and to make sense of all of these aspects of communication.

Social interaction. People with autism have difficulty understanding the unwritten social rules of conversation that most people are aware of naturally. For example they may misunderstand when they should join in conversations. They may say inappropriate things and they may stand too close to the person they are speaking to.

Without intending to, they can sometimes appear to be insensitive and can find it hard to make friends. Some people with autism can learn these skills over time but this can be hard as they don't come naturally.

Difficulty with social imagination. This is the third of the triad of impairments and relates to the person's ability to understand and interpret other people's thoughts, feelings and actions. This may mean that they have difficulty in engaging with imaginative play and activities and in understanding abstract ideas such as danger. Taken together these can make the world appear unpredictable to people with autism and make it difficult for them to cope in new or unfamiliar situations.

As well as the triad of impairments, people with autism may also display some or all of the following additional characteristics.

Love of routine

This is a reaction to what seems to be a confusing and unpredictable world. The person may prefer to have a fixed daily routine. However, the routine may be comforting and attractive in itself and a break in it may cause intense anxiety to the person. Routines could include having a fixed daily timetable, insisting on wearing the same clothes or undertaking tasks in a particular order.

Although routine might seem restrictive it is a fundamental part of that person and can also have positive characteristics. In employment terms, love of routine can result in reliability and consistency and in some industries the highly structured and literal approach of some people with autism can be particularly valued, for example in computing.

Sensory sensitivity

Through our senses our brain receives a huge amount of information which it interprets and then we respond through our thoughts, feelings and actions. For most of us this flow of information, and the processing of it by the brain, takes place automatically and without us being aware of it. Many people with autism have difficulty processing what their senses are telling them and can often be under-sensitive to the information they receive through their senses (hypo-sensitivity) or over-sensitive (hyper-sensitivity).

Some people with autism may have particularly sensitive sight, sound, smell, touch and taste. Their experience of any of these senses may be so extreme that it causes the person anxiety and distress. One example of this is that for someone with hyper-sensitive hearing, the noise of an aircraft suddenly starting may be quite distressing.

The opposite can also occur, where people have unusually low-sensitivity and some people may rock or move rhythmically to help counter this. The person's sense of balance and posture may also be affected and some people can experience difficulties with their body awareness.

Although extreme sensitivity and sensory overload is often unpleasant, the heightened sensitivity may help their judgment and appreciation in relation to music and the arts and other topics where such sensitivity is useful.



Special interests

Some people with autism have very strong special interests which, in some cases, can dominate their thoughts and their conversations, which is not always helpful in building relationships with others. On the other hand, a strong special interest can help people with autism build links with people who have similar interests, which could increase their network of social contacts. This could remain a hobby or interest but could also lead to employment or academic study.

The Autistic Spectrum

Although all people with autism have some things in common regarding the way they make sense of the world about them, there is a wide variation in the way that the condition affects them. This range is known as the autistic spectrum.

This variation means that the range of people with autism includes people who can live quite independently, who only need a moderate amount of support and encouragement, through to people who will need lifelong support. For this reason people with autism are also described as having Autistic Spectrum Disorders (ASD).

At the more able and independent end of the spectrum are people who are described as having High Functioning Autism (HFA). These are usually people of average or above average intelligence but will share the characteristics of the triad of impairments. A diagnosis which is sometimes given to people at the more able end of the spectrum is one of Asperger Syndrome. It is very similar to HFA and some argue that the two terms are interchangeable. It is often argued that people with HFA will have had delayed language development in childhood but that people diagnosed as having Asperger Syndrome will have had no delay.

People with HFA or Asperger Syndrome are often very intelligent and may have successful careers but will still experience similar social and communication difficulties to those experienced by other people with autism.

At the other end of the autistic spectrum are people who will need considerable support for life and who may also have the additional

characteristics related to love of routine, sensory perception, and special interests as well as learning disabilities.

People with autism at varying points on the spectrum will share difficulties in communication and even if they have good language skills may well have difficulty interpreting facial expression and body language. They may interpret some words and phrases literally and may find it hard to contribute to conversations. This may be because they are unsure of the unwritten 'rules' for when to participate and when to listen or they may dominate by speaking at length about their special interests.

Other conditions sometimes associated with autism:

Some people with autism may also have other conditions which can make life more complex for them; these include learning disabilities, attention deficit disorder, dyspraxia and dyslexia.

When autism is also accompanied by learning disabilities this can increase the need for additional support and make it harder for people to live independently. It can also result in them having additional difficulties with communication and language.

No two people will share the same experience of Autism. People who have Autism have a different and individual way of seeing the world. They can find it hard to understand what their senses are telling them. The world can seem unpredictable and confusing to them so structure and routine can be a comfort and give a degree of stability.

