Supported Education
Community participation for (young) people with psychiatric disabilities

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Lies Korevaar, Franca Hiddink, Jacomijn Hofstra & Marianne Farkas

Overview
Welcome & introduction presenters, Lies Korevaar
Introduction of Supported Education, Marianne Farkas
Supported Education in the Netherlands, Lies Korevaar
Evaluation of a decision making course, Franca Hiddink
Questions & discussion, Marianne Farkas
Summary, Lies Korevaar
Supported Education: Why?

- US Census data suggests level of education achieved by people with psychiatric disabilities lower than average population (Ryan & Siebius 2012; Breslau et al., 2005; Eisenberg et al., 2009)
  - Among those with interruptions in college, students with MH conditions unlikely to ever return (Arria, Caldeira et al., 2013; Hartley 2011)

- Education important predictor of employment for all, but even more so for people with psych disabilities (Waghorn, Sha & McGrath 2014; Holzer & Dunlop 2013)
  - Lack of educational achievement leads to long term poverty and fewer values roles in society (Tsang et al., 2010; Mechanic, Bilder & Alpine 2002)
  - Indirect effects of reduced prospects for work also results in not experiencing the psychological benefits of work, such as improved self-esteem, sense of purpose, and community inclusion (e.g. Provencher et al, 2002; Luciano et al, 2014)

What is Supported Education?

- Individualized, practical support and instruction to assist people with psych disabilities achieve their ed. Goals (Unger 1991; Anthony, Cohen, Farkas et al 2002)
  - Often—facilitate the ability of people with a psychiatric condition to access, enroll in, remain in, and complete post-secondary education (Mowbry et al., 2005; Rogers et al, 2009)

Who are the students?

- Those with major psychiatric illnesses such as psychotic disorders (schizophrenia, psychotic depression, bipolar disorder)
- Those with significant mood disorders (depression, anxiety)
- And other psychiatric disorders that interfere with one’s ability to perform valued roles.
Basic Foundations of SEd

- **Recovery**
  - Reclaiming a meaningful life; services based in values of person orientation, choice; partnership, hope (Farkas 2007) and the role of SEd. in recovery oriented services (Dunn, Rogers, Hutchinson et al., 2008)

- **Psychiatric Rehabilitation**
  - Techniques to help/support people consider, choose, get, keep educational goals (Farkas & Anthony, 1989; Anthony & Farkas 2011) as basis for SEd.

- **Resilience, Health Promotion**
  - Techniques focused on protective factors, health, flourishing, (Pidgeon 2014; Rudwan, 2018) as basis for SEd. (Hutchinson, Gagne, Bowers et al, 2006)

Models of SEd

- **Classroom Model**
  - students attend closed classes on campus designed for the purpose of providing supported ed.

- **On Campus (On Site) Model**
  - sponsored by a college and provides support for an individual rather than group
  - provides services through a mental health agency helping students to attend the school of their choice
  - located at the sponsoring agency such as a rehabilitation agency, a university or other entity.
  - located on campus and/or in MH/Vocational Program (e.g. Maru et al., 2018; Heinssen et al, 2014; Mullen et al., 2017; Hutchinson et al., 2007)

- **Mobile Support Model**

- **Free Standing Model**

- **Supported Education & Supported Employment Model (SEE)**
  - students attend closed classes on campus designed for the purpose of providing supported ed.
  - sponsored by a college and provides support for an individual rather than group
  - provides services through a mental health agency helping students to attend the school of their choice
  - located at the sponsoring agency such as a rehabilitation agency, a university or other entity.
  - located on campus and/or in MH/Vocational Program (e.g. Maru et al., 2018; Heinssen et al, 2014; Mullen et al., 2017; Hutchinson et al., 2007)

What do we know?

- Over the past 20 years, a large research literature has emerged demonstrating the feasibility of implementing supported education programs in a variety of settings, and suggesting positive effects of these programs on education outcomes (e.g. Unger, Anthony et al., 1995; Dunn, Rogers, Hutchinson et al., 2008; Ellison et al., 2012; Philips, Powers et al., 2015; Morrison et al., 2013)

RESULTS OF RESEARCH ANALYZED

**Example Early studies: “Suggestive of Change”**

- In uncontrolled evaluations participants improved in their level of employment and educational status as a result of participation in a supported education intervention (Unger et al., 1991; Hoffman & Mastrianni, 1993; Unger et al., 2000; Unger & Pardee, 2002; Best et al., 2008; Cook & Solomon, 1993).

- Individuals who remain engaged in supported education are able to complete courses and achieve a satisfactory grade point average (Unger et al., 2000; Unger & Pardee, 2002; Cook & Solomon, 1993. Best et al., 2008); the strength of this evidence is weak due to the poor research designs used.

- A supported education intervention (classroom model) was more effective than a control group in improving empowerment and school efficacy (Collins et al., 1998).
Many research reviews point out lack of RCT’s and rigorous investigation in SEd (e.g., Leonard & Bruer 2007; Rogers, Farkas, Anthony et al., 2009; Ringeisen, Ellison et al., 2017)

- The largest studies evaluated only segregated group models, that do not reflect the programs most common today.
- Additional non-experimental studies were more promising but the methodology was weak:
  - Evidence from existing studies suggests that individuals with significant psychiatric disabilities can enroll in and pursue educational opportunities in integrated settings in the community.
  - There is preliminary evidence that supported education can assist individuals to identify educational goals, find and link to resources needed to complete their education and assist them in coping with barriers to completing their education.

