

# Summary of enquiry

*-regarding difficulties and possible support for young people  
with psychosocial problems related to the school situation.*

## Overview

This is a summary of 16 questionnaires, numbered 1-17, number 10 missing. The majority of respondents have a very long experience in supporting young people with psychosocial difficulties. Among the occupational categories are school staff who are currently working actively with the issue. However, three people work on a particular programme or method.

Six of the respondents indicate that young people's mood is the main obstacle to pursuing and returning to studies. The main structural obstacle, based on the number of similar answers, indicates the lack of opportunities for individual adaptation of teaching. Many also raise the school environment with stress and performance requirements as an important factor. It is remarkable that several people address the unequal access to support in different schools and municipalities.

Among the support available in their own organization to help young people to complete or return to studies are project activities, school forms such as AI and IM, homework help, and resources like special educators, student health, school nurse, etc. The last question about "other important issues that you want to highlight" reveals some interesting issues such as cooperation across government boundaries, the ability to capture young people at an early stage at health centers, long queues in psychiatry, etc. A relevant issue that may be included in a follow-up questionnaire is "How could we improve opportunities for young people with psychosocial problems, so they could pursue and resume their studies? It could generate some interesting personal reflections, especially considering the respondents' long experience.

## Summary

### **About the respondents**

Six respondents are men and ten women. The average age is 44 years and median age 45.5 years. Among the occupational categories represented, teachers with seven respondents dominate, among others, there are working life consultants, head of student health, study counsellor, social educator, education leader, specialist teacher and leisure-time pedagogue.

### **Question 1. When and how did you initially get involved in (direct / indirect) support young people with psychosocial problems to resume and / or complete studies?**

Ten people state that they have ten years of experience or more of working with support for young people with psychosocial problems. Three people have less than ten years of experience, while four do not indicate how long experience they have.

Several teachers state that they believe it is in the role of teachers to support young people with psychosocial problems. Among these, there is experience in working with activities specifically targeted at young people with psychosocial problems such as

tailor-made programmes for young people with Asperger's syndrome / high-functioning autism, specially known as "gray-zoon diseases" who have been sent to classes for pupils with learning disabilities, because they do not fit in school rather than because of intellectual impairment. Four or five people state that they have come into contact with the issue as a consequence of their work, rather than actively seeking the matter. But there are even those who state that individual events have aroused the interest in the matter. For example, a teacher became aware of the issue through a sibling who for obvious reasons had difficulty in school, with increasing absence and panic attacks.

**Question 2: Are you currently actively involved in any kind of programme or equivalent that offers support to young people with psychosocial problems to resume and / or complete studies? If yes, in what way?**

All but three respond that they actively worked with young people with different forms of support for persons who would resume or pursue studies. Ten respondents states that they are actively working on the issue but without specifying a particular method or programme. One person states that they use the Supported Education method. Another person states that they are not dealing with any specific method, but do their work, based on scientific grounds. One person is working on a project *called #me too*, with the task of finding working methods to reach the group of home fans.

**Question 3: What obstacles do you see for young people with psychosocial problems to resume studies (return to school)?**

Six people indicate mainly individual causes, while four people consider that obstacles lies predominantly in the structure. Others indicate both individual causes and the surrounding environment.

Among the individual causes raised by the respondents, it is in most cases the persons own ways of thinking, with uneven moods, social difficulties and poor self-esteem. After missing out in studies, it can be difficult to catch up - the school is associated with failure. Students have a lack of motivation and routines. The individual sometimes lacks knowledge about what support can be obtained.

Among the structural barriers, lack of resources, forms of education and ignorance / disinterest from the school, are mentioned as a major cause. Other causes are difficulty in getting professional help, the school's support is not visible, hard school climate, but also that the individual's network can be an obstacle because they want to protect the individual from relapsing mental distress or failures.

**Question 4: What obstacles do you see for young people with psychosocial problems to complete studies (attend school)?**

Several respondents consider that increased opportunities for personalized education support are needed. The school environment is also referred to as stressful, full of performance requirements, with large groups, inadequate treatment and staff changes. Other obstacles are lack of psychiatric resources and call support. The schools' support

structures are uneven, access to student health looks very different depending on where you live and the municipality's economy.