Learning and development

Notwithstanding any Learning Disability people with Autism may have, their condition will usually result in difficulties in relation to learning new skills and processing new information. These may be:

- Learning information and skills
- Participating in group learning
- Self-organisation

Learning information and skills

Difficulties with Social Communication can make it harder for people with autism to process and retain verbal information such as instructions. People with autism can also find it harder to understand the use of language in social situations, finding social 'chitchat' to have little purpose. They may interpret what they are told literally and the difficulty in interpreting body language, expressions and gestures can also lead to misunderstanding. For all these reasons, people who have autism will often have more of a struggle to gain knowledge, particularly when they are learning from listening to others as opposed to reading or using information technology.

Participating in group learning

Difficulties with Social Interactions can also make it harder to learn in group situations, particularly if the activity is relatively unstructured. The person may be able to learn new information but may find it difficult to work cooperatively alongside others and to cope with the unstructured parts of the day which might appear to them to have little point.

Self-organisation

Some people with autism can find it difficult to organise and equip themselves to undertake a learning activity. Just getting started can be a problem for some people and it can be difficult to consider a long or complicated task. They may find it difficult to cope with new or changed routines.

Strategies:

- Speak at a pace and use words that they understand.
- Try to avoid any metaphors that people with autism may find difficulty understanding or may take literally.
- Try to avoid overloading them with information.
- Be aware of background noise and distractions that might be unsettling.

3 Diabetes

Diabetes is a complex condition that arises because the body's metabolism of sugar is impaired, faulty or absent. There are currently around 3.2 million people diagnosed with the condition in the UK today with an estimated number of 630,000 people undiagnosed. Diabetes is often discovered through the simple symptoms of passing urine too frequently or a persistent thirst. Most people who know they have diabetes are aware of their condition and manage it on a daily basis through a combination of medication, diet and lifestyle.

Some people may experience excessive sugar levels and be hyperglycemic, 'hyper' for short. Others may find their blood sugar levels fall too low, a 'hypo'. Either condition can cause the person to lose consciousness, convulse and even fall into a coma. Most people who experience a **'hypo'** will get warning signs and be able to prevent it worsening, although these will vary from person to person they may include:

- Shaking
- Sweating
- Going pale
- Confusion
- Irritability



Should a person get any of these warning signs, find out what they need. If they are unconscious, call an ambulance.

On some occasions, a person may not experience any warning signs before losing consciousness. 'Hypos', although frightening for the individual and for you to witness, are not usually dangerous. In all cases where someone has lost consciousness, even for a short while, call for an ambulance and inform the crew that you believe it is a diabetic 'hypo'.

Hyperglycaemia (hyper) may develop more slowly over a period of hours or days. If it's not treated a 'hyper' will also result in unconsciousness and so requires urgent treatment in hospital. Some of the signs of a **'hyper'** are similar to a hypo but with a 'hyper' the **skin is warm and dry** and the **breath is fruity / sweet**. There may be **excessive thirst**.

Most people will carry a card or bracelet which will inform you of what actions should be taken.

4 Dyslexia

People with dyslexia have a combination of disabilities that may affect their capacity for learning literacy, numeracy or both. It can also affect a person's organisational skills and memory. Although they may have certain limitations, most people with this type of disability will have average or above-average intelligence. Approximately 10% of the population has dyslexia and most will be aware of the best ways to communicate and interpret information. Ask the person what works for them.

Be prepared to:

- Offer them verbal explanations.
- Allow extra time for reading.
- Print any forms on coloured paper usually pink or cream, but seek advice about print colour.
- Allow them to read straight off the computer, changing the font or background colour accordingly.

Remember to make it clear to the person that any adaptations are not a problem. Any negative gestures such as checking the time, or mentioning how busy you are could result in the person not being open and honest about their abilities and negate the contents of the meeting.



5 Epilepsy

Epilepsy is the second most common neurological condition and affects 1 in every 133 people within the UK. Epilepsy is characterised by seizures (not 'fits') that are caused without warning when the messages sent within the brain malfunction.

Seizures can present themselves in various ways. For example, the person may appear to be in a trance, lose consciousness and convulse during complex partial seizures, lose consciousness but still be able to walk or make other movements.

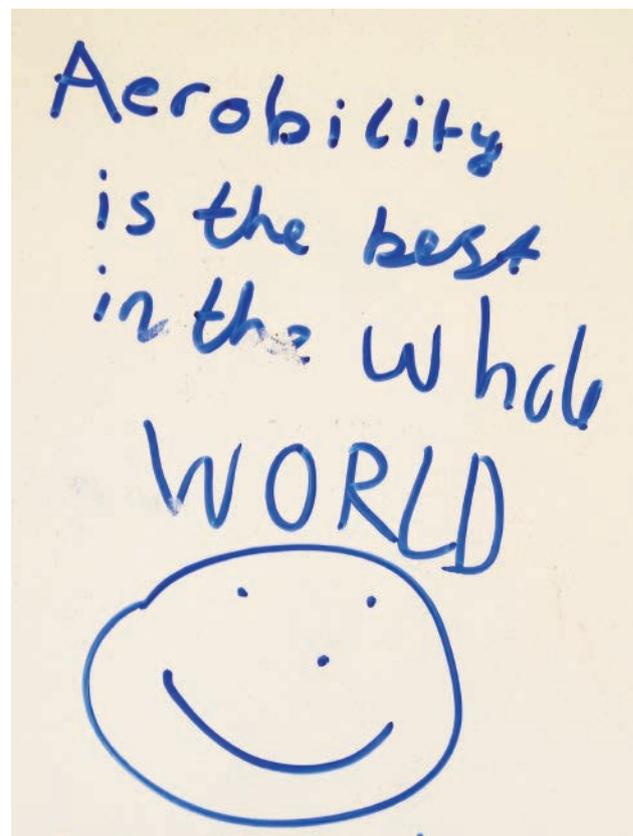
Should a person have a seizure:

