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Supporting the Education of Young Adults with Serious Mental Health Conditions: Part 2: State of the Practice

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Et al.

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SUPPORTING THE EDUCATION OF YOUNG ADULTS WITH SERIOUS MENTAL HEALTH CONDITIONS:
STATE OF THE PRACTICE - PART TWO

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Acknowledgements

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, Systems & Psychosocial Advances Research Center. Visit us at:

http://www.umassmed.edu/TransitionsRTC

Overview to Part Two

Michelle Mullen

Barriers and Supports to Education Attainment

Supported Education Practice

Kathleen Biebel

Supported Education Models

Site Visit Study

Marsha Ellison

Questions and Answers

Review & Agenda

Brief Review of Part I

- Prevention of disability and illness identity

- Developmentally-relevant roles of young adults

- Human Capital

- Importance of education for long-term economic self-sufficiency

Today: *focus on college*

- Barriers for college students

- Resources available on campus

- Overview of specialized education services

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School of Health Related Professions

Ryan's Story

Listen for messages regarding:

Identity

Stress

Success

Ryans Story: Fulfilling My Dream
The Center for Practice Innovations (CPI) at Columbia Psychiatry, New York State Psychiatric Institute, Available at:
http://practiceinnovations.org/ConsumersandFamilies/SchoolorWork/RAISE_FulfillingMyDreams/tabid/229/Default.aspx

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What are the barriers for the general college student population?

What types of supports do students have?

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Typical Barriers for College Students

- Adjustment to a new environment
- Self-regulation
  - Having fun vs academic demands
- Increased academic demands
- Increased access to drugs and alcohol
- Developing new relationships: intimate & friendships
- Determining strategies for greater success
- Managing course load
- Academic expectations
- Discovering academic strength & weaknesses
- Self care
  - Sleep, exercise, food, etc

General Campus Supports

- Tutors
- Labs: writing, computer, reading
- Professors
- Fellow students
- Coaches
- Academic advisors
- Clubs: Academic & Extramural
- Sorority/ Fraternity
- Friends
- Gym/ Sports
- RAs
- Health services
  - Psychological & physical health

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What are the specific barriers for college students with mental health conditions?

What are the specialized supports available to meet their specific needs?

Selected Barriers Specific to College Students with Psychiatric Conditions*

- Stigma

- Discrimination

- Disclosure

- Symptoms
  - Academic implications

- Side effects of medication

- Feelings of isolation
  - "The Only One"

- Lack of knowledge of available resources

- Management of multiple complex systems

- Additional financial burdens

*many are shared with other disability and disadvantaged groups on campus

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Academic Barriers Identified by College Students with Psychiatric Conditions

- Time management skills
- Maintaining organization
- Organizing information
- Taking notes
- Concentrating in class
- Prioritizing tasks
- Studying for exams
- Memorizing information
- Maintaining stamina
- Taking tests

Mullen-Gonzalez et al., 2011; Murphy, Mullen & Spagnolo, 2005

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Specialized Campus Supports for College Students with Psychiatric Conditions

Office of Students with Disabilities

Counseling Services

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Specialized Services

- Current services cannot meet the need as currently funded

- Services are under staffed to meet the growing number of students with mental health on campus

  - Counseling Services: 1 FTE per 1,000-1,500 undergraduate (per IACS recommendations)

  - Disability Services: very difficult to find anything published on this recommendation, but could be based on 11% of student population

- Often not specialized or trained in serious mental health conditions

Social & Academic Implications

- High academic attrition rate of this population

- Low rate of help seeking

- Repeated attempts at school
    - "burning" through financial aid
    - High loan default rates
    - Often results in unfinished course work/ degree pursuits

- Truncated social & human capital development

Suicide: The Gravest Implication

- There are more than 1,000 suicides on college campuses per year.
  - between .5 and 7.5 per 100,000 among college students.

- Second-leading cause of death among college students.

- One in 10 college students has made a plan for suicide.

- Suicidal thoughts, plans, and attempts are higher among adults aged 18 to 25 than those over the age of 26.