**Question 5: What kind of support or resources is available today in your organization to support young people with psychosocial problems to resume studies (return to school)?**

Persons active in schools for disabled people indicate that they have an adapted school system and a continuous dialogue with special educators and study counsellors. Six respondents mention project #me too, for drop-outs. The project works in a structured way with mapping and individual customization of support and collaboration between the Child and Adolescent Psychiatric clinics and social services. A couple of respondents mentioned the Individual study programme and the Introduction programme, but also school counsellors, school nurses and special needs teachers. One person mentions therapeutic counselling, employment agency services, school colleagues and school health teams. One person states that situations vary from one school to another. A person states that support for the vulnerable pupils, is lacking completely apart from help with homework.

**Question 6: What kind of support or resources are available today in your organization to support young people with psychosocial problems to complete studies (attend school)?**

Four refer to question 5: "as above". Other resources mentioned are to study with teacher support under holidays. One person states that the municipality's learning center offers study counselling, homework assistance, cognitive aids, etc. Customized study programmes, like the Introduction Programme, Study Guide for students with AST. The #me too project appears in several replies. The students are "pepped and motivated". Teachers and specialists are key persons.

**Question 7: In addition to the above mentioned questions / answers, are there other important issues that you want to highlight?**

Four people answer no, six people have not answered the question. Among the answers are mentioned that waiting times for getting help in psychiatry are too long. Two people address the lack of prevention efforts. There should be the possibility of catching up young persons at an earlier stage at health centers.

Co-operation over government boundaries - "mental health cannot be treated clinically at Child and adolescent centers, but we must find forms of cooperation". Participation in several courses / conferences for knowledge sharing. A person suggests that student health would have a "Neuropsychiatric consultant" service, which can be linked at an early stage in the student's environment before the student begins to lose attendance.

## Compilation of the questionnaire

*A: General information*

**Age:** 62, 48, 64, 35, 60, 40, 58, 30, 47, 58, 42, 39, 42, 52, 44, 38

**Sex:**

*Men:* IIIII I

*Women:* IIIII IIIII

*Gender:*

**Role / Responsibility:** Work Consultant, Head of Student Health, Student Coach / Student Guidance, Social Worker, Mentor and Subject Teacher, 7-9, Process Leader - Job Seeker, Education Leader College of Higher Education, Project Leader / Study Coach, Teachers of Social Sciences in AST Activities, Teachers English Vocational Education, Teacher IM Programme, Teacher and Mentor, Teacher / Programme Leader, Special Educators, Teaching Teacher / Mentor, Recreation Teacher

**Question 1. When and how did you initially get involved in (direct / indirect) support young people with psychosocial problems to resume and / or complete studies?**

| Reply no | Reply  |
|----------|--|
| 1        | I started my employment at the Activa Foundation. In the work of a consultant we try to support young people to work everything. studies. Then there are various functional impairments including. psychosocial health.  |
| 2        | In spring 2016, our school started a collaboration with RSMH. The cooperation was developed into a SIS project (special interventions in school) currently underway and is scheduled to run until the end of 2019.   |
| 3        | Sought the service as a study coach / student counsellor.  |
| 4        | Since I studied for Social Education 2005-2009 I have wanted to support young people, I had internship in 2008 at a school and saw the needs there. Resources needed to be placed on students to meet the requirements. When I finished the education, I have supported young people in different ways, but now I am back to school and support students with mental health / NPF. |
| 5        | A couple of siblings with similar issues made me get in touch with the   |