- Immediately call an ambulance.
- Don't panic. Observing a convulsive seizure can be very frightening and although there is nothing you can do to stop a seizure once it has started, it's important you do what you can to try to reduce the risks of further injury.
- If the person appears to be in a trance, be reassuring. If necessary lead them to somewhere safe.
- If the person loses consciousness and experiences convulsions don't restrain or move them unless they are in a dangerous position. Move any potential hazards, place something soft under their head and if necessary loosen their clothing.
- Don't force the person's mouth open or place anything in their mouth. They will not swallow their tongue.
- If the person has vomited, move them onto their side so the fluid can drain and not obstruct their breathing.
- If possible, clear the area of other people and create a private space.
- Once the seizure is over, if they are unconscious or semi-conscious put them in a recovery position, if they are conscious be reassuring as they may be embarrassed. Tell them where they are and that they have had a seizure.
- If the ambulance has not arrived by the time the person feels better - encourage them to be examined by a paramedic.

6 Facial Disfigurements

Although this may not constitute a disability in the strict definition, it's society's perceptions and attitudes that can make disfigurements disabling. There are various types and causes of disfigurements with common causes such as cleft palates, scarring, paralysis, skin conditions and cancer.

- Respond and react to the person as you would to anyone. Disfigurements have no relation to intelligence.
- If you are surprised by someone's appearance don't make it obvious
- Sometimes disfigurements can cause low self-esteem and confidence. Keep questions open ended, allowing the person to elaborate and be encouraging. Use positive body language to ensure they understand that you want to take the time to listen.
- Maintain eye contact as you would normally and avoid staring.
- Control your curiosity and don't ask about the disfigurement.



7 Hearing Impaired

There are varying degrees of hearing loss and, although someone may be classed as deaf, they may still have perception of sound. If appropriate and possible, offer to move to a quiet and suitable space to communicate.

Consider the following:

- Always face the light and look directly at the person when speaking.
- Don't look down at forms or stand directly behind a light. Ask the person if the environment is suitable.
- Speak clearly and naturally. Don't exaggerate your lip movements or shout. If you are having difficulty communicating a specific word, then don't keep repeating it - try another, or write it down.
- If the person is accompanied allow time for what you have said to be interpreted. Don't stare at, or address, the interpreter.
- In certain situations up to 38% of communication can be tone of voice.
- In some cultures, eye contact is considered impolite. Allow for this and let the individual set the level of eye contact they are comfortable with.

Some strategies:

Finger-spelling. This consists of spelling out each word, letter by letter.

Lip-reading. This can greatly assist with communication but be aware that only 33% of speech can be lip-read, and lip reading for any length of time can be tiring for the individual.

Writing. When writing things down don't use long complicated sentences. Keep them brief and to the point.

8 Learning disability

Learning disability is a cognitive impairment relating to a person's ability to receive, express, process and apply information. Eighty per cent of people with learning disabilities will have some sort of communication difficulty. When you first meet the person, don't assume the person won't understand and follow what you're saying.

There are approximately 160,000 people with severe and profound learning disabilities in England alone

Below are some useful techniques that will help you to communicate effectively with people with varying degrees of learning impairment.

Communication

People with learning disabilities may be anxious to please. Pay close attention to their body language and facial expressions. This will help you to know if they have understood what you have said.

Questions

Keep questions closed and simple.

Think about what you are trying to say, introduce the subject and then follow a logical order.

Think about ways you can break down any questions into smaller topics.

Replace any complicated language with simpler words. Avoid using too much technical language, abbreviations or jargon.

Don't change the subject or bring in any other issues until you've finished what you were originally saying.

Use gestures and symbols to help you communicate.

Speak clearly and slow down your pace of speech.

Communication and learning disability

It is a fact of life that all communication involves interpretation and guesswork - and sometimes we do get it wrong. Communicating with adults with learning disabilities requires skill in identifying where breakdown has occurred. Below are areas for consideration.

Hearing impairment: Many people with a learning disability have hearing problems and will find it hard to follow conversations in a noisy environment, particularly if they can't see the speaker's face clearly. Someone with a learning disability may have more difficulty disregarding distracting factors. Try to provide 'ideal listening conditions'.