Somewhat stronger evidence exists for integrated SEE programs (Rosenheck, Mueser et al., 2017)

At this point in time, more research, with better methodology is needed across a variety of models, that support people in succeeding at their educational goals.

Supported Education in the Netherlands

WAPR, Madrid, July 6th 2018

Lies Korevaar, PhD

Overview

The Supported Education Innovation Lab

The Supported Education Toolkit

- Decision making course
- Individualized support
- Peer Support
- Disclosure

Future Supported Education projects

Q & A
Review

1998
- No or little (structural) attention for the life area of learning in the MH Care System and in regular educational settings

2003
- The Supported Education Innovation Lab

2018
- SEd initiatives and programs in ± 20 cities or regions in the Netherlands
- Five national SEd conferences
- Websites www.begeleidleren.nl & www.supportededucation.eu
- ± 40 articles in journals; ± 120 presentations & workshops
- Interest from and contacts with other (European) countries: Belgium, England, Norway, Portugal, Sweden, Czech, Australia, New Zealand, South Africa
- SEd courses for MH practitioners and Educational staff
- Services for students/clients with MH-problems
- 26 Supported Education projects
Aim of the ImpulSE-project

Development of a Supported Education Toolkit filled with knowledge, products and services to support students with psychiatric disabilities

Target group: e.g. tutors, teachers, trainers, counsellors, mental health workers, managers

Toolkit Section 1 Introduction

1.1 Myths, facts and figures
1.2 Supported Education
1.2.1 Philosophy
1.2.2 Mission
1.2.3 Principles
1.2.4 Target group
1.2.5 Psychiatric disabilities and related educational limitations
1.2.6 Barriers in choosing, getting and keeping a study
1.2.7 Facilitators in choosing, getting and keeping a study

Toolkit Section 2 Choose-Get-Keep*

2.0 Introduction
2.1 Supporting & communication skills
2.2 Choose & get
2.2.1 The ImpulSE career guidance course
2.3 Keep
2.3.1 Functional Assessment
2.3.2 Skills inventory Educational Setting (SIES)
2.3.3 Resource Assessment
2.3.4 Resource Inventory Educational Setting (RIES)
2.3.5 Disclosure
2.3.6 Peer support group

*BU Center for Psychiatric Rehabilitation
Toolkit Section 3 Implementation

3.1 Introduction
3.2 Involvement of stakeholders
3.3 Needs assessment
3.4 List with resources inside/outside the HE Institutions
3.5 Good Practices in the four European
3.6 Communication plan
3.7 Information brochures
3.8 Practitioner ‘s competencies
3.9 Staff training
3.10 Support for Educational Staff
3.11 Sustainability

www.supportededucation.eu

www.begeleidleren.nl

Thank you for your attention

IMPULSE
a decision making course

Franca Hiddink, Mrc.
HANZ University of Applied Sciences
July 6th 2018
3 GOALS

Why a special course?

Course Structure Content

Results

HOW DO WE MAKE A CHOICE?

explain, point out, why you have chosen for this mobile phone

SCHEDULE MAKING A CHOICE

Personal criteria | Weight (1 most important to 1 least important) | Possibility A | Possibility B | Possibility C
---|---|---|---|---
1 Size of the display | | | |
2 Quality of the photo’s | | | |
3 Price (purchase cost) | | | |
4 Subscription costs | | | |
5 Number of free applications | | | |
6 Brand | | | |
7 Ease of use | | | |
### SCHEDULE MAKING A CHOICE

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<th>Weight</th>
<th>possibility A</th>
<th>Possibility B</th>
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<td>2 Quality of the photo's</td>
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<td>3 Prize (purchase cost)</td>
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### MARK

Before the Impuls course ..... **VIDEO MARK**
It can be difficult

Extra challenges

Method
- Step by step: 10 days
- Own decision
- Fellow students are workmates
- To do assignments
- To develop a portfolio

Goal
- Choose - Get - Keep
- Practice study skills
SKILLS

TO CHOOSE

About Me

TO GET AND KEEP

STUDIELINK

OPEN

FEEDBACK

SMART

Specific

Measurable

Achievable

Time

Relevant

Maniacal
PERSONAL CHARACTERISTICS
5 courses at Hanze University Groningen

- Male: 30  Female: 21
- Age: 17 - 37 year
- Living situation differs: living independent; living together with family or friend; supported housing; hospital.
- Diagnoses: schizophrenia; affective disorder; personality disorder; anorexia nervosa; autism.
- Duration of contact with Health Care: 1-16 years
- Medication: 70%
- Education (before start): Primary education 31%; Secondary education 53%; Tertiary education 16%

RESULTS
STUDENTS (n=51)
- 35 completed the course (69%)
- 28 made a choice for further education (55%)
- 7 chose for work or another short course (14%)
- 16 drop out (31%)

RESULTS
FURTHER EDUCATION
Secondary school for adults

- College: Nurse; Cook; Beauty specialist; Social work
- University of Applied Sciences: Social studies; Law; Physiotherapy; Economics; International business; Laboratory worker; Hotel management
- University: International Business

MARK
After the Impulse course

VIDEO MARK 2
Thank you for your attention

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Questions & discussion

Marianne Farkas

Summary

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Thank you all for your attention