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|    | student health counsellor, their home and Child. &Adult Psych.. An apparently well functioning family with two daughters with panic attacks and increasing absence.   |
| 6  | I have been running a former project “Employment in the long term” with my colleagues. Collaborating parties are: the municipality, Region Skåne , public and private, the National Social Insurance Agency, the National Employment Service, Schizophrenia Association, “Fontänhuset Bryggan”(Fountain House). We started with 3 people in the autumn of 2012 and are currently 7 people. We work primarily with IPS (Individual Placement and Support) but when the individual has had the desire to study we have also offered support in studies. However, we have not had the training but have studied it and been on study visits and Sed conference in Holland. |
| 7  | Have, since early 1990s, been committed to supporting people with mental disabilities to the goals they want to achieve - not specifically young and not specific studies.  |
| 8  | At project start 2017-01-01. Have also worked with this when I worked as an IPS work coach 2015-11-01 tom 2016-12-31.   |
| 9  | Was involved in the design of the AST business that started at my school for the 2007-2008 academic year  |
| 11 | It has always pervaded my mind in the treatment and lesson planning so that all students will be able to reach the knowledge goals.   |
| 12 | About ten years ago.  |
| 13 | The commitment has been around the whole time I worked as a teacher. It is in some way the role of a teacher. Especially on vocational programmes (as I previously worked in Örebro) and here at IMYRKE.  |
| 14 | All my years as a teacher   |
| 15 | In 1991, I began working as a teacher. In 1995, I began to work as a specialist teacher in high school and in youth institutions. In 2000, I  |

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|    | started working as a teacher for children with special needs and has since then worked with young people from preschool to last year at high school and upper secondary school. 2106 I started working in the project #me too  |
| 16 | It was the autumn term 2007 when I started working at the Point, which is Alléskolan's specially adapted programme for students with Asperger's syndrome / high-functioning autism.  |
| 17 | I have been working for a long time and especially with the "gray-zoon youth".. In 2008, maybe -09, a lot of students started to come late to school with us, students who went to normal class until 9 would suddenly not go with their friends anymore. Many stayed at home, others had a hard time getting started for them a new school form. In this group there were also many students who were not really part of the school for pupils with special needs, but got there because of their absence from school, which made them difficult to handle. |

**Question 2: Are you at present actively engaged in some form of programme which offers support to young persons with psychosocial problems, to reenter or fulfill studies. If yes, in which way.**

| Reply no | Reply  |
|----------|--|
| 1        | Yes, I meet young persons who have just "dropped out" of high school and also persons who are receiving income support. I then try to encourage them to go into some kind of studies or training in order to test a vocation which can lead to, that the person will be motivated to educate him or herself. |
| 2        | See previous question.   |
|          | I am employed by the local authority to handle these issues.   |
| 4        | Today, I don't work with a specific method or programme, which sometimes is needed. But I try all the time to work in line with scientific evidence.   |
| 5        | No   |
| 6        | Yes, same as above   |
| 7        | No, but sometimes there are persons in our education programmes who need support of different kind. But there are no programmes dedicated to young persons with psychosocial problems.   |

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| 8  | Yes with the help of the method Supported Education  |
| 9  | I have taught students for 10 years, in an environment adapted to Autism Spectrum Disorder, AST.<br>We have a guide for students with AST in national curricula. This is with the aim to make it possible for the students to complete their studies in highschool.  |
| 11 | No   |
| 12 | Yes as a teacher in the Individual programme.  |
| 13 | I work with the special study programme "Imyrke" and in i my capacity as teacher, I am engaged in giving support to these students with psychosocial problems and motivate them to continue their studies.   |
| 14 | I work with introduction programme where we continuously work with these issues.   |
| 15 | My duties today consist of; 80% of my service in a project called #me too. It has the objective of finding working methods to reach the group that are staying at home (NEETS). The other 20% I am responsible for special transfer of students at school, contact manager for external contacts for the target group (young people who need support to move on), responsible for discharging work for students from upper secondary school for students with special needs. |
| 16 | Yes, I'm still working on the Point project (see above).   |
| 17 | I work in a special activity aimed at students with NPF problems. I am both on an IM programmes and a community programme aimed at students with an AST diagnosis  |

## **B: What counteracts and what supports (obstacles and support)?**

### **Question 3: What obstacles do you see for young people with psychosocial problems to resume studies (return to school)?**

| <b>Reply no</b> | <b>Reply</b>   |
|-----------------|--|
| 1               | I think that the biggest problem is the persistence and the way it causes it because of uneven emotional mood and that it is easy to slip and give up. |
| 2               | I think that the biggest problem is the persistence and the way it causes it because of uneven emotional mood and that it is easy to slip              |



