



# The Impact of Supportive Factors on the Academic Reintegration of Students with Mental Illness: A Qualitative Study

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## Abstract

**Introduction** Returning to college following a psychiatric illness can be overwhelming for students as academic reintegration is a significant undertaking. Psychological distress can negatively impact a student's performance and levels of academic achievement. A better understanding of the factors that facilitate academic reintegration would help mental health professionals, educators, and family members support students more effectively.

**Methods and Materials** The study followed an explorative research design and utilized a purposive sampling technique. The Institute's (National

Institute of Mental Health and Neurosciences, NIMHANS) Ethics Committee evaluated and approved this study, while four (4) mental health experts validated the interview schedule. The primary researcher (ASR) audio-recorded, transcribed and coded fourteen (14) in-depth interviews. The study supervisors (AJ and TK) verified this procedure. Themes and sub-themes were derived from the codes, and the thematic analysis was conducted.

**Results** Five supportive factors (themes and sub-themes) were derived: 1. Family: Educational qualification of the members, Family accommodations (travelling to the city where the student is studying for additional support). Academic assistance, Freedom to select their educational course; 2. Support from friends and peers: Academic support, Emotional support (caregiving, home visits, sharing problems with them), Logistic support (physically accompanying the student to and from class, providing transport); 3. Support from Teachers and College administration: Additional academic support from teachers, Reasonable classroom accommodations; 4. Support from Mental health professionals (MHPs): Providing Pharmacological or Psychosocial Interventions, Follow up, and continuous guidance (handholding); 5. Individual factors (students' strengths): High degree of motivation or interest in studies, strong academic record, and healthy coping mechanisms.

**Conclusion** Students with mental illnesses require additional support with academic reintegration. As a result, assisting students in successfully returning to

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academics is frequently a collaborative effort involving family, peers, mental health professionals, teachers, and college administration.

**Keywords** Supportive factors · Students · Mental illness · Academic reintegration

## Introduction

Regardless of the presence or absence of any mental illness, academic achievement is a significant milestone in human development. The academic environment aids students in fostering peer engagement, reciprocity, trust, and respect, which are important determinants of an individual's assets. (Huang, Van den Brink, & Groot, 2009; Mowbray, 2005). Education also enables an individual to accumulate societal and individual assets, have new ideas, and a positive perspective on life. It also improves employment opportunities and psychological well-being (Bellamy & Mowbray, 1998).

The transition can be challenging for students returning to colleges or schools after a psychiatric illness. (Clemens et al., 2010) and psychological distress can negatively affect educational achievement (Becker & Luthar, 2002). Thus, the family, peer group, teachers, administration, and mental health professionals are often responsible for successful student reintegration into academics (Lum et al., 2017).

Psychiatric illness among post-secondary education students is steadily increasing (Hunt & Eisenberg, 2010), resulting in disability associated with the illness (Hartman et al., 2017). Statistics reveal that one in four students have a psychiatric illness and experience difficulties in their educational attainment during their symptomatic phase and sometimes even post-recovery (Kiragasur et al., 2016). Students have psychosocial barriers to academic reintegration like illness and its treatment-related, individual-related, family-related, academic, and social barriers (Annapally et al., 2021). Irrespective of the above barriers, students reported supportive factors which aided their academic reintegration during this study. In this context, the study aimed to explore the supportive factors of academic reintegration for students with mental illness.

## Methods and Materials

This study was conducted at the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru. A total of 14 in-depth interviews were carried out on subjects who met the inclusion criteria: 1. Students diagnosed with Schizophrenia, Bipolar Affective Disorder, or Recurrent Depressive Disorder 2. Those who scored three (mildly ill) and below on the Clinical Global Impression–Severity rating scale (Berk et al., 2008), 3. Students who completed minimum SSLC (Secondary School Leaving Certificate) 4. Those previously having difficulties in academic reintegration (at least three months education gap); Students with an intellectual or developmental disability (IDD) were excluded from the study. Samples were taken from the outpatient and inpatient departments at NIMHANS.

This study adopted an explorative research design and a purposive sampling technique. It was reviewed and approved by the Institute's Ethics Committee (NIMHANS), Bengaluru, India. The study is registered under the Clinical Trials Registry- India (CTRI): CTRI/2018/07/014828. This paper is part of a larger Ph.D. project whose purpose was to develop and assess the feasibility of an assisted education programme for individuals with mental illnesses. The study's second phase focused on the supportive factors of academic reintegration for students with mental illness.

