



Supported Education

3.5.2 “Studier Med Støtte” (SMS) in Bergen, Norway

1. Collaborating Organizations

Supported Education in Bergen (SEd), or Studier Med Støtte (SMS) in Norwegian, is currently housed in the Student Welfare Organization in Bergen (SiB), which is a private, yet publicly subsidized, nonprofit organization with a long history of providing various services to university and college students in the city of Bergen. SEd is organizationally situated under the superordinate “Health and Counseling Services” branch of SiB. SEd Bergen is financed by the Hordaland regional branch of the Norwegian Labor and Welfare Administration (NAV), the bureaucratic entity executing legislative directives under the Norwegian Ministry of Labor and Social Inclusion, and the Norwegian Ministry of Health and Care Services. These two partners constitute the formal and minimum collaborating requirements for SEd operation in Bergen.

2. History of the Program

In 2006, Norwegian cities were successful in lobbying for earmarked government funds designed to help alleviate the extra costs said cities incurred as a result of a proportionately exaggerated number of psychiatric patients finding permanent residence in cities where treatment services were available. Patients with psychiatric disabilities from rural areas would end up in the cities after long treatment regimes. This temporary redistribution of centralized funds was called the “Big City Push,” and a condition for the provision of these funds was that said cities designed projects to cater specifically to this target group. This legislation set the stage for numerous pilot projects working with this target group, though the implementation of Bergen SEd did not materialize out of thin air.

Two years before this “Big City Push,” in 2004, the city of Bergen hosted an international conference on psychiatric rehabilitation. The city of Bergen’s “senior advisor on mental health issues,” Audun Pederson, who held official responsibility for creating the project profile of the Big City Push, had in advance the opportunity to see Professor Lies Korevaar of the Netherlands speak on SEd. This coincided advantageously with an internal evaluation undertaken in 2004–2005 by Bergen’s first psychiatric rehabilitation outpatient clinic, Solheimsviken Psykiatrisk Poliklinikk, wherein 156 long-term patients were asked whether they would like to pursue a degree in higher education. Eight percent expressed a wish to study, though almost all felt too “weak, afraid or stigmatized” to begin studies on their own.

Originally germinated in Bergen as a locally planned municipal aspiration, SEd soon came under the lens of the central government agency, the Norwegian Labor and Welfare Administration (NAV). In 2006, a formal collaboration was established between NAV and SiB and two “project leader” positions were provisioned at 50%, one held by a clinical psychologist with experience with the target group across a range of public health institutions and one held by a nurse with a master’s degree in Health Promotion. This initial enterprise was part of a larger campaign called “The Will Leads the Way,” which was an amalgam of projects geared towards assisting young people with psychiatric disability in their attempts at reintegration into society, both with regard to supported employment and self-governed “meaningful activity.” Under these auspices a two-year mandate was allocated as a trial period.

Student welfare organizations in Norway have a long and strong tradition in providing various low-threshold services to students. NAV approached the student welfare organization in Bergen, Student Samskipnaden I Bergen (SiB), via one of Bergen municipality’s collaborating organizations catering to psychiatric disabilities. This organization, the Center for Training for Work Employment (ALF), functioned as the initial project overseer. ALF then formally transferred management of SEd responsibilities to SiB, which since 2006 has housed SEd and functioned as employer and professional caretaker of the “pilot project.”

SEd Bergen thus had its target group and one additional criterion was added: All students had to have “external therapists.” It was thought that this stipulation would ensure that SEd avoided becoming an additional partner in a health service treatment regime. SEd services would focus on the student role. Two 50% positions were funded, with one being extended to a full 100% position a few months into the first phase.

NAV was simultaneously gearing up to address the rising number of permanently disabled, with a special look at young people with psychiatric disabilities, and SEd looked to be a well-thought-out project with some clout from successful projects in the USA and the Netherlands. Preliminary evaluations of SEd during 2006 were positive and under the umbrella of the “National Strategic Plan for Work and Mental health 2007–2012,” NAV decided to continue funding SEd and other projects beyond the initial two-year mandate.

