Supported Education as a Career Pathway Strategy into the Mental Health Workforce for Individuals with a Psychiatric Disability

A Project of
San Mateo County Behavioral Health and Recovery Services

By
Inspired at Work
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Executive Summary

This study reviews the educational and vocational outcomes of students with psychiatric disabilities who have participated in the Supported Education Program at the College of San Mateo. This program is an exemplary model of collaboration between the Disabled Students Program, San Mateo County Behavioral Health and Recovery Services, community rehabilitation agencies and partners. Data from the College of San Mateo from the summer of 1991 through the fall of 2007 show that:

- 1,230 students registered and enrolled in the Transition to College program.
- 927 individuals have successfully completed at least one course, with a total of 1,478 courses completed by this cohort.
- The program achieved a 75% retention rate.
- 8.6% of all individuals receiving Human Services Certificates were Transition to College students.

The retention rate of 75% for the entire cohort far exceeds the research data which states that the retention rate for this population is 14%. In fact a 75% retention rate matches and exceeds the rate for the general population of community college students. The data regarding the use of supports and educational achievement strongly demonstrates that both DSP services and Supported Education services have a positive effect on the level of achievement. There is a strong relationship between the ability to complete a certificate program and the use of supports. An especially exciting finding was that the use peer support groups seemed to increase the ability of students to complete both the Peer Support Worker Certificate and Family Development Certificate.

The quality of life data, while limited to a single choice response, is quite remarkable. It points to the de-stigmatizing effect that changing ones status from a
mental health client to a college student or an employee can have. For this group at least, their perceived quality of life dramatically changed once they became students and/or employees. Additionally, they maintained their improved quality of life outcomes whether or not they were in school or employed at the time of the survey.

The employment data is especially interesting from a mental health workforce development perspective. While just over half of the study group were employed at the time of the survey, the majority of those, 69%, were employed in mental health settings.
Introduction

Supported Education is a psychosocial rehabilitation practice that assists students with psychiatric disabilities to achieve educational goals. It is one of a set of evidence-based practices developed over the last twenty years that includes: Supported Employment, Dual Diagnosis Treatment, Assertive Community Treatment, Treatment for Post Traumatic Stress Disorder and Family Psycho-education, (Corrigan et al, 2001).

Psychosocial Rehabilitation services seek to assist individuals with a psychiatric disability to develop supports and resources necessary to obtain or regain a meaningful life. Supported Education services are specifically designed to assist individuals living with a psychiatric disorder to successfully achieve educational goals through the provision of specialized supports (Murphy, Mullen & Spagnolo, (2005).

Understanding the use of formal and informal supports and their effectiveness is crucial to assist consumers to complete their educational goals and enter the workforce. Some studies have evaluated Disabled Student Program supports and have found limited use by students with psychiatric disabilities. According to Salzer, Wick and Rogers, (2008) very little is known about the familiarity with, the use of and the effectiveness of the supports used by students through the disabled student programs, (DSP). Salzer et.al (2008) found that for former students the number one reason (58%) for not receiving support services through DSP was a lack of awareness of the program. The most common reason given by current students (48%) was that they did not need them. The study found that while there is an increased awareness of available formal supports on
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campus, the majority of students in this study received informal supports, generally from an instructor.

Supported Education programs link with DSP services but go beyond those services to provide additional needed supports. There is very little research on the effectiveness of specific supports for these students. Understanding which supports prove effective in educational retention is crucial to offering students the ability to complete educational goals as a career pathway. It is well documented that students with psychiatric disabilities have a college drop-out rate of approximately 86% versus the general population student drop out rate of approximately 37%, (Kessler et al., 1995).

As educational success is generally linked with employment success, a major component of Supported Education is to enable students to successfully complete educational goals as a means to meaningful employment. According to Unger (1993), post-secondary education is generally considered a prerequisite to professional or skilled jobs and earnings and benefits are higher for those with higher educational levels. People with a psychiatric diagnosis often have their college life disrupted with the onset of a mental illness and leave post-secondary education prior to completion. Since employment is often linked to the level of education achieved, individuals with a psychiatric disability generally live well below the poverty level and often receive governmental aid to support themselves.

