SUPPORTED EDUCATION

*The collaboration between faculty and care for the purpose*

*of students with a psichiatric background*

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*Jelco Caro*

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## The importance of inclusive (supported) education

- The adolescent vulnerability for psychiatric symptoms
- Intermittent education and the effect on chances in life
- The interest in education, but… not knowing where to start, what to do?

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## Definition

- Supported education provides support to assist people with psychiatric disabilities to take advantage of skill, career, education and interpersonal development opportunities within a normalizing academic environment (Unger, 2011).

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## 2 groups of professionals

1. Teaching staff / faculty

2. Mental health / psychiatric care workers

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## The aim of the workshop

- Getting to know the method of supported education
- Awareness off its function and aim
- Awareness of your own opinion plus ways and means of collaboration
- Inspiration / future plans

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## Agenda

- Introduction / own experiences
- Facts and figures
- Exercise on what hinders / helps?
  - Results Impulse research
- Examples of SE in practice
- About the project and collaboration ⟶ exercise
- Future attitude and handling

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## Introduction

- Jelco Caro, BSW, MEd

- Lecturer at Hanze University of Applied Sciences Groningen, Netherlands
- Erasmus coordinator
- Project manager Supported Education: new interventions (Lectureship Rehabilitation)

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## Introduction participants

Introduce yourself to your neighbour by telling:

- who you are, where you are from and what you do in everyday life
- About your own experience with studying and, or students with a psychiatric background
- About, if applicable, your own experience with supported education

Afterwards present each other to the rest of the group.

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## Facts and figures from the educational perspective

Research from the Dutch Verwey – Jonker institute (2001 & 2005) shows:

- 6 % of students in Higher education suffer from psychiatric complaints severe enough to look for psychiatric care;

- 50 % of them are in need of extra support for their education = 3%

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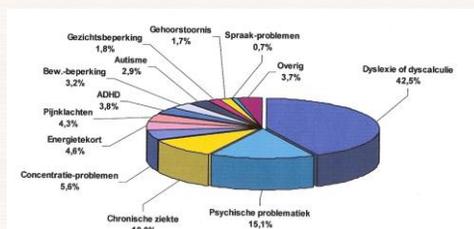Groningen
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## Groningen

- Groningen (vocational + HE + Academic):

- 80.000 students

- 6% = 4.800 students (in need for support)

- 3% = 2.400 students (dropouts)

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## Second most common named problem



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## Unfamiliarity

- Students with (psychiatric) limitations do NOT know what kind of support there is for them, or do not know certain kinds of support are available to them (CHOI, 2010). Even though we know:

- Students with psychiatric diseases encounter, off all of their activities in life, experience the most problems while **studying** (OC&W, De Graaf et al, 2011, p. 8)

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## Dropout

- Research of the Centre for Education and Labour Market (ROA; 2010) shows that psychiatric problems are an important cause for dropping out (e.g. vocational education 19%)

- The Dutch Government has the ambition to reduce the number of dropouts from 36.250 (2013) to a maximum of 25.000

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## Facts and figures from the psychiatric care point off view

- 22% of (young and adolescent) psychiatric clients does not or only partly go to school
- The problem of not going to school starts during treatment in 60% of the cases
- 71% WANTS to go back to school
- Young psychiatric patients experience little support in their desire to return to school (H&S Consult en DSP-group, 2009)

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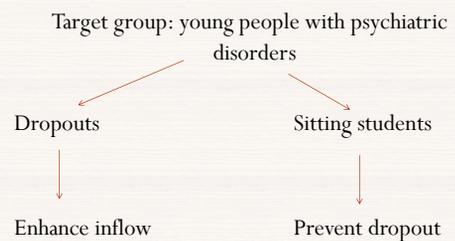School of Social Studies

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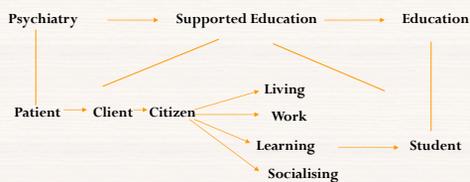## The economic side of the story

- In our society to most people a diploma is a must have for a successful professional career. That is why:

  - The early origin of psychiatric disorders adds to unemployment of individuals because of its effect on education ;
  - People who are suffering from a psychiatric disorder, often end up in jobs that don't pay very well.