Visual impairment: Sight problems are particularly common among people with learning disabilities. One in three people with a learning disability has a sight problem, which sometimes goes undiagnosed and untreated. Good lighting and contrast are important factors to be considered when communicating with people with sight problems, especially if pictures or print are used for communication.

Language comprehension: A person's understanding is affected by a variety of internal and external factors - this applies whether or not they have a learning disability.

People with learning disabilities often have difficulty with verbal communication, particularly in stressful or anxiety-provoking situations. They may need more time or concrete cues, especially when communication is about abstract concepts. It's often assumed that the person's understanding and expression are on equivalent levels which results in overestimating or underestimating the person's understanding. It's important to modify your language and to work within the abilities of the individual.

Speech and expressive language: There are several ways to express the same message: verbally, using speech or non-verbally, using gesture, sign language, body language, physical behaviour and so on. People with learning disabilities can find it hard to use speech to express themselves. Some have difficulty making long and complex sentences, finding the right words,

difficulty with sound production or articulation, or difficulty with fluency. They may stutter.

Social skills and use of language: People with learning disabilities can seem to lack skills in social interactions as they find it difficult to vary their language from informal interactions to more formal ones. This can lead to frustration, isolation and prejudice. They may present with echoed speech, 'echolalia', where they repeat words or sentences spoken by others. They can also have difficulty understanding idioms and clichés like 'cry your eyes out' or 'have butterflies in your stomach'. Poor communication skills are also related to acquiescence and suggestibility which make the person's responses potentially unreliable and therefore not reflecting a real expression of their opinion, feelings or experience.

Strategies to facilitate communication:

Vocabulary: Use easy words that are familiar to everybody and avoid using words that are harder to understand e.g. say 'ask' instead of 'enquire'.

Sentence length: Some people with learning disabilities respond to only one or two key words from any sentence. Use shorter sentences and cut out unnecessary information to avoid confusion.

Sentence construction: Avoid using sentences with features such as:

Negatives: these are harder to process than positive sentences, for example, say: 'Put the pen down' instead of 'Don't throw the pen'.

Passive sentences are also difficult to process e.g. say 'We will send you a letter' instead of 'You will be sent a letter'.



Complex sentences where words are not mentioned in the order they happen, e.g. instead of saying, 'Before you go upstairs you must fill in this form.' Say 'Fill in this form'. And when this is done give the next piece of information 'Now you can go upstairs'.

Questions are a major area of difficulty for people with learning disabilities, especially open questions. Closed questions and offering forced alternatives are easier than open questions such as 'Why?'

Alternative communication

There are many tools that can be used to facilitate and support a person's communication, to aid their understanding and help them express themselves in a clear manner. These include **communication books** that have clear pictures, line drawings or symbols which can be used to support the verbal message and to offer choices or alternatives.

Sign language is used and understood by many people with learning disabilities and they need to be supported using their specific system e.g. BSL or Makaton. People using a communication aid need to be supported by a person familiar with their communication system to facilitate their expression. Pointing to real objects in the environment adds visual cues to verbal speech and makes it easier for a person with a communication difficulty to aid memory and comprehension.



9 Limb Loss

Limb loss can be present at birth, however the majority of amputations occur later in life and are caused by diseases such as diabetes and cardiovascular complications. Approximately a quarter of amputations are the result of traumatic accidents.

A great number of advancements in the field of prosthetics have been made, and today prosthetic limbs are customised to suit the personal needs of an individual, taking into account their body proportions as well as their age and the demands of their lifestyle. There are currently an estimated 62,000 amputees in the UK, who have been referred to a limb centre for prosthetic rehabilitation and about a further 40,000 amputees not wearing prosthetic limbs. Every year there are 5,000 to 6,000 new patient referrals to NHS prosthetic limb services.

Prostheses are fabricated in a series of steps and the final product is the outcome of many factors which include patient participation and satisfaction. The new amputee receives a temporary or 'training' prosthesis and after their condition stabilises, usually 4-6 months later, that individual is fitted with a definitive prosthesis, which should last 2-5 years or more.

An individual's period of adjustment to the use of prosthesis can often be accompanied by feelings of resentment or sadness. These feelings should not be discouraged, since they are a normal part of the healing process.

Today's modern prosthetics are designed with space-age materials. Some even include microprocessors that control the limbs and regulate the responsiveness and movement of joints.

When you meet someone with limb loss:

- Respond and react to the person as you would to anyone.
- If you are surprised by someone's appearance don't make it obvious
- Sometimes limb loss can cause low self-esteem and confidence. Keep questions open ended, allowing the person to elaborate and be encouraging. Use positive body language to ensure they understand that you want to take the time to listen.
- Maintain eye contact as you would normally and avoid staring.
- Control your curiosity and don't ask about the limb loss, unless it's relevant to what is going on at the time. For example, if you need further information to choose the correct sling for a hoist, then it's appropriate to enquire further.



