Outcomes of postsecondary supported education programs for people with psychiatric disabilities

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Supported education programs provide support and services so people with a major mental illness can begin or continue postsecondary education. 124 students from three supported education sites were surveyed for five semesters to assess demographic and service utilization information, education and employment outcomes, predictors of school completion and job/education fit. The study showed that students completed 90% of their college course work and achieved an average grade point of 3.14. Increases were noted in the number of students living independently. Type of psychiatric diagnosis was not a predictor of school completion but having one’s own car and number of psychiatric hospitalizations prior to program participation were predictors. The study showed that students completed 90% of their college course work and achieved an average grade point of 3.14. Increases were noted in the number of students living independently. Type of psychiatric diagnosis was not a predictor of school completion but having one’s own car and number of psychiatric hospitalizations prior to program participation were predictors. The school retention rate was comparable to the general population of part-time students; employment rates (42%) during the study were lower than the population of other part-time students but higher than the population of people with mental illness generally. There were no significant changes in either quality of life or self-esteem. Students reported a job/education fit of 50%.

Keywords: Postsecondary education, psychiatric disabilities, mental illness

1. Introduction

Increasing the employment of people with psychiatric disabilities has been a stated goal of the mental health system for decades. Working is believed to have intrinsic value and to be one of the most desired means of achieving community integration and recovery. Although postsecondary education is seen as the most critical factor for improving work opportunities for the general population, returning to school for people with psychiatric disabilities has not been similarly viewed, even though recent research indicates that supported education is a consistent significant predictor of successful employment outcomes [10].

In the past fifteen years, the concept of supported education, providing support services to postsecondary education students with psychiatric disabilities, has been defined and described [17–19]. Some preliminary outcomes studies have been conducted [7,8,14,20] and literature from the Association for Higher Education and Disabilities (AHEAD) reports an influx of students with psychiatric disabilities in colleges and universities across the nation [4].

This trend supports the results of a recent survey [15] which assessed mental health consumer service preference (n = 314). The authors found that 62% of the consumers surveyed would like more education. Thirty-three to 52% wanted supports such as assistance in applying to an education program, gaining access to financial aid, strengthening basic education skills, peer support groups, and staff support.

The objectives of this study were to examine if people with mental illness could complete a course of study, if returning to school enhances quality of life and self esteem, if there are identifiable predictors of school completion and if participating in supported education programs leads to career employment or employment that reflects education level. This observational study used a survey methodology.
2. Methods

2.1. Participants

Study participants were drawn from three sites: a mental health program in Quincy, MA, Consumers and Alliances United for Supported Education (CAUSE); a community college program at the College of San Mateo in San Mateo, CA, the Transition to College Program; and Laurel House, a clubhouse program in Stamford, CT. The number of enrollees per site who agreed to participate was 55, 46 and 23 respectively, representing a total study pool of 124 students. One hundred five students remained in the study throughout the five semesters, representing an attrition rate of 15%. No discernible differences in the attrition rates were noted across the study sites. Of the students who completed the study, 96 (77%) began the first semester enrolled in classes. An additional 9 (7%) became enrolled during one of the subsequent semesters. The psychiatric history indicates that most students had been hospitalized and the most frequent diagnosis was major depression. Some students reported more than one diagnosis.

A critical question in providing supported education services to mental health clients is who is appropriate for those services? Our study indicated that less than half (39%) of the students had previous college experience. The students’ reported education history indicated that at the beginning of the study, 17% (n = 21) had an Associates degree, 19% (n = 23) a Bachelor’s degree and 3% (n = 4) a Master’s degree. Eighty-nine percent (n = 112) of the participants had a high school diploma. All students had an Axis 1 diagnosis and a substantial percentage had been arrested (38%), or homeless (29%) during their lives. Table 1 summarizes the key demographic characteristics of the students.

2.2. Data collection

Students were assessed fall and spring semesters during school years 1995–96, 1996–97 and fall semester 1997 by interviewers trained on site by the first author. One third of the students had initially enrolled during the 1992–93 school year; one third during the 1993–94 school year; and the final third in the fall of 1995, thus providing subjects who had possibly been in school from 2 to 6 years. All interviews were conducted one-to-one and lasted from 45 to 90 minutes. All participants completed an initial demographic survey, and repeated assessments each semester of their academic participation. The assessments included community and campus service utilization, the Rosenberg Self Esteem Inventory [16] and an abbreviated version of the Lehman Quality of Life Inventory [11]. All participants were paid $30.00 per interview.

