

Addressing Environmental Barriers Affecting Retention and Performance of College Students Who Experience Psychiatric Disabilities

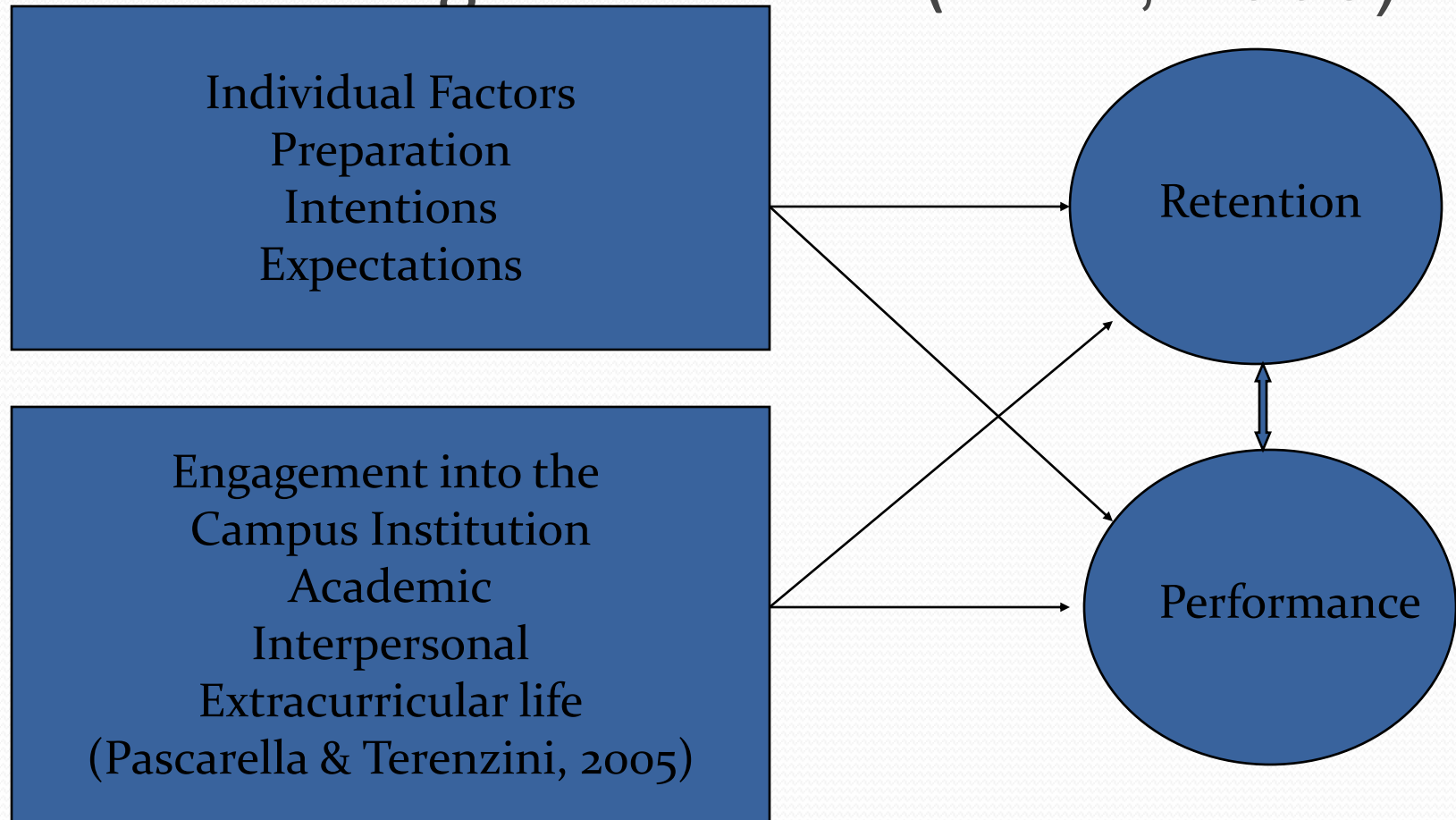
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Factors Affecting Withdrawal (Tinto, 1993)



- Relationship found between engagement and academic outcomes and retention (Kuh et al., 2006)

National Educational Survey

- 520 Respondents from 357 different institutions
 - 193 current students
 - 327 former students
- 79% female; 89% White
- Diagnoses: 38% bipolar; 25% major depression; 10% schizophrenia-spectrum
- 73% taking psychiatric medications while at college

