

# Recovery & Rehabilitation



CENTER for  
PSYCHIATRIC  
REHABILITATION

Boston University

College of Health & Rehabilitation  
Sciences: Sargent College

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## Supported Education Initiatives at the Center for Psychiatric Rehabilitation

### Introduction

For many young people, the undergraduate experience is the setting for their first attempts at independent and semi-independent living. In addition, while students are living in semi-supervised environments for the first time, they are also in an age group where many mental health issues first become apparent. These considerations make the question of how to provide support to students with mental health issues critically important.

Nearly one in 10 undergraduates in higher education in the United States report having a disability, a percentage that has tripled in the last two decades. This amounts to about 1.3 million students (Wolanin & Steele, 2004). Students with psychiatric disabilities are well represented in this trend, with one national survey citing an 85 percent increase over the last five years in the numbers of students identified with psychiatric/psychological disabilities (Meyer, 2003; U.S. Department of Education, 2002). Sharpe and colleagues (2004) cite the proliferation of individuals declaring a psychiatric disability as one of the more significant developments that has occurred in the field of postsecondary disability supports over the past decade. Eudaly (2003) notes that the increasing number of students with psychiatric disabilities appears as a "rising tide" on college campuses nationwide. The increase in students disclosing a psychiatric disability has required colleges and universities to develop strategies to meet the legal requirements of equal "access" of all students under the Americans with Disabilities Act (ADA) and §504 of the Rehabilitation Act of 1973 to ensure student "retention," which is a critical com-

ponent to the ongoing success of any post-secondary institution.

The Center for Psychiatric Rehabilitation is confronting these issues on a variety of levels and through a variety of initiatives.

### Campus Resource Project

The Center for Psychiatric Rehabilitation and the STAR Center of the National Alliance for Mental Illness (NAMI) are being funded by the Center for Mental Health Services to collect and analyze web-based resources for college students who have mental health concerns. The project is grounded in the belief that the majority of college students access information through the use of the Web and that colleges and universities need to develop web-based strategies to engage students and inform them about behavioral health services offered.

In order to accomplish this task, Drs. Marianne Farkas and Cheryl Gagne, along with their web expert, David Blair, have conducted a systematic review of the behavioral health websites and services employed by colleges and universities to reach out to their students. Utilizing a matrix they developed, they appraised the web-based services. In the end, the study analyzed campus mental health web-based information as presented by 166 schools.

The final report of the project will include policy recommendations based on the appraisal of college and university behavioral health websites. The recommendations will address the perceived deficiencies of the websites, promote practices and strategies that have been successful in engaging students, inform students of behavioral health services, and reduce

This issue

SUPPORTED  
EDUCATION



the stigma associated with using behavioral health services.

From the data collected to date, Center staff have identified a few preliminary trends in the provision of college mental health online:

- While all schools provide a similar range of services and share many of the same means of contacting students, schools in different parts of the country target different mental health problems.
- Schools vary as to which specific mental health issues they address.
- More than half of schools target depression, yet only slightly more than a quarter of schools target suicide.
- Schools located east of the Mississippi target a wider variety of mental illnesses, yet, regardless of where they are located, schools provide basically the same services.
- Public schools both provide more services and target a greater number of mental illnesses than private schools.
- 13 percent of all schools had no online resources for mental health issues.

The last of these statements is particularly disturbing. A lack of online resources cuts against the fact that current college-age students give and receive information online with comparative ease.

Precisely for this reason, the Center will conduct an initial pilot of an interactive communication tool for behavioral health practitioners. This instant messaging, web-based tool is designed to respond to the questions and needs of university students who may want to contact the behavioral health office.

The Center project is pilot testing whether schools can provide an additional pathway to their mental health resources that students can utilize from the dorm room—without alerting either peers or parents, and with a reasonable belief in its confidentiality—by employing instant messaging technology.

#### The College Mental Health Initiative at Boston University

The collegiate experience is typically the time period in which students' stressors can impact not only their mental health, but ultimately their success.

Students with significant mental health challenges often need and want to manage the pressures of academic and university life. The ability to provide mental health on campus.

