

A working life on the horizon - Supported education for young adults with mental health problems in Sweden

David Rosenberg^{1,3}, Helene Hillborg^{1,2,3}, Ulrika Bejerholm^{3,4,5}, and Veronica Lövgren^{1,3}

¹ Department of Social Work, Umeå University

² Department of Health Sciences, Mid Sweden University

³ Centre for Evidence Based Psychosocial Interventions (CEPI), Lund University

⁴ Department of Health Sciences/Mental Health, Activity and Participation, Lund University

⁵ Department of Psychiatry, Habilitation and Aids, Region Skåne, Lund, Sweden

*Corresponding author: David Rosenberg,
Department of Social Work, Umeå University, 901 87 Umeå,
Sweden. Email: David.rosenberg@umu.se*

While sharing their roots in the fields of psychiatric rehabilitation and recovery principles, Supported Education (SEd) and the evidence-based version of Supported Employment, IPS, have had very different journeys and impacts. While IPS has become a widely acknowledged and evidence-based intervention for supporting successful employment for individuals with serious mental illnesses (SMI), SEd has not achieved this level of evidence and implementation, despite substantial literature documenting positive experiences. Our research team began addressing the question of why this is so, beginning 7 years ago with our first study, and continuing throughout a time when the mental health of young adults has been of increasing concern and discussion.

Mental health problems often begin early in life, and without adequate support in school and during the transition to becoming employed, it can have extremely negative consequences later in life. Rates of employment for people with mental health problems are commonly reported to be low. Mental health problems among young adults have also been reported as one of the most frequently cited reason for not completing studies (Mowbray et al., 2003). A Nordic inquiry into the employability of marginalized young adults cited education as the most important factor in improving chances for leaving NEET (not in education, employment or training) (Albaeck et al., 2015). A Swedish study (Hammarström & Ahlgren, 2019), analyzing health experiences among people with NEET, showed that high unemployment between the ages of 21 and 25 led to an increased likelihood of mental ill-health when people reached middle age. Studies have also shown that for those young adults with mental illness who dropped out of school, more than half wanted to return to develop skills and improve their job status, as well as to find opportunities for personal growth (Corrigan et al. 2008).

Individual Placement and Support (IPS) is a specific vocational program of Supported employment targeted to individuals with psychiatric disabilities and has a large body of empirical evidence for its effectiveness (e.g., Bejerholm et al., 2015; Bond et al., 2022; Frederick & VanderWeele, 2019). Controlled studies have consistently demonstrated significant gains in employment, when compared with traditional vocational rehabilitation services that emphasize skill training, sometimes referred to as the train-then-place model (Corrigan & McCracken, 2005). However, recent research has suggested that the positive outcomes associated with IPS may primarily lead to short-term and low-status employment and that individuals with mental health problems must become eligible for higher-level positions with the potential for advancement through both vocational and educational support (Manthey et al., 2012; Murphy et al., 2005).

Supported Education (SEd), an intervention that supports functioning, success, and satisfaction in academic environments, is defined as the provision of individualized, practical support to assist people with

mental health problems to achieve their educational goals and has been used successfully to assist them to complete post-secondary education (Rogers et al., 2010). Despite positive indications, Supported Education does not currently have the evidence base that might lead to more widespread dissemination and replication. Internationally, SEd includes many approaches and models under its umbrella. These services are based in a variety of settings (community mental health centers, college/universities, clubhouses), either in coordination with other services or in a free-standing program (Hillborg et al., 2021). Despite a wide variety of descriptions and programs of SEd in the literature, there are a number of common factors that seem to enable success in studies for people with mental health problems.

