



ISSN 2278 – 0211 (Online)

Educational Counselling for Students with Mental Disorders

Sangeeta Kamath

Faculty, Department of Psychology, Ramnivas Ruia Junior College, Maharashtra, India

Dr. Anuradha Sovani

Professor and Head, Department of Psychology, SNDT University, Maharashtra, India

Abstract:

Education is one of the stressful life events for adolescents. This stress increases for those who are suffering from different mental disorders. A prospective study of 31 students suffering from different mental disorders from the educational institutions for the past 3 years was undertaken. These students were followed up for the entire academic year by the college counsellors. Results suggest that systematic intervention with co-ordination between teachers and counsellors play an important role in improving the academic adjustment and performance of students with different mental disorders.

Keywords: Educational counselling, supported education, educational stress

1. Introduction

Education is considered as one of the stressful events in the life of school going children and adolescents. The college years of an adolescent involve a combination of positive as well as negative events. The events that create stress in adolescents ranges from academic pressure to injury and illness (Roscoe, 1987). They experience a number of difficulties and problems, but also a number of opportunities which helps the adolescent to grow and develop. The way in which a college student adjusts to the college life determines how much he or she will gain from the college experience. Those adolescents who perceive the difficulties as challenges experience these difficulties as producing eustress and then it enhances rather than producing deterioration in their academic achievement (Whitman et. al. 1984, 1986). Positive stress can be very helpful in motivating a student to peak performance. Yet too much stress can interfere with preparation, concentration and performance.

One common difficulty with academic performance is the fear of failure and fear of success. Fear of failure is common to most of the students. To fall short of one's own or other's expectations in school is a threat to academic or career prospects, disapproval, rejection, humiliation, guilt, chagrin and a blow to self-esteem. Extreme fear of failure can create unnecessary emotional and physical distress.

These educational problems increase when an individual suffers from mental disorders. Mental health problems are more common among students than the general population. Some of the main problems affecting students are – Depression, Bipolar disorder, Eating disorders, Schizophrenia and Drugs. These disorders affect students, peers and also the educational environment. Vulnerable students might need higher levels of support in order to achieve their potential. People with major psychiatric disorders such as Major Depression and Schizophrenia appear to be less represented in student population. This is because of the high drop out rate of students with these disorders

Any mental illness affects the student's career in 3 different ways ---

It reduces the performance of the student ---Symptoms of anxiety and depression with associated poor concentration can lead to delay in completing assignments. It also produced underachievement in examination.

Delays in the completion of education --- A student may take 3 to 6 months or more to recover from mental disorders such as acute depression or manic or psychotic episode. Schizophrenia may take even more long time to make a student completely capable of resuming studies. Due to this they may have a long break in their education and so may take a longer duration to complete educational courses.

Dropping out of higher education --- With chronic illnesses such as schizophrenia and severe OCD, students may be unable to complete the course (Waghorn et al., 2004; Crissey 2004). The negative symptoms of schizophrenia may produce difficulties in coping up with the demands of education. OCD with its preoccupation with the obsessions and compulsions results in difficulties in finding time to study.

Substance Abuse, Violence and emotional disturbances interferes with the ability of children to learn and the abilities of a school to handle children with such difficulties. Students who are under the influence of alcohol or other drugs do not find school life and education interesting enough and hence are unable to devote their full attention to education. The impact of these disturbances is so severe that it can even interfere with the basic academic skills like that of reading (Ramsey et al., 2007) and writing. Some students with psychological disturbances are found to struggle even with basic reading and writing skills. The symptoms of depression affect even higher mental and psychological abilities like memory (Osborn and Meador, 1990). Studies show that students with mental and behavioural disabilities perform academically one or two years lower than their educational level. They show lower graduation rate and higher rate of failure.

These educational problems resulting from the mental disorders can be managed through appropriate intervention strategies. Providing mental health services in schools can help to remove emotional and behavioural barriers to learning and thereby enhance student's potential for academic success. It can also reduce the stress experienced by student's suffering from mental disorders. This kind of educational support is called as Supported Education, which is defined as "A specific type of intervention that provides supports and other assistance for persons with psychiatric disabilities for access, enrollment, retention and success in postsecondary education" (Collins and Mowbray, 2005). Such support may be offered either by the educational institution or by a mental health agency. It may be offered either individually or to a group of individuals, in form of group counseling (Collins and Mowbray, 2005). Studies with Supported education suggests an increase in educational activity (Cook and Soloman, 1993; Unger et al., 1991, Best et al., 2008) and also self-esteem (Cook and Soloman, 1993; Unger et al., 1991) and coping abilities (Cook and Soloman, 1993). It is also found to reduce hospitalization (Unger et. al, 1991).

