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Barriers to academic reintegration in students with severe mental disorders: Thematic analysis

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ABSTRACT

Background: Education provides a platform to persons to integrate into society for their livelihood. In countries like India, higher education is accorded a significant place in society and is an important pre-requisite for most professional and skilled occupations. However there are a number of illness related and psychosocial barriers to attaining educational goals, especially for persons with Severe Mental Disorders (SMDs'). The purpose of this qualitative study is to understand the bio-psychosocial barriers of students with severe mental disorders to academic reintegration.

Methods: Qualitative in-depth interviews were conducted with Mental Health Professionals (MHP's) (n = 8), Lecturers (n = 9) and Students with SMD's (n = 14). The interviews were audio recorded, transcribed and coded into themes and sub-themes separately for each group manually. Triangulation of the themes derived data collected from the three groups were subject to thematic content analysis.

Results: A total of five barriers (themes) to academic reintegration were derived from triangulated data: 1. Illness and its treatment-related barriers, 2. Individual related barriers, 3. Family-related barriers, 4. Academic-related barriers and 5. Social barriers.

Conclusion: It is important for mental health professionals and researcher in the field to understand the above barriers in order to plan and implement supported education programmes effectively and enable the students to attain their post-secondary educational goals.

1. Introduction

Higher education is accorded a significant place in India and is an important pre-requisite for most professional and skilled careers. There are a number of illness related and psychosocial barriers to attain educational goals, especially for adults with Severe Mental Disorders (SMDs'). As the onset of most SMDs' were around adolescents or early adulthood, it affects the well-being, development and in-turn the educational aspirations of the clients (Patel et al., 2007)

Research studies reveal that students with SMDs' experience multiple barriers to academic reintegration such as stigma (Becker et al., 2002; Mowbray et al., 2005), lack of empathy (Collins and Mowbray, 2005), lack of support from family or friends (Collins et al., 2000), poor of transportation facilities (Unger et al., 2000; Unger and Pardee, 2002), difficulty in managing symptoms in the classroom, or managing medication side effects (Collins and Mowbray, 2005; Megivern et al., 2003; Gutman et al., 2007; Zivin et al., 2009), lack of accommodations or flexibility on campus (Atkinson et al., 2009; Best et al., 2008) fear of disclosure (Collins and Mowbray, 2005), lack of access to supported education services (Mowbray et al., 2001; Collins and Mowbray, 2005), low confidence and self esteem (Weiner and Weiner, 1996), cognitive difficulties (Atkinson et al., 2009), past educational failures (Jayakody et al., 1998), financial aid access concerns or debt load concerns (Atkinson et al., 2009; Mowbray et al., 2001), central and state policies (Collins and Mowbray, 2005; Mueser and Cook, 2012; Gewurtz et al., 2012).

Only two Indian studies have examined the barriers to academic integration in persons with severe mental disorders' (Kiragasur et al.,

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2016). One of them bifurcated barriers based on qualitative interviews with students and caregivers especially from the state of North India, as illness related factors and illness unrelated factors included; symptoms of illness, medication side effects, delay in treatment, poor accommodation, from teachers/college authorities and peer and cognitive deficits; temperamental traits, poor intrinsic /extrinsic motivation, perceived conflict between parents, punitive disciplining by authority figures (parents), low parental expectations, inability to adjust to novel educational, environment, criticality in family, members, lack of quality, educational facility as barriers to academic reintegration. The second Indian study focused used secondary data collection method (file reviews) to collect data on those who managed to continue education after the onset of their illness, and discussed ongoing barriers like concentration difficulties, decline in performance and breaks in schooling to academic reintegration (Kiragasur et al., 2016).

Most of the above studies on 'barriers to academic reintegration' are conducted in non-Asian countries (Goscha et al., 2013; Mueser and Cook, 2012; Gewurtz et al., 2012; Atkinson et al., 2009; Mowbray et al., 2005; Collins and Mowbray, 2005; Megivern et al., 2003; Unger and Pardee, 2002; Becker et al., 2002; Mowbray et al., 2001; Unger et al., 2000; Collins et al., 2000, 1999; Weiner and Weiner, 1996). The above two research studies in India looked at academic reintegration have taken in the perspective of the client and caregivers in understanding the barriers. In order to provide appropriate education and counselling to the patients with mental illness, it is important to understand the barriers to academic reintegration. In this context, the researchers of this study have explored the barriers to academic reintegration for students with SMDs' from key stakeholder interviews of MHP's, Lecturers and Students who were affected with SMDs'.

