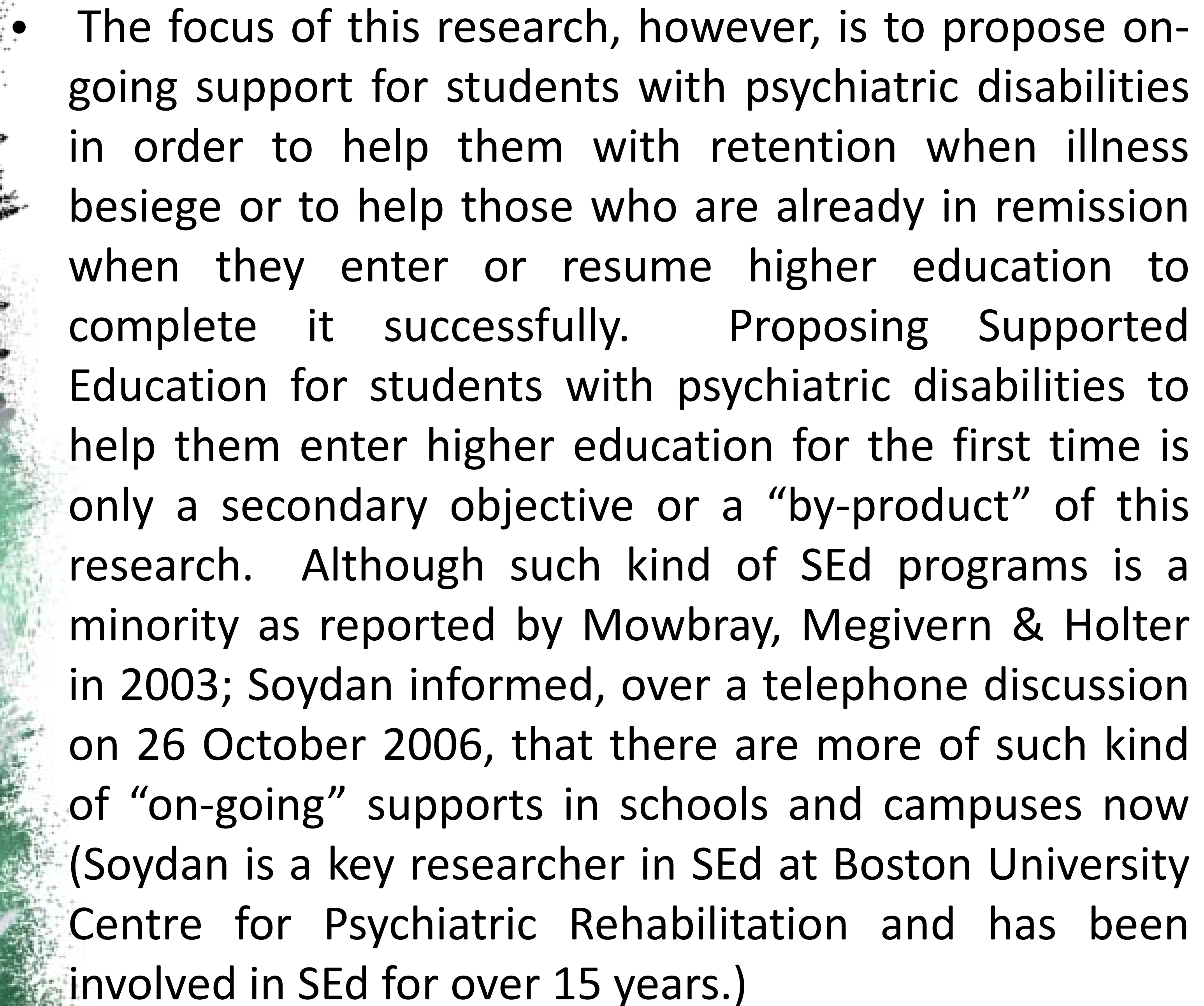
بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

CORRELATION BETWEEN SELF-ESTEEM, COPING DIFFICULTIES, SELF-EFFICACY, AND ILLNESS SYMPTOMS TOWARDS SUPPORTED EDUCATION FOR STUDENTS WITH PSYCHIATRIC DISABILITIES