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|    | and give up.   |
| 3  | The causes vary depending on the problem. Self-esteem can be a common factor for the group due to long periods of time The causes vary depending on the problem. Self-esteem can be a common factor for the group due to long periods of time. Economy is also a factor.   |
| 4  | Mental well-being, difficulty with professional help (eg, vc, curators, etc.). Lack of routines. Insecurity, high demands and, in some cases, "bad" response from educators. Low self-esteem / self-esteem and lack of motivation etc.   |
| 5  | Hard to come back, very difficult to meet classmates and teachers.   |
| 6  | I think that much is about ignorance of mental barriers in both school and business. That schools do not offer support or that they do not disclose which support can already be obtained.<br>But even the individual believes in his own ability and self-stigmatization, that the individual's network prevents the individual from studying to "protect" the individual from forest or "failure". |
| 7  | I believe that it looks different for different people, but imagine that, for example, lack of knowledge about which support you are entitled to / may have, bad self-esteem after previous "failure" can disable the person. Ignorance or lack of interest from educators and the network in general can also be a factor.  |
| 8  | Structural societal problems and the school system as well as the lack of help for young people with and without outgoing psychiatric diagnosis. Then I think that the support available in our schools and in Adult learning, is often very insufficient due to too few resources.  |
| 9  | The pupil's mood is the main obstacle, bad experience from primary school with dropping out as a consequence, difficulty to restart when starting high school.   |
| 11 | Teaching in its current form. More personalized education is needed to strengthen students' self-esteem and motivation for knowledge.  |
| 12 | The main obstacle is when the student cannot get to school because of psychosocial problems, or mental health. High absence makes the student's progression and knowledge development difficult. Causes of absence depend on the educational format, as some students, due to psychosocial problems, find it difficult to participate in larger teaching groups                                      |
| 13 | Hard school climate (non-welcoming environment), for large groups, too much pressure etc.  |

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| 14 | The reassessment when they return to school, for large groups, staff change, unstructured school day, student social networks and habits etc.   |
| 15 | It is important to make a good assessment of the pupil and adjust the support according to the student's needs. It is also important that you start carefully before you can step up.   |
| 16 | That there are earlier school failures that they "carry with them". They may think that since it did not work last time, it will NEVER work. That they see similarities between school and failure - and they think that "there's nothing for me". Inability to self-dare take the step of trying again, perhaps lack of external social contacts that help them take this step |
| 17 | That the step is too big, must meet and create a relationship with someone in the school that you can follow and then be guided further ahead once you have settled and are safe in the environment. Difficult for insecure people to get acquainted with studies. You have to be calm and safe, and enjoy your closest network. Those are the conditions that need to be.      |

**Question 4: What obstacles do you see for young people with psychosocial problems to complete studies (attend school)?**

| Enkät svar nr | Svar  |
|---------------|---|
| 1             | Same as above. It may also involve too little support at home or other activities needed to a greater extent, eg psychiatry and counselling. Possible problem areas may include internal / internal barriers and thresholds for the student / person, social networking, psychiatry and social psychiatry structure, educational format, economic challenges, laws and regulations, etc.) |
| 2             | The support structures in Sweden's schools look so different. Access to student health is very different depending on where you live in the country and how the municipality's economy is. In addition, increased awareness amongst staff in schools is needed on how to deal with students with mental illness   |
| 3             | As above  |
| 4             | Lack of support. No network that can help the student. Low self-esteem / self-esteem and lack of motivation etc.  |
| 5             | In these cases, none of the girls could participate in the classroom, and it led to that they set up their own group room and an pedagogical resource.  |