Campus Engagement and Satisfaction Questions

- College Student Experiences Questionnaire (CSEQ; Gonyea, et. al, 2003)
 - Experiences with Faculty scale (“Ask your instructor for information...”, “Discuss your career plans and aspirations with a faculty member”)
 - Campus Facilities scale (“Use recreational facilities”, “Use a learning lab or center to improve study or academic skills”)
 - Clubs and Organizations scale (“Attend a meeting of a campus club, organization, or student government group”, work on a campus or off-campus committee, organization, or service group)
 - Index of Student Satisfaction (“How well do you like college?” “If you could start over again, would you go to the same institution you are now attending?”)
 - CSEQ Student perceptions of relationships with students, faculty, and administrative personnel at the institution.
- CSEQ Norms developed based on 87,855 undergraduate students from 131 colleges and universities who completed the survey between 1998 and 2002

Engagement Results

Scale	Mean	Normed Mean	T-score (p-value) 95% CI	ES
Experiences with Faculty	21.77 (±6.90)	21.55	.71 (p=.48) -.4 - .84	
Campus Facilities	14.91 (±4.73)	17.74	-13.16 (p<.001) -3.25 - -2.41	.60
Clubs and Organizations	8.52 (±4.00)	9.24	-4.00 (p<.001) -1.07 - -.37	.18

Salzer, 2012, The Journal of American College Health.

Satisfaction and Relationship Results

Scale	Mean	Normed Mean	T-score (p-value) 95% CI	ES
Satisfaction	5.99 (±1.63)	6.31	-4.41 (p<.001) -.47 - -.18	.20
Relationship with Students	4.13 (±1.74)	5.63	-19.23 (p<.001) -1.65 - -1.35	.86
Relationship with Administration	4.09 (±1.78)	4.77	-8.62 (p<.001) -.84 - -.53	.38
Relationship with Faculty	4.81 (±1.71)	5.30	-6.51 (p<.001) -.64 - -.35	.29

Salzer, 2012, The Journal of American College Health.

Major Barrier: Perceived Discrimination Affects Engagement

- 133 out of 477 (28%) reported that they feel others treat them differently because they have a mental illness
“Most of the time”
 - 235 (49%) reported “Sometimes”
- Those reporting “Most of the time”
 - Used campus facilities less than the other students
 - Had much less satisfaction with their college
 - Had poorer relationships with faculty, administration, and especially other students