So without an existing academic milieu, or even an interested organization lobbying for such a service, SEd was initiated in April 2006, in Bergen, Norway. All this was accomplished without specific competence or extensive preexisting knowledge of the field, whether by a bureaucratic official or newly appointed project employee.

The above-mentioned sequence of events, or “serendipity,” indicates that it was by no means a given that SEd would arise in Bergen, and were it not for these specific events/conditions/engaged persons, we would most likely not have seen SEd on the scene for years to come. However, though it is now eight years since SEd began servicing psychiatrically disabled students, there is to this day no final adjudication as to who shall fund SEd, where SEd should be embedded, or even, indeed, if SEd services will exist beyond 2015.

A truncated history of SEd in Bergen includes the following relevant factors:

- 1.5 SEd positions hired in 2006 to adapt principles to a small target group in Bergen.
- Organized within Student Welfare Organization independent of university.
- Trip to the Netherlands. Professor Lies Korevaar host and consultant.
- No unique central government administrative provisions. Lumped together with “Work and Mental Health” programs as tiny adjunct project.
- Coincided in 2007 with national push to address increasing levels of permanent disability among young adults in the work force with psychiatric disabilities.
- Formally accepted as desired “developmental goal” under the auspices of the “National Strategic Plan for Work and Mental Health 2007–2012 ” of the Ministry of Labor and Social Inclusion.
- In 2007, Bergen SEd is formally asked by NAV to function as consultant in the service of establishing SEd projects around the country where large student populations indicate a need for local SEd program placement.
- By 2012, eight SEd sister projects are provisionally established at either/both university or/and college locations. Each project is adapted to local conditions. Various models of cooperation and organization have thus far functioned successfully.
- NAV commissions in 2012 a large independent evaluation/study of seven SEd projects in Norway (results to be looked at in section 6, “Evaluation (experiences and results).”
- 2012–2014: still awaiting central government adjudication. Year to year existence.

Social, cultural, historical variables impacting SEd implementation in Norway:

- Longstanding egalitarian society with modern/“imported” monarchy/aristocracy. Historically narrow gap between the rich and poor. Class awareness, workers’ rights understood and integrated in society. Oil found in 60s–70s. Per capita wealth near top in the world.
- Preconceptions about chronic psychiatric disability, color awareness and inclusion. Physical disabilities traditionally addressed according to European standards.
- Academic affiliation with West. Psychiatry traditionally a biological-medical monopoly administered by doctors. Latency in adapting psychosocial rehabilitation from outside sources. High levels of forced medical treatment and hospitalization.
- Growing realization of the significance of psychiatric disability as economic burden on state. “Work” and mental illness becomes focus.
- Elementary and secondary school health services guarantee physical and mental health services. Contemporary focus on workplace inclusion.
- No focus on “chronic” psychiatric disability at tertiary/higher educational levels. Student welfare organizations provide short-term counseling and treatment for students with lighter, transient psychological challenges. Moderate to serious disabilities are referred to state-run institutions.

- 2009 – Law Against Discrimination Based on Disability. Physical and mental disability equated. Responsibilities for support fall on workplace and educational institution.
- Despite law of 2009, no facilities or support for psychiatric disability in place for tertiary education in 2014. Problem of definition, culture and division of labor. Health services expected to cure first then leave student to move on alone.
- Local student services run almost entirely by student welfare organizations.
- SEd projects financed and run by labor/welfare system. Few places available. “Eye of needle” principle. No rights-based service.
- Public services huddled under “Supported Employment” administration. Three-year support limit.

3. Philosophy, Mission and Principles

SEd in Bergen draws upon central humanistic principles in general, and specifically upon the foundations built by the psychosocial/psychiatric rehabilitation movement for people with psychiatric disabilities. More recently, SEd Bergen has adopted a recovery-oriented stance, and to the degree one can clearly define the concept of “recovery,” we feel this stance more accurately places the center of movement and change within our clients, thereby aiding the delineation of our role vis-à-vis our clients’ own goals and aspirations. We understand our role in this partnership as a natural evolution of any secular state welfare provision in parity with any rehabilitation service catering to physical disability. In both cases, rehabilitation, or “recovery,” is a specific health-promoting process based entirely on the client’s factual condition, accessible resources, personal aspirations and hence unique trajectory. We do not possess “catch all” blueprints that all clients must follow. They are antithetical to our approach.

