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Supported Education from a European perspective: The development of a toolkit for professionals working with students with mental health conditions.

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Background

One of the causes of dropping out of school among young people with mental health conditions is insufficient and timely support with studying from mental health or educational professionals. Not only do young people or their parents seek help too late, but reluctance to act, mutual incomprehension, a lack of competencies of professionals involved and a lack of coordination between mental health and educational support also play a role in this. Without a starting qualification for the labour market, young people with mental health conditions have less chance of successful participation in society. Therefore, it is of the utmost importance for the social inclusion and future (labour) opportunities of young people with mental health conditions that they have better access to higher education, and are able to complete such education successfully. For other disability groups, such as people with physical disabilities, learning disabilities or acquired brain injury, student services are available on most campuses, yet for people with mental health conditions these services are often not in place - also because student services staff have limited knowledge in this area.

To enable professionals in mental health and education to improve guidance and counselling to young people with mental health conditions reaching their educational goals, The Research and Innovation Centre for Rehabilitation of the Hanze University of Applied Sciences Groningen together with (inter-) national partners, has developed a toolkit with Supported Education services (Hofstra & Korevaar, 2016). Supported Education is defined as the provision of individualized, practical support and instruction to assist people with mental health conditions to achieve their educational goals (Anthony et al., 2002; Sullivan et al., 1993; Unger et al., 1991). The toolkit is based on the Choose-Get-Keep model of psychiatric rehabilitation (Anthony et al., 2002). In the phase of 'choosing', the young person is supported to make an informed choice about where, when, why and how he or she wants to go (back) to school. During the 'Get' phase, the focus is on acquiring skills that will help to gain access to the education of one's own choice. In the 'Keep' phase, the focus is on what skills and resources the young person needs to successfully and satisfactorily maintain and complete his or her education.

Needs and resources assessment

The first step in the development process of the toolkit concerned the assessment of the barriers and facilitators that students with mental health conditions face when going (back) to school. This information helped us to develop an effective toolkit. To identify these barriers and facilitators, we used three types of research:

- focus group interviews: (young) adults with mental health conditions were invited for a group interview about what hinders and what helps when going (back) to school;
- interviews with professionals (from educational and mental health organizations): surveys were sent to professionals in the field of Supported Education with questions about what, in their opinion, hinders and helps young people with mental health conditions in going (back) to school, and

• review of literature (both peer reviewed papers and 'gray' publications) on barriers and effective adjustments in educational settings.

All partners used the same guidelines when conducting the different types of research, in order to make the results comparable.

Furthermore, the partners developed a social map of existing adjustments and resources and current policies regarding educational opportunities for people with mental health conditions in their region and or country. Based on this social map, good practices were described. These had to be worth transferring and exploiting in different contexts and environments by new users.

Toolkit

The contents of the toolkit was based on the needs and resources assessments and the good practices from the partners involved (see www.supportededucation.eu).

Panels of students with mental health conditions (in total 62 students) and professionals in students' counselling (in total 50 professionals) were formed by the partners. These panels indicated which services they needed and/or expected, and they gave feedback on the material. In this way, both target groups themselves had input in the project.

Contents of the toolkit

The toolkit contains guidelines and procedures which educational and mental health professionals are encouraged to adapt and modify to meet the unique needs of the individuals they serve. It also contains guidelines and procedures for administrators of educational and mental health organisations to implement a Supported Education (SEd) program in their own organisation or region. The toolkit consists of three different sections:

• Introduction to the toolkit. In this section the myths, facts and figures about SEd, pillars, mission, principles, and target group of SEd , as well as mental health conditions and related educational limitations and barriers and facilitators in choosing, getting and keeping a study, are described.
• Choose-Get-Keep interventions. Several tools that professionals from education and mental health can use to support students with choosing, getting and keeping a study are presented.
• Implementation manual. This manual includes, e.g. information on how to implement SEd programs in organizations; how to involve stakeholders, how to communicate about your SEd program and also actual brochures about SEd for several stakeholders.

Tools described in more detail

Impulse-course

The Impulse course (Korevaar, 2005; 2015) is a preparation course that supports young adults with mental health conditions, in groups, with choosing and getting regular (vocational) education. The participants do not know exactly what they want and what their options are with respect to education; they have difficulty making choices in this area or doubt their study skills. The course helps them to find their way, and also helps them to get acquainted with and use educational facilities, to gain educational experience and to get into a school rhythm. Preferably, participants take the course in a room of a regular education location in a classroom context (with a computer and beamer, etc.). The course includes 10-12 weekly meetings of 4-5 hours. The course is preferably taught by two instructors: one with knowledge of psychiatric rehabilitation in the life area of learning, and the other an expert by experience who may have participated in an Impulse course him- or herself.