In Sweden, the provision of services is highly decentralized, and responsibility is divided among several different authorities. In the case of, for example, vocational rehabilitation, the following stakeholders are often involved: governmental authorities such as the Swedish Public Employment Services and the Social Insurance authority, the municipal Social Services for residential support services and vocational rehabilitation. Additionally, the primary actors providing psychiatric treatment are the regional county councils who have responsibility for medical and specialized psychiatric care. The issue of responsibility for educational and mental health needs in Sweden is especially complicated, and often experienced by clients and providers as fragmented due to this decentralization. Despite the premise that services and supports should be offered on equal terms (The Discrimination Act 2008: 567), it is still important to advocate for the individual's specific challenges and capabilities, in order to support the adaptation of available resources to their needs and to work through the fragmentation that seems to be an inherent part of these systems (Lövgren et al., 2020). We began our research 7 years ago, by investigating experiences and describing the needs of young adults with mental health problems who were studying in Sweden (Lövgren et al. 2020). In addition to basic academic, mental health and individual support, the results suggested a number of factors for accommodating the needs of these students. These included, for example, economic challenges and financial support. The social context was another factor that received a lot of attention. Needs related to structuring the day and identifying places where studies could be conducted were in one way or another mentioned in all interviews as important to pay attention to. Mental health problems were often described as beginning with difficult experiences from a school that was not adapted to individual needs and led to repeated experiences of failure, exclusion, and loneliness. The social context and student identity was therefore another important factor to pay attention to (Liljeholm et al., 2022). Being young is a crucial period where the person explores and develops their identity. Furthering, one's education after primary school or high school is often a natural step to taking on new roles and becoming independent. Exploring the student role when receiving support in SEd was therefore relevant to understanding these critical passages of identity development during the transition to adulthood and future career development. It was also clear how important it is to be flexible when working with young adults, that the support can be flexible and accompany the journey from work to studies or vice versa. It's also a common process when being young – to try things out and thus develop identity and find new roles in life (Liljeholm et al., 2023).

As a second step, we needed to examine the international literature regarding Supported education (Hillborg et al., 2021), identifying the common principles in the various models. We also wanted to learn more about how Supported education had been integrated with IPS, and which components have been described as particularly important. The articles in this review described a wide variation of models and adaptations to the SEd model. These adaptations seemed to be developed in relation to local resources and funding priorities, needs in the local community, participating stakeholders in and the availability of collaboration partners. The review also found that IPS principles can be successfully extended to integrate Supported education and IPS services for young adults.

Based on these studies, we then began working together with five IPS programs providing both employment- and educational services in Sweden, formulating preliminary Supported Education principles

based on a Swedish context (Hillborg et al., 2024). Questions that were raised were if it was possible to implement a Supported education model in our Swedish welfare system? The process also involved exploring and describing experiences, strategies, and methods involved while working as an educational specialist. The results were then analyzed in relation to the 8 principles considered the central components of an IPS intervention (Bond et al., 2020), but were formulated from a specific focus on support in studies and as a result, two new principles were added. The two new principles were Study environment and structure when studying and Psychosocial context and student role.

What we found in the study was that the work specialists expressed that support for studies required a different kind of knowledge and competence than that needed to provide support towards work. On the one hand, studies were not as predictable as work, there were new courses, new tasks and often new fellow students and new environments. Studies were much more varied than work and therefore required follow-up support in a different way than work does. It was also not uncommon for the young adults to switch from work to study, from study to work, or to work at the same time as studying, a more explorative focus, one that requires increased flexibility. There is also the fact that it takes time to complete educational goals, including waiting for a course or program to begin, and therefore demands more of a long-term perspective. It was also not entirely obvious that these young adults had any established contact with psychiatry, since they might not yet be receiving treatments and in a more universal health care and welfare system such as Sweden, might be receiving support from primary care, student health, social services, etc. Studies also place higher demands for working independently – which in turn created other demands on the content of the support and how it should be structured. Students are also more alone when studying, with especially distance learning requiring more focus on location and structure for studies. Various forms of distance learning or courses offering both group and individual assignments, also challenged the students to develop and maintain a comfortable student role (Hillborg et al., 2024).