Studies have shown that people with a psychiatric disorder experience unemployment rates at between 61%-90%, (Crowther, Marshall, Bond & Huxley 2001) and (Marwaha & Johnson, 2004). For individuals who have psychiatric disabilities,
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Supported Education provides the supports necessary to make use of the academic and personal advancement opportunities afforded at higher educational institutions. This study will evaluate Supported Education including DSP services and the effect they have on educational retention as a workforce strategy for individuals with a psychiatric disability wishing to enter the mental health workforce. The study will evaluate supports used, academic achievement, quality of life and employment outcomes.

Program Background

Transition to College is an onsite program model conducted as a partnership between San Mateo County Behavioral Health and Recovery Services, the San Mateo County Community College District at the College of San Mateo (CSM) and Caminar, a community based organization providing psychosocial rehabilitation services. An additional and important piece of the collaboration is the Community Rehabilitation Coalition, a consortium of mental health agencies, college representatives, consumers, family members, county mental health staff, the department of rehabilitation and other rehabilitation/recovery service providers who pool resources, disseminate information and provide in-kind services as needed to support the program.

The primary emphasis of the program is to provide the necessary supports to enable individuals with a psychiatric disability to pursue higher education as a recovery option in their lives. The program also provides vocational preparation for students wishing to work in mental health settings as peer counselors. Vocationally-oriented certificates were added with the development of the Human Services Certificate Program at the College of San Mateo. These include:

- Human Services
- Family Development
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Peer Support
Psychosocial Rehabilitation
Community Health Worker

The Transition to College program was funded in 1991 through a grant from the Chancellor’s Office to identify the needs of students with psychiatric disabilities and is now funded through Behavioral Health and Recovery Services. The program has grown and evolved over the years, with the main program elements consisting of:

- Peer support on campus
- Full integration and collaboration with Disabled Students Program and other community college supports on campus
- Educational accommodations including assistance with registration, financial aid, test-taking accommodations, tape recorders in class, etc.
- The provision of supports and education to faculty
- Educational case management
- Special emphasis career instruction. These are classes that are designed to provide a supportive environment, are taught by instructors/peers with mental health experience, and are skill-based. At CSM, these classes are:
  - Introduction to Peer Mentoring
  - Advanced Peer Mentoring
  - Wellness Planning for Career Growth (based on Mary Ellen Copeland’s Wellness Recovery Action Plan)
  - Transition to College (a re-entry to college course)
  - Special emphasis courses for college-aged Transition Age Youth

Methods

Data on the entire cohort of students was collected from the College of San Mateo on those students who were enrolled in special emphasis career classes, which by definition enrolled them into the supported education program, from the summer of 1991 through the fall of 2007. This data gave us the ability to identify total number of students, retention rate, certifications received and total number of courses completed. A cross sectional study was conducted to evaluate the relationship between attendance in the program, supports used and employment outcomes.
Specifically, the study was designed to determine whether students who attended the program were able to obtain employment in mental health settings. An additional interest of the study was how attending college and obtaining employment affects the quality of life of individuals with a psychiatric disability.

A questionnaire was developed and administered (appendix one) to gather data on a number of variables including demographics, educational supports and successes as well as employment information and quality of life indicators. In order to attract participants, a flyer was distributed to locations where students are known to congregate. A $5.00 Starbucks gift card was offered as an incentive. Participants voluntarily self-selected whether to participate in the study. A voice-mail only phone number was used for contact. Students who called the number were asked to leave their contact information for a call back to schedule an in-person or phone interview. Interviewers returned calls and scheduled appointments for the interview. Additionally, researchers attended two community events for individuals with psychiatric disabilities - a picnic and the graduation ceremony for the Transition to College Program. Participants were asked to answer the survey questions while the researcher completed the questionnaire. The study group consists of 89 Transition to College students. Subjects included students that attended the program in 1991 as well as students that had just completed their first course in the fall of 2007.

**Program Outcomes**
Data from the College of San Mateo from the summer of 1991 through the fall of 2007 show that:

- 1,230 students registered and enrolled in the Transition to College program.
- 927 individuals have successfully completed at least one course, with a total of 1,478 courses completed by this cohort.
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- The program achieved a 75% retention rate.
- 8.6% of all individuals receiving Human Services Certificates were Transition to College students.