5-steps model of Supported Education

The 5-steps model of SEd is a tailor made, personalized intervention, taking the individual's own edu-

cational goal as starting point of the intervention and helping the student assess their personal critical skills and supports to achieve their personal educational goal. It is a manualized psychiatric rehabilitation intervention suitable for different mental health and educational contexts (see Hofstra & Korevaar, 2016; Hofstra et al., 2021; Korevaar, 2015; Korevaar & Hofstra, 2017 for a detailed description of the SEd intervention). In the first three steps, this model identifies the critical skills (such as academic, emotional and social skills) and critical resources (such as people, things and activities) that the student needs to successfully and satisfactorily keep an education of his or her own choosing. In the final two steps, the skills that the student lacks are trained and/or the student learns to apply the skills in those situation(s) in which the skills in question are indispensable and the critical resources are realized.

Disclosure-tool

Many students with mental health conditions frequently experience a dilemma regarding the decision to disclose (or not) their mental health conditions at school or at an internship. If they do not disclose, they might not get the needed support to be able to follow their study program or to do their internship, but if they do they often fear being stigmatized or singled out. To support students with making a decision whether or not to disclose their mental health conditions, we have developed a tool: 'To tell or not to tell? Disclosing your mental health conditions at school or at an internship' (Hofstra, Boonstra & Korevaar, 2021). With the tool, the professional (from education or mental health) can help students by the discussing the following aspects: 1. Whether to tell: what are the advantages and disadvantages of disclosing and what is most important?; 2. Who do you tell: do you tell everyone or just certain people and why?; 3. When do you tell: what is a good time and what is a good place?; 4. What you tell: do you tell everything or are you selective? What is the purpose of your message?; and 5. How you tell: do you make an appointment or send an e-mail? What wording do you use?

For each aspect, a worksheet is available that the student can discuss and complete together with the professional or relevant other (family member, friend). If desired, the student can also complete the worksheets independently and anonymously. Furthermore, we have developed a manual for the professionals on how to work with the tool (see www.supportededucation.eu).

Peer support group

A peer support group in the context of SEd is an arrangement in which students who have mental health conditions gather in a group, with the purpose to help each other by sharing experiences and exchanging tips about studying with mental health conditions (Van der Ende et al., 2006). It is important to emphasize that it is not group therapy: the mental health conditions themselves are not the focus in the meeting. Preferably, the group is led by students who are experts by experience themselves. In the toolkit, guidelines for organizing such a group and tips for the content of a peer support group are provided.

For more information about the toolkit, see our website www.supporteducation.eu, where the toolkit can be downloaded freely. The toolkit is available in seven languages (Italian, Dutch, English, Norwegian, Portuguese, Czech, and Swedish).

Recent and new developments

There has been considerable interest in the toolkit from educational as well as mental health professionals. To train professionals in the use of the tools, we organize training sessions in the Netherlands, Italy, Sweden and South Africa.

The toolkit is continually being supplemented with new tools that we are developing in the Netherlands. For instance, we have developed a cognitive remediation training for students with cognitive problems (which are often related to mental health conditions) such as problems with planning, concentrating and memory (see Otto et al., 2020 and Hofstra et al., 2022). Other new interventions that we have developed are a training in dealing with stress (Kruit & Korevaar, 2022) and an intervention to discuss and reduce loneliness among students (Kuiper et al., 2022). Furthermore, in the Peer2Peer student support project, we are develop-

ing a method for students with lived experiences, to support other students with mental health conditions remaining at school. Another intervention that we are currently developing is a Mental Health Literacy (MHL) intervention for (international) students in higher education named Heads-up!, focusing on mental health issues as well as related educational barriers.

The Keep-phase of the SEd-method has been evaluated in a few studies. In the StudySuccess project the experiences and outcomes of students with mental health conditions and of SEd specialists with the 5-steps model of SEd (Havinga et al., 2022) were evaluated. Results showed that 23 of the 30 students that were supported were still in a study program or had succesfully completed the program after the Study Success project ended. Study dropout thus appeared to be low. Both students and SEd specialists were generally positive about the SEd methodology. In particular, students appreciated the personalized approach, the time available for support and the connection with the SEd specialist. The support was also helpful for most students. According to the SEd specialists, the SEd methodology provides them with concrete tools to take a structured approach to supporting students, but at the same time provides room to connect with what students want and need.

The effectiveness of the 5 steps model of Supported Education is currently being examined more extensively and systematically using a randomized controlled trial (RCT) at an institute for intermediate vocational education and a university of applied sciences in the Netherlands (see Hofstra et al., 2021). This RCT will be the first to assess the effect of the individualized SEd intervention on 'remaining at school' (primary outcome), next to indicators of study success and student satisfaction. These outcomes were chosen as remaining at school, and increasing study success and student satisfaction are the goals of SEd, and increasing the capacity of people to be successful and satisfied in the living, working, learning, and social environments of their choice is also the mission of PRA of which SEd is derived. This RCT will contribute to the knowledge regarding the effectiveness of SEd, since effectiveness research on SEd is scarce, which we also concluded from our systematic review (Hofstra et al., 2023). If SEd significantly supports students with mental health conditions to attain there educational goals, then it should and will be more implemented by educational institutes and mental health organizations to improve the educational participation of these students. More research on SEd is therefore urgently needed.

The most recent development is the launch of two Supported Education handbooks (in Dutch). One focuses on the Choose and Get phase (Korevaar & Hofstra, 2024) and the other on the Keep phase (Korevaar & Hofstra, 2022).

Notes on authors

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