



Supported Education

1.2.1 Pillars

Introduction

The aim of the Supported Education (SEd) ImpulSE consortium is to collaborate across nations within the European community to collaboratively develop a European toolkit and a viable SEd community. The ultimate goal is to move SEd from special service provision for the few to a natural rights-based service, one similar to any other public service offered in civilized welfare states for those with functional disabilities.

Pillars of Supported Education

The pillars of Supported Education are formed by:

1. The Universal Declaration of Human Rights
2. Inclusive education
3. Recovery
4. Psychiatric rehabilitation

Ad 1. The Universal Declaration of Human Rights

The UN High Commissioner defines human rights as: 'rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, color, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible (United Nations Office of the High Commissioner of Human Rights, 2015)

All basic human rights presuppose a measure of freedom and autonomy for the individual in expressing— simply by existing and/or through acts of active promotion—his or her own values as long as these do not impinge on others' human rights.

SEd services are perfectly aligned with autonomy and freedom as outlined in the tenets of basic human rights, and they constitute the natural extension and expression of the intentions outlined in Article 26 of the Universal Declaration of Human Rights (United Nations General Assembly, 1948):

Everyone has the right to education [...] and higher education shall be equally accessible to all on the basis of merit. Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. (p.7)

The focus of SEd is always on students' (higher) educational goals, and conceptually we find a similarity between SEd services for our target group and existing student counseling services available to the general student population. The differences emanate, of course, as a consequence of the needs of our target group, and a major distinction is that SEd services have a greater range of help to give and such help is also often available for longer periods.

Ad 2. Inclusive education

In 1993, UN directives on equal opportunities for people with disabilities stated that not only should equal rights on education for all children, youths and adults with disabilities be assured, but it should also be guaranteed that education occurs in educational settings and in regular schools. Therefore, inclusive education means that all students should learn together, regardless of each one's difficulties and differences. Universities must meet the diverse needs of their students, adapting to the various styles and rhythms of learning, in order to ensure more effective education for all.

An education that guarantees the principles of equity and quality while promoting educational projects based on inclusion should bring together all stakeholders (teachers, students, families and the community). Educational settings should develop access for all and a support system, internal or external, in order for the school to make a more effective response to the diversity of students. Universities must promote the participation of all students, valuing the knowledge and experiences acquired by all, as well as developing educational processes by school and community resource mobilization.

The principles and practices of inclusive education can help overcome more effectively the barriers opposed to the educational success of students for more effective educational progress (Bénard da Costa, Leitão, Morgado, & Vaz Pinto, 2006).

Assumptions of inclusive education

- Inclusion is an effort to make sure that diverse learners—those with disabilities, different languages and cultures, different homes and family lives, different interests and ways of learning—are exposed to teaching strategies that reach them as individual learners.
- Inclusive schools ask teachers to provide appropriate individualized support and services to all students without the stigmatization that comes with separation.
- Teachers in inclusive classrooms vary their styles to enhance learning for all students.

According to inclusive education, every student should receive proper education—i.e., have a suitable study place, including students who need extra support. Supported Education fits into the ideas of inclusive education, as the objective of Supported Education is to provide support services to students with psychiatric disabilities in order to support them with choosing, getting and keeping a regular education of their choice.

Ad 3. Recovery

Human rights based services, ones that secure a close adherence to the central tenets of autonomy and freedom, are most easily manifested by following each individual's own goals and methods towards obtaining those goals. This is in essence recovery.

Recovery: a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness.

Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness (Anthony, 1993).

Recovery is not the direct answer to an illness, to psychopathology; rather it represents an answer to the crippling or destruction caused by the illness. Because the goals of recovery are obtainable without eradicating the illness itself, its expression and process must nurture inclusion, cooperation and dignity. Movement away from a focus on the illness and from the perspective of the service provider means we need not seek compliance or even a common definition of underlying causality in working with service users. The focus is now on user goals and, following a holistic approach, we allow ourselves to get involved with personal recovery goals lying traditionally outside the domain of psychiatry.

We see Supported Education as a role recovery-oriented service and, to insure empowerment and ownership, we also help people with their educational plans when they are making mistakes. We motivate them to take risks, we help them up when they fall down or make inevitable mistakes: we build resilience instead of instilling fear of failure. As we will see later, the boundaries between the professional and the service user are lowered, enabling a level of normalcy between partners in a more reciprocal relationship. Ethical considerations are perhaps even more relevant here than in traditional therapist-patient discussions, however, because the leveling of the playing field makes for less than clear distinctions between provider and user.

Ad 4. Psychiatric rehabilitation

What is not researchable is whether or not rehabilitation services should be offered to people with psychiatric disabilities. Either we as a people value and believe in the opportunity for rehabilitation for people with psychiatric disabilities or we do not. That is a question of humanism and not empiricism (Anthony et al., 2002).

Psychiatric rehabilitation promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychiatric rehabilitation services are collaborative, person directed, and individualized. These services are an essential element of the health care and human services spectrum, and should be evidence-based. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice (United States Psychiatric Rehabilitation Association, 2007).

Supported Education is that part of psychiatric rehabilitation with a focus on the life area of learning, and is defined as the provision of individualized, practical support and instruction to assist people with psychiatric disabilities to achieve their educational goals (Anthony et al., 2002). The mission of Supported Education is to help (young) people with psychiatric disabilities to choose, get and keep regular education of their own preference.

Specific information for mental health practitioners

1. Academic failure is often seen as a major sign of psychiatric illness. In psychiatry, academic failure is sometimes the only 'visible' sign of an ongoing and persistent psychiatric condition in contrast to other non-psychiatric medical conditions. Therefore we presume that academic failure has an important role in diagnostic assessment in psychiatry.
2. Supported Education and the concept of recovery probably have a therapeutic potential. Academic improvement is again a 'visible' sign of an improvement in young psychiatric patients.
3. A modern knowledge-based society has a large proportion of teenagers and young adults in secondary and postsecondary education. In fact, the majority of people in the second and third decades of their life attend some regular education. That is the reason why we believe that Supported Education is very useful for many people in our society.

Supported Education research

Many of our efforts revolve around gathering and analyzing existing practice from the four partner countries. At the moment, SEd is a promising practice (SAMHSA, 2011). A promising practice is an action, program, or process that leads to an effective and productive result in a situation (Fels Institute of Government, 2009). At the most basic level, a promising practice must have measurable results that demonstrate success over time. Stronger promising practices are reviewed by experts or academics, are successfully replicated, and provide reliable cost information. If SEd is to become an evidence-based practice (EBP), more effectiveness research on SEd models is critically needed (Rogers, Kash-MacDonald, Bruker, & Maru, 2010).