- College students have lifetime thoughts of attempting suicide
  - 5 percent of graduate students and
  - 18 percent of undergraduates.

http://www.emorycaresforyou.emory.edu/resources/suicidestatistics.html

Summary & Implications

- Students face many barriers as they transition into college settings.

- College students who have or develop mental health conditions on campus have unique challenges that are often not addressed comprehensively by campus resources.

- Current specialized services are not adequately staffed or trained to meet the needs of this population.

- College students with mental health conditions have the highest attrition rate of any disability group.

- Devastating long-term social and vocational implications of college attrition.

- College students with depression are the highest risk for suicide.

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Need for Intentional "Supported Education" Services:

Strategic Academic Supports

Rutgers, The State University of New Jersey

The Framework of Services:
Choose- Get- Keep- Leave

- Choose- client/ student evaluates what school is the right fit for them

- Get- client/ student fills the requirements for entrance into that school

- Keep- student identifies what s/he will have to do or get to be satisfied and successful in that school

- Leave- graduation or time to take a break from school

Practitioners match the intervention/service/resource to the phase of service & develop detailed goal plans with the student.

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C-G-K-L: A periodic review

- **For use in every semester**
  - Choose the classes every semester
  - Get those classes (early registration!!!)
  - Keep those classes (?)
    - Critically important: both practitioner & student are aware of the add/drop period

- **Stop out versus drop out**
  - A choice after add/drop is over
  - Withdrawal often looks better than an F
    - Both can be replaced
  - May minimize the impact on financial aid/grades
    - Critically important: both practitioner & student must be aware of academic progress

Three Prongs to Effective Service

- Skill Development

- Resource Development

- Accommodation & Assistive Technology

  Education/Advocacy

Practitioners should not duplicate existing resources or services.

Skill Development

- Practitioners need to be aware of the critical skills in the students' class & course work
- Utilize multiple methods to better understand the current use of the skill
  - Ability vs. awareness
- Most students know how to do most of the behaviors required of skills, but may be missing a critical step or two
  - Example: task management & to do lists
- Help the student to access resources that teach the skill
  - Youtube, campus or community service, etc.
  - If psychiatric condition impacts ability to learn or perform the skill, practitioner should create opportunities to teach and practice the skill.
  - If needed, identify needed resources or accommodations.

Resource Development

- Identify what resources are available to the student.

- Identify if the student currently uses it.
  - If Yes:
    - What does this look like? How often do they use it? Is it helpful?
  - If No:
    - What are the barriers to its use?
- Link to needed resources on campus & in the community

- Help student to develop natural supports

Foundation pf Community Inclusion:

do not create dependence on paid supports, teach the skill of assessing needs & finding resources.
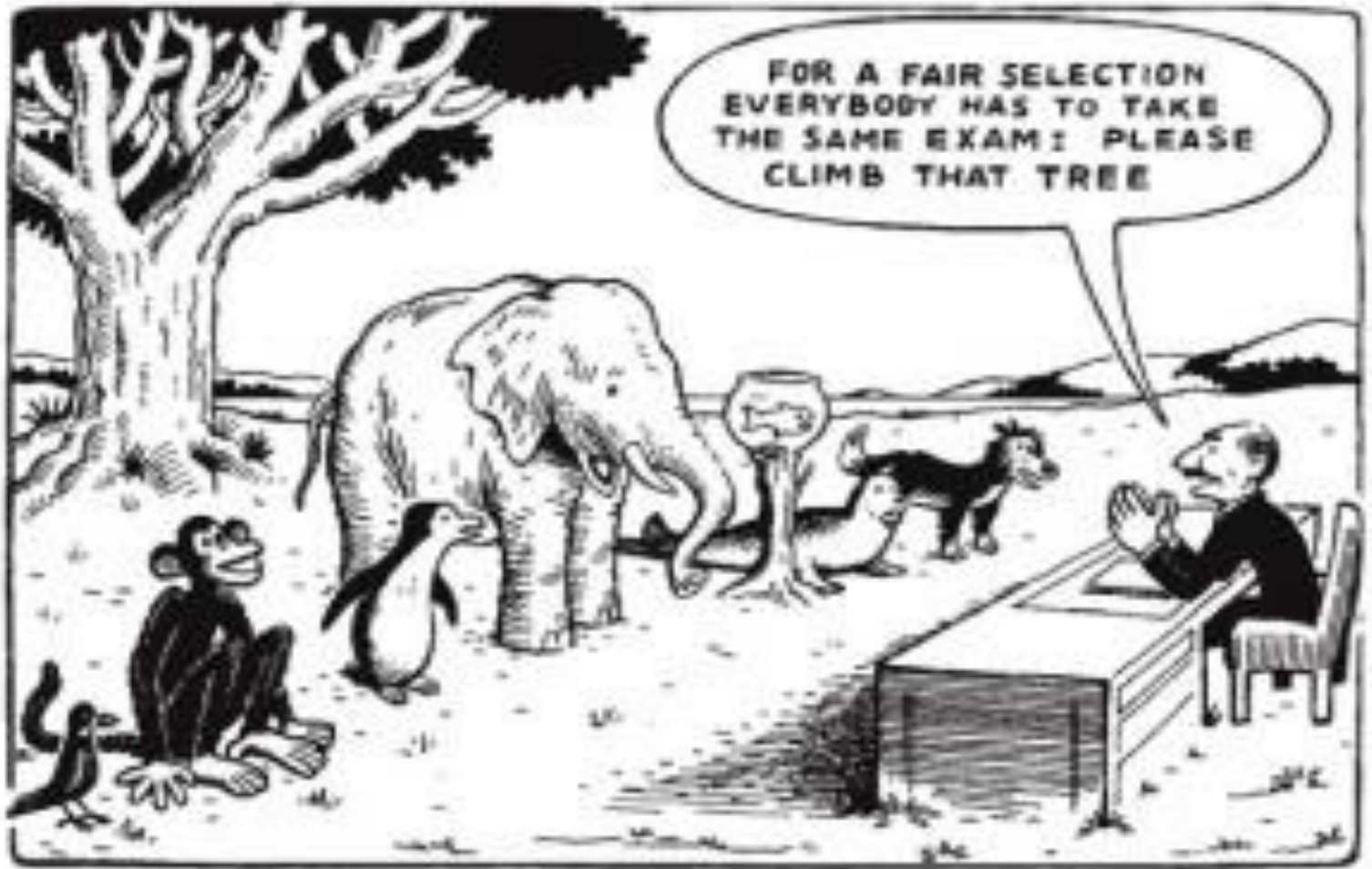
ACCOMMODATIONS

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Accommodation & Assistive Technology

- The current process of determining & approving accommodations and assistive technology (AT) is flawed.
  - Psychiatrist, psychologist, or other QMHP signs off on paperwork to ODS
  - ODS determines if they are "reasonable"
  - Student receives a letter documenting need for task modification

- Students with psychiatric conditions often receive generic accommodations (e.g. extended time on tests and reduced-distraction test taking environment).
  - not all students benefit from extended time…
- Need for practitioner knowledge in accommodations and ability to educate student and advocate if necessary.

Determining Helpful Accommodations

- Assess the functional implications of the psychiatric condition on the performance measures of the course.
  - May be differences between English 101 and Calculus I
- Identify the essential functions (EF) of the course(s)
  - EF cannot be changed, but how they can be demonstrated may be modifiable
- Evaluate how the functional implication affects the ability to meet the course demands and/or the EF of the course
- Look to existing resources for college students with psychiatric conditions & learning disabilities
  - not a whole lot, but google search: CPR, BU, college students, psychiatric conditions, accommodations
- Assistive Technology should be thoroughly explored

WHAT DO WE KNOW ABOUT MODEL APPROACHES TO SUPPORTING EDUCATION GOALS FOR INDIVIDUALS WITH SMHC?

Site visits to innovative education initiatives

- Goal – to understand how education supports are operationalized through the eyes and experiences of those who:
  - **deliver** these supports
  - **receive** these supports

- In partnership with RTI, supported by the Office of the Assistant Secretary for Planning and Evaluation (ASPE: #HHSP23320095651WC)

- Target 3 education support initiatives across the US for individuals with SMHC

Methods

- Identification of sites
  - 10 – literature review – named programs still operating
  - 13 – key stakeholders in environmental scan
  - 2 – supported education research and training experts

- Innovation
  - 15 sites identified by key stakeholders and experts

- Selection criteria
  - 1 site targeting individuals with first episode of psychosis
  - 1 site in a community mental health setting
  - 1 site in a postsecondary education setting
  - Geographic diversity

Methods

- Each site visit - 2 days in April and May 2015.