10 Mental Health Issues

Mental illness is very common with approximately one quarter of the population experiencing a mental health problem at some time in their life. It's sometimes difficult to say what causes mental health problems or who will experience them. Most people who are diagnosed will make a full recovery. Mental health issues can influence the way someone thinks, feels and behaves, significantly affecting their quality of life. Their biggest obstacles, however, are society's perceptions and reactions to mental health issues.

There are no guaranteed ways of recognising whether a person is experiencing mental distress. Below are common symptoms that may be displayed singularly or in combination:

Hallucinations

seeing, hearing or smelling things that are not there.

Paranoia

unfounded suspicions of others.

Disorientation

unsure or confused and unable to concentrate.

Lethargy

drowsy, sluggish.

Hyperactivity

excitable, full of ideas, fewer inhibitions.

Be aware that there may be a number of other reasons for this. It's always important to be patient, assume nothing and try to keep an open mind.

If someone is displaying any of the above, be sensitive. Many people with mental health issues don't like to discuss their condition. Don't make judgements or imply to the person that you understand what they are feeling, although you may, of course, empathise. Using the communication tips below, try to build a rapport with the person. This will help them to trust you and encourage an honest and open meeting.

Communication

These are general tips for better communication that may not work for all people experiencing mental health issues. Adapt your technique accordingly, as you would with any other individual:

- Be simple and truthful, keeping sentences brief and concise.
- Be willing to work for attention and initiate conversation.
- Don't be afraid to repeat statements.
- Don't always expect rational and logical discussions. Keep to your point and remain focused.
- Be sensitive to changing emotions and agitation, don't overreact. Allow the person time to consider what you have said and to make their reply.
- Ask the individual if there's anything you can do to make them more comfortable and, where possible, do what you can to accommodate this. If you can't accommodate their request make the reasons clear to them. This can be, of course, just because you wouldn't feel comfortable doing it.
- Don't engage yourself in any hallucinations or delusions e.g. pretend you can see or hear or refer to them. Give the individual time and, when appropriate, try to regain their focus.
- If they display inappropriate behaviour be clear, specific and firm about what is acceptable and unacceptable behaviour. Let them know exactly what they did that was inappropriate.
- Keep your attitude and body language positive. Most people with mental health issues will be sensitive to, and react to, negativity.
- If a person displays any rituals or compulsions to touch, arrange, count or check items, then wherever possible allow them time to complete this.
- If you are finding it difficult to support their needs, ask if there is anyone you can call to help support them during your discussion.



Mental Health is a vast subject with many conditions, which vary from person to person. Below is a brief summary of some of the most common types of mental health issues today, to help raise your general awareness. It is essential you are aware that this is a guide, it's not to enable you to diagnose and treat any persons who you feel may be mentally unwell. It is designed to increase your knowledge and offer another perspective as to why someone may present themselves as agitated, disorientated or withdrawn.

10a Attention Deficit Hyperactivity Disorder (ADHD) & Attention Deficit Disorder (ADD)

ADHD & ADD are often associated with poor attention span and a range of problem behaviours. Some of these include hyperactivity, impulsiveness and restlessness as well as inattentiveness. About 1.7% of the UK population, mostly children, have ADD or ADHD. Boys are more likely to be affected.

10b Anxiety

Anxiety is a natural response that we all have to threatening or stressful situations. Anxiety disorders occur in a number of different forms. Chronic anxiety disorders can be disabling and frightening, causing problems with coping in normal everyday life. Anxiety can leave the individual in a persistent state of angst that is not produced by any appropriate cause. For others, severe anxiety can be more episodic, occurring either spontaneously, or triggered by some external stimulus.

10c Bipolar Affective Disorder (Manic Depression)

Bipolar Affective Disorder is a mood disorder, causing moods to fluctuate from periods of stability to extremes of mania (very high) and depression (very low). The high and low phases of the illness are called 'episodes' and can be so extreme that they interfere with daily life. Episodes of mania can cause the individual to appear very excitable, have fewer inhibitions and be full of ideas and theories. Whereas with depression the person can appear uninterested, have feelings of low self-worth including lack of interest in their appearance and personal hygiene. Bipolar Affective Disorder is relatively common; around 1 person in 100 is diagnosed as having Bipolar Affective Disorder.

10d Depression

Depression is a serious illness that is very different from the common experience of feeling miserable or fed up for a short period of time. Depression can cause feelings of extreme sadness, worthlessness, shame and, in some cases, suicidal-thoughts, that can last for weeks or months rather than days. Depression is the fourth most common cause of disability worldwide and approximately 15% of people will have a bout of major depression at some point in their lives.

10e Hearing voices

Although hearing voices is a common symptom experienced in several types of mental health

issues, people can also have isolated incidents of hearing voices that are not related to any other diagnosis.

10f Obsessive Compulsive Disorder (OCD)

OCD can be very debilitating, affecting approximately 2% of the population. In some cases a person can have obsessive thoughts without expressing compulsive behaviour, but usually OCD involves both obsessions and compulsions. Most obsessions occur through the individual experiencing recurring, obtrusive and unwanted thoughts that result in unreasonable fears, with the compulsion to act or perform rituals in response to fears caused by the obsessions.