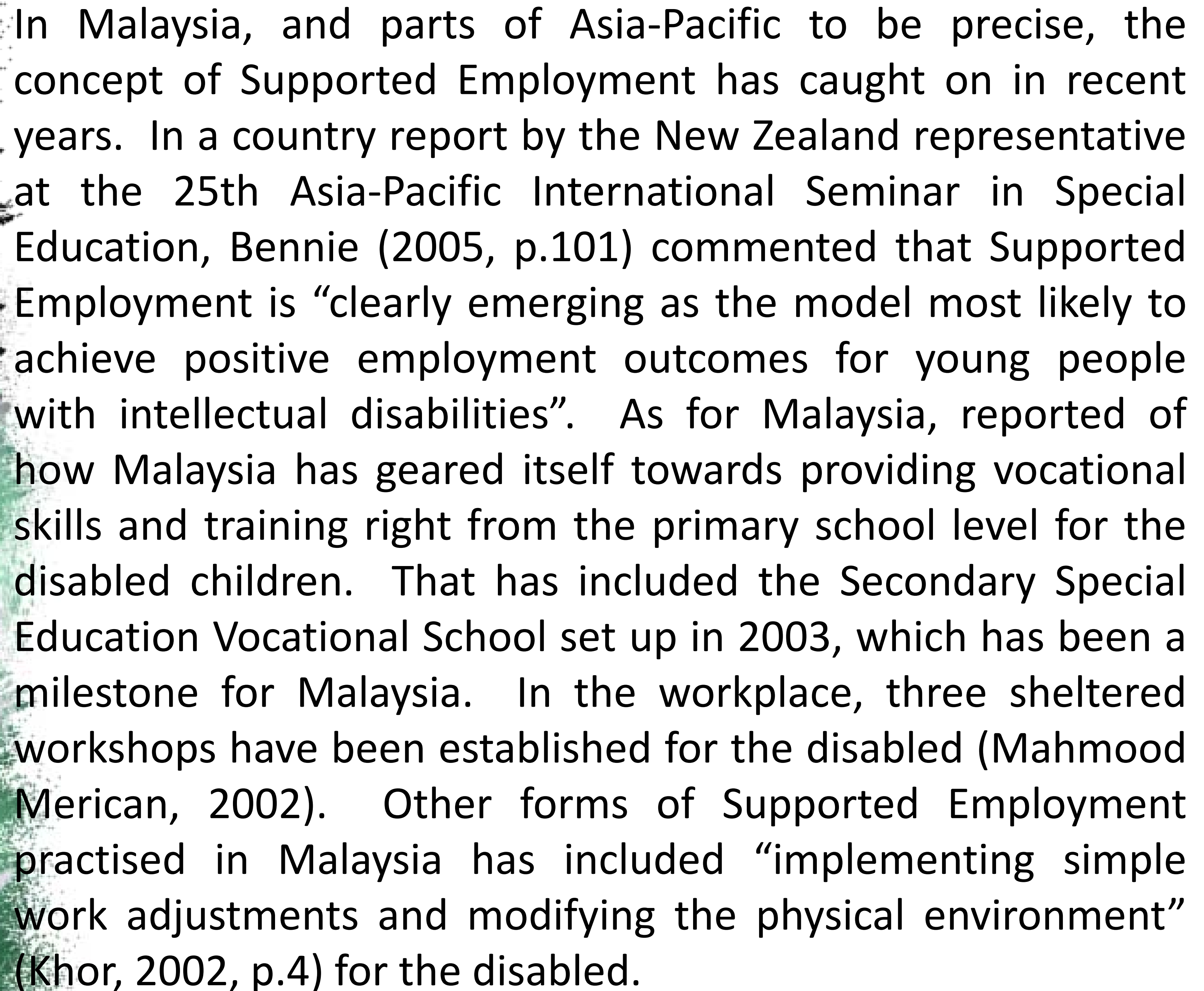
AP DR AZIZI BIN HJ YAHAYA (UTM)
Jamaludin Ramli (UTM)
Noordin Yahaya (UITM)
Goh Siow Yen

Education in integrated settings for people with psychiatric disabilities for whom postsecondary education has not traditionally occurred or for whom postsecondary education has been interrupted or intermittent as a result of a severe psychiatric disability and who, because of their disability, need ongoing support services to be successful in the education environment.