As a minimum, the following constitute basic tenants of this “philosophy” or ideology:

- People with psychiatric disability can recover from their illnesses, but often recovery entails recovering from the destruction caused by their illnesses.
- We help people with their plans instead of making plans for them – even when they make mistakes.
- We work on life goals, not just illness treatment goals.
- We motivate and excite them to take chances and try new things even when they may fail – “bumbling side by side” (Ragins, 2012).
- We build them up so they will be resilient when things go wrong instead of shielding them from things that may go wrong.
- Recovery services are relationship based, constantly changing and evolving.
- Recovery in the face of chronic illness is not about the “cure,” but rather about maintaining self-image and hope, maintaining wellness and responsibility for self-care,

participating in meaningful activities, and ultimately replacing professional support with natural support.

These basic tenants emanate from the humanistic principle forwarding the idea that “authoring” one’s own experience is a basic human right; that in a moral world, no one but the person in question has the status, the authority, under normal conditions, to decide what his/her experience means to them.

Our specific Recovery-oriented endeavor in Bergen adopted Unger’s (1990) definition of SEd and our mission is outlined as follows:

Education in integrated settings for people with severe psychiatric disabilities for whom postsecondary education has been interrupted or intermittent as a result of a severe psychiatric disability, and who, because of their handicap, need ongoing support services to be successful in the education environment.

We understand SEd services as ideally situated recovery-oriented services wherein student goals and aspirations take a front seat in defining what, when, where and how we provide individualized support. Furthermore, we subscribe to Article 26 of the Universal Declaration of Human Rights, stipulating that “Everyone has the right to education.... and higher education shall be equally accessible to all on the basis of merit.”

Furthermore, Norway passed the Law Against Discrimination Based on Disability in 2009, wherein physical and mental disability are equated. The law states that the responsibilities for support fall on the workplace and educational institutions. Although we have yet to see the practical implementation of this law across society as stipulated by the law, we operate in accordance with the intentions posited therein. In the same way that physically disabled students receive support in educational settings, we provide relevant support for the psychiatrically disabled. For many, such support will need to be provided throughout the course of higher education.

The counselor-student relationship is at the outset defined to a large degree by the student’s educational goals and the educational landscape, and the temporal aspects of higher education define the extent of our involvement in the student’s life goals. Though the individual student’s educational goals are the obvious focus for our collaboration, we adjust our support according to each individual’s needs during the course of his/her education. Our focus is not on pathology – a severe deviation from a hypothetical mean – but rather on challenges presented by students, ones that they outline as obstacles to goal achievement. We are thus flexible and attend to a wide range of presenting problems. We do not provide treatment per se, though we engage in client-centered dialogue revolving around student disabilities as these impact study capacity.

4. Participants

As mentioned in the section on the “history of the program,” the target group for SEd services in Bergen was defined at the outset as “persons with moderate to serious psychiatric disability who are qualified for higher education and who maintain an ongoing relationship with an external therapist.” Moderate to serious psychiatric disability entails for us a level of functional disability as opposed to the traditional biomedical definition of serious psychiatric disability. Hence, any given student with, say, a diagnosis of one of the psychoses may present better functioning than a student with complicated anxiety.

Recruiting participants to SEd Bergen was not difficult, since we had an existing network of health professionals placed in psychiatric institutions and community-based services. We approached these connections with our pilot project outline and soon we had more willing participants than we did available resources. Since the autumn of 2006 we have had a long waiting list, with an average wait of over 1.5 years.

The majority of our students in 2006 had experienced truncated educational careers years earlier as a consequence of budding psychiatric disease. All but one or two had particular educational goals and all of these were interested in individualized support. In fact, many expressed a dislike of participating in group activities or classroom-oriented support. The average age was 33 in 2006, though that age has since been lowered to approximately 29–30. During the eight years we have provided this service, we have seen on average a 60–40 % female to male ratio among our participants.