- Worked with site visit leaders to identify key stakeholders to provide info on: program/initiative overview, history, services offered, participation engagement, staffing, financing, evaluation efforts, service context, and successes and challenges

- Data collected through one on one meetings and group discussions

- All sites included 1-2 group discussions with individuals with mental health concerns receiving education support services

What were the innovative efforts?

- <u>Early Assessment and Support Alliance</u>. EASA is a statewide effort in Oregon to address the needs of young adults, which includes educational needs. EASA focuses on individuals experiencing a **first episode** of schizophrenia-related conditions.

- <u>Learning Enhancement and Resource Network</u>. LEARN is a standalone supported education program in a New Jersey **community-based mental health center**. LEARN supports individuals of any age with mental health concerns.

- <u>The University of Minnesota</u>. The U of M has a **campus-wide initiative** to support the mental health needs of all students. Their Provost Committee on Student Mental Health has prioritized mental health and wellness campus-wide, created a culture of attention and resources to support student mental health.

Summary of supported education dimensions across sites

	EASA	LEARN	University of Minnesota
Setting	Community mental health settings	Community mental health settings	4-year university
Service Approach	Integrated with other young adult services	Standalone service	Integrated with other university services
Scope	Statewide	Multicounty	Campus-wide
Target Population	First-episode schizophrenia-related conditions	Individuals of any age receiving community mental health services	University students
Primary Staffing	Occupational therapists	Education coaches	Varies by academic organization
Primary Referral Sources	Hospital and outpatient mental health settings	Community mental health programs and campus counseling departments	Offices of disability, mental health services, and counseling
Financing	State mental health block grant and state general funds; some department of vocational rehabilitation and Medicaid funding	State contract for SEd services	Varies by academic organization; very limited targeted funds

Early Assessment and Support Alliance

- History: Began in 2001 in 5 counties in Oregon

- Service Approach: Focus on evidence-based practice; provide up to 2 years of support

- Philosophy: "Whatever it takes" approach

- Staffing: Primarily occupational therapists, some peer support

- Financing: In 2015, 6 Million to deliver EASA

- Innovation: Pilots examining supports beyond 2 years, and beyond first episode

Learning Enhancement & Resource Network

- **History**: Began in 2007 as standardized approach to education

- **Service Approach:** Standardized approach and training, emphasis on skill development

- **Philosophy:** Rehab focus, with emphasis on learning skills that can be repurposed to new settings

- **Staffing:** Small team of education coaches and specialists

- **Financing:** Contract with NJ Division of MH and Addiction

- **Innovation:** Training and skill development as foundation of support

University of Minnesota

- **History**: Began in 2001, led by Disability Resource Center

- **Service Approach:** Top-down leadership across all departments

- **Philosophy:** Create a campus-wide culture of understanding and support around mental health

- **Staffing:** Determined by individual departments/entities

- **Financing:** Almost no specifically dedicated $ - shifting of personnel and existing $

- **Innovation:** Provost support, campus wide

What do these sites share?

- Philosophy: Importance of recognizing academic success to development of human and social capital

- Emphasis of leadership: Initiation and support "from the top down"

- A functional approach: On the ground, teaching skills to meet the demands of an environment, that can be used moving forward – dissecting the skills

- Addressing mental health specifically as it relates to academic performance: Coping strategies, stress reduction, teaching wellness, support with socialization

What students say….

- "You can really trust them and talk to them not just about educational or employment goals, but also about life and how things are going"

- "Programs like this make it possible to progress out of psychosis and be independent again."

- "I felt (that the program) really was addressing more of what I needed help with at the moment, and this is different from what I got from the counseling center."

Wrap-Up

- Posting of slides and recordings on the Transitions RTC website

    http://www.umassmed.edu/TransitionsRTC/

Contact Us!

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