

# Reflections on South African students' need for recovery orientated supported education in Higher education



Professor Roshan Galvaan, PhD<sup>1</sup> ; Professor Sharon Kleintjes, PhD<sup>2</sup>; Ms Fadia Gamielien, MSc<sup>3</sup>

<sup>1</sup> Division of Occupational Therapy, Department of Health and Rehabilitation Sciences, Faculty of Health Sciences, University of Cape Town, South Africa,

<sup>2</sup> Division of Intellectual Disability, Department of Psychiatry and Mental Health, Faculty of Health Sciences, University of Cape Town, South Africa

<sup>3</sup> Division of Occupational Therapy and Alan J. Fisher Centre for Public Mental Health, Department of Psychiatry and Mental Health, Faculty of Health Sciences, University of Cape Town, South Africa



## Introduction

The challenges to participation of students with psychosocial disabilities at South African universities, such as the University of Cape Town (UCT), was foregrounded during student protests<sup>1</sup> for free, decolonised education. Students lobbied for improved access to mental health care services and changes to the alienating institutional culture at the university<sup>2</sup>.

Investigation into six UCT student suicides reported over a three year period (2014-2017)<sup>3</sup>

All six students were Black South Africans  
Three were female and three were male  
Age range of the students was between 20 and 23 years  
One of the six students was in their first year of study, with the remaining five students having spent between two and four years of study at UCT

University Response: **Established a university mental health task team to draft the university mental health policy and increase access to psychological services<sup>4</sup>.**

## Mental Health Services at the University of Cape Town

### UCT's student mental health policy<sup>5</sup> envisions to

- Increase mental health awareness and mental health promotion on campus
- Deliver primary individual-based, short-term mental health care at the student wellness services
- Partner with external service providers to provide telephonic mental health support services
- Implement referral protocol for psychiatric emergencies
- Provide reasonable accommodation including workload review, examination deferral and leave of absence during crises

Current services available include referral and access to:

- counselling and support groups
- limited psychiatric services
- an evaluation of fitness to study where needed

Little experience in supporting students with psychosocial disabilities beyond symptom management to manage their academic needs, despite their mental health problem<sup>6-9</sup>.

Psychiatric orientation (focused on clinical recovery) and service focused provisions do not necessarily increase the capacity of university staff to be able to promote the inclusion of and provide accommodation for the support needs of students with psychosocial disabilities within higher education.

### Supported Education (SEd)

Provides individualized, practical support and instruction to assist people with psychiatric disabilities to achieve their educational goals<sup>10</sup>.

Provides persons with psychosocial disabilities with "access, enrolments, retention and success in post-secondary education"<sup>11</sup>.

Is a promising practice to address psychosocial disability in student populations<sup>12</sup> with evidence suggesting that individuals who participate in SEd programs are able to improve their educational and employment status<sup>13, 14</sup>.

Recent reviews<sup>12, 15</sup> concurred that SEd is a needed intervention, with clear components for a holistic programme emerging to inform a global service framework.

More rigorous research is needed to evaluate and test the efficacy of current SEd programmes<sup>12,15</sup>.

The researchers' reflections on contextual considerations informing the proposed development of a RoSSed programme within a South African University setting is presented here. It draws on the researchers' recent (2018-2019) experiences of engaging with various stakeholders at the university and beyond to explore how we might transition from a biopsychosocial to a recovery orientation of support through a model of supported education.

## Possibilities for Recovery-oriented Student co-designed Supported Education (RoSSed)

UCT Faculty of Health Sciences (FHS) Mental Health Workgroup (MHWG) constituted and mandated by the Dean of the Faculty of Health Sciences to recommend how the FHS could promote mental wellbeing within the faculty.

The need to promote recovery and wellbeing was further brought into sharp relief in mid 2018 when the Dean of the UCT FHS also committed suicide.

In partnership with student leaders and volunteers, the MHWG designed and facilitated:

- open dialogue sessions
- an online survey for students and staff

The need for a Recovery-oriented Student co-designed Supported education (RoSSed) programme emerged as a recommendation.