A semi-structured interview schedule was developed based on literature review and the researcher's personal experience. Questions were created to understand the different supportive elements for academic reintegration in a better way. These included the role played by family, friends, mental health professionals, teachers and college administration and student-related factors. Four (4) MHPs verified the face and content validity of the interview schedule (2 from the Department of Psychiatric Social Work, 1 from the Department of Clinical Psychology, and 1 from the Department of Psychiatry).

The descriptive data from the sociodemographic sheet was analyzed using Statistical Package and Service Solutions (SPSS) version 22.0 (Statistics, 2013). The primary researcher conducted in-depth interviews in hybrid mode (telephonic and face-to-face). The interviews were audio recorded and transcribed. Initial codes were generated manually using

Braun and Clarke's framework (Braun & Clarke, 2006). These codes were gathered into potential themes. After ensuring that these themes were compatible with the codes taken from the data set, the primary supervisor (AJ) generated a final set of themes and sub-themes.

## Results

Tables 1 and 2 present the sociodemographic data (continuous and categorical variables) of the students with mental illness.

Five themes of supportive factors for academic reintegration among students with mental illness were identified: 1. Support from family, 2. Support from friends and the peer group, 3. Support from the teachers and college administration, 4. Support from Mental Health Professionals (MHP), 5. Individual factors (students' strengths). The content of the themes and sub-themes are provided in the following paragraphs. Table 3 lists quotes/descriptions supporting the themes and sub-themes.

**1. Support from Family members** Under this theme, students reported that family had the following effects on their academic reintegration: 1. Family members with higher educational qualifications placed more value on education. 2. They had arranged to travel to the students' cities of residence to support them in getting treatment and taking care of them. 3. Qualified family members provided additional academic support through tutoring for their current course subjects. 4. After a period of mental illness, having the autonomy to select or modify one's course of study helped with future academic integration.

**2. Support from Friends and the peer group** Under this theme, students reported that friends and classmates aided in academic reintegration by doing the

following: 1. Providing academic support by sharing notes from missed classes and explaining concepts 2. Making home visits to check on them. 3. Providing emotional support by sharing in their problems 4. Logistical support in helping them attend classes by providing transport and company.

**3. Support from Teachers and College administration** Under this theme, students believed that teachers and the college administration could help in the following ways: 1. Additional academic support from teachers in the form of extra time spent explaining concepts by providing suitable examples; 2. Providing reasonable class accommodations by the staff and management 3. Flexibility in attendance 4. Permitting extra time for submitting assignments and taking exams.

**4. Support from Mental health Professionals (MHP)** Under this theme, students noted that MHPs helped in academic reintegration in the following ways: 1. Psychiatrists provided pharmacological treatment to help in symptom management. 2. The treatment team held regular follow-ups with the students. 3. Continuous guidance and handholding by the MHPs. 4. Providing psychosocial interventions to students and their families.

**5. Individual factors (students' strengths)** Under this theme, students believed that possessing the following attributes would aid in their academic reintegration: 1. High levels of motivation or interest to continue their academics 2. Strong academic record before the onset of their illness 3. Being well versed in their respective subjects of study 4. Healthy coping mechanisms for dealing with academic stress.

## Discussion

Supporting students with mental illnesses in their academic reintegration is a critical component of the

**Table 1** The sociodemographic and clinical variables of students with mental illness (continuous variables)

Variables	Mean (SD) (n = 14)
Age of the students (in years)	20.5 (2.1)
Age of the onset of illness (in years)	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)	2.8 (0.86)
Last education qualification (in years)	11.5 (1.4)