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| 6  | That there is no person who can coach or pep, or even physically follow the individual if he wishes. That the individual is not offered a truly individualized support in both social and school work. But also that you cannot adapt the programmes to the individual's needs. That the teacher is not aware of whether the individual is present.                                       |
| 7  | See above.  |
| 8  | That they don't get help in time, and when they get help it is often too "late". Then, of course, it is a question of priorities, where to invest. It is also the case that municipalities often do not invest in preventive action, which would be good for young people in school.  |
| 9  | Mood, stress, school environment, performance requirements both socially and profitably, lack of resources in the organization to meet this student group.  |
| 11 | Large teaching groups, the teacher takes too little time to adapt the teaching, responding to the learner according to needs and conditions   |
| 12 | No answer   |
| 13 | That they pass by without being acknowledged by adults (in large groups, for example), that there are not enough resources and that the school environment is sometimes not beneficial to all students in the form it is today.   |
| 14 | Too large groups, the response, staff change, unstructured work, student social patterns that affect them in a negative way. That is a pattern that can be difficult to break, too many demands, insufficient or insufficient cooperation between different institutions. Education schedule.   |
| 15 | If you offer wrong kind of assistance or if the study rate is too high, you may fail.   |
| 16 | That there are not (sufficient) specialized adaptations in all schools, maybe not enough staff / educators with special knowledge about youth problems and knowledge of working methods in the work of these young people.  |
| 17 | Support to find strategies to solve their situation, the knowledge of having a "Plan B" to take if needed, if the situation becomes unsustainable and the student has to retreat. But help in the form of support to find solutions to the student's situation together. Be able to discuss the situation with someone who can help and understand the problem, not just "curator calls". |

**Question 5: What kind of support or resources is available today in your organization to support young people with psychosocial problems to resume studies (return to school)?**

| Reply no | Reply  |
|----------|--|
| 1        | Counseling, an Employment Service Officer who focuses on disability, |

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|    | wage subsidies, psychologist, etc. Curators at school or within the county council.   |
| 2  | In addition to all teachers, we have a complete student health team with good skills. We have service staff (administrators and janitors) who also promote a positive school environment for all our students. In addition, we have an ongoing project in which a certain number of students can get a good support in returning into the business after long absence   |
| 3  | Stödet kan se olika ut beroende på vilken nivå man ska läsa på.<br>På universitetsnivå finns där ofta studentstöd. Men det är inte säkert att det stöd som erbjuds där passar våra deltagare.<br>Inom komvuxstudier kan det se väldigt olika ut beroende på vilken skola du läser på.<br>The support may differ depending on the school level.<br>At university level there is often student support. But it is not certain that the support offered there fits our participants.<br>In adult learning, it may look very different depending on, in what school you are studying. |
| 4  | School health including social educator. Project #jagmed (metoo). Engaged educators.  |
| 5  | I am a new teacher at a specialized high school programme. I don't know so much.  |
| 6  | At present there is a good support in teaching centers with homework and tools. But of course it can be improved. But I do not think there is anything besides IPS (Individ supp for empl) which specifically supports the individual back to school. There will be a launch of an ESF project this autumn, which will work with Sed. It will be within the municipality's adult education but it is currently unclear to me how the organization will look.  |
| 7  | There is no specific way in the education without applying with the same qualifications as others.  |
| 8  | They receive individual support from a study coach as well as a study and career supervisor   |
| 9  | Works individually for pupils and guardians in the long term to get the student back to school. There is also a home theater project at the school for this purpose.  |
| 11 | The project: #jagmed (metoo), included. School Form: Indiv and Introductory programmes. Counsellor, school nurse, special educator SYV  |
| 12 | #jagmed-projektet<br>The project #jagmed (metoo)  |

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| 13 | Indiv and introductory programmes. #jagmed (metoo), school teacher, social educator (point), school nurse, special educator, study counsellor  |
| 14 | The project #jagmed, Counsellor, teachers for pupils with special needs, Individual Programme, School Nurse, study counsellor.   |
| 15 | For students who lack certificate from the compulsory school (9years), who have been home for a long time, get help through the project #jagmed (metoo). We work structured with mapping and individual customization of support as well as collaboration with, for example, Child and Adolescent Psychiatry and social services. Students who run national programmes may be offered assistance from the mentor and a resource team, but there is no structured method. |
| 16 | We have "Punkten" (The Point), where all educators have knowledge of Asperger's syndrome / high-functioning autism. We have a continuous collaboration with study counsellor and special educators in nearby schools, to accommodate students with this type of functional variation to us.  |
| 17 | Personnel with extensive experience in AST and other NPF diagnoses. Small groups, adapted environment and school situation, limited (surveilled) entrance to our premises. Visual aids for the structure, high adult density, and individually adapted study requirements.   |