- This research sets out to investigate the need for Supported Education for people with psychiatric disabilities who do face a certain amount of difficulty in coping when they resume or pursue higher education.
- The main objective of Supported Education is actually to help people with psychiatric disabilities who are capable to enter or resume higher education. Therefore, most of the SEd programs have basically just been “initiation” programs. Only a minority (a few clubhouses and free-standing programs reported in Mowbray, Megivern & Holter [2003, p.164 & 166] provide support to students already enrolled in educational institutions to assist them with retention in school or provide on-going support after the “initiation”.

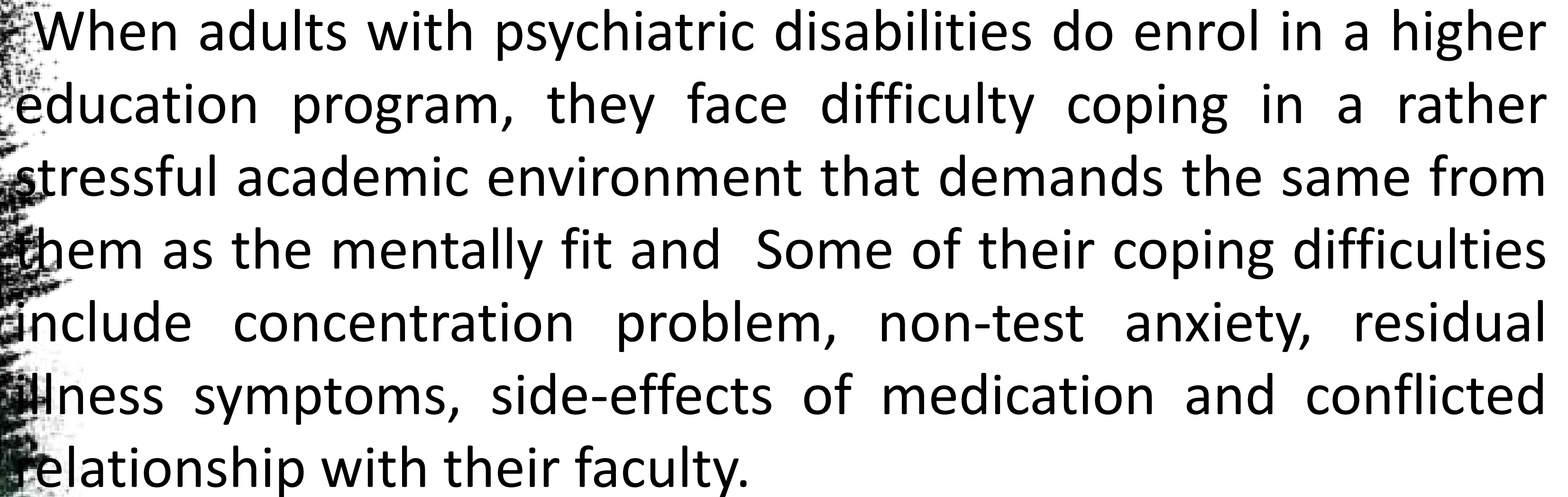


- The focus of this research, however, is to propose on-going support for students with psychiatric disabilities in order to help them with retention when illness besiege or to help those who are already in remission when they enter or resume higher education to complete it successfully. Proposing Supported Education for students with psychiatric disabilities to help them enter higher education for the first time is only a secondary objective or a "by-product" of this research. Although such kind of SEd programs is a minority as reported by Mowbray, Megivern & Holter in 2003; Soydan informed, over a telephone discussion on 26 October 2006, that there are more of such kind of "on-going" supports in schools and campuses now (Soydan is a key researcher in SEd at Boston University Centre for Psychiatric Rehabilitation and has been involved in SEd for over 15 years.)



