

# Recovering Not Condemned: The Lived Experience of Baccalaureate Nursing Students with Mental Health Concerns

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# Research Problem

- One in five Canadians and as many as one in four youth and young adults struggle with mental health concerns (CMHA, 2012)
- Most mental health concerns begin in young adults and in Canada more 65-70% of this age group is attending post-secondary education ((Kessler et al. 2005; OECD, 2006; Picot and Hou, 2012)
- Students with mental illness, the most common disability listed by students, may be at academic risk (Zhang, Landmark, Reber, Hsu, Kwok, Benz, 2009, Macaskill, 2013)
- Mental distress is high among post-secondary students, who are exposed to a wide variety of mental stressors: financial, relational, developmental, environmental, and social concerns (Ibrahim, Kelly, Adams, and Glazebrook, 2012; Macaskill, 2013)

# Research Problem

- Recently research attempts to identify barriers and strategies to determine the 'best' support services for students with mental health concerns (Cleary, Walter, Jackson, 2011; Flatt, 2013; Gibbons, 2010)
- The literature seldom explores student mental health concerns as a function of the post secondary institution, the psychiatric apparatus or other social, political and economic realities
- The lived experience of students with mental health concerns and most particularly nursing students is absent in the literature

# Research Questions

- What is the experience of nursing students with mental health concerns?
- How do nursing students with mental health concerns describe themselves?
- How do nursing students with mental health concerns understand their experience?
- How do nursing students with mental health concerns make sense of their experience in light of the psychiatric apparatus that permeates student life?
- How do institutional policies, procedures and technologies help and/or hinder nursing student mental wellbeing?

# Literature Review

- Epidemiological trends occurring in the student population: Increasing or no change? (ACHA, 2008 ; Adlaf et al., 2000; Holmes, et. al., 2011; Ibrahim et al., 2012; Macaskill, 2013)
- The emotional/mental health problems experienced by university students: social, emotional. psychiatric problems (Bewick et al., 2010; Markoulakis and Kirsh, 2013; Wynaden et al., 2013; Zivin, et.al, 2009)
- University administration, faculty, staff members and fellow students' attitudes, including stigma, towards students suffering emotional/mental health problems (Bjorkman et al., 2008; Gerrety, 2013; Hansson et al., 2011; Hardcastle & Hardcastle 2003; Lethoba et al. 2006; McAllister et al., 2014; Reed & Fitzgerald 2005; Ross and Goldner, 2009)
- Mental health concerns and nursing students (Gibbons, et.al., 2008; Timmins et al., 2011)

# Literature Review

- Critical reflections on the pervasiveness of psychiatric diagnosis among students:
  - *Psy diagnosis and treatment*, (Bondi and Burman , 2001; Dear and Webb, 2007, Healy 2012; Reimer & Ste.Marie, 2010; Rosenberg, 2006; Van Den Tillaart et al., 2009, Wolinsky 2005)
  - *Psy diagnosis in the corporate environment*, (Levinson and McKinney, 2013; Mohr,1995; Myrick, 2004)
- Suggested strategies to support student mental health, needing research:
  - **Technology** (Kranke et al, 2013, MacKean, 2011)
  - **Institutional structure** (CACUSS and CMHA 2013; Centre for Innovation on Campus Mental Health 2015; MacKean, 2011, MHCC, 2009)
  - **Social influences: Recovery- Connectedness, Hope, Identity, Meaning in Life and Empowerment** (Lemay, et al., 2011)

# Finding a Theoretical Framework



# Theoretical Framework

- **Phenomenology**
  - Heideggerian - *Dasein* the situated meaning of a human in the world
- **Critical theory**
  - Foucault, Power and Psychiatry
- **Heidegger and Foucault: Critical encounters**
  - Being/*Dasein* and Power/Regimes of Truth
  - Technology and Bio-power
  - Total Mobilisation and Normalization
  - Enframing and Governmentality
- **Stigma**
  - Goffman



# Methodology

- Design: Interpretative Phenomenological Analysis
  - Ethics Approval, University of Ottawa
- Semi structured interviews , face to face, open ended questions,
  - First tier questions detailed examination of the lived experience
  - Second tier questions engaged with theory that might support gaining an understanding of the socio, political, and economic realities that might be influencing the students lived experience
- 12 interviews 45-90 minutes in length