**Question 6: What kind of support or resources are available today in your organization to support young people with psychosocial problems to complete studies (attend school)?**

| Reply no | Reply   |
|----------|---|
| 1        | Same as above.  |
| 2        | See the previous question. In addition, we have a number of teachers who support students under holidays to enable students to work even outside their regular school days. Support can be provided at school, but also in distance learning. |
| 3        | See the answer to the previous question. Does not have a good answer to this question because we work with adults. They can study in a flexible way or scheduled lessons. They choose themselves.   |
| 4        | School health including social educator. Mentoring centre. Engaged educators.   |
| 5        | See previous answer.  |
| 6        | The municipality's learning center offers study counsel, support with homework, cognitive support etc   |

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| 7  | Our education is distance learning and therefore does not require attendance, on a daily basis. On the other hand, we can adapt education / teaching in different ways, provide special educational support, etc. As far as we know, no one has left us because of lack of support from the school.                           |
| 8  | See answer to question above!   |
| 9  | Possibility for students with AST to conduct upper high school studies in smaller groups on introductory programmes and national programmes, study guide for students with AST on national programmes   |
| 11 | The project: #jagmed (metoo). School Form: Individual or Introduction programmes. Counsellor, School nurse, Teacher for pupils with special needs. Study counsellor.  |
| 12 | In addition to us teachers, mainly the School Health group  |
| 13 | Individual or introduction programmes. Counsellor, Teacher for pupils with special needs. Social Educator, School Nurse, Study Counsellor   |
| 14 | IA / IM, #jagmed (metoo), school teacher, social educator (point), school nurse, special educator, Counsellor   |
| 15 | In the project there is much help to get. Network meetings, collaboration with C&A Psych and social services. We also have our own counsellor and access to the school psychologist. At the rest of the school you can get help from your mentor and student health, collaboration with C&A Psych and social services occurs. |
| 16 | The Point project, as mentioned, is doing a successful work with the students. We pep up and motivate them to attend school and attend classes.   |
| 17 | Teacher, class assistant, leisure teacher and social educator, counsellor and proximity to school nurse and resident study counsellor. Collaboration with the families.   |

**Question 7: In addition to the questions / answers above, are there other important questions that you would like to highlight?**

| Enkät svar nr | Svar  |
|---------------|---|
| 1             | Waiting times are often too long for access to psychiatric interventions, which makes it difficult for people with mental illness. Health centers |

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|    | would have more opportunity to support and help in an early stage and catch up with these people.  |
| 2  | No, not at present   |
| 3  | No reply   |
| 4  | No reply   |
| 5  | No reply   |
| 6  | No reply   |
| 7  | No reply   |
| 8  | That it's important to focus on young people, with a preventive purpose and not just help them when things have gone too bad. Many resources are needed and they need to be individualized and based on the individual's goals and difficulties.   |
| 9  | I work with students in AST and the answers are based on the AST perspective and how we work with this group. Thus, it does not indicate how the school works in general with students with psychosocial problems.   |
| 11 | No   |
| 12 | No   |
| 13 | No   |
| 14 | No reply   |
| 15 | It is important that the school cooperate with other authorities. Mental distress cannot be clinically treated at C&A Psych, but we must find ways to cooperation, train and eradicate mental distress   |
| 16 | The importance of attending courses / conferences etc. within the subject, to keep abreast of it and show that we are there. We often attend/ initiate these things ourselves  |
| 17 | I think school health should have a service that is more "NPF consultant" someone who tries to solve problems where they arise and can be connected at the earliest stage in the student's environment before it can go so far that the student begins to lose in attendance<br><br>As I read through my answers, I see that I have answered to some extent, with a solution focus :) let it remain in that perspective. |