2. Material and methods

The current study was part of a larger study which was to development and testing the feasibility of a supported education programme for adults with SMDs'. This was reviewed and approved by the Institute's Ethics Committee (NIMH: A&E/C: Ph.D (PSW):2016-17: ASR) NIMHANS, Bengaluru, India and it was also registered in the Clinical Trials Registry- India (CTRI): CTRI/2018/07/014828. The first phase of the study which was to understand the barriers to academic reintegration in students with SMDs' is presented in this paper and it adopted an explorative research design. The key stakeholders of the study were: MHP's, Lecturers and Students with SMDs', data saturation was followed with all three groups of the stakeholders, purposive sampling was utilised.

2.1. Qualitative in – depthinterviews

The qualitative interview guide (for MHP's & Lecturers) and interview schedule (for students) were developed by the research team based on review of the literature in the areas of supported education and practical clinical experience in dealing with students with SMDs'. The interview guide was unstructured and helped the researcher to direct the conversation and elicit qualitative data about the barriers to academic reintegration in students with SMDs'. Post conducting of few interviews, the researcher realized that the unstructured interview guide was able to elicit information from the mental health professionals; however it was challenging to elicit the same information from students using the unstructured interview guide. In lieu of this, based on the review of literature, a structured interview schedule was developed with questions pertaining to different types of barriers to academic reintegration such as student related, illness related, family related and college related. Face and content validity of the interview guide and interview schedule was done by 4 MHP's (2: Dept. of Psychiatric Social Work, 1: Dept of Clinical Psychology, 1: Dept of Psychiatry). The Interview guide and the interview schedule are available on request from the researcher.

Mental health professionals and lecturers who had a minimum of master's level degree qualification with five years of work experience in their respective field and experience in dealing or treating and teaching students with mental illness were approached for the interview. Students in the age group-18–28 years diagnosed with SMDs' (Schizophrenia, Schizotypal, delusional disorders, Bipolar Affective Disorder and Recurrent Depressive Disorder) as per ICD-10 (Organization, 1992) and with a Clinical Global Impression (CGI) (Berk et al., 2008) score of 4 and less at the time of recruitment into the study were interviewed. The student should have completed SSLC (Secondary School Leaving Certificate), have interest in pursuing postsecondary education in background of difficulties in academic reintegration, should had a minimum two months of academic gap and would had basic academic competency.Written informed consent was taken from both the experts (MHP's & Lecturers) and Students with SMD's for the interviews. The qualitative in-depth interviews were audio recorded, transcribed into process recording, coded and themes and sub-themes were derived manually for each group separately. The theme derived from each stakeholder's group was triangulated

Intermediary analysis and data triangulation was planned and conducted after a few interviews (n = 2–3; Lecturers and MHPs') to look at the new themes that were generated and these new themes were incorporated in the interview with the next set of interviewees. Data triangulation was conducted by verifying the data collected between all the three stakeholders (MHP's, Lecturers and Students with SMDs') adding credibility to the findings. It helped capture different dimensions (sub-themes) of the same phenomenon (theme). The researcher stopped conducting interviews with experts and students when no new themes were elicited on two consecutive interviews (considered to be data saturation reached). A total of 31 qualitative in-depth interviews were conducted (Lecturers; n = 9, MHP's; n = 8, Students with SMDs'; n = 14) using open ended questions to understand the possible barriers to academic reintegration for students with SMDs'.

2.2. Data analysis

The descriptive data from the socio demographic data sheet form the three groups (MHP's, Lecturers and Students with SMDs') were analyzed quantitatively using SPSS.20.0 version. Data collected from the in-depth interviews were analyzed qualitatively using the method of thematic content analysis. Each and every comment was given equal importance and all the audio recorded interviews were transcribed, themes and sub-themes were derived manually for the MHP's, Lecturers and Students with SMDs' separately. The themes and sub-themes were derived and collated together independently by three mental health professionals (two Psychiatric Social Workers and one Clinical Psychologist) and triangulated.