Applying for inclusion in SEd Bergen is done by the student, based on the student’s own motivation. We do not maintain records or journals from mental health institutions, nor do we need their evaluations of any one student’s prospects. However, if the student himself/herself wishes to provide this information initially, or if he/she wishes to be accompanied by mental health professionals, we welcome this as long as the student’s own presenting reality is central.

The majority of our students receive funding from the superordinate administrative provisions in NAV called “Supported Employment.” Though NAV did entertain the idea of developing a support system funding category designed specifically to cater to students – for example SEd – this was abandoned when the future of SEd and its eventual place in a permanent budgetary hierarchy became an issue at the end of the National Strategic Plan funding period. We await SEd’s final placement, a permanent embedment in Norway, and we have been informed that as of spring 2014 a central government committee composed of bureaucrats across the directorates of health, education and welfare was appointed to address this situation. We are in favor of the national implementation of SEd at all levels of higher education, with primary responsibility situated in the Ministry of Education.

Though we see a need for collaboration across directorates, our stance is that an unequivocal placement within the sphere of education both secures the rights of the student as stipulated under the law of 2009, and furthers the superordinate responsibility of society in reducing stigma in general. Students with documented psychiatric disability will then enjoy the same “rights-based” support as those with physical disability.

5. Services/Activities

SEd Bergen is based to a large degree on SEd theory and practice developed earlier in the USA and the Netherlands, and we adhere to what is now known as the “Choose – Get – Keep” model. Our services and activities are therefore designed to help any student in our target group with choosing a desired educational path, getting access to such an education and thereafter maintaining the process of completing the desired education. Because the majority of our students are automatically qualified in terms of academic requirements, and because most of these choose their direction before they come to us, most of our services have been developed to help students maintain their educational careers (“Keep”).

SEd Bergen has been operating since 2006 with a long waiting list. Students simply complete our application form, a form found both on the SiB homepage and NAV’s homepage. We respond to all applications within approximately one week, informing the student about the waiting list. When a spot opens up, we contact the student for an interview where we explain our services in depth, while also inviting the student to elaborate on his/her wishes. If the student is within our target group and he/she still wants to receive our support, we offer initial consultations wherein the student’s particular challenges are discussed.

SEd Bergen is located centrally on campus, inhabiting offices within the university-owned, SiB-used “Student Center”. Our offices are to be found alongside other health and counseling services – student advisors, psychologists and career consultants – and this is conducive to relevant cooperation when students present problems spanning these services. The Student Center also houses a swimming pool, weight rooms and a variety of workout opportunities. There is also a large cafeteria, a small restaurant, student bookstore, newspaper, radio station, conference rooms and offices for student democracy. The Student Center is thus the heart of student activity in Bergen.

Inhabiting this centralized position, and being integrated within health and counseling services in general, which are open to any student, seems thus far to be advantageous in lowering thresholds for our students. Most of our students have long histories in dealing with mental health institutions, personnel, government offices and case workers, etc., who focus on pathology/deviation and hence view the students as needing particular guidance above and beyond what “normal” students need. Having these services situated together, services students can access without a referral from a doctor or mental health professional, helps solidify students’ identity as “owners” of student services on a par with any other student. We will come back to this in the section on “Success Factors,” but for now we can state that many students have expressed relief at finding our services on campus and integrated within the Student Center.

As mentioned above, most of our students are looking for “Keep” service help. We do, nonetheless, have a few students who want help with “Choose” and “Get” services. Roughly speaking, we can outline our services as follows:

Choose: Help establish educational goals, find the correct educational institution for such goals, and choose – sometimes as a consequence of trial and error – the correct academic load for each individual.

Get: We help students with forms, interview preparation, deadlines, telephone calls, on-campus tours, sifting through student handbooks, etc. Here we are hands-on, practical and pragmatic according to very specific needs.