It became clear that some principles cannot be directly transferred from IPS to SEd. These included for example, rapid placement, since not all courses are available all the time. Economic challenges also differed more than expected so that rehabilitation subsidies might not support studies, or student financial aid might no longer be available if a person had previously dropped out due to an acute period of mental illness. It was also quite different to establish relationships with the varied schools, vocational training courses and universities students might attend. Teachers, guidance counselors, student health services all have different roles, some requiring disclosure in order to receive formal support and others potentially able to adapt and support mental health needs within their professional responsibility area (Hillborg et al., 2024).

What we found was that the adapted principles were perceived as relevant to use for the work specialists because they followed the IPS logic - it was a structure that they were already familiar and knowledgeable about. The adaptations also helped them to reflect on and develop support for studies, an important result since they had previously assumed the principles would be applied in a similar manner, and that they now recognized the different character of support for studies. Our study therefore suggests that Integrating SEd with IPS is a promising model to use for young adults – to be able to easily switch between studies and work and offer support based on the 10 principles when the individual had chosen to study (Hillborg et al., 2024). At the time of this study, we had not yet learned about IPS-Y, the IPS Fidelity Scale for Young Adults (Bond, et al., 2020; 2024) since it was in a development process. Based on our own results, we thought it was important to try here in Sweden and received additional funding for a feasibility study. Following a contact with The IPS Employment Center and with the authors permission, we have translated it into Swedish and started to test it together with nine IPS-programs in Sweden. These results are now being analyzed and will be published soon.

In addition to seeking knowledge regarding the needs of young adults with mental health challenges, and the relevance of IPS models to providing support for them, we have become increasingly interested in

many of the challenges for implementation in Sweden. Additional studies on implementing IPS with Supported Education for young adults are now underway. Even the originally employment focused IPS services in Sweden have been shown to often be the result of “local champions” or collaborative, innovation projects and therefore face continued challenges to finding permanent funding. The question of who should finance these services, in a relatively rich, but fragmented welfare system, while offering many possibilities, also leaves the question of responsibility for these young adults in question. We have also seen that it is much easier to demonstrate quick gains, such as employment, when working with IPS, but that the longer-term gains associated with education, are more difficult to both research and use as justification for financing these services, which need to be seen as an investment in preventing future costly consequences.

We have witnessed, in the field of psychiatric rehabilitation, a revolutionary development over the past decades, first from hospitals to community-based care and more recently from sheltered work to actual employment. The current paradigm shift that we would like to suggest is beginning to take place is to see young adults as not only being “work-ready”, but as being met by our systems as having the hopeful potential of a career closely linked to their dreams and ambitions. While the “evidence”, that Supported Education models can contribute to this vision, needs to be developed, our studies suggest that investing in young adults with these types of services, are well worth the long-term gains for both recovery and participation in society as adults.

References

Albaek, K., Asplund, R., Barth, E., Lindath, L. & von Simons (2015). Ungdomsarbejdsløshet i Norden. [Youth Unemployment in the Nordic countries]. *Søkelys på arbeidslivet*, 1, 78-90.

Bejerholm, U., Areberg, C., Hofgren, C., Sandlund, M., & Rinaldi, M. (2015). Individual placement and support in Sweden—A randomized controlled trial. *Nordic Journal of Psychiatry*, 69(1), 57–66. <https://doi.org/10.3109/08039488.2014.929739>

Bond, G. R., Al-Abdulmunem, M., Marbacher, J., Christensen, T. N., Sveinsdottir, V., & Drake, R. E. (2022). A systematic review and meta-analysis of IPS supported employment for young adults with mental health conditions. *Administration and Policy in Mental Health and Mental Health Services Research*. <https://doi-org.ludwig.lub.lu.se/10.1007/s10488-022-01228-9>

Bond, G. R., Drake, R. E., & Becker, D. R. (2020). An update on individual placement and support. *World Psychiatry*, 19(3), 390–391. <https://doi.org/10.1002/wps.20784>

