

Supporting students in their transition from service user to student nurse

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Psychological distress is common with about one in four people expected to experience the symptoms of mental illness during the course of their lives. Life events are often associated with the onset of mental illness and the Royal College of Psychiatrists (RCP) report in 2011 suggested that starting university is stressful and can precipitate people developing psychological distress. It also recognised that a range of different terms were used to describe the mental wellbeing of students and as such, accurate figures on how many students were in need of support were difficult to obtain. However, Bewick *et al.* (2008), in an internet-based survey, found that 29% of students within four universities described clinical levels of psychological distress.

Since 2000, nurse education has been based universally within higher education (HE) and students studying to become mental health (MH) nurses can be faced with a unique set of circumstances, which further challenge their resilience to maintain their mental wellbeing.

In the recruitment process to become a MH nurse, it is not uncommon to explore an individual's understanding of mental health and mental illness and the delivery of mental health services. Having insight and some understanding of mental illness is considered to be a positive attribute when recruiting students for a MH nursing course. Gaining insight into mental health and mental health services is normally due to either a combination of, or one of three reasons:

- Experience of working in a mental health setting
- Having friend or family member who is in receipt of mental health services
- Having personal experience of mental illness or being in receipt of mental health services

Although there are no figures available, anecdotal reports from one university suggest that in any cohort of MH nursing students as many as 50% of the students will have personal experience of depression, anxiety or other mental illnesses, which have previously required support or in-patient care from mental health services. In some cohorts, this figure may be even higher.

At the University of Brighton, three students kept a diary account of their time studying to become MH nurses and in doing so revealed key periods when their mental well-being was challenged and the support that enabled them to continue to complete the course and register as nurses was considered. This paper will discuss these challenges and the support that was beneficial during the first few weeks of a course in student MH nursing and make recommendations for the future.

The first key period is in the lead time prior to starting a course, when each of the students reported a reduction in their existing support as they, and where applicable, their MH service providers,

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reported that they were doing well, as they had obtained a place to study MH nursing at university. They had successfully completed the application process and two students had embarked or maintained a period of employment within MH services as care workers. They were all able to articulate how they would cope with the demands of a course. Believing themselves to be well and resilient was important for the three students and gaining a place on a course confirmed their wellness. All three of the students talked about looking forward to being “just like any other student”, with one considering the course to be a “new, fresh start”.

Each of the students had reduced their contact with MH services and two had decided to stop their medication, as they felt so well and able to cope. As a consequence, none of the students had considered that they would need support from mental health services within the university and delayed contacting university services to see if there was support available or if they were entitled to the Disabled Students’ Allowances (DSAs). This reduction in support and their perception that they would be able to cope, occurred at the very point in time when they were making a major life change.

Starting university is considered to be stressful, as many students will leave home, leave friends, move to a new location, have less money and have to manage attending university, keeping up with their work and for many gain part-time employment, plus managing their own finances and other practical things for the first time. It is not uncommon for any student to feel isolated and to experience home sickness during the first weeks of an academic year (RCP, 2011).

The three students all described how excited they initially felt and how they looked forward to starting the course, but how during the first weeks of the course they became overwhelmed by the enormity of the decisions they had made. They described how they attempted to be “super students”, always being on time, making sure they had everything and contributing to all the educational activities, whilst simultaneously being fearful that somebody might discover their history and they would be asked to leave.

Support during this transition into a university can be limited as, in the case of these three students, they withdrew from their existing support network and delayed contacting support within the university. This can be made more complex if students move locations, as re-engaging with local MH services often requires transfer of information from one NHS Trust to another and accessing local services is very dependent on the local service provision. Whilst universities should not be the primary source of MH care and compensate for what seems to be a shortfall in NHS provision (Cowley, 2007), the Working Group for the Promotion of Mental Wellbeing in Higher Education reported a significant increase in the demand for university based counselling services over the previous 5 years (Grant, 2011).

These students were able to access the support of the Disability Liaison Tutor, based within their school, and therefore had the opportunity to talk about their mental wellbeing and strategies for maintaining their health. The three students valued this opportunity to express how they were feeling, without being judged by their previous history. They valued the space to talk where they could express their concerns, without fearing that their disclosure would jeopardise their position on the course. This was made even more important as they still had to be cleared ‘fit’ by the Occupational Health Service before they could engage in clinical practice. The occupational health clearance occurs after the course commences, but is essential as it confers their fitness to practice.

At the University of Brighton, the significance of identifying vulnerable students early in their educational career has led to the creation of student support and guidance tutors based within the different schools. Plus, in the School of Health Sciences, there is a Disability Liaison Tutor with a specific remit for developing the support of students studying professional courses. Formal mental wellbeing support from university based student services begins once a student has commenced their course. This support is often delayed, as students are either unwilling or unaware that having a chronic health condition, such as mental illness, entitles them to access additional support through student services and DSAs.