Obsessions can be where the individual worries excessively about germs, contamination, dirt, fear of having harmed others, intrusive sexual thoughts or urges, death and illness. Compulsions include excessive hand washing, cleaning, counting, checking, touching, arranging, hoarding, measuring, excessive neatness, and repeating tasks or actions. Failure to complete the compulsion often results in severe anxiety or panic. Where possible allow them time to complete or perform their ritual.

People with OCD are aware that their obsessions and compulsions are irrational or excessive, with their perception of reality undistorted. This knowledge however is not sufficient to enable them to stop the obsessions and compulsions.



10g Paranoid Disorder

Usually beginning in early adulthood, paranoia can present itself on various levels. Most people with Paranoid Disorder have a persistent distrust and suspicion of others, continually questioning the intent and motives of others without any logical or rational reason. Often starting with temporary paranoid attacks, the person will usually recognise that their thoughts or fears are unfounded.

In extreme cases where the person does not recognise this, then the paranoia can take control of their life. This is known as Paranoid Personality Disorder. Below are some common ways in which paranoia can present itself:

- Suspects others of exploiting, harming, or deceiving them without sufficient basis.
- Unjustified doubts about the loyalty or trustworthiness of friends or associates.
- Unwarranted fears that information about them will be used maliciously against them.
- Read hidden threats into benign remarks.
- Unfounded fears that they are being spied on or watched.

10h Psychosis

Psychosis is most likely to occur in young adults with approximately 4 in 100 people experiencing a psychotic episode at one time in their lives. Most commonly a person experiencing an episode of psychosis will have hallucinations and be unable to distinguish between what is real and what is imaginary. Psychosis can influence a person's perception, cognition, mood and behaviour in the following ways:

- Understanding and interpreting reality - a person may see, hear and smell things which are not there.
- Illogical thought progression and ideas.
- Extremes of emotion relating to the episode and hallucination.
- Loss of identity or sense of self, a person may feel they are no longer in control of their own thoughts.

A person can also experience a psychotic episode when taking drugs such as ecstasy, cannabis, LSD, amphetamines or when withdrawing from prolonged use of alcohol or sedatives.



10i Schizophrenia

Schizophrenia is the most common serious mental illness in Britain today. Schizophrenia is most likely to appear in young adulthood, with the onset often relating to a change in lifestyle or the person undergoing a stressful change. It happens differently for each person, but usually involves a dramatic disturbance in thoughts and feelings.

Common features of schizophrenia are:

- Hallucinations - understanding and interpreting reality a person may see, hear and smell things that are not there.
- Delusions - abnormal beliefs formed on things that are not based on reality.
- Disordered thoughts and irregular behaviour in response to the delusions and hallucinations.

There are myths regarding schizophrenia

- Schizophrenia is not 'split or multiple personalities'. This is a common misunderstanding that has been confused by the split between the person's thoughts and feelings and the positive symptoms sometimes experienced such as hearing voices.
- People with schizophrenia are not usually dangerous to others. In fact people with schizophrenia are more likely to hurt themselves, with approximately 1 in 7 committing suicide.

11 Post-traumatic stress disorder (PTSD)

PTSD is an anxiety disorder caused by very stressful, frightening or distressing events.

The types of events that can cause PTSD include:

- serious road accidents
- violent personal assaults, such as sexual assault, mugging or robbery
- prolonged sexual abuse, violence or severe neglect

- witnessing violent deaths
- military combat
- being held hostage
- terrorist attacks
- natural disasters, such as severe floods, earthquakes or tsunamis

PTSD can develop immediately after someone experiences a disturbing event or it can occur weeks, months or even years later. PTSD is estimated to affect about 1 in every 3 people who have a traumatic experience, but it's not clear exactly why some people develop the condition and others don't.



Signs and symptoms

Someone with PTSD will often relive the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt. They may also have problems sleeping, such as insomnia, and find concentrating difficult.

These symptoms are often severe and persistent enough to have a significant impact on the person's day-to-day life. In most cases, the symptoms develop during the first month after a traumatic event. However, in a minority of cases, there may be a delay of months or even years before symptoms start to appear. Some people with PTSD experience long periods when their symptoms are less noticeable, followed by periods when they worsen. Other people have severe symptoms that are constant.

The specific symptoms of PTSD can vary widely between individuals, but they generally fall into the categories described below.

Re-experiencing

Re-experiencing is the most typical symptom of PTSD. This is when a person involuntarily and vividly re-lives the traumatic event in the form of flashbacks, nightmares or repetitive and distressing images or sensations. This can even include physical sensations such as pain, sweating and trembling.

Some people will have constant negative thoughts about their experience, repeatedly asking themselves questions that prevent them from coming to terms with the event. For example, they may wonder why the event happened to them and if they could have done anything to stop it, which can lead to feelings of guilt or shame.