- In Malaysia, and parts of Asia-Pacific to be precise, the concept of Supported Employment has caught on in recent years. In a country report by the New Zealand representative at the 25th Asia-Pacific International Seminar in Special Education, Bennie (2005, p.101) commented that Supported Employment is “clearly emerging as the model most likely to achieve positive employment outcomes for young people with intellectual disabilities”. As for Malaysia, reported of how Malaysia has geared itself towards providing vocational skills and training right from the primary school level for the disabled children. That has included the Secondary Special Education Vocational School set up in 2003, which has been a milestone for Malaysia. In the workplace, three sheltered workshops have been established for the disabled (Mahmood Merican, 2002). Other forms of Supported Employment practised in Malaysia has included “implementing simple work adjustments and modifying the physical environment” (Khor, 2002, p.4) for the disabled.

- With mental illness being the fourth leading cause of ill health in Malaysia now."Malaysia short of mental health professionals" and the prevalence rate now estimated at 15% or more, mental health concerns are becoming important issues in the country.
- In a survey of the teenager population in Malaysia in 1997, Toh and his colleagues found that 13% of teenagers have some form of "mental health problem" (Kaur, 2003). Teoh, in a 2000 study, described the prevalence of mental health problems (relevant to the current study) among secondary school students were 28% somatic complaints, 23% depression, 18% withdrawal, 17% thought disorder, 9% concentration problem and 6% anxiety.



When adults with psychiatric disabilities do enrol in a higher education program, they face difficulty coping in a rather stressful academic environment that demands the same from them as the mentally fit and Some of their coping difficulties include concentration problem, non-test anxiety, residual illness symptoms, side-effects of medication and conflicted relationship with their faculty.

- The aim of this study, therefore, was to show the need for Supported Education for students with psychiatric disabilities studying at higher education in Johor, Malaysia. It did so by examining whether there were relationships between elements of Supported Education existing in the lives of these students and their current performances. Another primary objective was to examine the relationships between their coping difficulties and their current performances. The third primary objective was to survey the support for SEd programs among these students.

Research Objective

To determine the level of coping difficulties among the mentally unwell students.

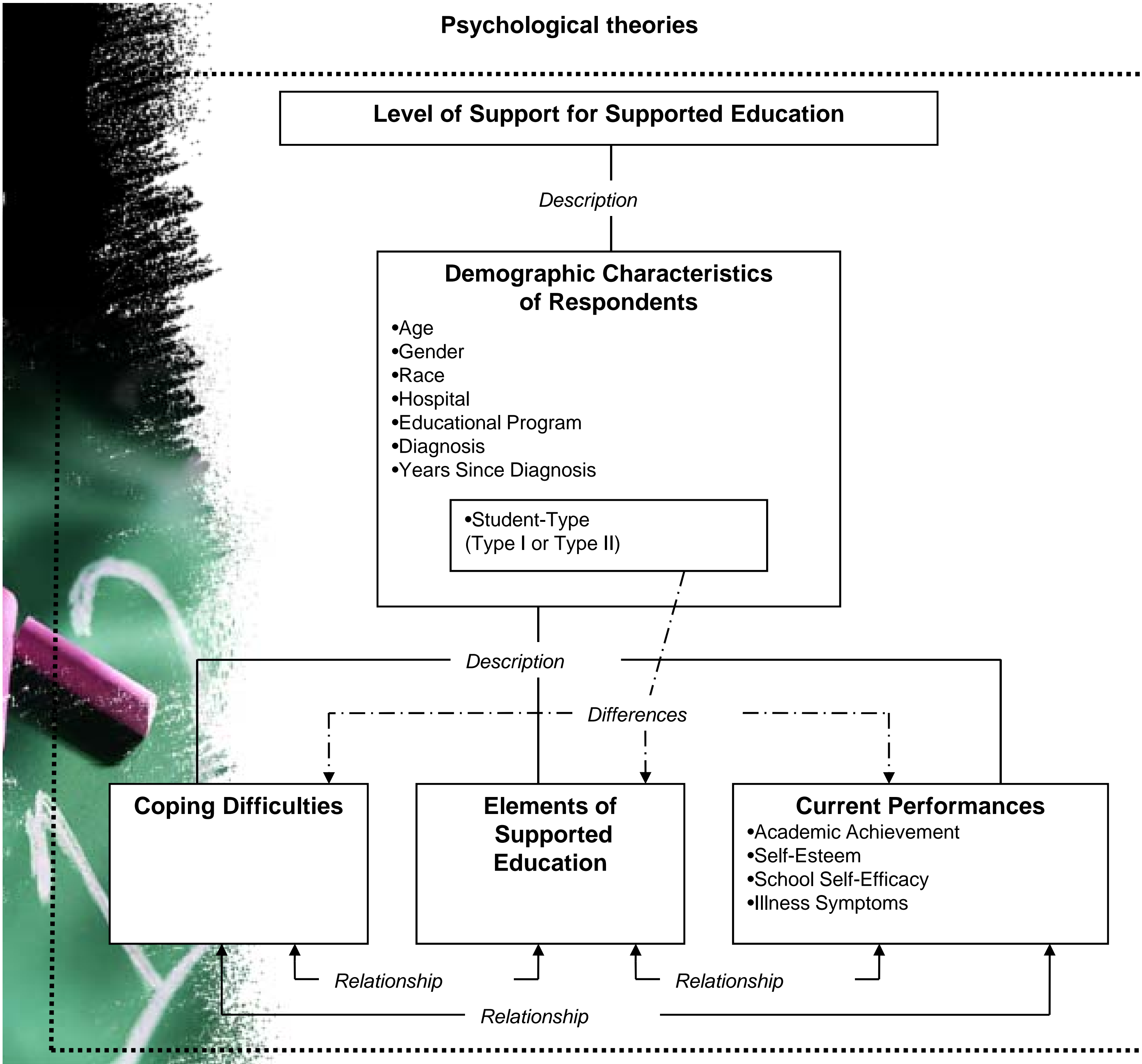
To determine the level of SEd elements existing among the mentally unwell students.