**Study Results**

**Student Demographics**

The average age of the study group at the time of the survey was 47 years. When age was corrected for age at the time of the first course, the average age remained high at 40. In terms of gender, 47% of the respondents were female while 53% were male. Regarding ethnicity, 64% of the study group reported their ethnicity as Caucasian, 10% African American, 8% Asian, 7% as Latino, and 8% other (see table 1).

**Employment Outcomes**

**Rate of Employment**

Findings show that 51% of the study group was employed at the time of the interview and that 69% of those were employed in mental health settings as peer providers.

**Employment and Quality of Life**

Study participants were asked about their quality of life as a result of becoming employed. Overwhelmingly, students reported that their quality of life had improved on all of the domains. The survey question was stated in a yes or no format and was phrased as, “Being employed has”:

<table>
<thead>
<tr>
<th></th>
<th>Improved my economic status</th>
<th>Increased my number of friends</th>
<th>Improved my self esteem</th>
<th>Aided in my personal Recovery</th>
<th>Helped me to be a part of my community</th>
<th>Given me more respect from family and friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>84%</td>
<td>80%</td>
<td>92%</td>
<td>84%</td>
<td>82%</td>
<td>85%</td>
</tr>
<tr>
<td>No</td>
<td>16%</td>
<td>20%</td>
<td>8%</td>
<td>16%</td>
<td>18%</td>
<td>15%</td>
</tr>
</tbody>
</table>
Personal Recovery

Study results found that there was a significant relationship between employment and the belief that employment aided in personal recovery. Those that were employed more frequently reported that employment had aided in their personal recovery.

Community Integration

Results showed that employed individuals reported that they felt a part of their community more often than those that were not employed.

Economic Status

A cross tabulation of improvement in economic status and gender revealed a significant difference between men and women. The majority of the respondents who reported that their economic status had not improved as a result of employment, (16%) were male.

Barriers to Employment

When queried about the barriers to employment, the vast majority reported barriers related to symptoms and stress. The full results are as follows:

<table>
<thead>
<tr>
<th>Mental health symptoms</th>
<th>Current life stressors</th>
<th>No jobs available in mental health</th>
<th>Concerns about loss of benefits</th>
<th>Concerns about ability to handle job stress</th>
<th>Writing skills</th>
<th>Discomfort in the work place</th>
<th>Not enough support on the job</th>
<th>Not enough Job placement assistance</th>
<th>Jobs hours not flexible enough</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>72%</td>
<td>65%</td>
<td>15%</td>
<td>42%</td>
<td>71%</td>
<td>31%</td>
<td>42%</td>
<td>35%</td>
<td>22%</td>
<td>26%</td>
<td>29%</td>
</tr>
</tbody>
</table>

Educational Outcomes

Achievement

41% of the study group earned at least one Human Services Certificate and 37 individuals in the study group earned a total of 72 certificates.
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Education and Quality of Life

When asked about how the quality of life had been affected by attending college courses, respondents overwhelming stated that the quality of life had improved across all domains. Subjects responded yes or no to, “Taking college course has”:

<table>
<thead>
<tr>
<th></th>
<th>Increased my number of friends</th>
<th>Improved my self esteem</th>
<th>Aided in my personal Recovery</th>
<th>Helped me to be a part of my community</th>
<th>Given me more respect from family and friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>89%</td>
<td>96%</td>
<td>93%</td>
<td>90%</td>
<td>83%</td>
</tr>
<tr>
<td>No</td>
<td>9%</td>
<td>4%</td>
<td>7%</td>
<td>10%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Supports Used

When asked about the supports used while attending courses, 90% stated that they had used Transition to College service, while 70% stated that they had used Disabled Student Services. When asked about the specific types of services used the responses were as follows:

<table>
<thead>
<tr>
<th>Peer Support Groups</th>
<th>Assistance with registration</th>
<th>Test-taking accommodations</th>
<th>Financial Aid assistance</th>
<th>Note taker</th>
<th>Tape Recorder</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34%</td>
<td>62%</td>
<td>28%</td>
<td>65%</td>
<td>11%</td>
<td>21%</td>
</tr>
</tbody>
</table>

The “other” responses included books on tape, transportation, study hall tutor, EOPS, Psychological Services counselor, and instructor support.
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**DSP Supports**

Results show that utilization of DSP services in general had a significant relationship to the achievement of a Human Services Certificate. There also was a finding of significance for use of DSP services and achievement of a Peer Counseling Certificate.

