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Including the Excluded: Weathering the Storm

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Title: Including the Excluded: Weathering the Storm

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Abstract

It has been identified that populations of students within Higher Education often report much higher levels of the symptoms of depression than the norm for their age group. In addition, levels of symptoms for anxiety can also be higher amongst students. A study found that reported levels of moderate to severe anxiety among second year students were nearly twice that of the general population (Webb et al 1996). Another later study conducted discovered that students were 1.64 times more likely to experience symptoms of mental ill health than the general population (Harrison et al 1999).

The author has worked in the field of mental health both nationally and internationally. During this time the author has been fortunate and privileged to have encountered individuals who have shared their narratives regarding their endeavours to participate in Higher Education whilst managing their mental health. The authors aim was to utilise his current role as a lecturer practitioner to create opportunities for students to become aware of the supportive network within North East Wales Institute of Higher Education (NEWI) in order to improve the success rate of completing their chosen course of study. This process would be part of a generic lecture and therefore would create an opportunity for passive knowledge acquisition.

Walking through the corridors of higher education establishments with our eyes wide open provides a useful insight into the mental health needs of our students, however this is often missed or ignored. The author will present a lesson plan that enables students and staff to become more familiar with services available in supporting students who are either trying to cope with the stressors of higher education or might encounter such stressors through the course of their studies.

By improving the students awareness of the safe harbours that they can take refuge in at times of distress, we as educators are increasing their chances of completing their chosen courses and therefore increasing their opportunities in life. This supportive process allows for the widening of participation for the local community and will provide support to many students who are often misunderstood and not supported at home, due to them being the first person in the household to be on a degree course.

Terminology and Definitions

The very definition of mental illness is as much to do with acceptance as it is to do with the observers ethnic, cultural, social and to a large point the historical context in which that observer lives. The society in which the reader finds themselves will dictate, to an extent the views on what is seen or allowed as 'normal behaviour'. This in turn will have symbiotic relationship in terms of what is viewed as mental ill health. The World Health Organisation (2001) states that there is no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. However, most medical and nursing clinicians use the latest edition of the Diagnostic and Statistical Manual of Disorders (DSM)-IV (2000) in order to categorise and therefore apply relevant treatment practices to those illnesses. In relation to this, the World Health Organisation explains that mental illness can be used to define clinically recognisable patterns of psychological symptoms or behaviours that cause acute or chronic ill-health, personal distress or distress to others. The terms mental illness, mental health problems and mental distress are used throughout the text, the first two terms refer to clinically recognisable patterns of symptoms or behaviours that cause acute or chronic ill health. The later refers to the possible psychological stresses that confront students in academic life.

Introduction

Mental health is increasingly seen and acknowledged as a building block for the foundation of a healthy life and serene well-being. Unfortunately, mental ill-health strays into all facets of socio-economic political strata of society, making no one immune and a high probability of anyone of us experiencing a period of mental ill health or mental distress at some point in our lives.

Statistics inform the reader that one in four people within the UK population are likely to experience some form of mental health problem in the course of a year (Bird, 1999) and that a smaller minority will encounter mental illness. The students narratives of mental health suggest that many people require in-depth support from mental health services for complex and enduring mental health problems. There are others who are capable of managing the mental distress that they are experiencing either by seeking early assistance from supportive networks or they are innately equipped with effective coping mechanisms that allow them to manage and or remove the mental distress from their lives. Mental health is a prerequisite for being human, it should not exclude, create stigma or be an excuse for "special treatment". It is important to remember that people who experience mental health problems are capable of leading full and happy lives. Within this education and their right to education can be at the forefront of allowing the individual to transgress their problems. The educational process has been found to have varying levels of stress placed upon the student.   Higher Education is linked to a number of significant stressors, including financial pressures and the emotional demands of a leap from the playground to the lecture theatre. Brown and Ralph (1999) found that students encountered significantly high levels of stress through academic life, which is supported and collaborated in later research by Aherne (2002). Indeed by many, stress can be seen as not only a necessity as a driving motivational tool but also an important aspect of the higher educational experience. Whitman et al, (1985) highlights this point by explaining that stress is an integral component of being at university. It is indeed a conundrum as to whether we as lecturers allow our student body to experience these turbulent stresses with the hope that the process will in some way make

them stronger and more robust and better equipped to undertake the rigmaroles of life after University. By adopting this ethos, are we not simply subscribing to a Darwinist approach to education and justifying to ourselves that by allowing students to "go it alone" we are merely encouraging the process of natural selection?

