Supporting Student Success in Higher Education Beyond the Clinic: The Opportunity for Early Intervention Programs

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The Problem

Educational gaps for individuals diagnosed with psychosis remain significant. Even with specialized supported education components, specialty early intervention in psychosis (EIP) programs have collectively had surprisingly little impact on educational outcomes.¹

OPPORTUNITY

One explanation for the somewhat disappointing findings regarding educational outcomes is that there is only so much a clinical program—even with dedicated supported education and employment services—can do to address the very serious challenges students with early psychosis face in real-world postsecondary institutions. Rather than simply suggesting that early intervention programs need to improve in this area, perhaps the bigger opportunity lies in forging connections and partnerships with colleges and universities, and championing the development of structured supports and services based in postsecondary settings.

“I really and truly believe that my clinicians did everything they could. The problem is that it wasn’t enough...or at least, the things that I experienced on campus were just not right. The stigma, the prejudice, the discrimination...the lack of support. It’s got to change. And that’s going to take more than early intervention services.”
AN ECOLOGICAL SYSTEMS APPROACH TO CHANGE

Similar to the “social model” of disability, an ecological systems approach to student success in higher education removes the focus from individual disability (“the problem is the student and his or her illness”) and instead focuses on the interpersonal, social and institutional forces that can support or obstruct students’ chances of succeeding. An ecological model encourages us to look beyond the types of services that EIP programs can provide to students directly (such as therapy and vocational rehabilitation) and to also consider those services provided outside the clinic, such as: creating a supportive community of university students (student-peers); offering opportunities to fully engage in campus life; and providing committed academic mentors. Postsecondary institutions are also in a position to support structured services that mental health clinics cannot offer, such as: formal academic support or mentoring programs; professional leadership development; internships; and policies that help to ensure a campus community that fully supports the success of students with early psychosis.

Figure 1. Ecological Model of Student Support

- Structured academic supports
- Structured professional leadership development
- Psychosis-affirming campus environment
- Policies that support full inclusion & actively target educational gaps

- Academic or vocational mentors
- Support from other students
- Full inclusion in campus social life
- Extracurricular involvement

- Clinical Services (EIP)
- Vocational Rehabilitation (EIP)
- Disability Services (Campus)
Forging Connections, Supporting Campus Change

In general, campus–EIP linkage and collaboration remains an under-developed policy and practice area. A few key recommendations for further exploration and development include:

- **EIP program involvement** in campus-based mental health and wellness awareness, stigma reduction, and student support events and trainings, including the development of trainings that help educate college students not just to detect early signs and symptoms in a friend, but also to provide such individuals with ongoing, sustained friendship and support;

- **Formal partnerships** with local colleges and universities, potentially including the collaborative development of university-based programs designed to better meet the needs of students with psychosis, such as more specialized accommodation services;

- **Assistance developing a robust referral network for students** requesting (or in need of) off-campus treatment, and providing evaluations for students identified as “at risk;”

- **Influencing and supporting campus emergency plans and threat assessment team development and policy** and helping ensure that existing policies focus on tangible risk and do not unfairly discriminate against or marginalize students with psychosis;

- **Advocacy for systems change** efforts based in campus settings—for example, campaigning for institutional programs that seek to increase the number of graduates with psychosis and other significant psychiatric disabilities; and

- **Helping disseminate the Back to School Toolkits** and similar resources to students, families and campus staff and administration.

Summary

A core goal of early intervention in psychosis (EIP) programs and services is the full community integration of young people with recent onset psychosis. Full integration, however, is less a matter of “fixing” the individual client, than ensuring that the people, communities, institutions and social systems in which they are embedded and interact have the capacity to accept, encourage and support them. To achieve this goal, EIP services need to look beyond individual intervention and forge creative, ‘big picture’ partnerships with schools, internship and training programs, and prospective employers.

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