Bond, G. R., Becker, D. R., Swanson, S. J., & Ellison, M. L. (2020). IPS-Y (IPS Fidelity scale for young adults). University of Massachusetts Medical School, Transition to Adulthood, Center for Research and Lebanon, NH: IPS Employment Center. <https://ipsworks.org>

Bond, G. R., Swanson, S. J., Becker, D. R., Al-Abdulmunem, M., Ressler, D. R., & Marbacher, J. (2024). Individual placement and support for young adults: One-year outcomes. *Psychiatric Rehabilitation Journal*, 47(1), 46–55. <https://doi.org/10.1037/prj0000580>

Corrigan, P. W., Barr, L., Driscoll, H. & Boyle, M. G. (2008). The educational goals of people with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 32(1), 67-70.

Corrigan, P.W. & McCracken, S.G. (2005). Place first, then train: an alternative to the medical model of psychiatric rehabilitation. *Social work*, 50(1), 31-39. <https://doi.org/10.1093/sw/50.1.31>

Frederick D. E., & VanderWeele T. J. (2019). Supported employment: Meta-analysis and review of randomized controlled trials of individual placement and support. *PLoS One*. 14(2), e0212208. <https://doi.org/10.1371/journal.pone.0212208>

Hammarström, A. & Ahlgren, C. (2019). Living in the shadow of unemployment -an unhealthy life situation: a qualitative study of young people from leaving school until early adult life. *BMC Public Health*, 19: 1661, 1–12.

Hillborg, H., Lövgren, V., Bejerholm, U., & Rosenberg, D. (2021). Integrating interventions that can support a career-oriented recovery for young adults: Building on the supported education knowledge base. *Journal of Psychosocial Rehabilitation and Mental Health*, 8(1), 35–60. <https://doi.org/10.1007/s40737-020-00197-2>

Hillborg, H., Lövgren, V., Bejerholm, U., & Rosenberg, D. (2024). Supporting Education With IPS: Advancing a Career-Oriented Model for Integrating Work and Study Support for Young Adults in Sweden. *Psychiatric Rehabilitation Journal*, 47(1), 37-45. <https://doi.org/10.1037/prj0000597>

Liljeholm, U., Argentzell, E., Hillborg, H., Lövgren, V., Rosenberg, U., & Bejerholm, U. (2022). The journey to my student identity: A Grounded Theory study on supported education for young adults with mental health problems. *Journal of Psychosocial Rehabilitation and Mental Health*, 9(2), 203–219. <https://doi.org/10.1007/s40737-021-00253-5>

Liljeholm, U., Hillborg, H., Argentzell, E., Lövgren, V., Rosenberg, D., & Bejerholm, U. (2023). The process of supporting careers for young adults with mental health problems: Case study of a supported education program. *Journal of Psychosocial Rehabilitation and Mental Health*. Advance online publication. <https://doi.org/10.1007/s40737-023-00330-x>

Lövgren, V., Hillborg, H., Bejerholm, U., & Rosenberg, D. (2020). Supported education in a Swedish context—Opportunities and challenges for developing career-oriented support for young adults with mental health problems. *Scandinavian Journal of Disability Research*, 22(1), 1–11. <https://doi.org/10.16993/sjdr.648>

Manthey, T.J., Rapp, C. A., Carlson, L. & Holter, M. (2012). The perceived importance of integrated supported education and employment services. *Journal of rehabilitation*, 78(1). 6-24.

Mowbray, C. T., Megivern, D. & Holter, M. C. (2003). Supported education programming for adults with psychiatric disabilities: Results from a national survey. *Psychiatric Rehabilitation Journal*, 27(2), 159-167.

Murphy, A. A., Mullen, M. G. & Spagnolo, A. B. (2005). Enhancing Individual Placement and Support: Promoting Job Tenure by Integrating Natural Supports and Supported Education. *American Journal of Psychiatric Rehabilitation*, 8(1), 37-61.

Rogers, E. S., Kash-MacDonald, M., Bruker, D. & Maru, M. (2010). Systematic review of supported education literature, 1989–2009. Center for Psychiatric Rehabilitation.