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## SE aims at two groups

Target group: young people with psychiatric disorders

Dropouts          Sitting students

Enhance inflow          Prevent dropout

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## SE: a bridge between psychiatry and (aspired) education

Psychiatry → Supported Education → Education

Patient → Client → Citizen → Living / Work / Learning / Socialising → Student

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## Exercise on what 'hinders'

- In pairs:

- What hinders young adults with psychiatric problems to study (again)? Please ask yourself this with reference to the whole trajectory of:
  - _choosing, getting and keeping_ a regular education.

- Talk about it and write down the hindrances / obstacles on post-its (one obstacle per post-it, a maximum of 6 post-its)

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Results of the Impulse project (Hofstra, 2015)

- Hindrances can be organized into three categories:

1. Personal obstacles
2. Obstacles related to education / faculty
3. Obstacles related to the social environment

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Personal obstacles: **lack of confidence**

- Previous negative experiences with studying / not wanting to return to where it all went wrong: *"Do I have it in me at all?"; "What if I fail again?"; "Can I handle the stress?"*

- Problems with choosing / not exactly knowing what they want, where one is good at: *"Too many courses seem attractive".*

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Personal obstacles: actual effects

- **Fear of stigmatization:** students that do not look for help and try to workt it out all on their own
- **Direct consequenses of the psychiatric limitation / lack of actual study skills:** planning, stamina, punctuallity, collaboration (team work), concentration: *"I can read a single page for 85 times wihout actually reading it"*
- **Side effects of the medication e.g. fatigue:** *"Medication slowed me down, I had difficulties reading. As I started using less medication, my results improved".*
- Relapse

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Personal obstacles: **financially**

- **Insufficient financial assets:** *"There are more and more thresholds now that I am over 21. I no longer get a grant. Which is a barrier. My fridge needs to be stocked, you know…"*

- Portugal – Norway

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Limitations within the learning environment

- **Untraceable**; *"It's all just a lot of hassle. I was sent from one desk to the other".*

- **Unfamiliarity:** *"With respect to a certain course I asked for the study counselor at the central information desk. I wanted to make an appointment. I was being told that there was no such person and they gave me a folder of the deanery. While every school is supposed to have a study counselor! This gave me the impression that the whole idea of extra support doesn't mean a thing and that nobody really cares".*

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Limitations within the educational environment

- Limited information about **application procedures**: *"It's just too hard to find the way. This causes agitation which makes me postpone".*

- **Lack of understanding, commitment and expertise among faculty staff:** *"They were not at all committed. Neither was my mentor. I had already quit for 3 months until she finally contacted me and asked why she had not seen me lately".*

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## Barriers in the social environment

- **Insufficient (emotional, financial and practical) support from family, fellow students as well as from the mental health departement:**
  - Parents over- or underrate their child: *"Would you really want to study again? I don't think you can do it".*
  - Fellow students avoid the student involved because of 'strange' behaviour: *"Others made me feel alone. Outcasted. I just didn't feel like being part of the group".*
  - Counselors that seem too focused on (medical) treatment and not so much on participation: *"It's nothing more than a side show from regular help. It doesn't fit into their tight time schedule".*

## Barriers in the social environment

- **No collaboration / no exchange between education, psychiatric care and social support institutions:** *"Those institutions do not at all communicate with each other. For instance this training I was about to do had already started by the time me and my social worker had arranged everything and I finally had the information I needed to be able to make a decission about whether I should do it or not".*

## As mentioned

- Hindrances can be organized into three categories:

1. Personal obstacles
2. Obstacles related to education / faculty
3. Obstacles related to the social environment

## Definition

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## The execution of SE

Supported Education at the University of Utah.avi

SEP Utah

## Examples

- Impulse training
- Functional assessment of needs and resources
- Peer group support
- To tell or not to tell
- Educating staff (both mhc and teaching )

## The execution of SE

- Explore

- Choose

- Get

- Keep

- Connect

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## Another example

SEP Detroit

SEP Detroit.avi

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## Exercise

- In pairs:

- What do you (think you) come across in working with students with a psychiatric background both as a teacher or as a fellow student?

- Come up with some examples en share with us the way you dealt (would probably deal) with these situations.

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## The Project SE: new interventions

- A toolkit with new and improved interventions

- Better knowledge of potential partners

- An increased will not only to direct students/clients towards each other, but to actually share responsibility and decision making

- A platform for exchange as well as 'a competition-free zone'

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## Network exercise

- What does your network, that has to do with students with a psychiatric background, look like?

- How would you rate your cooperation with them? Write down their names/functions on a post it and add + or – in order to rate them.

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## What's your plan?

Consider for yourself:

- What can you do to make things better / to add to the chances of students with a psychiatric background on completing their studies with both success and fulfilment/satisfaction?

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Any questions?

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