Staying in School: A Systematic Review of Interventions for Individuals with Mental Illness

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Objectives of Presentation:

- Recognize the impact of chronic mental illness on educational pursuits
- Discuss occupational therapy related interventions to support individuals with chronic mental illness in an academic setting
- Describe implications of educational attainment on social participation and work for individuals with chronic mental illness

<u>PICO</u>: What is the evidence for interventions that support the outcome of successful participation in educational settings for individuals with a mental health diagnosis?

Methods:

- Databases searched: PubMed, PsycINFO, CINAHL, Scopus
- Search Terms
 - P: Adolescent, Student, Mental disorder, Mental diagnos*
 - I: Occupational Therapy, Program, Treatment, Support, Service, Support*, Servic*
 - O: Academic Functioning, Diploma, Retention
- Critiquing Articles
 - Level I-IV: Evaluation of Quality of an Intervention Study Appendix E & F¹⁵
 - Level V: Level 5 Evidence Critique ⁹
 - Qualitative: Critical Review Form Qualitative Studies (Version 2.0)¹⁶
- Number of Articles Found
 - o Initial search yielded: 1488 articles
 - o Final number of articles in systematic review: 9 quantitative and 1 qualitative

Results:

Themes: Outcomes resulting from single interventions with individuals with a mental health diagnosis

- 1. Skill Development
 - a. Moderate evidence to support interventions which target <u>academic skills</u> as part of completing school ^{3, 6, 7, 11, 14, 17}
 - i. Mentoring, supported education programs, and the use of memory strategies yielded statistically significant improvements in academic skills
 - ii. A positive trend (improved academic skills) seen after use of a Cognitive Remediation computer program.
 - b. Limited evidence to support interventions addressing social skills as part of successful educational pursuits 3, 7, 11, 12, 17, 21
 - i. Mentoring and supported education yielded statistically significant improvements in social skills
 - ii. Supported education also yielded clinically significant improvements in social skill development
 - iii. A mentoring approach resulted in a positive trend towards enhanced social skills
- 2. <u>School Attendance</u>
 - a. Limited evidence to support interventions designed to increase <u>rates of enrollment</u> in educational programs ^{7, 11, 12, 21}
 i. Mentoring and supported education demonstrated a positive trend for increasing enrollment, average over 50[%]
 - b. Limited evidence to support interventions to increase retention rates of students in an academic program^{3,7,8,14,17,21}
 - i. Mentoring and cognitive remediation yielded statistically significant improvements in retention rates
 - ii. Use of either Dialectical Behavioral Therapy (DBT), psychoeducation, or supported education yielded a positive trend towards increased retention rates
- 3. Improved Symptoms
 - a. Moderate evidence to support interventions for decreased symptoms in support of academic participation ^{3, 5, 8, 14, 17, 21}
 - i. Cognitive Behavioral Therapy (CBT), cognitive remediation, mentoring, and supported education each yielded statistically significant results for improving symptoms
 - ii. CBT and supported education yielded clinically significant results as a means of improving symptoms
 - iii. Use of DBT demonstrated a positive trend towards improving symptoms
- 4. Feelings of Competence as a Student
 - a. Insufficient evidence to support the use of interventions to enhance feelings of competence as a students ^{11, 12, 14}
 - i. Cognitive remediation, mentoring, and supported education each reported statistically significant improvements in participants' reported feelings of competence
 - ii. A mentoring approach, with additional usage of a binder of specific skill sets, resulted in a trend towards enhanced feelings of competence as a student

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