The Disability Liaison Tutor has the ability to contact prospective students in advance of the course start date, prior to commencing or completing the process for formal support through the university. In this way students, who have disclosed a previous episode of mental illness during the application process are contacted prior to starting the course and all students are given the opportunity to talk about their mental wellbeing during the first weeks of the program.

The second key area that emerged from the students' accounts of these first few weeks was the impact of being a student studying MH nursing and hearing the views of their peers, and, in some instances, lecturers, about nursing and MH nursing in particular. In addition, nursing students spend 50% of their time in clinical practice, where students engage with clients and participate in therapeutic activities. Meeting others who may have had a similar life story as themselves and working alongside registered nurses, who may themselves be feeling distressed and pressured, was described by the students as "challenging". One student described how she was familiar with being an in-patient and how anxious she became when entering the staff room and listening to the staff 'offload' to one another.

Each of the students had started the course with an enthusiasm about studying MH nursing, which had arisen from their personal experiences and they described either wanting to be like a MH nurse, who had been significant in their care and recovery; or the desire to improve the service to patients due to a negative experience they had had, or that a close family member or friend had had. One student had experienced the stigma associated with being diagnosed as having a mental illness and they all considered that mental illness was perceived more negatively by society than physical illness. Stigma associated with a mental illness is not uncommon and staff working in mental health services can also experience secondary stigma by association i.e. for these students hearing peers and some lecturers portray mental illness in a negative light and also hearing how hard nursing is, with long shift patterns, night duty, studying a course which combines academic study with clinical work, created tension and conflict. This conflict was further exacerbated as they learned about the legal framework associated with being a professional and the importance in meeting key targets for attendance and attainment in order to become a Registered Nurse.

For each of these students, the fragility of their resilience, when faced with the enormity of the course emerged and their coping strategy, was to avoid seeking any support, hiding from any aspect of the experience that would identify themselves as having a mental illness, or having had contact with mental health services in the past. As a consequence, they reported how tired and exhausted they began to feel within weeks of commencing the course and how their strategies for maintaining their mental wellbeing began to crumble. They reported an increase in alcohol use and the re-emergence of negative thoughts and behaviours as their mental wellbeing lessened.

Identifying students who are beginning to struggle early in a course is important and despite the presence of personal tutors, student support and guidance tutors and the availability of robust student services, each of these students found it hard to seek support. Not wanting to be seen to be failing at an early stage and being fearful that disclosure would mean they would have to leave the course became a major hurdle for them to overcome.

However, at the University of Brighton this was overcome by the development of a series of drop-in sessions in the evenings, inviting any student to attend with the reassurance that confidentiality, within specified parameters, would be maintained. This created a safe space where the students felt able to talk and share their concerns and from this they could be signposted to specific support, through named people within student services and encouraged to register or make contact with their general practitioner.

For these students, this personal approach made the daunting task of contacting student services and re-engaging with formal support easier. They were reassured that sharing their concerns would not be seen as a failure and that confidential support was available, which need not automatically impact on their position as a student studying to become a MH nurse. Reassuring the students that disclosure would be confidential and gaining agreement as to what information could be shared, but that, in the absence of compelling reasons, it would not lead to the student immediately being requested to leave the course, was important. During the discussion, the students were encouraged to speak with their personal tutors and given simple advice about keeping healthy, not getting too tired and how to access informal support in the local area. Where tiredness was an issue, negotiation with the course team and clinical practice supervisor enabled the creation of some flexibility with creative use of independent study time. All students had independent study time that was allocated for specific weeks and by 'banking' this time, the students were able to use study days more effectively to enable them to adjust to the work required and to balance their work/study life. These course-based adjustments complemented the provision of mentoring support through student services and funded by their DSAs.

The experience of these students and of others within the Faculty of Health and Social Sciences has identified an area where support is required. We have valued the contribution that students, with a wide range of health experiences, have had on our course development and in the delivery of person centred care. We also recognised the impact the transition into university has on students, in particular students who have experienced mental illness, and the unique set of challenges that present to students studying to become MH nurses.

We are developing a specific support package for students with a history of mental illness that will begin before they start their course, with a series of workshops and peer support sessions that will continue until the end of the first semester.

During this workshop our aims are to:

- Enhance peer support within the course
- Create an openness that will enable students to 'know' who is available for support and how they can access this support

- Create a space for students to simply talk about how they are managing as student nurses and to explore the tensions and conflicts associated with studying MH whilst simultaneously being in receipt of MH services
- Encourage the development and maintenance of positive coping strategies that will be robust and supportive during the course
- Identify how flexibility can be built into study programs and clinical placements and managed effectively to ensure students meet course requirements

These workshops will include input from the MH nursing team, the local service user group, existing students and the Mental Wellbeing Team from the university's Student Services. Permission will be gained from the student participants, and the local ethics committee, in order to evaluate the workshop and to make recommendations for future support provision.

References

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