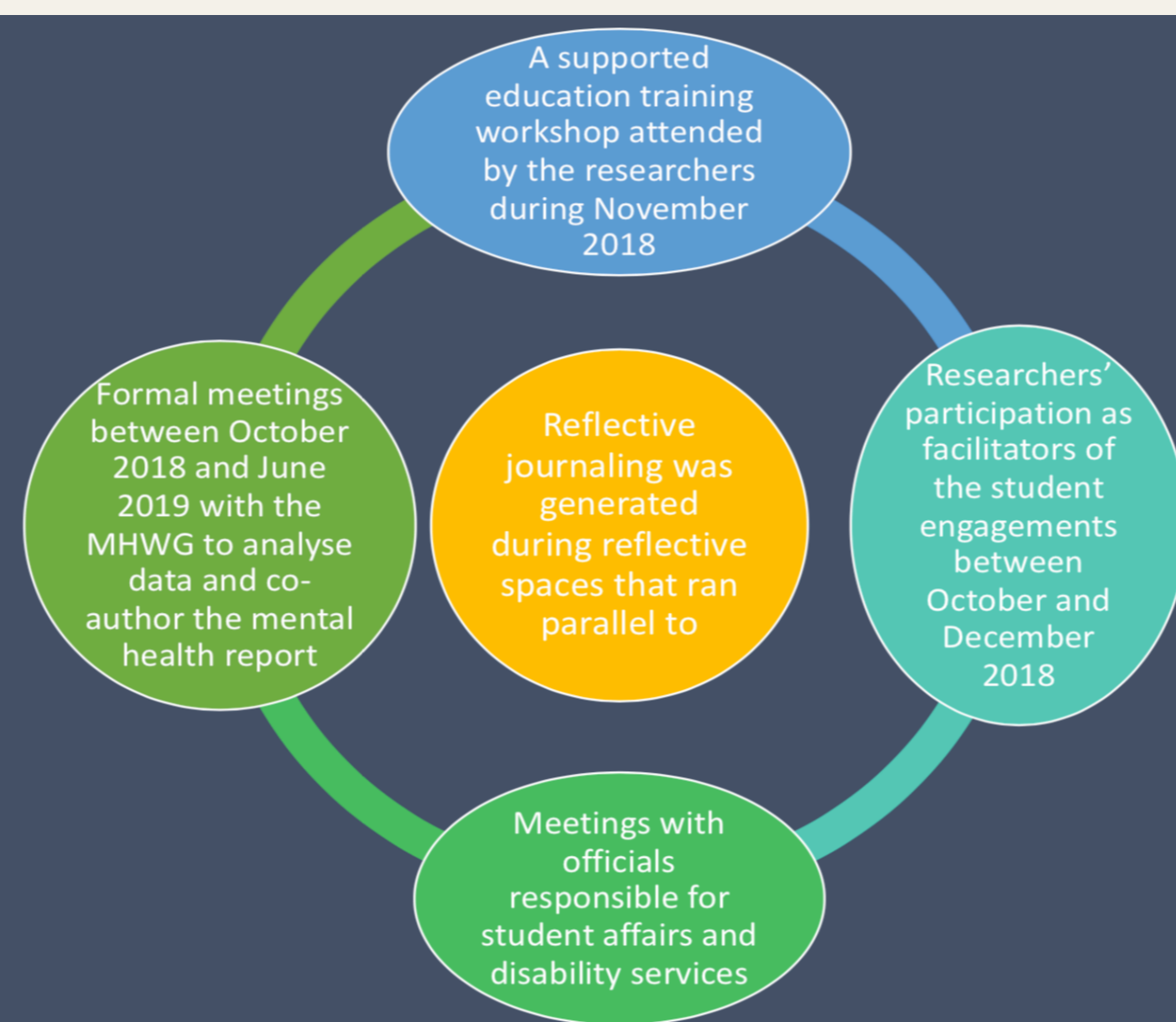
## Research Question

What are the barriers and potential opportunities for developing a recovery-orientation to supported education in a higher education institution in South Africa?

## Study Design

The researchers used an autobiographical self-study approach<sup>16</sup>, documenting personal observations related to the exploration of the need for, barriers to and potential opportunities for developing a recovery oriented supported education programme at the university<sup>17</sup>.

Applied deductive analysis to identify contrasts and synergies between current practice at UCT and a possible RoSSed model, noting areas of commonalities and differences in the researchers' perspectives.



## Findings

Thematic area	Current Barriers	Opportunities for RoSSed
<b>Institutional culture</b>	<ul style="list-style-type: none"> <li>MH related problems are stigmatised and seen as a deficit which signals high risk of academic failure</li> <li>Student's academic credibility is called into question by individuals, administrators and systems when you have a psychosocial disability</li> <li>Institutional racism creates student distress</li> </ul>	<ul style="list-style-type: none"> <li>Transformation of institutional and environmental support to enable recovery</li> <li>Mainstreaming psychosocial disability in the decolonisation of the curricula</li> </ul>
<b>Recovery orientation to addressing needs</b>	<ul style="list-style-type: none"> <li>Curative, clinical, individual focused service approach is inadequate</li> <li>Student identity privileged over recovery and personhood</li> <li>No room to bring lived experience to the current homogenous, hegemonic academic environment</li> </ul>	<ul style="list-style-type: none"> <li>Re-orientate health professional training and mentoring to include a recovery orientation to clinician- lecturers own health and wellbeing and that of their patients and students.</li> <li>Frame recovery within current dialogues on curriculum change and transformation/decolonialisation so as to embed a recovery perspective into academic and teaching context for lecturers and health professional students</li> </ul>
<b>Limited biopsychosocial response to student distress</b>	<ul style="list-style-type: none"> <li>More value associated with experts by training (such as university staff) over experts by experience (staff and students)</li> <li>For a growing number of students- communities and contexts in which they have lived is not matched with the socio-economic and cultural frame or the academic learning sites on campus</li> </ul>	<ul style="list-style-type: none"> <li>Students draw on their of mental health and lived experience to produce contextually and culturally congruent responses</li> <li>co-production of recovery-oriented services for students with psychosocial distress and disability</li> <li>Implementation of recovery orientated lens to existing university policy</li> </ul>