Avoidance and emotional numbing

Trying to avoid being reminded of the traumatic event is another key symptom of PTSD. This usually means avoiding certain people or places that remind you of the trauma, or avoiding talking to anyone about your experience. Many people with PTSD will try to push memories of the event out of their mind, often distracting themselves with work or hobbies. Some people attempt to deal with their feelings by trying not to feel anything at all. This is known as emotional numbing. This can lead to the person becoming isolated and withdrawn, and they may also give up pursuing the activities that they used to enjoy.

Hyperarousal (feeling 'on edge')

Someone with PTSD may be very anxious and find it difficult to relax. They may be constantly aware of threats and easily startled. This state of mind is known as hyperarousal. Hyperarousal often leads to irritability, angry outbursts, sleeping problems and difficulty concentrating.

Other problems

Many people with PTSD also have a number of other problems, including:

- depression, anxiety and phobias
- drug misuse or alcohol misuse
- headaches, dizziness, chest pains and stomach aches

PTSD sometimes leads to work-related problems and the breakdown of relationships.

PTSD in children

PTSD can affect children as well as adults. Children with the condition can have similar symptoms to adults, such as having trouble sleeping and upsetting nightmares. Like adults, children with PTSD may also lose interest in activities that they used to enjoy and they may have physical symptoms such as headaches and stomach aches.

However, there are some symptoms that are more specific to children with PTSD, such as:

- bedwetting
- being unusually anxious about being separated from a parent or other adult
- re-enacting the traumatic event(s) through their play

How PTSD is treated

PTSD can be successfully treated, even when it develops many years after a traumatic event. Any treatment depends on the severity of symptoms and how soon they occur after the traumatic event. Any of the following treatment options may be recommended:

- **watchful waiting** - waiting to see whether the symptoms improve without treatment
- **psychological treatment** - such as trauma-focused cognitive behavioural therapy (CBT) or eye movement desensitisation and reprocessing (EMDR)
- **antidepressant medication** - such as paroxetine or mirtazapine



12 Restricted Growth (Dwarfism)

Restricted growth is a condition characterised by short stature – it's commonly described as having a final adult height of 4'10" or less due to a medical condition and there are several different medical conditions which can cause it. Most people with restricted growth conditions have normal intelligence and normal life expectancy.

There are two main types of restricted growth:

- proportionate short stature (PSS) – a general lack of growth
- disproportionate short stature (DSS) – a problem with the way certain bones grow

Proportionate short stature (PSS)

If someone has PSS, the length of their trunk (abdomen and chest) will be in normal proportion with the legs, but they will have a general lack of height. The most common cause of PSS is being born to small parents. PSS can also occur when the body does not produce enough growth hormone. Certain genetic syndromes may also cause PSS.

Disproportionate short stature (DSS)

DSS occurs when there is a problem with the way joints and bones grow. Certain limbs may be shorter, or the trunk may be particularly short. Generally, there may be a severe lack of height. Conditions associated with DSS are usually caused by a faulty gene. Many children born with DSS have parents of average height and the faulty gene occurred by chance. Around 30,000 people in the UK have a restricted growth condition that causes DSS.

13 Speech - Impaired

There are many different types and causes of speech impairments. For some, it's their primary disability, whereas for others the impairment may have been caused by disease, condition or accident. About 1 in 100 people stammer and approximately 2.5 million people in the UK have some sort of speech or language difficulty. Speech impairments have no relation to intelligence or cognitive ability.

Individuals with speech impairment can be affected by stress and attention. If possible, try to eliminate some of these factors by moving to a mutually agreeable private and relaxed space to communicate.

Pay close attention to what the person is saying and be patient. Where possible break questions down, keep them short and allow for short answers. Consider using questions requiring a yes or no response.

A person who has a speech impairment may use a variety of ways to communicate. If you feel it's appropriate, ask the person if they would like to use an alternative method.

When you have not understood what the person is saying don't be embarrassed. Ask them to repeat it. Don't make assumptions or try to finish what the person is saying.

Be aware of your own speech. Unless the person has expressly asked you to adjust your voice, speak normally and clearly.

Be encouraging. Use positive body language and facial expressions to make sure they understand that you want to take the time to listen to them.

If the person is accompanied, talk directly to the person. Don't address the companion or ask them to repeat anything the person has said.

14 Speech - Slurred

Slurred speech can be a 'secondary disorder' for those with other medical issues such as multiple sclerosis and diabetes or for someone with a brain injury. Slurred speech can also be a side-effect of medications such as benzodiazepines, which are commonly prescribed for depression, anxiety or panic attacks.

15 Tourette Syndrome

Tourette syndrome (TS) is a neurological disorder characterised by tics, which are involuntary, rapid, sudden movements or vocalisations that occur repeatedly in the same way. TS is a relatively common disorder affecting up to 1 in every 2,500 people in its complete form, and three times that number in the partial form, where expressions can include chronic motor tics and some form of obsessive-compulsive disorder. The expression of symptoms covers a spectrum from very mild to quite severe. The majority of cases are categorised as mild. The extent and number of tics a person presents depends entirely on the individual with some not experiencing any for weeks or months at a time.