**Transition to College Supports**

Results show a significant relationship between the use of Transition to College supports generally and the achievement of a Peer Counseling Certificate.

**Peer Support Groups**

Results show a significant relationship between the use of peer support groups and the achievement of a Peer Counseling Certificate. Peer support groups also had a significant relationship to the achievement of a Family Development Certificate.

**Other Services**

The study also found a relationship between the use of “other services” and the achievement of a Psychosocial Rehabilitation Certificate. There also was a relationship between achievement of “Other” Certificates and “Other” services.

**Conclusion**

The collaboration of supports provided by DSP and the Supported Education program appear to have been very successful on many levels. First, a retention rate of 75% for the entire cohort far exceeds the research data which states that the retention rate for this population is 14%. In fact a 75% retention rate matches and exceeds the rate for the general population of community college students.

The data regarding the use of supports and educational achievement strongly demonstrates that both DSP services and Supported Education services have a positive
effect on the level of achievement. There is a strong relationship between the ability to complete a certificate program and the use of supports. An especially exciting finding was that the use of peer support groups seemed to increase the ability of students to complete both the Peer Support Worker Certificate and Family Development Certificate. More investigation is needed to better define the research on the individual support activities that have a positive effect on the level of achievement. There is some question about whether all types of support used are clearly represented as the survey instrument itself did not clearly delineate between DSP services and the Supported Education services. For example, all students enrolled in the specialized courses would have received services from the Transition to College program as the instructors are either mental health professionals skilled at teaching or instructors with mental health knowledge. There seemed to be a lack of distinction on the part of the student as to whether they were receiving DSP services or Transition to College services. This is a positive indicator of the depth and quality of collaboration between the two service programs. The survey also left off some significant supported education services as options.

The quality of life data, while limited to a single choice response, is quite remarkable. It points to the de-stigmatizing effect that changing ones status from a mental health client to a college student or an employee can have. For this group at least, their perceived quality of life dramatically changed once they became students and/or employees. Additionally, they maintained their improved quality of life outcomes whether or not they were in school or employed at the time of the survey.
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The employment data is especially interesting from a mental health workforce development perspective. It was the general belief that these students, while qualified by virtue of their education, were not employed in large numbers due to a lack of job availability. The findings indicate that for this cohort of eighty-nine research participants, lack of jobs in mental health is not an issue. While just over half of the study group were employed at the time of the survey, the majority of those, 69%, were employed in mental health settings. Even more striking is that the respondents reported that barriers to work were not employment related, but were related to mental health symptoms and life stressors. This data suggests that for this population of students, a greater emphasis on stress management and symptom management would be beneficial to employment outcomes.

Further investigation is required to determine the quality and level of employment of the study group. Issues such as job title, part or full-time status, benefits and level of pay need to be evaluated. The actual number of positions within mental health settings in the local area has not been calculated, but general observation indicates that there are a modest number of consumer positions available in San Mateo County. Researchers note that many of the jobs held by the study group are part-time and some are as few as four hours per week. Although nearly half of the study group reported being employed, further research is needed to evaluate the level of employment and whether or not it is meeting the needs of consumers and their lifetime employment options.
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The researchers would like to acknowledge the following people for their support and assistance with this study, and particularly their efforts on behalf of students with psychiatric disabilities:

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Community Rehabilitation Coalition
Appendix One Survey

College of San Mateo
San Mateo County Mental Health
Education and Employment Questionnaire

GENERAL INFORMATION

Name ______________________________________________________________

Date of Birth ______________________________________________________

Male ☐ Female ☐

Ethnicity
☐ African American/Black
☐ Asian
☐ Caucasian
☐ Latino
☐ Pacific Islander
☐ Filipino
☐ Other/Declined to comment

EDUCATION

Class Completions
☐ CRER 140 Introduction to Peer Counseling
☐ CRER 142 Advanced Peer Counseling
☐ CRER 138 Wellness Planning for Career Growth (symptom management)
☐ CRER 879 Transition to College
☐ Psych 108 TAY Psychology in Practice
☐ CRER 880 TAY Skills Class
☐ CRER 641 Co-op (work/internship class)