Sink or Swim

Crisp et al (2000) explains that is an all to common occurrence to encounter prejudice and stigma when the issue of mental health is raised. Indeed their research indicates that public opinion regarding people with mental illness shows that these individuals are viewed as difficult to engage with, have different feelings from those with good mental health and are unpredictable in nature. These negative overtones may not only have repercussions upon the access and rights to education that people with mental illness have but also how the educational establishment manages these people. The students narrative of finding support suggests that that the level of support can often depend upon the students tutor. The experience of teaching in order to unlock a students potential is an ultimately rewarding shared journey. However, as this narrative indicates it can carry a heavy responsibility. It is this very responsibility that is at the core of the educational process and demands that we 'the staff' prepare ourselves to tackle mental illness, which is a challenge not unlike dealing with cultural differences, or alternating between varying teaching styles.

The Royal College of Psychiatrists (2003) published a report entitled 'the mental health of students within higher education'. This report clearly identified that there has been an increase in recent years in the number of higher education students presenting with symptoms of mental ill health. The report also indicates that there has been a considerable increase in the number of students who have presented with more severe mental health problems. The Report highlights the disruptive and disabling effects of mental illness on the students ability to study and learn.

It advises that institutions respond by promoting links with local health service providers so that policies can be created which encourage mental health promotion and improved well-being. Within Wales the 'Reaching Higher Reaching Wider' (www.hefcw.ac.uk) project has been established to widen participation in Higher Education. This project is managed by the Community University of North Wales (a partnership of the two Higher Education Institutions and eight further education colleges in North Wales) and funded by the Higher Education Funding Council for Wales (HEFCW). The project has been responsible for developing activities to encourage social inclusion as well as raising awareness and to nurture aspirations.

Within NEWI it has been observed by the counselling services that there has been a 28% increase in the number of students registering for ongoing counselling support. However, of a 6000 strong student population this statistic equates to only 90 students. Of this number only 5 are European or International students. Through a narrative an international student told of their difficulty in acknowledging their mental illness because of the shame that they thought this would bring their family. The student explained that this perceived shame prevented them from wanting to engage in supportive networks as by doing so would confirm that they had a mental health problem.

The Inverted-U Hypothesis

It is possible to identify with the concept of mental causation when examining the relationship between mental distress and academic failure. Kim (1998) explains that typically the term is used to refer to cases where a mental state causes a physical reaction. To better understand this mental causation concept the Inverted-U Hypothesis can be utilised.

This hypothesis is more commonly applied to the field of sport and exercise sciences than education. However, the author believes that it has clear validity in terms of exploring the problem at hand. The hypothesis states that performance improves as arousal levels increase up to an optimum point, beyond which it deteriorates.