Keep: Our primary goal is to assist with whatever the student presents as a hindrance to his or her education. This often includes a number of the following services:

- In keeping alive and enhancing the educational process, we often focus on study skills and techniques and the structuring of study schedules.
- We communicate with, and refer to, our educational experts in neighboring offices so that our students can benefit from their expertise in study technique, exam anxiety reduction and social skills building.
- We are keenly aware that students in our target group have, on the whole, poorer physical health and we thus spend some time helping our students get acquainted with training facilities. In fact, we offer our students free access to five major gyms run by Sib, and we often accompany our students ourselves to these facilities so that they may feel more comfortable accessing what other students take for granted. One student who has now graduated has expertise in physical fitness and outdoor recreation. We have, as of spring 2014, hired him to structure and provide training sessions, both in the gyms and in and around the city of Bergen (mountain climbing, jogging/running and cabin trips).
- Some students request help in communicating with relevant institutes/faculties when planning the curriculum, working out special needs etc. We ask to be included in such meetings with student advisors and for many this helps to build confidence and a sense of security about their progression. Student advisors are, on the whole, positive about our presence, and both parties (student and educational institution) solidify a common understanding of the situation.
- We help students apply for specific exam support, such as extra time, single rooms or exchanging oral for written exam formats. These provisions have thus been given without question as long as applications are on time.
- We take tours of the city and campus in order to help students build cognitive maps of their educational environment (much of the university and parts of colleges are in the downtown area). We help students find student services, from cafeterias, offices, student organizations etc.
- We arrange for monthly social gatherings with food and drink. Though most of our students ask for individual support, many enjoy meeting others in open social gatherings. Meeting other students in the same situation builds a sense of community. We sometimes

use these gatherings to invite outside experts, relevant bureaucrats who may have important information for our students.

- We arrange for Christmas dinners, a tradition in Norway, either locally organized here at the Student Center or at restaurants serving traditional Norwegian Christmas foods.
- Most students ask for “support consultations” on a regular basis during the course of their education, and these consultations constitute our primary function.

6. Evaluation (Experiences and Results)

Any evaluation of our SEd service must focus on whether or not students receive services that assist them in attaining their own goals. We do not dictate or even suggest specific educational paths for a student unless he/she asks for guidance. Though SEd still falls technically under the administrative rubric of Supported Employment, we are not concerned directly with what the student decides to do with their education upon completion. We do, however, assist any student for a period of six months after he/she obtains a degree in finding appropriate job placement services. We adhere to Unger’s definition of SEd outlined earlier, and with that as backdrop, we ask ourselves if we are able to help the student get to where he/she wants to go, be it enrollment in a few courses chosen purely out of interest, or a formal vocational degree at master’s or PhD. level. We do not, therefore, function as a gatekeeper or monitoring control unit vis-à-vis educational institutions.

SEd Bergen has, from the outset in 2006, been a “popular” service, with demand outweighing supply. We noticed early on that our students were keen to maintain their slots in our SEd program, and this tendency seemed to exceed retention rates for other programs who dealt with young people exhibiting psychiatric disability. In order to assess SEd services beyond anecdotal evidence, we undertook in 2010 a so-called “internal evaluation.” We asked four simple questions, two regarding personal information and two of which are relevant here: (1) What does your higher education mean to you? and (2) What does SEd mean to you? Two thirds of our students responded. The following is a sample of responses from this initial internal evaluation:

- Man, 33 years of age, who studies Biology at University of Bergen (UiB)
 - (1) My education represents one of the few positive activities in my life. Successfully learning new things helps me to believe in a brighter future.
 - (2) SEd lowers the threshold for my participation in higher education by stimulating belief in myself which strengthens my motivation to succeed.
- Woman, 35, Nursing School, Bergen College
 - (1) Education gives me the chance to move on in life and ultimately free myself from dependency on the state. Studying is inherently meaningful and this increases my quality of life and nurtures my self-esteem.

(2) SEd provides the security I need to persevere when I doubt myself. Emotional support and help to focus on academic activity.

- Man, 31, Master of Physics at UiB

(1) My studies give me a longer horizon and a meaningful daily life. Without a long-term goal my days blur and time loses its meaning.