3. Results

The Socio demographic details of the experts (MHP's & Lecturers) and Students who were interviewed are provided in Table 1 and 2 respectively.

Triangulated themes and sub-themes: A total of five themes of barriers to academic reintegration emerged post triangulation from qualitative content analysis of the interviews with experts (MHP's & Lecturers) and students with SMD's: (1) Illness and treatment barriers, (2) Individual (client) related barriers, (3) Family related barriers, (4) Academic related barriers, (5) Social barriers. The content of the themes (sub-themes and descriptions) is provided in the following paragraphs:

3.1. Illness and treatment barriers

3.1.1. Signs and symptoms of illness

Under this sub-theme experts and students believed that

Table 1
Table1: Depicts the socio demographic variables of mental health professionals and Lecturers.

Variables	Mental Health Professionals: (n = 8)	Mean (SD)*/ n(%)	Lecturers: (n = 9)	Mean (SD)*/ n (%)
Age of the participants		52.6 (12.6)*	Age of the participants	50.4 (11)*
Education qualifications (years)		19 .0 (7.0)*	Education qualifications (years)	21.0 (2.0)*
Years of clinical experience		16.8 (13.6)*	Years of teaching experience	22.4 (10.4)*
Gender	Male	5 (62.5)	Male	5 (55.6)
	Female	3(37.5)	Female	4 (44.4)
Working sector	Private	3(37.5)	Private	7(77.8)
	Government	5(62.5)	Government	2(22.2)

Table 2
Table 2: Depicts the socio demographic variables of youth students with severe mental disorders.

Variables		Mean (SD)*/ n = 14 (%)
Age of the students (in days)		20.5 (2.1)*
Passed out education qualifications (years)		11.5 (1.4)*
Current education qualification (years)		13.5 (1.9)*
Size of the family		4.5 (1.2)*
Age of the onset		17.8 (1.5)*
Duration of the education gap (in months)		9.7 (9.8)*
Duration of untreated Psychosis (DUP) (in days)		108.4 (50.9)
Number of hospitalizations		1.6 (1.0)
Clinical Global Impression- Severity (CGI-S)		3.6 (0.49)*
Gender	Male	10 (71.4)
	Female	4(28.4)
Type of the family	Nuclear family	10 (71.4)
	Joint family	4(28.4)
Socio economic status of the family	Below poverty line (BPL)	9 (64.3)
	Above poverty line (APL)	5 (35.7)
Domicile of the family	Rural	4(28.4)
	Urban	10 (71.4)
Diagnosis of student as per the ICD-10	Schizophrenia	9 (64.3)
	BPAD	3. (21.4)
	RDD	2 (14.3)
Family history of psychiatric illness	Yes	7 (50.0)
	No	7 (50.0)
Change in medium of Instruction	Yes	2 (14.3)
	No	12 (85.7)

psychopathology, disturbances in thought processing, substance abuse, client may feel future is uncertain, poor self-car**e,** inferiority complex because of the illness, attention and concentration difficulties etc. could pose as a barrier in academic reintegration

3.1.2. Side effects of medications

Under this sub-theme experts and students believed that sedation, cognitive dullness, tremors, Akathesia, sleepiness, drowsiness, Extra pyramidal symptoms (EPS) could pose as a barrier in academic re-integration

3.1.3. Cognitive deficits (Memory, attention and concentration difficulties)

Under this sub-theme experts and students believed that attention and concentrations in the class room and certain times poor memory also could pose as a barrier in academic reintegration

3.1.4. Poor drug adherence

Under this sub-theme experts and students believed that stopping of medication, reduces the ability, over dose of medication, relapse could pose as a barrier in academic reintegration

3.1.5. Social restrictions

Under this sub-theme experts and students reported that due to the illness, they were having restrictions for going parties, spending time with friends, using electronic gadgets, poor socialisation could pose as a barrier in academic reintegration.

