

# Impact of severe mental illness on education and future career prospects

Dr Maya Huby  
CT2 Psychiatry

## Case summary

**Patient Z is a 20 year old cis male university student who moved over from Pakistan in 2021 to undertake a university degree in Accounting and Finance, and has always excelled academically. He experienced a first episode of psychosis in December 2021 while in Pakistan, necessitating a 10 day admission and prescription of antipsychotic medication, which he stopped due to side effects after 3 months.**

He unfortunately presented to A&E in February this year with signs of relapse, including agitation, restlessness, poor sleep and paranoid ideas about his university peers having poisoned him and practising black magic. He had been running for president of his university's Pakistani Society and also had upcoming exams; stress related to this was likely to be a precipitating factor for his relapse.

On assessment in A&E, Patient Z presented as labile in affect, was giggling spontaneously, and described his mood as very good. He demonstrated clear thought disorder, with significant persecutory beliefs and paranoia. He lacked any insight into his mental health difficulties.

Following this, Patient Z was admitted to hospital under Section 2 of the Mental Health Act for 12 days, where he was started on risperidone. During his admission, he rapidly improved in mental state and was discharged to the care of Home Treatment Team.

While under Home Treatment Team, Patient Z's positive symptoms appeared to have settled, but he reported disabling symptoms of dizziness, psychomotor retardation and lethargy, which appeared to be side effects of risperidone. This was therefore switched to aripiprazole in an attempt to improve these symptoms.

Patient Z understandably planned to remain on sick leave from university for some time while recovering from his recent psychotic episode. It is likely that his illness will have a significant impact on his education and therefore his employment and life prospects if the appropriate support is not given.

## Literature review

The transition to and stresses of university, along with the usual age of university attendance, can often provide challenges which increase vulnerability to mental health difficulties (Montgomery and Côté, 2003). Notably, the Royal College of Psychiatrists predicted that the incidence of mental health issues in UK students would increase in recent years, due to a governmental focus on widening university access to students from a range of socioeconomic backgrounds, alongside reductions in student funding, thereby increasing financial pressures (Callender *et al.*, 2011). Indeed, recent statistics published by the UK Parliament show that mental health conditions reported by students in 2020/21 are nearly seven times as high as a decade prior (Lewis and Bolton, 2023). A cross-sectional study carried out in 2012 assessed mental health of students in each university year, and found overall psychiatric caseness similar to that of the general population, at 17.3%, with a significantly higher prevalence observed in second year students (23.1%) and women (Macaskill, 2012).

There are a number of studies exploring the impact of severe mental illness, specifically first episode psychosis (FEP), on education, employment and long-term outcomes. A study carried out on data collected between 2001 and 2018 showed that higher education was reached by only 13.5% of patients with FEP, and only 33% patients continued their education following a FEP (Ayesa-Arriola *et al.*, 2023). Furthermore, higher education students with FEP have shown lower levels of engagement, performance and satisfaction compared to controls (Roy *et al.*, 2016). Additionally, employment rates are already decreasing by the time young people with FEP come

into contact with services, and tend to continue to decrease rapidly within the proceeding two years (Rinaldi *et al.*, 2010).

The causative factors underlying this decline in employment and education rate appear to be many and varied, including: direct effects of the illness or treatment on functioning; reduction of support or encouragement from family, friends and services; loss of social roles and goals related to depression or negative symptoms (Annapally *et al.*, 2019; Rinaldi *et al.*, 2010).

Interestingly, more favourable outcomes from FEP in those who attended higher education, in terms of a reduction in positive symptoms and better functioning, have been observed (Ayesa-Arriola *et al.*, 2023). Thus, supporting students to stay in education will likely improve clinical outcomes as well as employment prospects. A consensus statement by the International First Episode Vocational Recovery Group stressed that equal priority should be given to educational and work functioning as to symptom levels, which can be encouraged using various measures (2010).

Studies suggest that increasing social support and reducing the duration of untreated psychosis can improve employment outcomes, and supported employment has a role to play in increasing employment rates (Bond, Drake and Luciano, 2014). Specifically, the Individual Placement and Support (IPS) approach, a type of supported employment, has significant evidence for improving employment rates of those with longer term mental health conditions compared to traditional rehabilitation approaches. (Rinaldi *et al.*, 2010).

## Conclusions

**Patient Z represents a good example of a very bright and motivated student whose potential loss of education and thus career could be devastating if not adequately safeguarded.**

**Notably, first episodes of severe mental illness often strike at this formative time. It is pertinent that psychiatrists with an occupational interest focus on the student as the future professional in order to help mitigate the impact on career and general life trajectory.**

## References

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