Some of the help needed by students with mental disorders includes stress management skills, personal support, and help coordinating mental health and educational services. Other problems which require help in continuing education included: help with memory; help with whether to disclose their mental illness; help accessing the disability support office; help with stigma, and help with substance abuse issues (Corrigan et al., 2008).

Provision of such facility can be possible by making schools a Health Promoting School. WHO has defined a Health Promoting school as –'A school that constantly strengthens its capacity as a health setting for living, learning and working and which fosters health and learning with all measure at its disposal.'

In order to make an educational institution a Health Promoting School, it should provide interventions not only for physical illnesses but also for mental illnesses. Interventions for psychological disturbances may be classified into two broad categories. One category of intervention involves putting in efforts to prevent the negative behavior from occurring. This is called as Primary prevention and focuses on eliminating the problem before it occurs. Another category of intervention involves taking measures to reduce the effects of problem that has already occurred, which is called as Secondary intervention.

Primary prevention is further classified into primary enhancement and secondary enhancement. Primary enhancement aims at improving the functioning and well-being among individuals, while secondary enhancement involves going still further and bringing about the peak experiences of well-being among individuals.

This kind of supportive education requires a collaborative approach, involving the teachers, parents and the counsellors. A teacher, who is in close contact with the student, can play an important role in identifying the problems of the student. This can facilitate early diagnosis and speedy interventions for the different problems faced by students with mental disorder. Parents can play an important role in taking care of the absenteeism and giving the necessary reinforcement and encouragement. Counsellors in a college can play a vital role in this situation. They can take measures to screen students for mental disorders, so that early diagnosis of mental disorders would result in early treatment. They can also help in the rehabilitation process so that after the student resumes back, adjustment to the studies, learning process, peer group and college environment can be made a smoother process. Counsellors can also help in the continuous monitoring of the illness and in facilitation of follow-up with the medical treatment. Thus a counsellor in an educational institution can help in the monitoring of mental illness among students and also in improving the treatment and in facilitating the well-being of students with mental disorders. They can bring about primary as well as secondary intervention and through these measures it can reduced the stress experienced by students with mental disorders.

Thus individuals suffering from various mental disorders face greater problems in the educational progress and so there is a need for intervention, especially in preventive form. The following study was undertaken to study the effectiveness of continuous monitoring of the students suffering from mental disabilities on psychological and educational problems.

2. Objective

This study was undertaken with the following objective

- To understand the psychological and educational problems experienced by college students suffering from different mental disorders.
- To study the role played by a continuous behavioural monitoring of students suffering from different mental disorders.

3. Methodology

- SAMPLE – All students who approached the counsellor of the educational institution or those referred by the teachers in the three years of the study, were included in the study.
- DESIGN-A prospective study was conducted to understand the problems faced by the sample

4. Procedure

The students from the educational institution who approached the college counsellors and were diagnosed as suffering from different mental disorders were followed up for the entire academic year through weekly counselling sessions. They were referred to psychiatrist for biological treatment. However there was a continuous monitoring by the counsellors about compliance of the medical treatment and for the various psychological and educational problems. Necessary interventions were undertaken in order to deal with the different problems, as and when it appeared. These educational progress (in terms of being able to pass the exams) and educational problems faced by these students were observed.

5. Results and Discussion

In all of the 326 students who approached the counselling centre of the institution, 31 students were identified by the counsellors and the psychiatrists as suffering from different mental disorders. The disorders found among these students were schizophrenia (16), Anxiety disorder (06) and Personality disorders (09).

All of the individuals suffering from schizophrenia were referred to the counsellors by the teachers after encountering some educational problems in these students. The most common reasons for referring to the counsellors were – anxiety symptoms and depressive symptoms that the teachers were unable to handle by themselves. The individuals diagnosed as anxiety disorders approached the counsellors on their own due to underachievement, while those with Personality disorders (Antisocial Personality disorder and Borderline Personality Disorder) were either referred by the teachers or parents due to difficulties in controlling and managing the student's behaviour.