3.1.6. Nature of illness

This sub-theme was brought forth only by experts and they believed that episodic and dynamic nature of illness, type of illness, severity of illness, course of illness (fluctuating, episodic and continues) and duration of illness could pose as a barrier in academic reintegration for students with SMDs'.

3.2. Individual (client or student) related barriers

3.2.1. Poor skill and capabilities

Under this sub-theme experts and students believed that poor coping skills, lack of social skills, poor academic practicing skills, poor internalization abilities, could pose as a barrier in academic reintegration

3.2.2. Behavioural and interpersonal barriers

Under this sub-theme experts and students believed that personality traits or temperament, inability to interact with others, adhering to rules, argumentativeness, adjustment issues with peer group, stubborn behaviours, poor conduct etc, could pose as a barrier in academic re-integration.

3.2.3. Lifestyle related barriers

This sub-theme was brought forth only by experts and they believed that staying as a paying guest (PG), staying away from parents, over eating or under eating, not getting regional food of the clients' origin, sleep problems, frequent going out could pose as a barrier in academic reintegration

3.2.4. Technology barriers

This sub-theme was brought forth only by experts and they believed that excessive use of electronic gadgets, technology usage gap between parents and children, mobile addiction etc, could pose as a barrier in academic reintegration

3.2.5. Self-comparisons with others

This sub-theme was brought forth only by students and they reported that comparing with classmates and friends could pose as a barrier in academic reintegration

3.2.6. Poor confidence and low self-esteem

This sub-theme was brought forth only by students and they reported that having poor confidence and worries to complete course or enrol into a new academic course could pose as a barrier in academic reintegration

3.2.7. Poor motivation

This sub-theme was brought forth only by students and they reported that poor or fluctuating motivation to read/study could pose as a barrier in academic reintegration.

3.2.8. Not having schedule for the day

This sub-theme was brought forth only by students and they reported that after illness students were not having any structured activity for the day and most of the time watching TV and habituated to be lazy, that could pose as a barrier in academic reintegration

3.3. Family related barriers

3.3.1. Family had low or high expectations and compare with others

Under this sub-theme experts and students believed that comparison with previous educational records, low or high expectations, making comparisons with others on marks, colleges, could pose as a barrier in academic reintegration

3.3.2. Family dynamics

This sub-theme was brought forth only by experts and they believed that family decision making, family conflict regarding client's education, communication styles, sub-system in the family, relationship issues could pose as a barriers in academic reintegration.

3.3.3. Poor awareness about psychiatric illness in the family

This sub-theme was brought forth only by experts and they believed that caregivers would house arresting of clients due to the symptoms, visiting faith healers, misinterpretation of person symptomatic behaviour could pose as a barrier in academic reintegration.

3.3.4. Family apprehension about the client education

This sub-theme was brought forth only by experts and they believed that low confidence among family, apprehension about client education and behaviour in academic settings and de-motivating clients could pose as a barrier in academic reintegration

3.3.5. Parenting styles

This sub-theme was brought forth only by experts and they believed that pampering the client, poor parenting and nurturing skills, poor supervision, parental control, could pose as a barrier in academic reintegration

3.3.6. Poor family support and pressurizing for higher education

This sub-theme was brought forth only by students and they reported that post diagnosis of a psychiatric illness, family was not supportive for higher education and instead wanted them to get married. A few students also reported that family members pressurized them to take up higher education that could pose as a barrier to academic reintegration

3.4. Academic related barriers

In this theme experts and students believed that opted course, institute and cognitive related barriers could pose as academic barriers for students with severe mental disorders. In addition students opined that poor previous academic record also could pose a barrier to academic reintegration

3.4.1. Course related barriers

Under this sub-theme experts and students believed that inability to understanding concepts, lack of attendance for course fulfilment, duration of gap in education, academic work burden, inability to meet academic deadlines, difficulty in coping with syllabus, exams stress, anxiety, time management and fear of failing, could pose as barriers in academic reintegration.

