



Supported Education

1.1 Myths, Facts and Figures

A. Myths and facts about students with psychiatric disabilities¹

MYTH 1: People with psychiatric disabilities can't meet the demands of college.

FACT 1: With support and reasonable accommodations, people with psychiatric disabilities who choose college can be successful in school.

MYTH 2: People with psychiatric disabilities are disruptive in an academic setting.

FACT 2: People with psychiatric disabilities are no more disruptive than other students.

MYTH 3: People with psychiatric disabilities aren't interested in pursuing higher education.

FACT 3: When offered the opportunity to experience college, many individuals with psychiatric disabilities respond positively.

MYTH 4: People with psychiatric disabilities can't take the stress of college.

FACT 4: Recovery helps people to adapt to a level of stress of their own choice: having meaningful choices can actually reduce stress.

MYTH 5: Equal opportunity means everyone should be treated the same.

FACT 5: Equal opportunity does not mean that everyone should be treated the same. Rather, it recognizes that people may experience disadvantage for a range of reasons and need support to enable them to achieve their potential.

MYTH 6: Students with disabilities are too time consuming and their needs are too difficult to cater for in a college/university environment.

FACT 6: Many students with disabilities are highly motivated to attend college/university and do well when provided with appropriate support. While a problem may seem daunting to staff, it is quite likely the student has faced something similar before and can readily identify either a solution or an alternative.

¹ Revised from *Inclusive Practices for University Students with Disabilities: A Guide for Academic Staff* (2000) University of New South Wales, and from *The Supported Education Program Manual* (2004), The Supported Education Community Action Group, University of Michigan School of Social Work.

MYTH 7: Psychology, medical work, social work and nursing courses are not suitable for students with psychiatric disabilities.

FACT 7: Students with psychiatric disabilities have the same rights as other students to aim for careers consistent with their goals, interests and abilities. In some courses, reasonable adjustments can be made to ensure that students with psychiatric disabilities are able to meet the academic requirements. It is not the institution's responsibility/right to decide whether a student will reach employment, based on the course of study.

MYTH 8: Students with disabilities incur substantial costs through the provision of extra equipment and additional staff time.

FACT 8: It is impossible to generalize. Some students with psychiatric disabilities require special equipment or additional learning support from staff; others require none. Adaptations may be one-off and low cost.

MYTH 9: Students with disabilities would be better off studying through external or distance-learning courses.

FACT 9: There are advantages and disadvantages to external study. Many students with psychiatric disabilities prefer on-campus study so they can enjoy the stimulating social and intellectual interaction with other students and staff. Others prefer distance learning, or a mix of distance learning and on campus study. This is a personal choice, and people with psychiatric disabilities should be free to make that choice for themselves based on their own circumstances, personality and preferences. Flexible learning may suit some students with psychiatric disabilities, as it would any other student.

B. Figures

Prevalence of mental illness among students in higher education

Our literature review shows that there is little information available about the prevalence of mental health problems among students in the four countries. We only found this information for Norway and the Netherlands. For Portugal and the Czech Republic, we have made estimations based on other data sources.

Portugal

According to the Base de Dados Portugal Contemporâneo, estimates are that in 2013, 371,000 students were enrolled in higher education. A study on psychotropic drug use among higher education students by Correia, Nunes, Barros, and Penas (2010) showed that 11.9 per cent of the 352 students that were part of the sample used some kind of psychotropic drug. If we standardize this percentage to the general student population, 12 per cent corresponds to 44,520 higher education students in Portugal that may be using psychotropic drugs, which represents a large proportion of the student population that experiences mental health problems.

Czech Republic

The number of contacts with psychiatric emergency services involving children has increased by 60 per cent over the last 20 years in the Czech Republic; however, the number of children and young people receiving psychiatric treatment has not increased significantly over the past five years, perhaps because of the lack of psychiatrists specialized in the treatment of children and young people (Institute of Health Information and Statistics of the Czech Republic, 2013). It is estimated that 200 to 300 children drop out of secondary education in the Plzen region (0.5 million inhabitants), many of whom drop out because of mental health problems. The Ledovec SE helping net estimates that a similar number of students with mental health problems manage to continue their studies, sometimes after changing school or repeating a year. The drop-out rate for post-secondary education is much higher, but many students, especially university students, start a course with no intention of completing it (Ministry of Labour and Social Affairs of the Czech Republic, 2014).

Norway

In 2010, three major student welfare organizations catering for the three largest student populations in Norway, Oslo, Bergen and Trondheim respectively, cooperated in funding a large student survey called the Student Health and Satisfaction Survey (SHoT, 2010). In total, 23,000 of the 100,000 students participated in the study. Results were that students as a whole reported having higher levels of “mental health symptoms” than cohorts in the civic population as a whole. Fourteen per cent reported experiencing permeating mental health symptoms, of whom 22 per cent reported a causal link between emotional and mental health problems and the capacity to fulfill student workloads. Of the students reporting “serious mental health symptoms”, only one third sought psychiatric help for their problems during the school year. TNS Gallop, the organization conducting the survey, postulates an inferred estimate as high as 9 per cent of the student population in need of some sort of mental health support system yet to be provided. Taken together with the percentage of students with serious mental health symptoms actually seeking help, either within the student welfare organization or outside it, we have a total of around 12–13 per cent of the student population experiencing serious mental health issues that lead to problems in workload progression.

The Netherlands

In the school year of 2012–2013 in the Netherlands, 662,800 students were studying at a university (421,500 at a university for applied sciences and 241,300 at a university) (DUO, 2013). Research has shown that about six per cent of students in higher education experience mental health problems (Broenink & Gorter, 2001). More than half (55 per cent) of this group of students is (severely) hindered by their psychiatric problems during college (Plemper, 2005). That would mean that in the Netherlands, almost 22,000 students experience problems with their study caused by their mental health problems. This number of students is at risk for early school leaving, which has far reaching consequences: the chance of isolation, problems with integration, crime, radicalization and unemployment is higher. Next to the consequences for the person himself, premature school leaving leads to a

financial burden for society as a whole, in the form of social benefits (Cuelenaere, van Zutphen, van der Aa, Willemsen & Wilkens, 2009).

Conclusion

Remarkably, there is little information available about this topic, except for the Netherlands and Norway. In these countries, there seems to be a greater focus on students with psychiatric disabilities than in Portugal and in the Czech Republic. Overall, the percentage of students in higher education experiencing problems with their study due to mental health problems varies between six and thirteen per cent. In order to make sure that students with psychiatric problems in the future have a better chance of successfully finishing their study and of a paid job, extra research and support is needed. This way, the students will receive the support they need, college dropout will be reduced and their position in the labor market will be improved.