Human Services Certificate Completions
☐ Human Services
☐ Peer Counseling
☐ Family Development
☐ Psychosocial Rehabilitation
☐ Community Health Worker
☐ Other

☐ AA Degree ________________________________ ________________________
<table>
<thead>
<tr>
<th>Type of Degree</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA Degree</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for taking courses**
- [ ] Re-entry to college
- [ ] Self-improvement
- [ ] To get a job

**Coursework sponsored by employer?** [ ] Yes [ ] No

**Used services provided by Transition to College?** [ ] Yes [ ] No
- [ ] Disability related counseling (DSPS - Disabled Students Programs and Services/Counselors/Advisors)
- [ ] Peer support groups
- [ ] Assistance with registration
- [ ] Test-taking accommodations
- [ ] Financial aid assistance
- [ ] Note taker
- [ ] Tape recorder in class
- [ ] Other

**QUALITY OF LIFE DOMAINS**

**Taking college courses has**
- Increased my number of friends [ ] Yes [ ] No
- Improved my self-esteem [ ] Yes [ ] No
- Aided in my personal recovery [ ] Yes [ ] No
- Helped me to be a part of my community [ ] Yes [ ] No
- Given me more respect from family and friends [ ] Yes [ ] No

**EMPLOYMENT**

**Since taking the courses, have you been employed in the Human Services/Mental Health field?** [ ] Yes [ ] No

**Are you currently employed?** [ ] Yes [ ] No

- Name of employer ____________________________
- Job title ____________________________
- Salary/Pay rate ____________________________
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Benefits  □ Yes  □ No

Hours per week  □ 10 or less □ 11-20 □ 21-30 □ 31- 40

Length of employment____________________________________

Past Employment  (last three jobs)

1. Name of employer __________________________________________

   Job title __________________________________________________

   Salary/Pay rate _____________________________________________

   Benefits  □ Yes  □ No

   Hours per week  □ 10 or less □ 11-20 □ 21-30 □ 31- 40

   Length of employment____________________________________

   Dates of employment ______________________________________

2. Name of employer __________________________________________

   Job title __________________________________________________

   Salary/Pay rate _____________________________________________

   Benefits  □ Yes  □ No

   Hours per week  □ 10 or less □ 11-20 □ 21-30 □ 31- 40

   Length of employment____________________________________

   Dates of employment ______________________________________

3. Name of employer __________________________________________

   Job title __________________________________________________

   Salary/Pay rate _____________________________________________

   Benefits  □ Yes  □ No

   Hours per week  □ 10 or less □ 11-20 □ 21-30 □ 31- 40

   Length of employment____________________________________
Dates of employment ______________________________ _________________

**Employment Supports**
Did you use employment supports or services to get or keep your job?  □ Yes  □ No

- Vocational Rehabilitation Services
- Jobs Plus
- State Department of Rehabilitation
- Adult Education (OICW, Job training program – classes)
- Other

**Types of support/services used**

- Job coach
- Resume and application writing assistance
- Job placement services
- Job support groups
- Vocational assessments

**Barriers to Employment**

- Current mental health symptoms
- Current life stressors (health, family, housing, etc.)
- No jobs available in mental health
- Concern about loss of benefits
- Concerns about ability to handle job stress
- Writing skills
- Did not feel comfortable in the workplace or with other employees
- Not enough support on the job
- Not enough job placement assistance
- Job hours not flexible enough
- Other

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**QUALITY OF LIFE DOMAINS**

**Being employed has**

- Improved my economic status  □ Yes  □ No
- Increased my number of friends  □ Yes  □ No
- Improved my self-esteem  □ Yes  □ No
- Aided in my personal recovery  □ Yes  □ No
- Helped me to be a part of my community  □ Yes  □ No
- Given me more respect from family and friends  □ Yes  □ No
Table One

Ethnicity

- African Amer.: 8%
- Asian: 3%
- Cauc.: 0%
- Latino: 7%
- Pac. Isl.: 10%
- Filipino: 8%
- Other: 8%

64% majority.