Within sport, this means that little excitement and stress associated with competition or performing in public can have a positive effect, but a situation that is too stressful is detrimental. The optimal levels vary between people doing the same task and for the same person doing different tasks. The hypothesis also explains that optimum arousal levels tend to be lower for more complicated tasks. This theory has its roots in the work conducted by Yerkes and Dodson in 1908, it is still very much in use today and the author beliefs can be easily transferred over to the student experience.
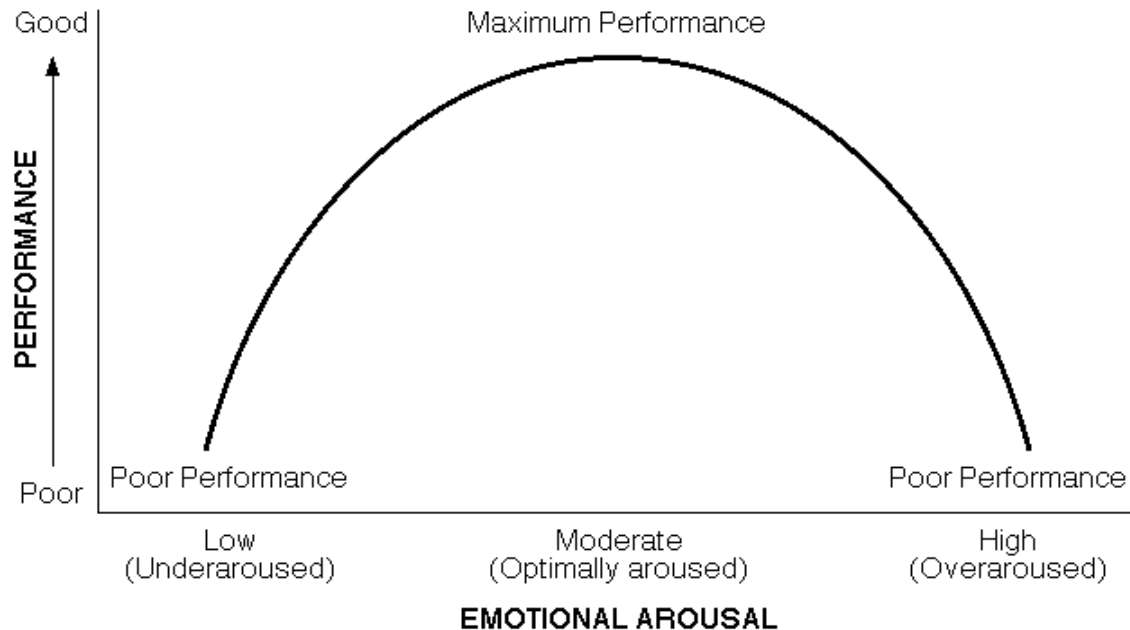
The above diagram shows the Inverted-U hypothesis in process. By utilising this model it is possible to highlight the relationship between stress, University life and mental distress. It can be observed that a student body that is lacking in stimulation will be under aroused and will therefore show low academic performance and possibly poor satisfaction with their University education. The section of students that find themselves moderately aroused will achieve optimal arousal therefore achieving maximum academic performance and possibly high satisfaction rates. However, the student body which finds itself over aroused and overly stressed will show poor academic performance. It is in this region that students may have a higher probability of encountering mental distress and mental health problems.

Furthermore, the Inverted-U hypothesis also states that optimum arousal levels tend to be lower for tasks that are more complicated. If we envision not only the academic challenges undertaken within Higher Education but also the other existing complications of student life then we can surmise that there is an even less threshold in relation to striking a balance between good performance and being optimally aroused.

Covert Teaching

This lesson was conducted as part of the Common Foundation Programme (CFP) of the pre-registration Nursing Degree. This encompasses generic nurse training before the second year when the programme branches into Adult and Mental Health. This module is designed to introduce the first year students to the role of the mental health nurse and increase awareness of key concepts and issues surrounding mental health nursing. These first year students will have already come into contact with patients with mental health illnesses through their placements. This session in part exists within the curriculum in order that critical thinking and active learning (Bandman and Bandman, 1995) may take place and that existing experiences and or preconceived notions can be reflected upon critically through active student participation. The NMC (2002) recommends the use of reflection in improving competences of practitioners.

The lesson (see appendix A) was planned using PowerPoint, with intermediate use of flip charts to identify positive and negative mental health as well as specific causes of mental distress on students. By this process of identifying students as a vulnerable group. The author was able to establish empathy by giving a concrete referencing tool to the group. During the session, completed charts were placed on the walls of the lecture theatre in order that continued reference could be made throughout the lesson. By using the flipcharts in this way (and asking the students of their first encounters with mental health) it allowed the author to evaluate the knowledge base of the group. Dressel (1976) supports the use of evaluation as it forms a basis for rational judgments in decision-making.