To identify the relationships between coping difficulties and current performances (academic achievement, self-esteem, school self-efficacy, and illness symptoms) among the mentally unwell students.

To identify the relationships between elements of SEd existing and current performances (academic achievement, self-esteem, school self-efficacy, and illness symptoms) among the mentally unwell students.

To identify the relationship between coping difficulties and elements of SEd.

This research would be of significant contribution. As far as the researcher has been able to search, there has not been any published study in Asia related to Supported Education. This study is the first research on SEd in Asia. A form of SEd program have been developed in Singapore although it has not been officially declared as a SEd program. According to the senior director of Hougang Care Centre, some educational support such as peer-tutoring has been provided for members of the clubhouse in the rehabilitation centre (Sally Thio, personal communication dated 6 December 2007; Hougang Care Centre). However, there has not been any research on SEd in Asia. Four influential SEd researchers confirm this as they are not aware of any study on SEd conducted in Asia



Psychological theories
Level of Support for Supported Education
Description
Demographic Characteristics of Respondents
•Age
•Gender
•Race
•Hospital
•Educational Program
•Diagnosis
•Years Since Diagnosis
•Student-Type
(Type I or Type II)
Description
Differences
Coping Difficulties
Elements of Supported Education
Current Performances
•Academic Achievement
•Self-Esteem
•School Self-Efficacy
•Illness Symptoms
Relationship
Relationship
Relationship
Social theories

Sampel

	Frequency	Percentage
Permai Hospital	9	30
Sultanah Aminah Hospital	21	70
Total	30	100

The sample who were selected had to meet the following four criteria:
Currently studying and has done higher education for at least 2 months (not taking an illness break).
Registered with either HSA or HP as an outpatient currently.

Diagnosed by psychiatrist or psychiatric medical officer with one or more of the following psychiatric disorder(s):
Mood Disorder
(Major Depressive Disorder, Bipolar Disorder, Dysthymic Disorder and Depression with Psychotic Feature)

Anxiety Disorder

(Phobia, Panic Disorder, Generalized Anxiety Disorder, and Obsessive-Compulsive Disorder, and Mixed Anxiety Depression)

Psychotic disorder

(Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Shared Psychotic Disorder and Substance-Induced Psychotic Disorder)

The diagnosis must not be a transient condition (eg. schizophreniform).