3.4.2. Institutional/college related barriers

Under this sub-theme experts and students believed that Poor support from supervisors, instructors, lack of main stream education, lack of skills in teachers to deal the students with severe mental disorders, not providing reasonable accommodation could pose as a barrier in academic reintegration

3.4.3. Poor academic record

This sub-theme was brought forth only by students and they reported that poor academic record in previous education and not performing well in academics could pose as a barrier to academic reintegration

3.5. Social barriers

3.5.1. Stigma, discrimination and social exclusion barriers

Under this sub-theme experts and students believed that stigma in the family and society, labelling students, avoiding social gathering, bullying, teasing, negative attitude and harassing students with severe mental disorders could pose as a barrier in academic reintegration

3.5.2. Burden and poor social support

Under this sub-theme experts and students believed that care givers expressed care and financial burden to support for higher education and poor social support from classmates and family could pose as a barrier in academic reintegration

3.5.3. Lack of awareness about psychiatric illness and social welfare provision for higher education

In this theme experts and students discussed about the lack of awareness in society (among students and family members) about nature of illness and its symptoms, social welfare provisions for higher education, which could pose as barrier for students in academic integration.

3.5.4. Socio demographic barriers

This sub-theme was brought forth only by experts and they believed that gender of the client, marital status, domicile, age of onset, economical status and previous educational status could pose as a barrier in academic reintegration.

3.5.5. Socio cultural and belief systems related barriers

This sub-theme was brought forth only by experts and they believed that help seeking behaviour, visiting or approaching faith healers and spiritual leaders, religion, caste, economic status in the society, family belief system and culture towards education could pose as a barrier in academic reintegration

3.5.6. Exploitation and abuse

This sub-theme was brought forth only by experts and they believed that lack of assertiveness, work and physical exploitation may possibly pose as a barrier in academic reintegration

3.5.7. Laws and procedural hurdles in acquiring social welfare benefits

This sub-theme was brought forth only by experts and they reported that most of the caregivers and college authorities had poor awareness about the welfare benefits and reasonable accommodation guidelines. Hence clients and care givers often experienced procedural hurdles in acquiring social welfare provisions for higher education

4. Discussion

Psychosocial Rehabilitation involves, helping a client with mental illness to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support (Roessler, 2006). Thus helping the client in academic reintegration is a critical part of psychosocial rehabilitation if the need of the client is to pursue higher education post recovery from mental illness. For this, an in-depth understanding of the barriers to academic reintegration is important to help mental health professionals to

provide appropriate educational and counselling services to clients and their families for supported education.

This study focused on understanding the barriers to academic reintegration only in those students who were interested in pursuing postsecondary education. The researchers felt that focussing on this group (compared to those who did not express a need) was essential as there was a higher possibility that they would go on to complete their education if provided appropriate supported education intervention dealing with the barriers to academic reintegration.

The mental health professionals based on their education and clinical experience, focused mainly on the biological barriers to academic reintegration such as nature of the illness cognitive deficits, side effects medications, poor drug adherence (illness and its treatment related barriers theme); poor academic and social skills (individual related barriers theme) as barriers to continue the education for students with severe mental disorders. On the other hand, lecturers focused mainly on the social barriers faced in academic reintegration such as stigma, family back ground/status student, student up bring patterns, parental aspirations, comparisons with earlier education and friends; behavioural and interpersonal issues, influence by other or friends; poor understating about SMDs' among teacher and lecture, student academic adjustment related barriers as a barriers to continue the education for students with SMDs'. Students on the other hand brought out significant psychological barriers to academic reintegration such as self-comparisons with other/friends, poor confidence and low self-esteem, poor motivation, not having schedule for the day; poor family support and family force for higher education; and poor academic record. Triangulation of the data collected from the three stakeholders, brought forth the bio-psychosocial model to understand how biological, psychological and social barriers influence the students with severe mental disorders' to academic reintegration (Fig. 1). The role of the bio psychosocial model is particularly important in studies such as these where psychological and social barriers affect the maintenance and/or relapse of the mental health condition of the student (Havelka et al., 2009).

