Supporting the Education Goals of Young Adults with Psychiatric Disabilities

Marsha Ellison, Ph.D.
E. Sally Rogers, ScD.
Amanda Costa, A.A.

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The Transitions RTC aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions who are trying to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Center for Mental Health Services Research. Visit us at:

http://labs.umassmed.edu/transitionsRTC/index.htm

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Overview of Presentation

- Scope of the Challenge
- School-based Supports and Interventions
- Supported Education
- Lessons Learned
- Next Steps for Research
Scope of the Challenge

Higher education leads to better income and careers \(^1\)

Impairments associated with psychiatric disabilities impact educational performance and attainment \(^2\)
Scope of the Challenge

Students with psychiatric disabilities (PD) struggle at every level of education

- Over 50% of students with a mental disorder drop out of high school.
- Special education serves a smaller proportion of the total number of high school students with mental disorders.
- Only 11% of special education students with PD go to a four-year college.
Scope of the Challenge

There are increasing numbers of students with PD at college:

- 9 – 18% of all college students have mild to significant mental health issues

- Increasing numbers of students seek help for mental health issues on campus

- Higher rates of suicide ideation, attempts, and completion among college student with PD
Scope of the Challenge

Those that do go on to college tend to:

- Have delayed enrollment after high school
- Enroll as part-time students
- Have high drop-out rates
Scope of the Challenge

Students with PD report difficulties in or unwillingness to seek help at college:

- 21% do not report their disability – the highest of any disability group\(^{11}\)
- Perceptions that student disability offices don’t know how to help\(^{12}\)
- A fear of being stigmatized
- Uncooperative responses to requests for accommodations\(^{13}\)
Secondary Education Intervention

Individuals with Disabilities Education Act (1997) specifies Transition Planning

High school completion among special education students increased from 47.4% (1990) to 78.1% (2005).

This 2005 rate is similar to that of general education peers. ¹⁴
State Agencies of Vocational Rehabilitation (VR) are an important resource for improving education outcomes

- Youth ages 16-24 account for one third of all VR clients.¹⁵
- VR can support education and training in the service of a vocational goal.¹⁶
- States are innovating to improve transition of high school students to VR services and employment.¹⁷
- Ten percent of young adults clients with PD received educational support. Nearly half completed their VR goal.¹⁸
Campus Based Supports and Interventions

Environmental Supports

- Improve communication
- Educate the college community
- De-stigmatize mental illness
Campus Based Supports and Interventions

Changes in Policies

- Leave of absence protocols
- Individualized re-entry requirements
- Policies for self-harm other than zero tolerance
- MOUs with local hospitals
Campus Based Supports and Interventions

Educational Accommodations

- Students are unaware of rights or fear disclosure
- Disability staff don’t know how to accommodate PD
Campus Based Supports and Interventions

- Campus Mental Health Counseling
- Peer Support
- Suicide Prevention
Supported Education-Definitions

- Services that enable a person to choose an educational goal, pursue activities needed to achieve that goal, then maintain those activities until goal achievement (Choose, Get, Keep)
- Interventions that support and assist to access, enroll, retain and succeed in postsecondary education
- Interventions that provides assistance, preparation, and support for enrollment in, and completion of, postsecondary educational programs.
- Interventions designed to assist individuals in making choices about education and training and to assist them in maintaining their “student status” until their educational goal is achieved
Key Components

- Coordination with mental health services
- Use of specialized SEd staff
- Career/vocational counseling
- Help with financial aid
- Help to develop skills to cope in academic settings
- On campus information about rights/resources
- Off campus mentorship and support
- Access to academic supports
- Access to general supports
Supported Education-Models

- **Classroom model** - classes on campus for information and support

- **Onsite model** - individual support provided by educational institution

- **Mobile support** - support and services through a MH agency

- **Free-standing model** - support through other organizations such as clubhouses
Values of Supported Education

Similar to the values of supported employment and rehabilitation in general

- Integrated educational settings
- Choice and self-determination
- Provision of supports as needed and wanted
- Focus on skill development rather than on symptoms/diagnosis/pathology alone
SEd—State of the Field

- SEd developed/tested mostly with adults who have serious mental illness through MH agencies.
- Some models involve Offices of Disability Services on campuses.
- Models not tested with young adults and may need to be adapted.
- While values of SEd may be same across lifespan, the issues confronting young adults may vary.
- Means of communicating information and supporting young adults may also be different.
Effectiveness of Supported Education-
Systematic review–1990-2010; updated in 2013

- Writings on the principles and processes of providing supported education
- Found 41 articles; 21 reviewed for research quality
- Very limited number of rigorous studies
- Simple pre post studies; descriptions of models
- One large RCT in the literature
- Two new fidelity measures are available\(^{26,27}\), but could not locate research studies utilizing fidelity assessments
Outcomes Generally Examined in SEd

- Educational engagement
- Enrollment in educational setting
- Educational attainment (components completed, acquisition of degree)
- Employment outcomes
- Subjective measures such as self esteem/mastery
- Quality of life
Effectiveness of SEd

- No evidence from a randomized trial or well controlled quasi experimental trial that participation in a supported education intervention results in significantly greater educational engagement or enrollment.

- No significant difference in the employment rates at follow-up of individuals participating in a supported education intervention versus those not participating.
Effectiveness of SEd

- Suggestive evidence of improvements in employment and educational status as a result of participation in a supported education intervention
- Self esteem/quality of life may improve
- Individuals who remain engaged in SEd may complete courses and achieve satisfactory GPA
- Evidence is weak
Conclusions

- Several studies suggest that SEd is a viable model

- Improvements in educational status and attainment suggestive, but studies weak and older

- Therefore: not enough evidence to say that there is robust effectiveness data for SEd models
Promise on Horizon

- Nuechterlein-recent onset schizophrenia-career development intervention based on SE-IPS model
  
- RAISE study—multisite NIMH study focusing on young adults

- Salzer/Gill/Mullen -2013 RCT underway but effectiveness data not yet available

- Center for Psychiatric Rehabilitation has an exploratory study combining supported education component with supported employment-no preliminary data

- Two preliminary studies done in OT field—Australia and NYC--BRIDGE
Lessons Learned—Landscape of Supports

- Policy innovation in special education has been beneficial—but we don’t know why it is effective
- Young adults with SMHC lag behind general population in educational attainment
- College campuses seem unprepared to assist with challenges of SMHC population
- Literature includes support strategies but few are tested
Lessons Learned

- Adaptations of existing models for young adults is needed.

- Further adaptation and innovation is needed for special populations such as those involved in foster care or the criminal justice system.

- No data currently exist that speak to long term outcomes of SEd.
Next steps for research—we need:

- Additional data about barriers and facilitators to educational attainment—from perspective of young adults with SHMC
- Innovation, adaptation, refinement of models of SEd
- Specification and rigorous testing of SEd models
- Rigorous evaluation of models that focus on young adults with SMHC on campus
References


References


References


18. Frank Smith. Personal Communication. Analysis of Vocational Rehabilitation State Agency Data, Institute for Community Inclusion, Boston, MA


References