## Discussion

The current context of teaching and learning related to becoming a health professional has several contextual barriers to the introduction of a SEd programme. The development of a SEd programme in the South African context would need to take broader considerations of institutional culture, current curative approaches to health care, and inadequate structures within which to embed a new approach to wellbeing and mental health for student health care providers. First steps would include a paradigm shift involving the reorientation of management and staff (currently initiated) and embedding of a recovery orientation to the current mental health policy. This could render the context more receptive to the development of a RoSSed programme at universities such as UCT. The emphasis on a student co-designed and co-produced SEd programme is crucial for collective understandings of SEd to emerge. Current debates on bringing epistemologies of the South, alternate, decolonised forms of knowledge to our curricula, teaching and formation of resilient health professionals provide an opportunity to embed recovery orientation to these conceptualisations.

## Conclusion

A RoSSed programme invites intuitive, experiential, affective and existential knowledges<sup>18</sup> as sources. This could inform the elements of a SEd programme within a South African higher education context.

It is thus essential to undertake the development of a RoSSed programme which would provide holistic support to the academic goals of students with psychosocial distress and psychosocial disabilities.

## References

- Mortlock M. UCT SRC: Increase in suicides likely due to stressful campus environment 2017 18 October 2018. Available from: <http://ewn.co.za/2017/11/10/uct-src-increase-in-suicides-likely-due-to-stressful-campus-environment>
- The Institutional Reconciliation and Transformation Commission of University of Cape Town. The Final Report. Cape Town: University of Cape Town; 2019.
- Khan M. Report on Student deaths that occurred on campus for the period 2014-2017. Department of Student Affairs University of Cape Town; 2018.
- Phakeng M. Report on student deaths on campus 2014-2017. University of Cape Town; 2018.
- University of Cape Town. Student Mental Health Policy. Cape Town 2018.
- Holm-Hadulla RM, Koutsoukou-Argraki A. Mental health of students in a globalized world: Prevalence of complaints and disorders, methods and effectivity of counseling, structure of mental health services for students. *Mental Health & Prevention*. 2015;3(1):1-4.
- Prince JP. University student counseling and mental health in the United States: Trends and challenges. *Mental Health & Prevention*. 2015;3(1-2):5-10.
- Kulygina M, Loginov I. Students mental health and multistage prevention programme: The Russian experience. *Mental Health & Prevention*. 2015;3(1-2):17-20.
- Villacura L, Irarrázabal N, Dórr A, Zamorano C, Manosalva J, Cánovas C, et al. Mental disorders of students at the University of Chile. *Mental Health & Prevention*. 2015;3(1-2):21-5.
- Anthony W, Cohen M, Farkas M, Gagne C. *Psychiatric rehabilitation*. 2nd ed. Boston, MA: Boston University, Center for Psychiatric Rehabilitation.; 2002.
- Collins M, Mowbray C. Higher education and psychiatric disabilities: National survey of campus disability services. *American Journal of Orthopsychiatry*. 2005;75:304-15.
- Ringeisen H, Langer Ellison M, Ryder-Burge A, Biebel K, Ali Khan S, Jones E. Supported education for individuals with psychiatric disabilities: State of the practice and policy implications. *Psychiatric Rehabilitation Journal*. 2017;40(2):197-206.
- Best LJ, Still M, Cameron G. Supported education: enabling course completion for people experiencing mental illness. *Australian Occupational Therapy Journal*. 2008;55(1):65-8.
- Rogers E, Kash-MacDonald M, Bruker D, Maru M. Systematic review of supported education literature 1989-2009. Center for Psychiatric Rehabilitation. 2010.
- Daivids-Brumer N, Kirsh B. Supported Education: A Scoping Review. *International Journal of Psychosocial Rehabilitation*. 2019;22(2):58-79.
- Bullough Jr RV, Pinnegar S. Guidelines for quality in autobiographical forms of self-study research. *Educational Researcher*. 2001;30(3):13-21.
- Rodriguez N, Ryave A. Implementing Systemic Self Observation. In: N R, Ryave A, editors. *Systemic Self Observation*. Thousand Oaks: Sage Publications inc; 2002. p. 11-21
- Santos Boaventura de Sousa. *Epistemologies of the South Justice against epistemicide*. Boulder: Paradigm Publishers; 2013.

## Acknowledgements

We would like to thank the Faculty of Health Sciences students and staff members who collaborated in the dialogues and courageously and generously shared their experiences of being in a university in need of transformation and decolonialisation.

## Contact Details

[roshan.galvaan@uct.ac.za](mailto:roshan.galvaan@uct.ac.za)  
[sr.kleintjes@uct.ac.za](mailto:sr.kleintjes@uct.ac.za)  
[fadia.gamielien@uct.ac.za](mailto:fadia.gamielien@uct.ac.za)