View metadata, citation and similar papers at core.ac.uk
brought to you by CORE
provided by eScholarship@UMMS

Psychiatry Issue Brief

Systems and Psychosocial Advances Research Center
SPARC
Improving Mental and Behavioral Health Services for Better Lives and Stronger Communities

Vol 13 Iss 9
Nov 2016

A Publication of the Systems and Psychosocial Advances Research Center
A Massachusetts Department of Mental Health Research Center of Excellence

Mass DMH Department of Mental Health

Supported Education (SEd): State of the Practice

Shums Alikhan, Deirdre Logan, Marsha Ellison, Kathleen Biebel

Investigators at the Transitions Research and Training Center at the University of Massachusetts Medical School partnered with RTI International to conduct the "Feasibility Study for Demonstration of Supported Education to Promote Educational Attainment and Employment among Individuals with Serious Mental Illness". The study was funded by the Assistant Secretary for Planning and Evaluation (ASPE). This project:

- Examined the state of the science of current SEd programs in the US;
- Identified key considerations that can be used to design studies to validate SEd as evidence-based practice;
- Compiled evidence on SEd programs;
- Identified gaps in the knowledge base about SEd; and
- Looked at possible approaches for addressing unanswered questions about SEd. A final report is available on the Transitions Research and Training Center's website.[1]

Common Components of SEd Programs

1. Specialized staff with a dedicated effort to SEd
2. Counseling for careers and educational goals
3. Facilitating financial aid
4. Skill building for educational success
5. Facilitating educational enrollment and retention including acquiring educational accommodations
6. Information about rights and resources
7. Mental health support
8. Coordination with post-secondary education institutions
9. Accessing supplemental educational supports
10. And providing general supports regarding other non-education specific barriers and life stressors[2]

Findings

Core Components of SEd Programs

There are several different approaches to SEd, each designed to help individuals with a serious mental health condition (SMHC) succeed in the post-secondary education environment. These approaches vary according to their setting, location, array of available services, and integration with the mainstream post-secondary education environment. Past researchers have identified ten common core features of SEd programs.[2] Based on our research, all SEd programs involve some combination of these components.

We concluded that SEd is better thought of as a set of services, supports and infrastructures that support the education goals of individuals with SMHCs.

Funding Difficulties

Finding sustained funding is a common theme across our literature review, environmental scan, and site visits. Although multiple funding streams do exist, there does not seem to be a single funding strategy to fund SEd services. Due to the lack of a core funding strategy, programs draw from different funding sources that vary in terms of stability and sustainability. For example, some SEd programs reported that they often partner with colleges or universities for funding, while other respondents mentioned that their programs bill Medicaid to support services wherever possible. We have found that the most feasible funding model for SEd programs is to braid funding from a variety of sources (municipal, federal, state, collegiate, and/or private corporations). Published case studies that demonstrate successful braided funding strategies in support of SEd services could serve as examples that will help program administrators circumvent funding challenges.

Evaluation and Research

Other gaps in the SEd knowledge base include:

- Agreed-upon definitions of SEd programs and goals;
- Knowledge of how to implement SEd; and

- Unanswered research questions related to program outcomes.

Our research demonstrates that while sites collect some data, they need to collect additional data and agree on key outcomes for SEd research projects. Current SEd research and program evaluations lack sufficient rigor or adequate sample sizes.

In order to fully understand educational attainment and employment outcomes, it is essential to conduct SEd studies with data collection time frames of 3 or more years from baseline. Longer follow-up will allow studies to adequately capture longer-term educational degree attainment and ultimately job sustainability outcomes. Few studies on supported education use randomized control-designs, which are essential to understanding the impact of SEd on core outcomes of interest. More rigorous research is needed in order to demonstrate that SEd is an evidence-based practice. A project with an experimental design, including random assignment and a control group, can best position SEd programs for consideration as evidence-based practice.