(2) SEd offers understanding and help in dealing with aspects of my condition that rarely get attention. The best part about SEd for me is their patience and capacity to empathize with my problems. They treat me like a fellow human being.

- Man, 32, Bachelor in Biology

(1) My education is important to me. Because of deep depression and anxiety I could not continue with my schooling as planned after high school. I tried to work for a while but had to quit eventually. At 29 I heard about SEd. Now I'm committed to fulfilling my Master's Degree in Biology, though it may take a little longer than is the norm.

(2) SEd means a lot to me. My contact with SEd gives me a feeling of security in my daily struggle. My counselor understands my problems and his support has been crucial in dealing with difficult times. The conversations we've had have given me more insight into the nature of my problems, and I feel strengthened for the future. I have also received help in finding relevant services, and even help to fill out forms so that I may get special services around exam time. My future now looks better and SEd is largely responsible for that.

- Woman, 32, Master in History

(1) Higher education is my window to the rest of the world. I am challenged and must relate to other human beings beyond those in my closest family. I am much less isolated now. I'm able to study something inherently interesting to me and this will hopefully move me in the direction of a normal job. The Supported Employment services I tried earlier only found positions for me that do not take into consideration my interests or skills.

(2) SEd gives me the motivation to try one more time. My conversations with my counselor are extremely helpful and I am treated like an equal. I have felt a renewed desire to better myself. On occasion I have needed practical help and my counselor will gladly help me, even outside of his office.

- Woman, 29, Master's in Information Technology

(1) I am finally beginning to hope that my education will result in a job of my choosing.

(2) I would not have been able to restart my education without SEd.

Evaluations like these illustrate the importance of the process of higher education, both as a "window" to the future, or more expansive "horizon," and as an opportunity to rebuild/acquire self-confidence in a normal non-stigmatizing environment. As an arena for Recovery, we see here that individuals rekindle hope and envision their lives after education.

So even though we do not provide supported employment services per se, we see that students naturally make the connection between self-development and an expressed wish to participate in society after completing their degrees – like other students.

SEd Bergen had, by the time of this internal evaluation, helped initiate six other sister projects across Norway where student populations were large. We functioned as consultants and advised them to execute their own internal evaluations. The findings from their evaluations mirror our own results.

In 2012, when the National Strategic Plan was nearing its completion, the Norwegian Directorate for Labor and Social Inclusion (NAV) wanted an independent evaluation spanning the country as a whole. The independent research center, UniHelse & Uni Rokkansnetet, provided the best proposal for this endeavor and they completed their report, Supported Education: An Evaluation Commissioned by NAV, in 2012 (Haugland et al., 2012). Seven existing SEd projects in varying degrees of development in seven urban sites with student populations were evaluated with respect to models of organization, service provision content and student satisfaction. The main findings of this national evaluation can be summarized as follows:

- SEd in Norway should be made permanent and available to a greater number of students.
- Preliminary evaluation results indicate that SEd actually frees up resources from other health and social services. Many students reduce their use of other services as they gradually master their student roles, become confident and experience self-efficacy/self-esteem. This finding would point to a joint economic cooperation between departments of education, health and labor.
- Experiences with SEd thus far in Norway overlap with research from other countries, suggesting that students with psychiatric disorders can complete their studies when guaranteed the right for support and the right kind of support.
- Students express the importance of SEd counselor relational competence and stability/availability over time. Student formulations appear akin to what research in psychotherapy refers to as “interpersonal skills.”

These results, from both the internal and independent evaluations, reveal – at the very least – a large unmet existing need among students and potential students who would profit from SEd services. SEd has a short history in Norway, with only a few people at all levels engaged in its inner workings and administrative anchoring. The overwhelmingly positive results of the independent evaluation seem to simultaneously complicate the solidification and development of SEd simply because issues of ownership, bureaucratic responsibility and professional leadership come into play the moment a service of this kind is expected to expand and become permanently embedded within a government department/directorate. Thus we await final adjudication from the newly formed committee spanning the fields of health, education and labour.