The task within the lesson was for the sixty-four students to split into a care team of five (there was one group of four) and to manage the care of an imaginary patient. They were given the information that their patient was experiencing some mental distress. The students were required to think of NEWI as a community and link and liase with local services (NEWI supportive network) in order that they could provide a package of care for their patient that would assist in the therapeutic recovery of that patient. Prior to the commencement of this lesson, the author had spent the previous day meeting with NEWI staff who provide support to the student body. The author ensured that they understood what I was attempting to achieve. These people and their departments included; the Counselling Service, staff at Service Information Desk (SID), Student Welfare, the College Chaplain, the College Nurses and GP surgery, Student Services, Disability Support, Staff at the Sports Centre, the International Office, Childcare Services, the Students' Guild and the IT Department. The last department may be less obvious but equally important in providing up to date self-help guides via the NEWI website. A Swedish Study argues that there is growing literature to support the use of this self-care approach (Nevonen et al, 2006). The covert or subversive aim to this task was to raise awareness of the supportive networks that exist within NEWI so that if the students were to encounter difficulties they would know where to seek assistance and to prevent mental distress. This task would also allow those students who had pre-existing mental health problems to have a 'first contact' with the services under the guise of a teaching task. The task had the additional merit of allowing teaching staff to gauge the extent first year students were familiar with these services. The results were collected through a follow-up session, which saw the thirteen groups feedback their findings.

Accessing Supportive Student Network

Services/Group	1	2	3	4	5	6	7	8	9	10	11	12	13
SID	√	√	√		√	√	√	√	√	√			√
Counselling Service	√	√		√		√	√	√	√		√		
Student Welfare		√	√		√	√		√			√		√
College Chaplain													
College Nurses & GP Surgery	√	√		√	√	√	√	√	√	√	√		√
Student Services	√	√		√		√	√	√	√		√		
Sports Centre									√				
Students' Guild	√		√		√					√			
IT Department						√							
International Office													
Childcare Services													
Disability Support	√												
Results	6	5	3	3	4	6	4	5	5	3	4	0	3

The Results

It can be observed from the results that no student care team achieved the 100% target. This could be a possible indication that these services are not being advertised to their full potential during the freshers week. Hawton et al (1995) explains that there should be an induction of students at the commencement of university life that promotes awareness and social integration. The Royal College of Psychiatrists (RCP, 2003) identify the trend of students experiencing mental health difficulties being directed, in the first instance, to their GP's or to on campus paramedical, counselling or disability personnel. Within NEWI, there was a particularly low acknowledgement of the Disability Support but a relatively well recognized engagement with the Counselling Service and College Nurses and GP Surgery. None of the student care teams acknowledged the possible spiritual needs of their patient in alleviating mental distress.

It is possible that this is either a reflection of the students own secular views or an inexperience as first year students of utilising a holistic approach to care. A study in the USA by Jensen et al (1993) found that those students who had strong religious beliefs tended to have better mental health but that there was marked increase in suicidal ideation and behaviour from students who showed no religious interest King et al (1996).   No student care team identified the childcare facilities available at NEWI. The majority of the group were relatively young and it is possible that childcare needs were not at that time a priority. This again reflects a need for the student care teams to examine all of the need possibilities when creating a supportive package of care. In creating this task the author purposely did not identify the ethnicity of the imaginary patient, this allowed for a more complete examination of the students possible interpretations of what their patients needs might be. In relation to the failure to identify the International Office as a possible source of support, it can only be assumed that the student care teams did not consider the varying needs of NEWI's international student body. Javed (1989) identified that there has been an increase in the symptoms of mental health of international students in the UK. As already identified, NEWI Counselling Services have reported that there is a substantive lack of International students seeking assistance from this service. This may indicate possible restrictions regarding language, however this trend has not been observed with the college nursing and medical staff who report high rates of assistance to the international students. One potential explanation can be sought when examining the work of Weiss (1969), who praised the advantages of the 'fund of sociability' in relation to the emotional resources that people give to each other. Within this, we can stipulate that the International students are seeking support from their immediate social network.