In response to the national call to develop comprehensive campus-wide mental health through the College Mental Health Initiative—has increased its efforts to

The initiative can be grouped into two categories: efforts directly serving

#### Services We Provide to Students

- Engage students in collaborative relationship
- Identify students at risk and monitor student success
- Assess student functioning on campus across health, learning, living, social, emotional, and financial domains
- Plan interventions on campus in collaboration with various Boston University offices such as Behavioral Health and Disability Services
- Assist student reentry via advocacy and outreach to Financial Aid, BIT, and Residence Life
- Provide wake-up calls
- Offer emotional support and coaching through weekly meetings, e-mails, cell calls, and text messages
- Develop and sustain ACTIVE MINDS, an on-campus student-run organization, as a resource for students. Center staff act as faculty advisors
- Promote mental health awareness through educational opportunities at colleges on campus and marketing
- Provide a welcoming, safe place on campus for students to come for support and in order to reduce isolation—a family away from family
- Promote social networks
- Provide rehabilitation counseling and coaching for student issues to promote educational skill and support development
- Accompany students to faculty meetings to develop academic rescue plans and support academic growth and success
- Ensure follow-through of student tasks to increase probability of academic success and focus on increasing student strengths across wellness domains

Drawing a straight line between students and the mental health resources available to them, the Campus Research Project will ensure that help reaches those who need it most.

## The Higher Education Support Toolkit

Over the past 15 years, the Center for Psychiatric Rehabilitation at Boston University has offered skill-teaching and practical supports to assist students with psychiatric disabilities in achieving their education goals. Beginning with an on-campus program at Boston University that focused on career planning and, later, development of an education program model known as “Supported Education,” the Center has been a leader in

Students are challenged as they assume new roles and responsibilities. Their success at a university.

They want support in the form of people to help them cope with and navigate. Providing these supports is key to developing a proactive culture of mental health.

On-campus mental health services, the Center for Psychiatric Rehabilitation—works to provide a variety of services to the Boston University Community.

Through serving students and efforts serving to educate faculty and staff.

### Services We Provide to Faculty & Staff

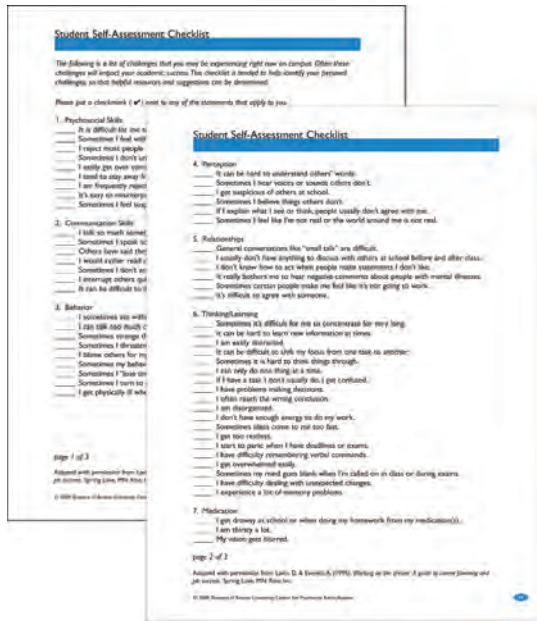
- Suggest and assist in the design of reasonable accommodations
- Provide emotional support and coaching
- Assess skill strengths and deficits in the context of essential job functions of a vocational job
- Assist in prioritizing job tasks
- Provide advocacy with administration
- Offer interpersonal skill teaching
- Increase knowledge of mental health, rehabilitation, and recovery among key Boston University personnel
- Develop and participate in campus infrastructure of services for students in need
- Educate Boston University community about stigma in seeking help
- Provide leadership on campus regarding mental health and wellness
- Collaborate to offer comprehensive safety net for students
- Provide link to recovery-oriented community clinicians for students
- Make presentations to BU School of Medicine faculty



emphasizing the value and importance of education for students experiencing psychiatric disabilities. Center staff have also developed resources and tools to help students identify and acquire needed skills, supports, and accommodations to successfully complete a course or program of academic study.