Research Instrument

QUESTIONNAIRE

Section A :
respondent
Background

Section B :
Academic Achievement of Participants
Elements of Supported Education Inventory
Coping Difficulties Inventory
Rosenberg's Self Esteem Scale
School Self Efficacy (modified) Scale

Modified Colorado Symptom Index

Result

Table 1:Frequency and percentage distribution on respondents' diagnosis

	Frequency	Percentage
Mood disorder		
Major depressive disorder	3	10.0
Bipolar disorder	3	10.0
Dysthymia	2	6.7
Depression with psychotic feature	2	6.7
"depression"	7	23.3
Sub-total	17	56.7
Anxiety disorders		
Panic disorder	2	6.7
Obsessive compulsive disorder	1	3.3
Mixed anxiety depression	1	3.3
Sub-total	4	13.3
Psychotic disorders		
Schizophrenia	7	23.3
Schizoaffective	2	6.7
Sub-total	9	30.0
Grand Total	30	100.0

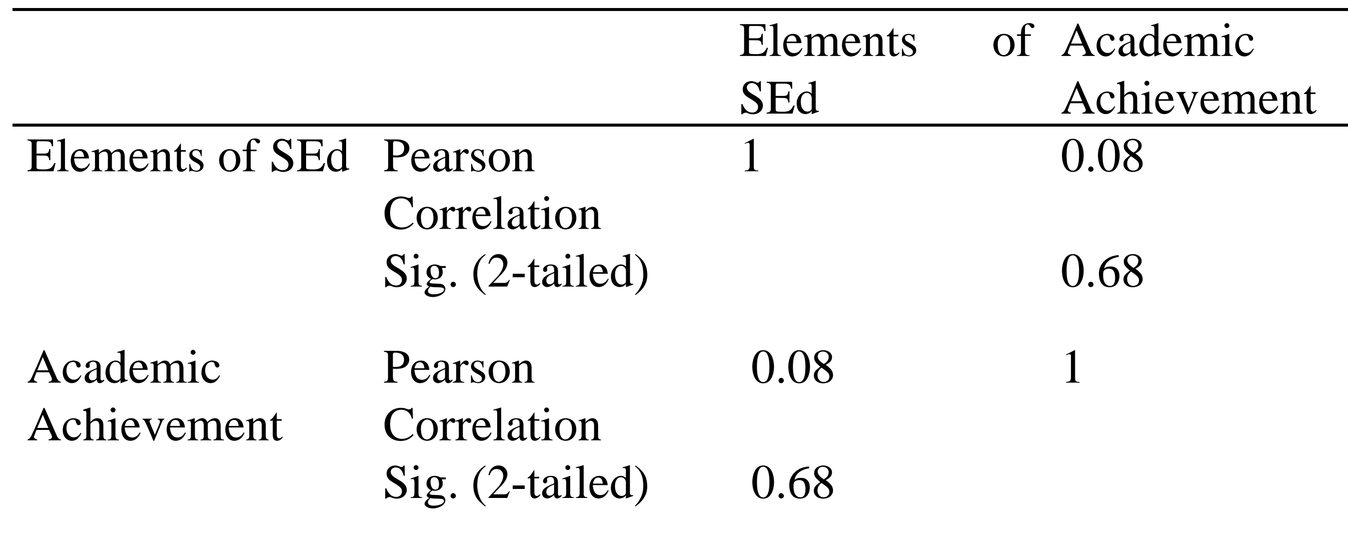
Level of Coping Difficulties

Item No.	Coping Difficulties	Distribution of Responses (%) None 0	A Little 1	Some 2	A Lot 3	Mean	SD
1	Difficulty maintaining concentration	13	37	20	30	1.67	1.06
2	Problem with memory	33	23	23	20	1.30	1.15
3	Difficulty meeting deadlines	33	30	20	17	1.20	1.10
4	Unable to handle group discussions	53	17	17	13	.90	1.13
5	Unable to maintain good attendance record (due to sleep pattern disturbance)	47	23	13	17	1.00	1.15
6	Lack of meta-cognitive skills (e.g. planning, organizing, making decisions)	30	27	33	10	1.23	1.01
7	Lack of study skills (e.g. notes-taking, mind-mapping, exam techniques)	40	27	20	13	1.07	1.09
8	Lack of academic ability (e.g. inability to handle course load, failing exams)	37	40	17	7	.93	.91
9	Test anxiety or non-test anxiety	13	37	27	23	1.60	1.00
10	Other illness symptoms (e.g. mood swings, depression, delusions, overwhelmed/stressed out)	17	33	23	27	1.60	1.07
13	Side-effects of medication	53	37	7	3	.60	.77
14	Dealing with mental illness stigma (e.g. fear of disclosure or discrimination)	37	33	23	7	1.00	.95
15	Conflicted relationships with family member(s), peers or faculty	40	20	27	13	1.13	1.11
17	Competing circumstances (e.g. competing family obligations, finding time to study while holding a job)	50	20	17	13	.93	1.11
18	Physical health problem (e.g. frequent flu, epilepsy, fatigue, lack of stamina)	53	23	10	13	.83	1.09