**Table 2** The sociodemographic and clinical variables of students with mental illness (categorical variables)

Variables	Responses	n (%) (n = 14)
Sex	Male	10 (71.4)
	Female	4 (28.6)
Type of the family	Nuclear family	10 (71.4)
	Joint family	4 (28.6)
Domicile of the family	Rural	4 (28.6)
	Urban	10 (71.4)
Socio-economic status of the family	Below poverty line (BPL)	9 (64.3)
	Above poverty line (APL)	5 (35.7)
Family history of psychiatric illness	Yes	7 (50.0)
	No	7 (50.0)
Change in the medium of instruction	Yes	2 (14.3)
	No	12 (85.7)
Highest level of educational qualification attained previously	SSLC	5 (35.7)
	PUC	8 (57.2)
	B.Com	1 (7.1)
Highest average marks attained in academics/courses (prior to the onset of illness)	Distinction (70 to 100%)	6 (43.0)
	First Division (60 to 69%)	4 (28.5)
	Second Division (50 to 59%)	4 (28.5)
Current educational status	PUC	5 (35.7)
	Degree (B.Sc / BA)	2 (14.3)
	Engineering	4 (28.6)
	MBBS	1 (7.1)
	Preparing for higher education	2 (14.3)
Diagnosis as per the ICD-10	Schizophrenia	9 (64.3)
	Bipolar Affective Disorder	3. (21.4)
	Recurrent Depressive Disorder	2 (14.3)

psychosocial rehabilitation process if the student wishes to continue their education. This study identified five major factors influencing academic reintegration among students with mental illnesses: Family, friends and peers, teachers and college administration, mental health professionals (MHP), and individual factors (students' strengths) are all sources of support.

This study only looked at supportive factors for students with mental illnesses with an academic gap of at least three months. According to earlier studies, family support in the form of increased caregiving, academic assistance, accompanying students on their college commute and providing them the freedom to choose their courses are all steps beneficial to academic reintegration. (Hefner & Eisenberg, 2009;

Holmes & Silvestri, 2016; Riebschleger et al., 2008). In the Indian context, families place a higher value on education, which aids in the individual's holistic development (Weiner, 1996). In the current study, friends provided support academically, emotionally, and logistically. The findings were also supported by studies conducted in the area of psychosocial rehabilitation. (Bradley, 2000; Hartley, 2013).

The exploration of 14 mental health professionals' perceptions regarding assets to adolescents' successful school reintegration also found school-based, student, familial, and mental health care factors (Clemens et al., 2011). However, students did not report systemic factors in this study. This implies that they were not exposed to systemic level assistive factors or that they

**Table 3** Theme and sub-themes of supportive factors to continue the academics for students with mental illness

Themes	Sub-theme	Quotes/ Description
Support from Family	Family education status	<i>My whole family is well educated (Doctors); hence, they give importance or value to education. So, everyone is helping or supporting me to complete my M.B.B.S. (V.W, 24 years male, M.B.B.S.)</i>
	Adjustments made by family (additional caregiving and travelling to student's city of residence)	<i>My family is my strength. They care about me a lot. My mother took voluntary retirement and shifted to my place of study to take care of me and my studies (P.K.G, 23 years male, B.Tech) After re-enrolling at college, I was not confident about going (to) college alone in the first few days. Some of (my) family members used to travel with me (P.K.G, 23 years male, B.Tech)</i>
	Academic help	<i>I have academic support from my family, as my mother is a teacher. She is proficient in Science, which is currently my study subject. (A.J, 18 years male, PUC) My brother is very good at studies. Whenever I struggle to understand something, my brother explains the concepts to me. (V.S.P, 18 years Male, PUC)</i>
	Freedom of choosing courses	<i>My parents have given (me) the freedom to select courses in whatever subject I have an interest. (in). They never forced me to go for a particular course. They respect my choices and provide me with resources. (fees, materials, books) (V.A, 19 years male, PUC)</i>
Support from Friends and Peer group	Academic support	<i>My friends are supportive. They are always with me when I need their help. They shared their class notes and taught me certain concepts and chapters that I missed due to follow-ups or treatment. (SR, 23 years female, B.Tech)</i>
	Emotional support (caregiving, home visits, problem sharing)	<i>My friends have been a great source of emotional support for me. They used to visit me when I was not keeping well. They were compassionate towards me on campus. I used to share my negative feelings and go out with them. (SN, 18-year male, PUC)</i>
	Logistic support	<i>I have two–three friends. We all attend the same college. We used to travel to and from college together. They would accompany me to my home and even give me rides on their bikes. (A.J, 18 years male, PUC)</i>
Support from Teachers and College administration	Academic support from teachers	<i>Some of my teachers are caring. They used to support me in the classroom by taking extra time to explain concepts by providing examples. (AJ, 18 years male, PUC)</i>
	Reasonable accommodation	<i>My college management permitted flexibility in class attendance and extra time for submitting assignments and taking exams. (SK, 23 years male, B.Sc)</i>
Support from Mental Health Professionals (MHP)	Providing Pharmacological Treatment	<i>Medications have helped a lot in the management of my symptoms. While initially, I had severe psychotic symptoms, they have significantly reduced because of pharmacological treatment. (V.A. 20 years male, PUC)</i>
	Follow-up and Handholding (Continuous Guidance)	<i>The regular follow-ups from the Outpatient Department (OPD) at NIMHANS have been very helpful. I consult the same MPH each time, and they provide continuous guidance and information about all my treatments. (P.K.G, 23 male, B.Tech)</i>
	Providing Psychosocial interventions	<i>Sir, several sessions have been conducted by the doctors (Psychologists and Psychological Social workers) here on motivation, social skills, study skills, stress management, and talking to my parents. (These) things have helped me a lot, Sir. (A.J, 18 years male, PUC)</i>