The National Institute of Disability Rehabilitation Research and the Center for Mental Health Services provided grant support for the Center to build on its previous work and develop the *Higher Education Support Toolkit: Assisting Students with Psychiatric Disabilities*. Its focus is twofold:

1. Assist students in clarifying the issues that are hindering their academic success and satisfaction, and
2. Assist students in discovering the skills, supports, and strategies that will enable



them to overcome the barriers to achieving their educational goals.

The Toolkit is intended for use by a broad audience within the network of campus services such as disability services, behavioral health, and student affairs. The Toolkit includes:

### Part 1: Student Self-Assessment

Two checklists are provided to assist the student in clarifying the health, personal, interpersonal, and/or academic issues that may be hindering their success and satisfaction.

### Part 2: Getting Connected to Campus Resources

Forms are available to encourage campus service providers to compile a comprehensive and easily accessible resource list from which students can customize resources to meet their individual needs.

### Part 3: Actions and Accommodations in the College Classroom

A Guide to Psychiatric Disorders is provided to help providers better understand the common difficulties and/or limitations that students experiencing a psychiatric disability may encounter in class. Possible strategies that can be implemented and/or adjustments that a student may be entitled to are highlighted in the Guide.

## Information and Resources

Organizations, websites, fact sheets, and articles relevant to students with psychiatric disabilities and those who are supporting them in achieving their educational goals are listed.

The toolkit is available as a free download at the Center's website:

[www.bu.edu/cpr/resources/supportstudents/](http://www.bu.edu/cpr/resources/supportstudents/).

## The Systematic Review of Supported Education

As part of a grant provided by the National Institute on Disability and Rehabilitation Research (NIDRR), the Center is developing an innovative way of translating research findings into usable information that consumers, families, providers, and other researchers can easily access. As a first step, it is conducting a series of system-

atic reviews of research literature. The topic of the first review was supported housing; the second addresses the critical area of supported education.

The objective of the report was to systematically review all literature related to supported education for individuals with severe mental illness. The premise for this systematic review was the belief that there has been important and significant research published in the field of supported education that urgently needed to be synthesized for the mental health field at large. Recognizing that the findings of this research could be useful to stakeholders, end users, and other constituents in the mental health field, the Center will make the review available online.

The following plain-language summary of the report distills the essence of what Center staff learned about the state of supported education research.

### Plain-Language Summary

#### Systematic Review of Supported Education

Supported education for individuals with severe mental illness seeks to provide the services necessary to place and keep individuals in integrated post-secondary educational settings so that consumers can achieve their educational goals. It can be contrasted both philosophically and logistically with the traditional model in which individuals with psychiatric disabilities were expected to receive training or educational instruction in segregated settings with specialized curricula. In supported education, individuals with psychiatric disabilities are assisted to develop post-secondary educational goals, then resources and services are provided to support the individual in reaching their goals.

Results of this systematic review of supported education suggest that there are a very few well-controlled studies of supported education and numerous studies with minimal evaluation data and less rigorous designs.

As a result, our systematic review concludes that there are limited effectiveness data for supported education programs. There is information to suggest that individuals with psychiatric disabilities, when compared to the general population, have a lower rate of post-secondary degree completion. There is also information to suggest that individuals with psychiatric disabilities who are enrolled in supported education programs are younger, more educated, and less functionally impaired when compared to individuals with psychiatric disabilities in general. Evidence from existing studies suggests that individuals with significant psychiatric disabilities can enroll in and pursue educational opportunities in integrated settings in the community. There is preliminary evidence that supported education can help individuals identify educational goals, find and link to resources needed to complete their education, and assist them in coping with barriers to completing their education. There is very preliminary but insufficient information that supported education can increase the educational attainment of individuals with psychiatric disabilities. Because many studies are short-term and focus on course completion, there is no rigorous evidence to suggest that supported education will lead to a greater number of individuals with psychiatric disabilities possessing advanced degrees or certificates. Further, there is no rigorous evidence that supported education leads to higher employment rates among participants.

If supported education is to become a viable service alternative and widespread intervention and if mental health policies are to emphasize educational attainment, more effectiveness research on supported education models is critically needed.



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