1. What is Supported Education?

“Supported Education helps individuals with psychiatric disabilities make choices about paths for education and training, get appropriate education and training opportunities, and keep their student status until they achieve their goals.”

(Mowbray, Brown, & Szilvagyi, 2002; Mowbray et al., 2006; Schrag, Reingle, Longshore, & McQuaid, 1999)

2. Why focus on Supported Education?
Educational issues...

- An estimated 6% of students in Higher Education report psychiatric symptoms serious enough to need mental health services (2001/2005)
- Psychiatric disabilities constitute the largest disability group
- 50% of them need extra support to finish their education
- Yet on most colleges, students with psychiatric disabilities can’t get appropriate services

From mental health research:

- Most college students are young adults
- Young adulthood represents a high risk developmental stage for the onset of psychiatric symptoms
- Typical onset for many serious mental illnesses is ages 17-25, as most young adults are beginning higher education & careers

Economic issues...

- Increasing #’s of young adults attend college; college degrees are required for success
- Early-onset psychiatric disability contributes to under- and unemployment through its effects on education
- People with psychiatric disabilities who enter the labour market, most of the time, end up in low-paid jobs

Personal barriers

- Cognitive
- Social-emotional
- Illness itself
Cognitive functions

- Attention & concentration
- Orientation
- Perception
- Thinking
- Memory
- Planning
- Problem solving

Social emotional barriers

For example
- Collaboration
- Social contact
- Presenting
- Fear for stigma and discrimination
- Low self-confidence
- Dealing with stress
- Responding to feedback

Illness

Most illnesses are episodic and therefore the level of support needed by students may fluctuate

Side effects of medication
- Sedation
- Blurred vision
- Dry mouth
- Agitation
- Insomnia

Community issue...

People with chronical diseases and disabilities belong to the most disadvantaged group of people in our society

(Rapportage Gehandicapten 2002)
ImpulSE: Aim 1-a

Netherlands, Czech Republic, Norway & Portugal

1. Development of a toolkit
   - The main aim of the project is the development of a toolkit for Supported Education services for students with psychiatric disabilities

   - The joint development of the toolkit will be done in English. The partners will then develop versions in their respective languages, for use 'at home'
ImpulSE: Aim 1-b
The toolkit will contain the following items:
- 1. List with psychiatric disabilities and related educational limitations
- 2. List with available/required resources
- 3. List with critical skills needed for the study
- 4. Preparation course manual
- 5. Manual for on site and mobile support services
- 6. Information brochures for:
  * students
  * clients/consumers
  * teachers
  * family members
  * policy makers / management
- 7. Implementation manual

ImpulSE: Aim 2
2. Establishing a European Network
- Secondly, a European Network of Supported Education (ENSED) will be initiated, starting with a first International Conference on Supported Education
- Each partner finds himself a national and an international partner
- Partners outside Europe are welcome

3. Importance of SEd from a Mental Health point of view

THREE ASPECTS OF MH CARE
Safety, Health & Stability
Problem-oriented
Treatment (Cure)
Developmentally oriented
Support (Care)
Environmentally oriented
Rehabilitation (Living, Working, Learning, Socializing)
Traditional treatment plan
1. Medication (management)
2. Day-night rhythm
3. Personal hygiene
4. Financial problems
5. Cleaning the room
6. Return to or remain at school

Rehabilitation / Treatment plan
1. Return to or remain at school
2. Medication (management)
3. Day-night rhythm
4. Personal hygiene
5. Financial problems
6. (Cleaning the room)

SEd principle
Role + setting (student) + (educational) of preference
Skills + Support
Success + Satisfaction

4. Importance of SEd from a person’s point of view (recovery)
Recovery Process: Definition

Recovery is the process of self-discovery and change as one grows beyond the catastrophe of mental illness.

It is a way of living a satisfying and meaningful life with or without limitations caused by the illness.

Anthony, 1990

Characteristics of Recovery

Recovery can occur without professional intervention.

Rehabilitation is what practitioners do, recovery is what people with psychiatric disabilities do themselves.

The presence of people who believe in and stand by the person is important.

Recovering from?

From Mental Illness to Psychiatric Disability

A person develops a Mental Illness
From Mental Illness to Psychiatric Disability

- Stigma, discrimination, and social exclusion

- Iatrogenic effects of admission and treatment:
  - Experiences with fellow-patients
  - Side-effects of medication

- Lack of self-determination

- Negative consequences of having no job or education
From Mental Illness to Psychiatric Disability

This is not the same as

≠

is not the same as
What is the illness?

- Mental illness
- Stigma, discrimination and social exclusion
- Iatrogenic effects of admission and treatment
- Lack of Self-determination
- Negative consequences of having no job or education
- Broken dreams

What is the disability?

5. A B C of Supported Education

12 13 14 of Treatment
A B C of Supported Education

Thank you very much for your attention
Lies Korevaar

www.supportededucation.eu