1.Level of Supported Education Elements

Item No.	Elements of Supported Education	Distribution of Responses (%)			Mean	SD
		No 1	Uncertain 2	Yes 3		
Pre-Study: Career Guidance & Early Guidance						
1	Career exploration	23	23	53	2.30	.84
2	Career self-assessment	43	27	30	1.87	.86
3	Guidance in course selection	47	7	47	2.00	.98
4	Guidance in development of a career plan	40	13	47	2.07	.94
5	Information on enrolment	20	27	53	2.33	.80
6	Financial security to complete study	3	7	90	2.87	.43
7	Support & encouragement to study from family	3	0	97	2.93	.37
During Study: Academic Support						
8	Tutoring help	37	10	53	2.17	.95
9	Study skills assistance	50	3	47	1.97	1.00
10	Reasonable accommodations	33	7	60	2.27	.94
11		43	13	43	2.00	.95
12	Support from lecturers	7	27	67	2.60	.62
13	Campus information & referral	7	23	70	2.63	.62
14	Campus counselling service	47	17	37	1.90	.92
During Study: Non-Academic Support						
15	Knowledge about stress management	7	17	77	2.70	.60
16	Knowledge about illness	7	3	90	2.83	.53
17	Knowledge about illness management	10	17	73	2.63	.67
18	Maintenance of medication & psychiatric consultation	30	0	70	2.40	.93
19	Support from mental health professionals	33	23	43	2.10	.89
20	Support from social network	43	3	53	2.10	1.00
21	Giving peer assistance	27	13	60	2.33	.88

Table 2: Correlation Analysis between Elements of Supported Education and Academic Achievement



		Elements of SEd	Academic Achievement
Elements of SEd	Pearson Correlation	1	0.08
	Sig. (2-tailed)		0.68
Academic Achievement	Pearson Correlation	0.08	1
	Sig. (2-tailed)	0.68	

Correlation Analysis between Elements of Supported Education and Self-Esteem

		Elements of SEd	Self-Esteem
Elements of SEd	Pearson Correlation	1	0.14
	Sig. (2-tailed)		0.46
Self-Esteem	Pearson Correlation	0.14	1
	Sig. (2-tailed)	0.46	

Analysis between Elements of Supported Education and School Self-Efficacy

		Elements of SEd	School Self-Efficacy
Elements of SEd	Pearson Correlation	1	- 0.23
	Sig. (2-tailed)		0.23
School Self-Efficacy	Pearson Correlation	- 0.23	1
	Sig. (2-tailed)	0.23	

		Elements of SEd	Illness Symptoms
Elements of SEd	Pearson Correlation	1	0.14
	Sig. (2-tailed)		0.45
Illness Symptoms	Pearson Correlation	0.14	1
	Sig. (2-tailed)	0.45	

Correlation Analysis between Coping Difficulties and Elements of Supported Education

		Elements of SEd	Coping Difficulties
Elements of SEd	Pearson Correlation	1	0.15
	Sig. (2-tailed)		0.44
Coping Difficulties	Pearson Correlation	0.15	1
	Sig. (2-tailed)	0.44	

Conclusion

In conclusion, the overall objective of the research has been achieved. The need for the rehabilitative educational intervention, the Supported Education, for higher education students with psychiatric disabilities has been demonstrated. The study findings are generally consistent with literature, both locally and overseas. The critical demographic characteristics of the study sample are reflective of the accessible population (higher education students with psychiatric disabilities in Johore) as well as the targeted population (higher education students with psychiatric disabilities in Malaysia). The results of the study can thus be fairly generalized to both the accessible and targeted populations

SEKIAN
TERIMA KASIH