7. Success Factors

From what we've experienced thus far, "success" can mean many things to many people, and organizational factors, social/society factors and personal factors all play a role (these were covered in the section on expert and student interviews, "What hinders and what helps"). SEd Bergen, as a Recovery-oriented service, came into being through a series of events, brought forth by enthusiastic individuals at an opportune moment within the larger context of society's need to deal with rising numbers of permanently disabled young people.

To the extent SEd assists students in a "non-stigmatizing environment," we have evidence that our localization on campus, within existing student welfare services, has furthered this particular cause. Students express an increased ability to participate in student life in general, they are more inclined to know about and use services, and this helps inform, build and nurture a budding identity as a student on a par with other students. The majority of SEd students have histories of collaboration in health institutions or welfare offices wherein their disability alone is the leverage for some intervention thought best for them, but authored by others. Students feel our services break with this pattern and they feel more at ease and empowered when they are encouraged to self-direct any intervention we can offer. They feel less shame coming into our office building.

Though we are a "campus model" SEd service, we also consider ourselves to be a "mobile model" service because we participate, in line with student wishes, both in meetings throughout the educational institution and in meetings with health institutions, NAV caseworker meetings, etc.

If we first take students' responses to our services as reliable sources of information, we see that students express a need for relational stability and connectedness during the course of their higher education. Some will need the support of the counselor throughout their education, while others may need help sporadically. Flexibility, emotional availability and knowledge of psychiatric disability are minimum requirements outlined as essential SEd counselors traits. We have made individual service provision the central element of SEd Bergen, as this was both asked for by our students at the outset and is underlined as salient in the literature on both SEd and recovery.

Studies on the efficacy of SEd often cite the problem of "attrition," that is, the disturbingly high number of students who drop out of higher education during the course of the research paradigm. Attrition percentages as high as 40% for our target group are not uncommon. SEd Bergen is not at this time equipped to undertake research responsibilities as our staff is already running at full throttle, with daily support services monopolizing all work hours. Although we do not have quantitative data at this time to support our hypotheses in this regard, we do feel that attending to the individual's particular needs and relational capacity strengthens resolve and hence buffers against despondency. We have a very low attrition rate, and we like to think this is because we emphasize from top to bottom the importance of the relational bond in maintaining faith in the future, and hope for better times to come. We cite Anthony (2002): "Seemingly universal in the Recovery concept is the notion that critical to one's recovery is a person or persons in whom one can trust to 'be there' in

times of need.” This “axiom” is mirrored in the responses we accumulated from our students. It seems to be the most important supportive factor for the students.

To maintain our acuity in this regard, we conduct internal supervision sessions with a self-critical eye to how we impact upon our students’ progressions, and in times of turbulence for the individual we look to “operationalize” our input in whatever way it may or may not have impacted relevant events.

Our students battle continually with the dilemma of disclosure. Stigma is a very real phenomenon for our target group, and despite some legislative progress during these last decades, stigma permeates the psyche of our Western societies. In fact, the fear of disclosure is often in and of itself a barrier in terms of accessing available resources. Success for some entails working through or dismantling the fear and shame associated with the condition. Having our services integrated within existing student welfare services, both physically and administratively, helps to normalize and lower the threshold for asking for assistance.

Identifying what works and what doesn’t in this field is a difficult task. Evidence-based practice (EBP) is the expected norm, while much of our daily activity resists the operationalization of variables conducive to statistical analysis – though we could no doubt quantify many of the results of our practice with greater resources, something we look forward to doing on a national level sometime in the future. So what we now posit here as success factors represents in fact what we like to call “practice-based evidence” (PBE).

Particular organizational/environmental factors can in retrospect be identified as allowing for a successful early phase of SEd Bergen. Prominent among these were (1) a number of engaged individuals promoting SEd for our target group, many with experience, and hence networks, spanning the spheres of healthcare provision, higher education counseling, health promotion and municipal primary care services, (2) a national focus looking for new, yet “proven,” services for our target group that could be quickly initiated as trial projects, (3) immediate administrative and physical integration in existing low-threshold student welfare services on campus, (4) the development of a network of SEd sister projects throughout Norway that created a necessary network of professionals who met annually to reinforce and develop SEd as a legitimate student service, (5) positive media coverage, in national and local newspapers, student newspapers and radio interviews, and (6) professional autonomy allowing for a local adaptation of SEd principles that were thought most applicable for students of higher education in Norway in general and Bergen in particular.