Strategies for Promoting Educational Opportunities

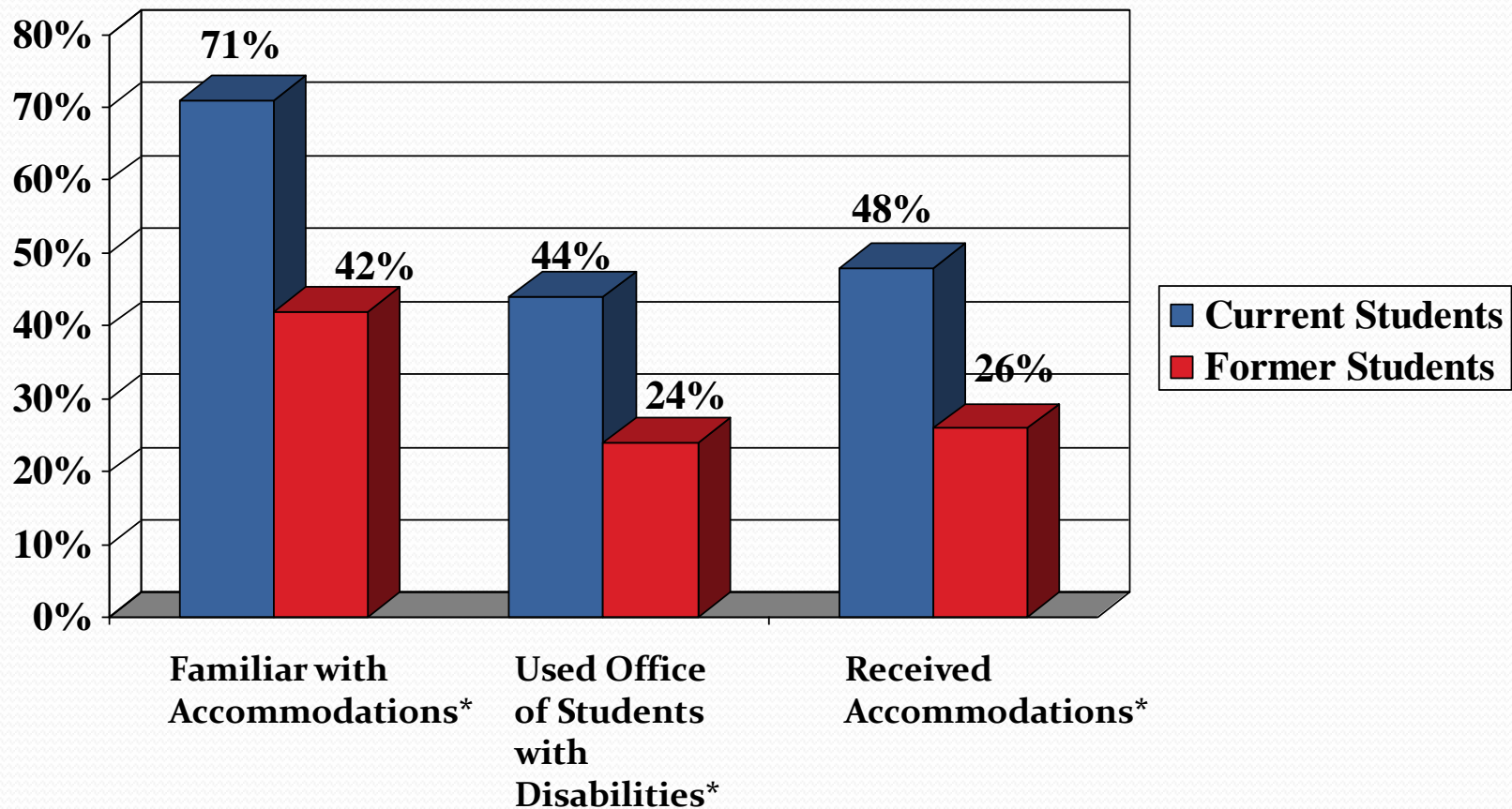
Applying Social Model of Disability to Promotion of Educational Opportunities

- Paradigm shift in views about disability
 - Individual Model of Disability: “Disability” is something inherent within an individual
 - Social Model of Disability: “Disability” results from a person-environment interaction that reduces opportunities for people to live like everyone else
- Reduce “disability” and increase opportunity by
 - Reducing and eliminating environmental barriers
 - Making individualized supports readily available

Addressing Barriers

- Availability of effective supports
- Addressing discrimination on campuses
- Addressing barriers within agencies

Current Students More Likely to Know and Seek Academic Accommodations



* $p < .001$

Salzer et al., 2008, Psychiatric Services

Broadening Supports offered by Campus Disability Services Offices

Assignments Accommodations	Total Used Accom %	Very or Extremely Helpful %
Substitute assignments in specific circumstances	9.4	73.9
Advance notice of assignments	14.5	66.7
Permission to submit assignments handwritten rather than typed	5.5	74.1
Written assignments instead of oral presentations, or vice versa	7.1	78.8
Assignments completed in dramatic formats (i.e. role-play)	8.3	61.0
Assignment assistance during hospitalization	6.8	63.6
Extended time to complete assignments	44.5	77.0

Classroom Accommodations	Total Used Accomm. %	Very or Extremely Helpful %
Modified or preferential seating arrangements	19.1	80.6
Beverages permitted in class	29.4	62.1
Prearranged or frequent breaks	16.1	58.8
Use of a tape recorder	31.2	53.0
Assigned classmate as a volunteer assistant	5.0	50.0
Notetaker or photocopy of another's notes	21.9	59.8
Early availability of syllabus and textbooks	14.4	69.0
Availability of course materials (lectures, handouts) on disk	12.1	72.4
Private feedback on academic performance	30.7	64.6
Tutoring in course materials	24.4	59.0
Private one-on-one meetings with a teacher	46.4	66.5

Grading Accommodations	Total Used Accom %	Very or Extremely Helpful %
Exams in alternate format	9.0	58.1
Use of adaptive computer software	6.9	45.5
Extended time for test taking	29.4	74.8
Exam individually proctored, including in the hospital	9.3	80.9
Exam in a separate, quiet, and non-distracting room	25.4	77.6
Increased frequency of exams	3.9	45.0
Provision of Incomplete (I) grade rather than a Failure (F) if relapse occurred	29.6	82.5