It is interesting to observe that more number of themes and subthemes were brought out in this study, post triangulating the data with mental health professionals, lecturers and students as compared to the two Indian studies (almost 50% more themes and sub-themes) (Kiragasur et al., 2016; Chattopadhyay, A et al., 2016) (Kiragasur et al., 2016) (Kiragasur et al., 2016). The earlier two studies focused mainly on illness and treatment related and individual related barriers, however the current study also brought out the influence of family, academic and sociological barriers to academic reintegration. One of the reasons for getting in-depth data in this study could be that data collected from earlier two Indian studies focused only on the clients and caregivers and other stakeholders such as mental health professionals and lecturers were not involved in the data collection process. Both these stakeholder groups are important members in the process of academic reintegration. The researchers believe that though the data collected in this study was mainly from students from South India, data was representative of all the four south Indian states.

Psychosocial interventions such as social cognitive interventions (Tan et al., 2018); community based comprehensive intervention (Li et al., 2018) have shown promise in dealing with barriers such as social cognition, stigma, academic under-achievement, social support etc. which could also help in future vocational recovery (Thomas et al., 2019)

Can the results of this study which depict barriers to academic reintegration for persons with severe mental disorders', be also considered as a barriers experienced by healthy students. Mental health clinicians would answer in the affirmative. However mental health research has published very few studies that have been conducted among healthy college students to look at the barriers to their academic achievements. The barriers to academic achievements reported in these studies for normal students include poor social skills, (Segrin and Flora, 2000), alcohol or drug use (Jessor et al., 1980); (Engs et al., 1996) individual personality, institutional structure, policy concern related barriers (Norman et al., 2015); increase use of Internet (Akhter, 2013); depression and financial difficulties (Andrews and Wilding, 2004). A comparison of the barriers to academic achievements among health students and students with psychiatric disorders, does not comprehensively answer the question that we have posed and possibly future studies need to be conducted to compare these two sample groups, to understand the niche barriers that mental health professionals need to focus on when working with persons with Severe mental disorders' to achieve academic reintegration.

Are the barriers expressed by the clients were real or perceived barriers? This could have been checked and triangulated if data was also collected from other stakeholders such as family members and institutions. This could be considered as one of the limitations of the study.

The study however has a lot of strengths and policy implications. This is one of the few studies that has looked at this important aspect of academic reintegration which could aid a numbers of persons with disability to reconsider education as their future goals; an important aspect of the current Rights with Persons with Disability Act, 2016. This

Depicts the total five main themes (Illness and treatment related barriers , Individual related barriers, Family related barriers, Academic Barriers and Social barriers) and how those fits into the Bio-psychosocial model to understand the barriers of students with SMDs'

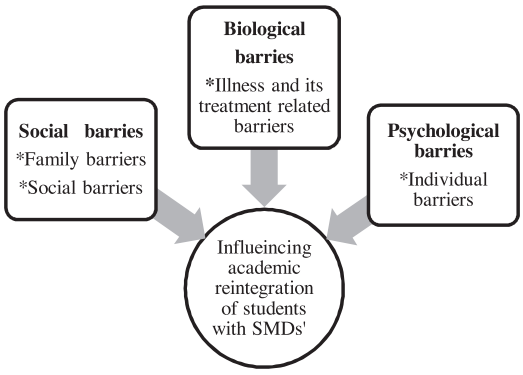

Fig. 1. Bio psychosocial frame work: An approach to understand how biological, psychological and social barriers influence the students with SMDs' to academic reintegration.

study has a number of implications for mental health professionals. As a clinician, this study would help professionals to understand the barriers to academic reintegration, to provide appropriate interventions. As a researcher, this study would provide the scientific basis to further develop supported education programmes for persons with SMDs'. Training school teachers as part of school mental health to identify the barriers to academic reintegration could help accommodate the client better in his school/college environment. This study could also be an important tool for Social Action, to put forth a statement to policy makers to incorporate reasonable accommodation and social welfare measures to manage the barriers to academic reintegration for persons with severe mental disorders'

5. Conclusion

It is important for mental health professionals to understand the barriers to academic reintegration for students with SMDs', in order to plan and implement supported education services effectively and enable the students to attain their post-secondary educational goals.

Financial discloser

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Declaration of Competing Interest

All authors declare that, they don't have any conflicts of interest.

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