8. Risk Factors

Risk factors for the individual student have been outlined in earlier sections. Fear of stigmatization, lack of inclusion within the educational setting and any number of symptoms associated with psychiatric disability itself (anhedonia, cognitive impairment, side effects of medicines, etc.), together or combined, can derail academic progress.

In terms of risk factors for SEd Bergen as a service, ones that ultimately impact the viability of the service, we find political/economic/societal factors. Without a supportive environment in all necessary reverberating contexts, from the local project arena to the highest ministerial/bureaucratic levels of national responsibility, SEd services will not flourish. Though we owe our start-up to all those involved in making SEd a reality at the outset, the fact that none of the successful SEd projects in Norway have yet to be permanently anchored must be seen as a risk factor at this stage. Higher education is a long process for any student. Funding for SEd services has been a budget to budget ordeal. If we give credence to what our students are telling us about what they view as essential for them, namely the confidence in a stable relational connectedness throughout their studies, then we must also be able to assure them of our existence for whatever time they need. Not knowing whether or not we will “survive” from year to year is detrimental to the trust we so desperately need to convey. Without it, many will shy away from taking the risk of rekindling truncated educational aspirations. Furthermore, and equally important, the SEd counselor should also have enough job security to invest his/her time in this new endeavor. Building a new field of knowledge and a service around this knowledge cannot be done efficiently if carriers of the culture lose faith and seek employment elsewhere. We have, contrary to other healthcare vocations, no academic educational/vocational institutions providing SEd workers for the job market. The few SEd counselors who thus far have invested their time and energy need to be nurtured further if these services are to consistently induce trust and a level of professionalism.

Another risk factor, assuming a paradoxical character, is that SEd Bergen is now so sought after that we cannot provide the services for those who ask for them. In fact, we now have a waiting list of between one and two years, an untenable situation for the individual for whom immediate help may be alpha and omega. This is frustrating for the student in question, for us and for our network collaborators. We have become too popular, at least gauged against the backdrop of the resources allocated, ones allocated for a “pilot project” with a clientele of around 18 participants. We are currently operating with 38 participants.

Any official person inhabiting a critical position vis-à-vis the student may constitute a risk factor. Though the university environment, with its teachers, fellow students and administrative staff, more often than not is well-meaning and very helpful, we do come across those who do not understand how to collaborate with our students. At some of these junctures we meet persons of position who exhibit stigmatizing attitudes and behavior towards our students, be it consciously or not. Case workers at NAV, the caretakers of citizens’ rights, will from time to time behave in an inexplicable manner, furthering the insecurity of the student with regard to self-respect and economic security. Different case workers inhabiting the same position can come to widely varying conclusions.

Currently there are no specific legislative provisions for SEd in Norway. There are provisions for Supported Employment, and here we find ourselves operating more or less in accordance with these regulations. We see this as a risk factor simply because, although the theoretical/ideological foundations are the same, completing a higher education and finding a job through job placement and counseling are two different things, with different temporal

trajectories and different associated challenges. As mentioned earlier, we hope in the future to be anchored firmly in the Ministry of Education, a permanent service catering to students as indicated by the law of 2009.

9. Future

SEd Bergen has been given a funding guarantee throughout 2015, the length of the ImpulSE project. Technically, no other SEd project in Norway has a funding guarantee beyond 2014. We have therefore only tentative plans for the future. SEd Norway has done a commendable job in building a field. Numerous projects have been conceived to further this development, but we simply cannot take on, say, developing standardized cataloging/assessment tools, to name one project, without assurances of our continued existence and without the necessary resources to adequately cater to our existing student loads.

We hope the ImpulSE project will function as a "success factor" for the anchoring, expansion and development of SEd services in Norway. We cite Anthony (2002) once more: "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."