Completed questionnaires and assessments were sent to the University of Arizona where they were checked for accuracy and thoroughness before being entered into Access-software date storage programs. These data were subsequently analyzed using SPSS statistical analysis software.

3. Results

3.1. Educational enrollment and completion rates

Students were queried as to the type of educational institution they were attending, the type of degree they were seeking, and the major area of study. Over the course of the study, the majority of students (64%) were attending community colleges, followed by 25% attending 4-year colleges and 5% attending graduate school. While the reported programs of study were extremely diverse, the most frequently cited majors included Liberal Arts, Psychology, Health or health related fields and Business Management/Administrative Services.

Most study participants attended school part-time. They registered for an average of 7.10 credits per semester, and completed an average of 6.34 credits. This represents a completion rate of 90%. The students maintained an average grade point of 3.14 (on a
4 point system). However, over the course of the five
semesters that data were collected, a total of 82 stu-
dents (78%) of the 105 students enrolled had removed
themselves from school. Among the stated reasons for
leaving school were lack of financial support, illness
and completion of educational goals. Table 2 summa-
rizes the enrollment status of the students over the five
semesters during which data was collected.
Twenty-one students (20%) of the 105 students who
remained in the study for the three years completed
programs of study and during the course of the project
attained academic certificates or degrees. Of these stu-
dents, 11 individuals received certificates, 8 individu-
als received Bachelor’s Degrees, and 2 individuals re-
ceived Master’s Degrees. The primary areas of study
were varied. However, 7 individuals completed studies
in the helping professions (e.g. substance abuse coun-
seling, education, psychology, health professions, so-
cial work), 6 completed studies in areas related to law,
business and government and the other 8 were primarily
Liberal Arts majors.

3.2. Correlates of education completion

Various demographic and service history character-
istics of the study participants were analyzed using a
Kaplan-Meier or product-limit analysis [1,2,9,22] to
evaluate their correlation to education completion rates.
Only 2 variables were found to be correlated to edu-
cational completion: the number of previous psychi-
atric hospitalizations \( x(3, n = 124) = 11.29, p < 
0.05 \) and mode of transportation \( x(1, n = 124) = 
4.33, p < 0.05 \). A sample of other variables examined
that were not significant included gender, race, grade
point average prior to study participation, medication
utilization, type of institution attended, prior college
experience, and number of jobs pre-diagnosis.

In addition to the predictors above, the presence or
absence of major psychiatric diagnoses (major depres-
sion, manic bipolar disorder, schizophrenia) has no per-
ceptible effect on the likelihood of maintaining enroll-
ment. As a follow-up to this result, we performed two
ANOVARs to examine the effects of type of psychiatric
disability on the number of credits participants com-
pleted and their grade point averages. Type of psychi-
atric disability had no appreciable effect on either cred-
its completed \( F(6205) = 1.22 p = 0.3067 \) or grade
point average \( F(611) = 1.84 p = 0.1055 \).

3.3. Employment service utilization and employment
outcomes

While employment training and job placement were
not targeted interventions in the supported education
programs studied, a small portion of the students (14%)
reported using vocational services in the community
concomitant with their engagement in their educational
studies. Slightly less than 20% of the students reported
participation in volunteer work or supported employ-
ment.

During the initial interviews, 49% of the students
reported earned income with an average hourly salary
of $6.23. This rate of employment changed very little
over time. During the last semester of the study, 42% of
the students reported working with an average salary of
$7.85, a $1.62 per hour increase from the initial assess-
ment. A sample of the jobs the students reported having
included administrative assistant, case manager, food
service, peer counselor, apartment manager, production
line assembly, retail/sales associate and telemarketing.

Of the 21 students who completed their degree or
certificate program, 12 reported working. However,
some students continued in school to a more advanced
level of education.

One of the goals of supported education is to improve
career employment opportunities. Most mental health
clients are unemployed or underemployed. We were
interested to see if the participants were employed in
jobs that reflected their increased education level. In
the last three semesters of the study, study participants
were asked a series of questions regarding the relation-
ship between their current jobs and their educational
attainment, job/education fit. We found that most stu-
dents (71%) reported being able to perform their jobs
better because of their education and 50% reported that
their job fit their education level.