More recently in The University of Leicesters' study (Grant, 2002) an unfortunate trend was highlighted through the use of the Brief Symptom Inventory (BSI) in relation to International students and ethnicity. The BSI is designed to measure current psychological symptom status and is oriented towards psychiatric diagnoses. The BSI yields scores on nine syndrome constructs and provides three different total scores that indicate psychological distress.

In The University of Leicesters' study, students from ethnic minorities scored considerable higher on the subsections of the BSI.

The results from the task also indicate that the students may not be aware of the positive association between physical fitness and mental health. In a number of narratives encountered by the author the students commented that they used a range of exercise and leisure activities to "distress" from life pressures. Gosselin and Taylor (1999) recognises that exercise is associated with a reduced level of state anxiety, and that exercise is also associated with decreased levels of mild to moderate depression and anxiety. Furthermore these researchers found that long-term exercise is usually associated with positive traits such as improved self-esteem and mood. It has also been established that physical activity results in reductions in various stress indices. Although the student care teams clearly identified the need that could be met through the nursing and medical staff, they failed to examine the social supportive networks. In the argument for a holistic package of care Morgan and Goldston, (1987) explain that severe depression usually requires professional treatment but exercise may act as an adjunct. Indeed Kirkendall's (1986) study cited in Stull and Eckert (1986) indicated that by participating in physical activity students might be able to increase their academic achievements. Within North Wales, a study by Mottershead (2001, unpublished dissertation) showed that there existed evidence to support the use of sport and leisure activities as an alternative therapy for patients with mental health problems and that this participation assisted in the recovery process.

Only one student care team accessed information from the NEWI intranet. As this team discovered there was a wealth of links to on and off-campus supportive networks. This self-help approach could be successful in cases were the student feels self-conscious about seeking assistance. The counselling service provides a free on-line relaxation programme. The course consists of eight recorded sessions with voice and music therapy. These links represent an easily accessible, readily available resource which although perhaps not a substitute for a trained professional may represent an initial point of contact for many. Surprisingly only one group made contact with the Disability & Learning Support Team.

This team are experts in the implications of the Special Educational and Disability Act 2001 (2001). There is an appointed Disability Advisor who has a wealth of resources and expertise in dealing with contemporary issues surrounding the support of students with mental and physical disabilities. The Disability & Learning Support Team also help with needs arising from a disability or impairment, such as a visual or hearing impairment; specific learning differences, such as dyslexia or dyspraxia; or with medical conditions such as diabetes or Myalgic Encephalomyelitis (M.E); or a mental health difficulty. The student care teams reported that they were unaware of this service. The students had utilised the Service Information Desk and had relied heavily on the information disseminated to them. This may indicate a need to promote this service and the work that it undertakes. To illustrate this point, during the feedback phase the author informed the students of the supportive schemes offered to students with dyslexia. Two students commented that they had dyslexia and were unaware of the assistance that they are entitled to. There clearly needs to be further analysis undertaken to examine whether the supportive networks that exist within NEWI are coordinated, are working collaboratively and have an integrated strategy that allows for a seamless service.

This task saw one student care team fail to access any services. The author is in no doubt that this team were merely advocating a laissez-faire approach in their search for adequate service provision. Indeed this team should be commended on their acknowledgment and demonstration of the supportive networks that exist within the student bar and outside designated smoking site, two areas that the author neglected to identify. Never the less, in order to satisfy any nay-sayers out there the author ensured that after the student care teams had provided feedback and the planned care they would recommend for their patient, the author purposely emphasised the importance of autonomy of learning (Fry et al, 2003) and it's very real links to the clinical environments.

