Outcomes of Postsecondary Supported Education Programs for People with Psychiatric Disabilities

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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 (Leff & McPartland, 1998).

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 (Unger, 1990; Unger, 1998). Some preliminary outcomes studies have been conducted (Cook & Solomon, 1993; Hoffman & Mastroianni, 1993; Parton, 1993; & Unger, et al., 1991) and literature from the Association for Higher Education and Disabilities (AHEAD) reports and influx of students with psychiatric disabilities in colleges and universities across the nation (Association on Higher Education and Disability, 1996).

The objectives of this study by Unger 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.

A total of 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 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%.

Unger, Pardee, & Shafer's purpose of this study was to advance the knowledge about supported education as a viable rehabilitation intervention. They asked: 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 (Allison, 1984) 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 was 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 (U. S. Department of Education, National Center for Education Statistics, 1997) shows that part-time community college students take from 4.3 years to 5.3 years to complete an Associates Degree with an average semester load of 9.7 credits. The report also indicates that only 63% of the part-time students planned to enroll the following semester. These outcomes are similar to the students in our study.

Students with psychiatric disorders can attend postsecondary 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.

References