In the development of the research project, it was
hypothesized that people with psychiatric disabilities
who returned to school would report an improvement in
their quality of life and an increase in self-esteem. An
initial study of supported education had previously re-
ported increased self-esteem using the Rosenberg Self
Esteem Inventory [16]. Unlike that study, our study
found that there were no significant increases reflected

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Table 2

Enrollment status of study participants by enrolled semester
in the Rosenburg Self Esteem Inventory. An abbreviated version of the Lehman Quality of Life Inventory [11] was used to determine if people in the study reported improvements in their perceived quality of life. There were no significant changes reported in any of the domains investigated.

4. Discussion

The purpose of the study was to advance the knowledge about supported education as a viable rehabilitation intervention. Do the outcomes justify the development of these services? It is clear from the course completion rates (90%) and grade point average (3.14 on a 4-point scale) that mental health clients make good students. Can they maintain that effort over time and complete their educational goals? Because postsecondary education in a long-term process, it is important to evaluate the retention rates of this study in the light of student performances in the general population. Unfortunately, few colleges or universities report their retention rates. However, the Digest of Educational Statistics, US Department of Education [2] indicated that 26.9% of all students, 14–34 years of age, enrolled in institutions of higher education during October 1995, were enrolled for their first year of college. The number of students enrolled for the fourth year of college at that same time was 14.7%, a decrease of almost half the number enrolled from the first year to the fourth year.

Although it is not possible to compare these outcomes with the students’ completion rates in this study, it indicates that there is a decrease of almost 50% in the number of people enrolled from freshman to senior years. Another indicator of completion [21] shows that part-time community college students take from 4.3 years to 5.3 years to complete an Associate’s Degree with an average semester load of 9.7 credits. The report also indicated that only 63% of the part-time students planned to enroll the following semester. These outcomes are similar to the students in our study.

We were interested to see if there were factors in the student’s background that might predict successful school completion. A number of characteristics were examined and it was found that having one’s own transportation and numbers of hospitalizations were the only predictors of school completion whose effects were evident. It is interesting to note that the type of psychiatric diagnoses participants reported had no detectable effects on success in school. These results are similar to those reported by Leff and McPartland [10] regarding mental illness diagnosis. Their study indicated that psychiatric diagnosis was not a factor in outcomes and that supported education was significantly and positively related to employment status. Although the two studies were conducted for different purposes, both indicate that psychiatric diagnosis was not a predictor of successful outcomes.

Our hypotheses about increased self esteem and improved quality of life were not supported by the study. Similar results were also reported by Bailey et al. [5] and Mueser et al. [12] in their assessments of people who participated in supported employment projects. The increase in levels of employment in the studies did not result in corresponding increases in self-esteem or perceived quality of life. As with education, this may be due in part to the increased self knowledge gained by returning to school or work, increased stress, increased demands on time and energy and, in the case of education, the increased expenses related to school.

Employment rates for people with psychiatric disorders have historically been low, typically below 20% [3]. However, many participants in this study had a history of work. Forty-nine percent reported earned income at the initial interview, and 42% continued to work while pursuing an education. This is slightly below the percentage of all postsecondary students who work. O’Brien [13] reports that half of all students and two thirds of part-time students worked while attending college. The employment rate of the participants of this study is also similar to the employment rate of people with psychiatric disorders who participate in supported employment [6]. The critical question for us, however, was whether education improved the type of work participants were able to perform e.g. were they able to obtain jobs with career opportunities that reflected their education level. Half of the students indicated that their job fit their education level and more than half indicated that their education prepared them for their job.

While these findings are informative, it is important to note the limitations of the present investigation—particularly its duration. Given the length of time part-time students from the general population take to complete their degrees, the five semester period of the present study of people with psychiatric disabilities limited our ability to draw firm conclusions. A three year study, even using some retrospective data, while still informative, gives only a partial picture of whether supported education services lead to completing a certificate or degree program or to corresponding employment opportunities.
5. Conclusions

Students with psychiatric disorders can attend post-secondary education and complete their courses. The effects of their mental disorders on successfully completing were statistically indistinguishable from zero, indicating that the effect, if it does exist, is probably small. Half of the students who completed their educational goal held jobs that reflected their education level. More research is needed to assess the impact of education on improving employment opportunities. However, existing evidence indicates that programs and services that facilitate the participation of people with a psychiatric disorder in postsecondary education can produce positive outcomes.

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