Although these students were affected by the general academic stressors, some of the important stressors identified among these students were ---difficulties in concentration, difficulties in fulfilling the requirements of education like the completion of projects, difficulties in understanding the matter taught, difficulties in managing during the exams. Those suffering from schizophrenia experienced most of these stressors while those suffering from anxiety disorders prominently experienced difficulties managing during the exam time, while those with Antisocial Personality disorder has major difficulties in completing the projects and with timely submissions.

The intervention for the different disorders varied, depending upon the symptoms and the disorder. The different intervention strategies used were --- Biological intervention through referral to psychiatrist, Supportive therapy and Cognitive-Behavioural therapy, as required by the different symptoms.

The use of Supportive therapy in form of helping them to accept the nature of their symptoms and the acceptance of medical treatment was very useful throughout the academic year. There was a need to intensify the support during the pre-examination period to enable these students to deal with the examination stress. During this period it was also essential to inform them of effective study habits such as organization of the study material and use of method of recitation and continuous effective revisions.

Cognitive-Behavioural Therapy was used whenever there were irrational thoughts among these students, which resulted to negative and unproductive emotions such as anger, anxiety or depression. Some of the important irrational thoughts experienced by these students were –

- After studying a topic thoroughly, I should be able to remember it anywhere and anytime I want to.
- I should be able to concentrate as well as I use to before the development of the mental disorder.
- I should be able to do as well in my performance as before.

Supportively helping these students to confront these thoughts was useful in helping them to reduce the intensity of the emotional disturbances resulting from these thoughts.

The Behavioural techniques were used to develop good academic behaviour and effective study habits. They were in form of praise and encouragement for regular study with distributive practice and for regularity in attendance.

28 out of the 31 of these students completed the academic year with successful completion of the academic expectations. 3 out of them were unable to complete the academic session on the first attempt since the onset of the disorder was close to the examination period. All these students were diagnosed as suffering from schizophrenia. Thus continuous monitoring may be said to be important in dealing with the educational problems faced by individuals with mental disorders. Such monitoring perhaps helps in timely diagnosis and intervention of the different problems that develops intermittently in adolescents suffering from mental disorders. This makes the adolescent more capable of handling the problems in a competent manner.

Similar beneficial effects of supported education were found in other studies by Cook and Soloman (1993) and Ungler et. al. (1991). Study by Best et al. (2008) used supportive counseling and symptom management strategies. This included techniques like in-class; goal-setting and vocational planning; and liaison with clinical care coordinators to provide continuity and support. It also included follow ups of absenteeism and taking care of the various barriers to course completion. The results showed 72% of enrolled students to have completed the course.

Although all these participants were in continuous need for intervention, those appearing for the state level examination – H.S.C and T.Y.B.A. were more in need for it than those appearing for the college level examination. This suggests the role of stress related to appearing for the state level examination. Also the need for intervention intensified as the examination approached. During such time, parental contribution in form of emotional support provided by them to the students in form of asking them to perform as per their present capabilities, without worrying about failure and reaction of parents towards their failure, was of important. Examinations are associated with fear of failure which is one of the common factors producing stress among college students. Students suffering from mental disorders, with their reduced cognitive functioning may perhaps be experiencing higher fear of failure and apprehensions about

their ability to cope up with examination. This may be acting as a stressor causing difficulties in students suffering from mental disorders.

All these interventions were not found to be equally effective for all the participants. Of the different participants, those suffering from schizophrenia and anxiety disorders were found to show more compliance with the counselling sessions than those suffering from personality disorders. This is in keeping with the general trend of individuals suffering from different mental disorders. Individuals suffering from personality disorders are known for its poor compliance for general counselling. This study suggests that the compliance of individuals suffering from personality disorders in educational set up for dealing with academic problems is also low. On the other hand the compliance of individuals with schizophrenia or even with anxiety disorders is comparatively higher. The higher compliance shown by students suffering from schizophrenia and anxiety disorders may be attributed to the ease of access to the facility. Since the intervention was offered in the premises of the educational institution, there was no wastage of time in terms of taking leave from the college to visit a counsellor. Gradually as they find it helping them academically and socially, perhaps it reinforces their compliance.