Raising Awareness of Rights and Accommodations

- Many students do not know about the availability of accommodations and campus supports (30% in my survey)
 - Significant literature on various effective strategies for raising awareness of accommodations
- Many students still do not use accommodations (60% in my survey)
 - Increase awareness of disability office staff about the types of supports desired by students with psychiatric disabilities
 - Need to ensure that formal supports are available that meet unique needs
 - Additional training and suggestions for faculty to provide informal supports

Increasing Availability of Supported Education

- Supported Education as an emerging best practice
 - 1) Regular individual contacts with a supported education specialist - the number of contacts being determined by the participant
 - Phone and email; could just be bi-weekly check-ins
 - 2) Academic adjustment services: accommodations education, interpersonal skill building, assistive technology, full campus orientation to services and resources, accompaniment to campus-based or community-based resources, services, and meetings, ongoing goal clarification, connection to vocational supports, ongoing school logistical aspects such as financial aid, bursar, registration, assistance with drop-out, re-entry process
 - 3) Academic emergency plan: implemented if the student experiences psychiatric problems that may affect their academic performance
 - 4) Staff availability to join the student, at his/her request, in meetings with professors, family, or others who are critical to the student's academic success.
- Not “case” management
- Current research has found supported education to be associated with increased enrollment, retention, completion, and employment outcomes

Involving Others in Support Process: Circles of Support Approach

Support	% Very/Extremely Valuable
Family	36%
Friends	35%
Teacher/Professor	30%
Psychologist/Psychiatrist	38%
Rehabilitation Services	12% (47% reported “Does not apply”)
On-campus MH services	14% (34% reported “Does not apply”)

Addressing Barriers: Availability heuristic and other cognitive biases

- 50% of students requiring special attention on a college campus have a mental illness. How representative are these students of all students with a serious mental illness?
 - Lets say your campus has 36,000 students.
 - Lets say 100 students require special attention every year and 50 of these are determined to have a serious mental illness
 - If we used the 5% figure for a "serious mental illness" than we would expect to have 1800 students with these illnesses on campus.
 - This means that special attention needs to be paid to less than 3% ($50/1800$) of all students with a serious mental illness.
 - While a large percentage of students requiring special attention may have a serious mental illness, the overwhelming majority of those with a serious mental illness do not require special attention
- Major disruptions in the classroom are associated with the behavior of one faculty member with a mental illness. How representative is this person of all faculty who likely have a serious mental illness?
 - Lets say your campus has 2000 full- and part-time faculty at Temple.
 - Using the 5% figure for those faculty who might have a "serious mental illness" than we would expect 100 faculty to have one of these mental illnesses.
 - The behavior of this one faculty member would represent approximately 1% of all faculty who have one of these serious mental illnesses.
 - The behavior of this one individual is rare for faculty with mental illnesses.

Addressing Belief Barriers

- Colleges weary of doing too much to support students with psychiatric disabilities
 - Fearful of the need to “water down” curriculum
 - **Not necessary**
 - Fearful of attracting more students with psychiatric disabilities thereby requiring even more support resources
 - **Already on campus, in abundance**
 - **Less costly to adopt a preventive approach that involves a full-range of supports than costs of disciplinary procedures and campus disruptions**
 - **Having students with psychiatric disabilities (and other disabilities) is morally and ethically responsible**

Addressing Barriers

- Prejudice and discrimination on college campuses
 - About 30% don't seek accommodations due to this fear and almost 40% report challenges when obtaining them
 - Involuntary withdrawals and other actions may drive students away from seeking supports
 - Students not admitted if they disclose having a mental illness
- Solutions
 - **Bazon Model Education Policy**
(<http://www.bazon.org/pdf/SupportingStudents.pdf>)
 - Support development of student organizations promoting full inclusion of students with psychiatric disabilities (e.g., Active Minds)
 - Student/Family advocacy organizations to address discrimination and change policies

Addressing Barriers in Mental Health System

- Mental health providers lack of encouragement or active discouragement
 - Creating a “Supporting Career for all” environment
- Use of segregated educational approaches (i.e., closed classrooms)
 - Adopting community inclusion orientation involving engaging persons in mainstream postsecondary settings
- Education viewed as a hobby/leisure activity
 - Promoting the pursuit of courses that lead to degrees in meaningful, self-determined career areas as an attainable and desirable activity