**Table 3** continued

Themes	Sub-theme	Quotes/ Description
Individual helping factors (students strengths)	High level of motivation or interest in academics	<i>I have been highly motivated and interested in academics/studies since I was a young child. I want to be a doctor, so I must do well in my studies. (V.W, 24 years male, MBBS)</i>
	Exceptional academic record prior to the onset of illness	<i>I believe in myself. My previous academic achievements (topper in school and college) and being well-versed in my subjects give me the confidence that I will be able to complete my education. (V.S.P 18 years male, PUC)</i>
	Healthy coping mechanisms	<i>Sir, I do not have much academic stress. I can handle it easily. Most of the time, I do my homework ahead of time. I do not feel stressed if I cannot do so at any time. I cope with it by talking to my parents and teachers. (S.K, 21 years male, B.Sc)</i>

found it difficult to function within the system. Support from their teachers is one of the most critical factors for the academic reintegration of students with mental illnesses. Students reported that some teachers were caring and supportive within the classroom by taking extra time to explain concepts by providing pertinent examples. Previous studies also reported that teacher support and school connectedness might help facilitate an adolescent's school reentry process (Kaffenberger, 2005; McNeely & Falci, 2004).

In this study, students reported that pharmacological treatment by the psychiatrist helped the students to manage their symptoms. Handholding, follow-ups, and facilitating psychosocial interventions by psychiatric social workers and clinical psychologists helped the students and their caregivers in academic reintegration. The literature review revealed that academic integration takes place with help from the multidisciplinary mental health team (Daniel et al., 2004; Kaffenberger, 2006; Simon & Savina, 2010). Individual strengths like a high level of motivation or interest in academics, exceptional academic record prior to the onset of illness, and healthy coping mechanisms are essential to consider and encourage students to continue to pursue their academic goals.

Students who try to enter school after psychiatric treatment benefit from the following factors:

1. Consistent communication among stakeholders and an individualized reentry plan after the onset of illness (Clemens et al., 2011; Deidrick & Farmer, 2005; Moore et al., 2009). These were not identified as supportive factors in this study. The reason could be that students perceived systemic changes as challenging to implement in school with respect to mental health care.

This qualitative investigation has several limitations. Only students' perspectives on supportive factors for academic reintegration were considered. The semi-structured interview schedule may be a limitation of the current study, as only mental health professionals validated it. The hybrid mode of data collection may have impaired the quality of the data collected. Although the interview schedule was developed using relevant literature and professional experience, some reentry factors may have been overlooked. Furthermore, the sample was chosen purposefully. More research is required to confirm supportive factors with various stakeholders (teachers, counselors, parents, and friends).

## Conclusion

Numerous factors contribute to successful academic reintegration. Students reported their family, friends, peers, teachers and college administration, mental health professionals (MHP), and individual factors (students' strengths) as sources of support, which is consistent with the literature. The findings of this study have important implications for family members, friends, and professional stakeholders who want to assist in a student's successful transition from a psychiatric patient to a college student.

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## Declarations

**Conflict of interest** The authors state that there are no conflicts of interest concerning the research work, authorship, and/or publication of this article.

**Consent from Participant and Publication** A written informed consent was obtained from the participants, and caregivers of the participant to publish and present the data in a scientific forum.

**Ethical Approval** The study was reviewed and approved by the institutional ethics Committee (Behavioural science division) of the NIMHANS, Bengaluru. (NIMH: A&E/C: Ph.D (PSW):2016–17: ASR). The consent has been obtained from the caregivers of the deceased persons.

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