A Feasibility Study

Data suggest that a demonstration trial showing the efficacy as well as the benefits of SEd is both necessary and feasible. Our study found that SEd programs are well poised to conduct systematic data collection on SEd processes and outcomes. We recommend the use of a two-stage demonstration study:

Stage 1 to prepare fidelity and implementation guides; and
Stage 2 to conduct a multisite randomized control trial with long-term follow-up.

Such a study would assist in generating the potential evidence needed to move SEd from a promising practice to an evidence-based practice, thus encouraging future funding and widespread adoption.

Background

Individuals with SMHC find challenges in educational attainment and employment. More than 50% of students aged 14 or older with a mental health condition drop out of high school, which is the highest dropout rate of any disability group.[3] Students with SMHC also experience low grade point averages (GPAs), poor attendance, and highest course failure and expulsion/suspension rates among all students with disabilities.[4] Individuals with SMHC have a post-high school employment rate of only 50%.[5] Since educational attainment is strongly correlated with employment outcomes, such as unemployment and wage earnings,[6] it is imperative that these students get the support needed for educational success.

To meet the need of students with SMHC, SEd programs have been developed throughout the country. SEd programs aim to help individuals with SMHC succeed in career, educational, and inter-personal development. Each SEd program is unique and little is known about the success of these programs.

Methodology

Three components associated with our project included:

1. A literature review;
2. An environmental scan of SEd researchers, program managers, and other key informants; and
3. Site visits to three programs implementing SEd service delivery models.

Three sites were selected based on geographic location, service setting, and target population in order to demonstrate the difference between SEd programs across the United States. We visited:

- Early Assessment and Support Alliance (EASA). A statewide initiative in Oregon focusing on meeting the needs of young adults experiencing a first episode of schizophrenia-related conditions.
- Learning Enhancement & Resource Network (LEARN). A stand-alone program in New Jersey based in a community-mental health center targeting individuals of any age trying to achieve their career and educational goals.
- University of Minnesota. A campus-wide initiative to support the mental health needs of all students.

At each site, discussions were held with department leaders, providers, community partners, and individuals who had participated in SEd programs. Discussions focused on program history, financing, staffing, services, evaluation efforts, successes, and challenges.

Recommended citation: Alikhan, S., Logan, D., Ellison, M., & Biebel, K. (2016). Supported education (SEd): State of the practice. *Psychiatry Information in Brief, 13,*(9). Worcester, MA: University of Massachusetts Medical School, Department of Psychiatry, Systems and Psychosocial Advances Research Center.

This is a product of Psychiatry Information in Brief. An electronic copy of this issue with full references can be found at http://escholarship.umassmed.edu/pib/vol13/iss9/1

References

1. (2015). *Feasibility study for demonstration of supported education to promote educational attainment and employment among individuals with serious mental illness: Final report.* U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy. Retrieved from http://www.umassmed.edu/globalassets/transitionsrtc/publications/smised.pdfhttp://www.umassmed.edu/globalassets/transitionsrtc/publications/smised.pdf
2. Waghorn, G., Still, M., Chant, D., & Whiteford, H. (2004). Specialised supported education for Australians with psychotic disorders. *Australian Journal of Social Issues, 39*(4), 443-458.
3. U.S. Department of Education. (2004). *Twenty-sixth annual report to Congress on the implementation of the Individuals with Disabilities Education Act.* Washington, DC: U.S. Department of Education.
4. Wagner, M. (2005). Youth with disabilities leaving secondary school. *Journal for Vocational Special Needs Education, 27*(2), 6.
5. Wagner, M., & Newman, L. (2012). Longitudinal transition outcomes of youth with emotional disturbances. *Psychiatric Rehabilitation Journal, 35*(3), 199-208. doi: 10.2975/35.3.2012.199.208
6. U.S. Department of Labor. (2010, 2014). *Employment projections: Education pays in higher earnings and lower unemployment rates*. Retrieved from http://www.bls.gov/emp/ep_chart_001.htm.