Conclusions

At the very core of this problem is the question how do we best support our students? Academic staff are fortunate that they find themselves in a role which can literally mould and improve a person, not just in terms of employability but more importantly allows the individual to transgress. Good mental health is crucial in allowing this process to occur smoothly. Yet the mentor duties of teaching staff can play such a finite part if the mental distresses are hidden and or the teaching staff feel they are inadequately prepared to meet the challenge of their students mental health. This is a cause for concern as student narratives have identified their tutors as being the key to receiving quality support. As previously mentioned there exists two opposing schools of thought. The first advocates for allowing students to experience the rigours of academic life as this earns them a place in the academic fraternity. The second opposing view is whether we (as the title of this paper implies) create a safe harbour from which we can stand along side our student, safe from the storm but at a vantage point where we can examine the problem together.

The argument in itself may be redundant as increasing numbers of policies and procedures direct our actions and institutional ethos. The NHS has published a number of documents, which have a direct influence on the mental health of students in Higher Education. Most notably The Journey to Recovery: The Government's Vision for Mental Health Care (DoH, 2001), National Service Framework for Mental Health: Modern Standards and Service Models (DoH, 1999) and The NHS Plan: a Plan for Investment, a plan for Reform (DoH, 2000).

In 2000, Universities UK published Guidelines on Student Mental Health Policies and Procedures for Higher Education. The aim of this policy was to steer and guide institutional planning in dealing with student support and staff training in order to create a culture of responsibility in managing students with mental health problems.

The document also made recommendations in supporting students and staff who work or study with students experiencing mental health problems. It is an unfortunate truth that although there are an increasing number of policies being created and Higher Education institutes are widening there supportive networks, there are still a number of students who struggle to complete their studies. It is probable that further research is required to establish whether there is sufficient collaboration between NEWI, the NHS, and local agencies to guarantee that students are provided with the best care possible. In the mean time the Institute must ensure that the 'safety net' that is thrown out is wide and all encompassing. The use of narrative practice has allowed the author to add substance and realism to the issues surrounding the creation of supportive mental health networks in the twenty first century.

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Time	Topic	Teacher & student activity	Materials/ Aids	Core curric ref	Outcome/ *Homework*
13:00 - 13:05	Introduce myself and topic	Establish a spring-board	Power-point	Common Foundation Programme	State aim of lecture (not point 3)
13:05 - 13:20	Contemporary Research	Utilise first-hand experience of students. "What was their first introduction of Mental Health"? e.g. Newspapers? School Literature? Introduce Historical perspective of Mental health nursing in North Wales.	Power-point Handout: Historical perspective	Common Foundation Programme	Gauge current knowledge of group Establish relevance of subject matter to group as educators/lecturers
13:20 - 13:35	Positive and negative mental health	Through group discussion and use of flip charts, guide and establish a over-all consensus of what constitutes positive and negative mental health. Introduce the facts to the group of how mental health problems can have an effect on peoples lives and how from a Holistic view point it is all our duties to tackle these issues.	Flip chart Sense of humour	Common Foundation Programme	Form a lasting meaning of what positive and negative mental health is. Promote the message that mental health is not just the concern of RNMH.
13.35 - 13:50	Reasons why students may develop stress related symptoms	With reference to subject content already covered and linking personnel experiences of group use flip charts to link challenges of the learning experience to stress and subsequent effects on mental health.	Power -point flip chart	Common Foundation Programme	Make students aware of themselves as a Vulnerable Group. Create empathy to challenge of learning and effects of stress on the student

13.50 – 14:00	Introduce Organised Task: The Vulnerable Adult Questions and Answers?	Introduce students to their imaginary patient and his/her needs. Establish idea of NEWI as a community and the requirement for students to access the resources which exists in that community in order to facilitate the therapeutic recovery of their patient.	Power-point	Common Foundation Programme	Continue the theme of increasing students understanding of the role of the RNMH Start Process of increasing students awareness of supportive networks with in institute.
14:00 14:40	Organised Task: The Vulnerable Adult	Students will attempt to identify and access relevant resources within their teams of 5 members.	Digital Camera: Lecture to record students accessing resources (with consent)	Common Foundation Programme	Increasing confidence and awareness of mental health problems. Provide starting point through introducing network of support, which inadvertently will assist them through their own studies.

Assessment: 14:40 – 15:00