However the intervention required for students suffering from schizophrenia is different than those suffering from anxiety disorders and which is different for those suffering from personality disorders. Students suffering from schizophrenia experience greater difficulties in concentration and in coping with the demands of the academic set up. Schizophrenia induces greater cognitive handicaps making it difficult for the students suffering from this disorder to cope up with the educational demands. Hence the intensity of supportive therapy required for these individuals were higher than those with anxiety and personality disorders. On the other hand those suffering from anxiety disorders required more of cognitive-behavioural therapy including relaxation therapy and cognitive intervention. The compliance of those suffering from personality disorders was the lowest. They usually sought counselling help during the pre-examination period and on experiencing interpersonal problems with classmates or family members.

Thus the different mental disorder brings about psychological and educational problems in students. Interventions at the institutional level can help in managing different symptoms of mental disorders experienced by college students. It facilitates not only in reducing the psychological problems, but also in handling the different educational problems experienced by students with mental disorders.

6. Conclusion and Implications

Thus the study shows that psychological assistance offered to the students suffering from psychological disorders plays an important role in dealing with the educational problems faced by individuals suffering from mental disorders. It shows that teachers play an important role in identifying the students and their timely referral to the counsellor is important in determining the further intervention. The academic and psychological handicaps produced by different mental disorders vary depending upon the nature of the mental disorders. However, effective and continuous intervention plays an important role in helping the student in coping with the academic difficulties. This study thus suggests the importance of building up a co-ordination between the local mental health centres and educational counselling centres to enable all students who are suffering from mental disorders to receive such continuous help.

7. Limitation

This study involves only those students who received counselling. However without a control group, it fails to provide a basis for comparison. Also the study needs a larger sample to test the effectiveness of continuous monitoring.

8. Acknowledgment

I sincerely thank my guide Dr. Anuradha Sovani Professor and Head, Department of Psychology, SNDT University, in guiding me for this research.

9. References

1. Best, L.J., Still, M., & Cameron, G. (2008). Supported education: Enabling course completion for people experiencing mental illness. *Australian Occupational Therapy Journal*, 55(1), 65-68.
2. Cook, J.A., & Solomon, M.L. (1993). The community scholar program: An outcome study of supported education for students with severe mental illness. *Psychosocial Rehabilitation Journal*, 17(1), 83-97
3. Collins, M.E., & Mowbray, C.T. (2005). Higher education and psychiatric disabilities: National survey of campus disability services. *American Journal of Orthopsychiatry*, 75(2), 304-315.
4. Corrigan, P., Barr, L., Driscoll, H., & Boyle, M. (2008). The Educational goals of people with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 32(1), 67-70.
5. Crissey, S.R. (2009). Educational attainment in the United States: 2007. Population characteristics. Washington, DC: U.S. Census Bureau. <http://www.census.gov/prod/2009pubs/p20-560.pdf>.
6. Osborn, Robert G.; Meador, Darlene M. (1990) The Memory Performance of Selected Depressed and Nondepressed Nine- to Eleven-Year-Old Male Children, *Behavioural Disorders*, v16 n1 p32-38
7. Ramsey, Michelle L.; Jolivet, Kristine; Patton, Beverly (2007) Peer-Assisted Learning Strategies (PALS) for Reading in the EBD Classroom, *Beyond Behaviour*, v17 n1 p2-6
8. Roscoe, B (1987). Concerns of college students: A report of self-disclosures. *College Student Journal*, 21, 158-161
9. Unger, L.V., Anthony, W.A., Sciarappa, K., & Rogers, E.S. (1991). A supported education program for young adults with long-term mental illness. *Hospital and Community Psychiatry*, 42(8), 838-842.

10. Waghorn, G., Still, M., Chant, D., & Whiteford, H. (2004). Specialised supported education for Australians with psychotic disorders. *Australian Journal of Social Issues*, 39(4), 443-458.
11. Whitman, N.A., Spendllove, D.C. & Clark, C.H. (1984). *Student stress: Effects and solutions*. Washington D.C.: ASHE-ERIC Higher Education Research Report No.2
12. Whitman, N.A., Spendllove D.C. & Clark, C.H. (1986). *Increasing students' learning*. Washington D.C.: ASHE-ERIC Higher Education Research Report No. 4