The term 'involuntary' used to describe TS tics is sometimes confusing as most people with TS do have some control over their symptoms. What's not recognised is that the control, which can be exercised anywhere from seconds to hours at a time, may merely postpone a more severe outburst of symptoms. Tics are irresistible and (as with the urge to sneeze) eventually must be expressed.



What can you do when meeting someone with TS?

- Stress and anxiety can exacerbate their symptoms. Try to reduce this by asking if they would like to move to a more private room or mutually agreeable space to continue the meeting.
- People with TS often seek a secluded spot to release their symptoms. Allow the individual the space and time to do so.
- Don't stare, or focus on the tics. Focus on the point of the meeting
- Don't tell the individual to 'calm down', this will not help and only increase their anxiety.
- Obscene or offensive language is manifested by fewer than 15% of people with TS. If this is a symptom, try to ignore it. If you find this difficult then ask a colleague to take over.

16 Visual Impairment

There are many types of visual impairment, including: total blindness, vision limited in certain light conditions or loss of peripheral vision. A majority of those visually impaired will, however, have some vision.

If you notice someone with a visual impairment, first ask what help they require. Don't assume that because they can see you they can see everything. Always offer them the same courtesy you would a blind person, as you don't know their level of vision.

Introduce yourself. Make sure they know you're talking to them. You can do this by gently touching them on their arm. Tell them who's present and any obstacles to be aware of.

When offering guidance let them tell you how they prefer to be guided, for example, they might like to be guided by taking your arm or by verbal instructions.

Ignore assistance dogs. Always ask the owner's permission before you pay them any attention. Try not to make comments such as 'Aren't they clever?' as this can imply that the person is not in charge.

In some cultures touching is considered rude. Be aware of this and when introducing yourself explain where you are and what you are going to do, e.g. "Hello I'm ———, I'm standing directly in front of you. How can I assist you?"

Communication: For those with dual disabilities e.g. deafblind - establishing the level of vision or hearing the person may have is key, as it will determine the best way of communication. For example:

No vision & no hearing: Write each word out in capitals onto the palm of their hand.

Some vision & no hearing: Write each word out in large black print.

No vision & some hearing: Use slow clear speech.

People with a white cane with red stripes or a guide dog with a red and white harness are both sight and hearing impaired.

The majority of people with sight problems do have some level of vision. The pictures below give some idea of what people may see, although people are affected by eye conditions in different ways

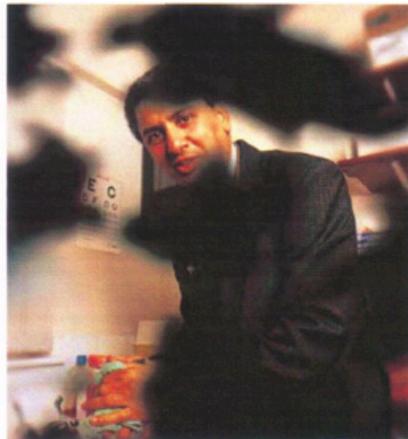
90% of normal communication is non-verbal. This includes gestures, body language and facial expression. Carefully consider the language you use and your tone of voice.



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Glaucoma

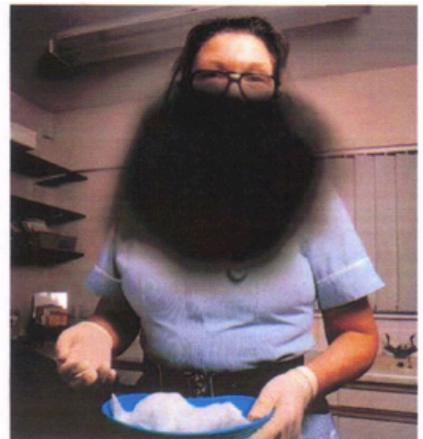
Can result in tunnel vision, where all side vision is lost and only central vision remains.



© copyright RNIB

Diabetic retinopathy

Can cause blurred and patchy vision.



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Macular degeneration

Can lead to a loss of central vision whilst side vision remains.



17 Wheelchair user

Although a wheelchair is the most common image when people think of disability, fewer than 4.5% of people with disabilities are wheelchair users. Be aware that it is the environment in which we live that often disables wheelchair users, and bears no relation to their cognitive ability or intelligence.

Your first instinct may be to help but first ask if the person would like any assistance. It may not be needed. If your assistance is needed then listen or ask for instructions.

- To make eye contact easier try to get on the same level as the person; sit down or, if necessary, kneel.
- Respect their personal space as you would do any other person; leaning on or holding onto their wheelchair is considered an invasion of their personal body space.
- If the person is accompanied, talk directly to the wheelchair user. Do not address the companion or speak about the individual in the third person.
- Speak to the person as you would any other adult. Don't use patronising tones or gestures. A wheelchair is a tool used to aid a person's mobility.