# Participants

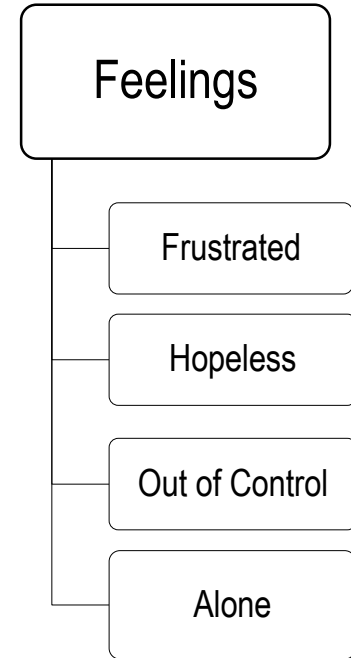
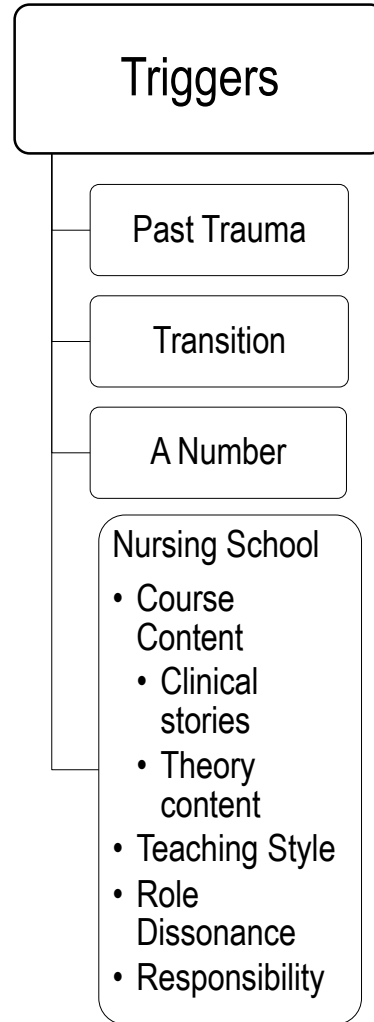
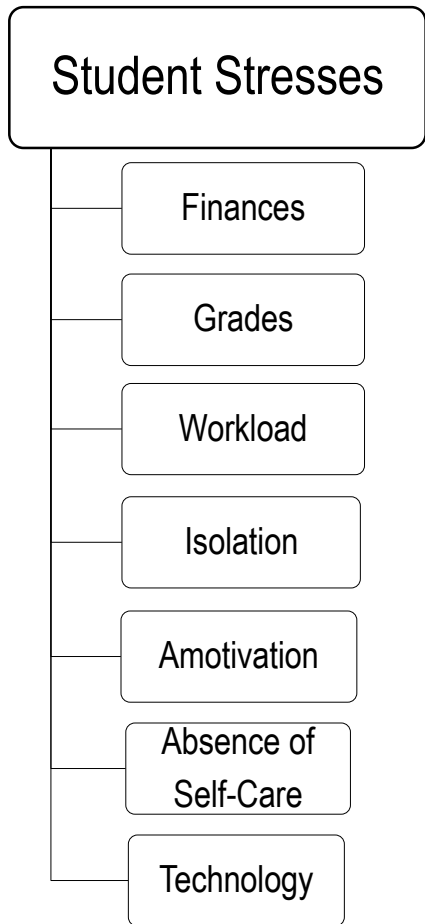
Participant (Pseudonym)	Age	Sex	Year of Study	Mental Health Concerns	First Onset
Andrew	21	Male	3	Depression Addiction Anxiety	High School
Eleanor	22	Female	4	Depression Anxiety	High School
Jane	29	Female	4	Depression Anxiety OCD Panic	High School
Jessica	22	Female	4	Depression Anxiety Panic	In Nursing School
Julie	18	Female	1	Depression Anxiety	High School
Leila	20	Female	2	Depression Anxiety OCD Eating Disorder	High School
Sasha	22	Female	2	Depression OCD Eating Disorder	High School
Mariam	23	Female	4	Anxiety/ GAD	High School
Mary	21	Female	2	Depression Anxiety	High School
Sophie	20	Female	2	Depression	High School
Summer	18	Female	1	Depression Self-Harm	High School
Winter	18	Female	2	Depression Addiction Eating Disorder	High School

# Findings

## Themes

- Concerned Self
- Psychiatrized Self
- Recovering Self

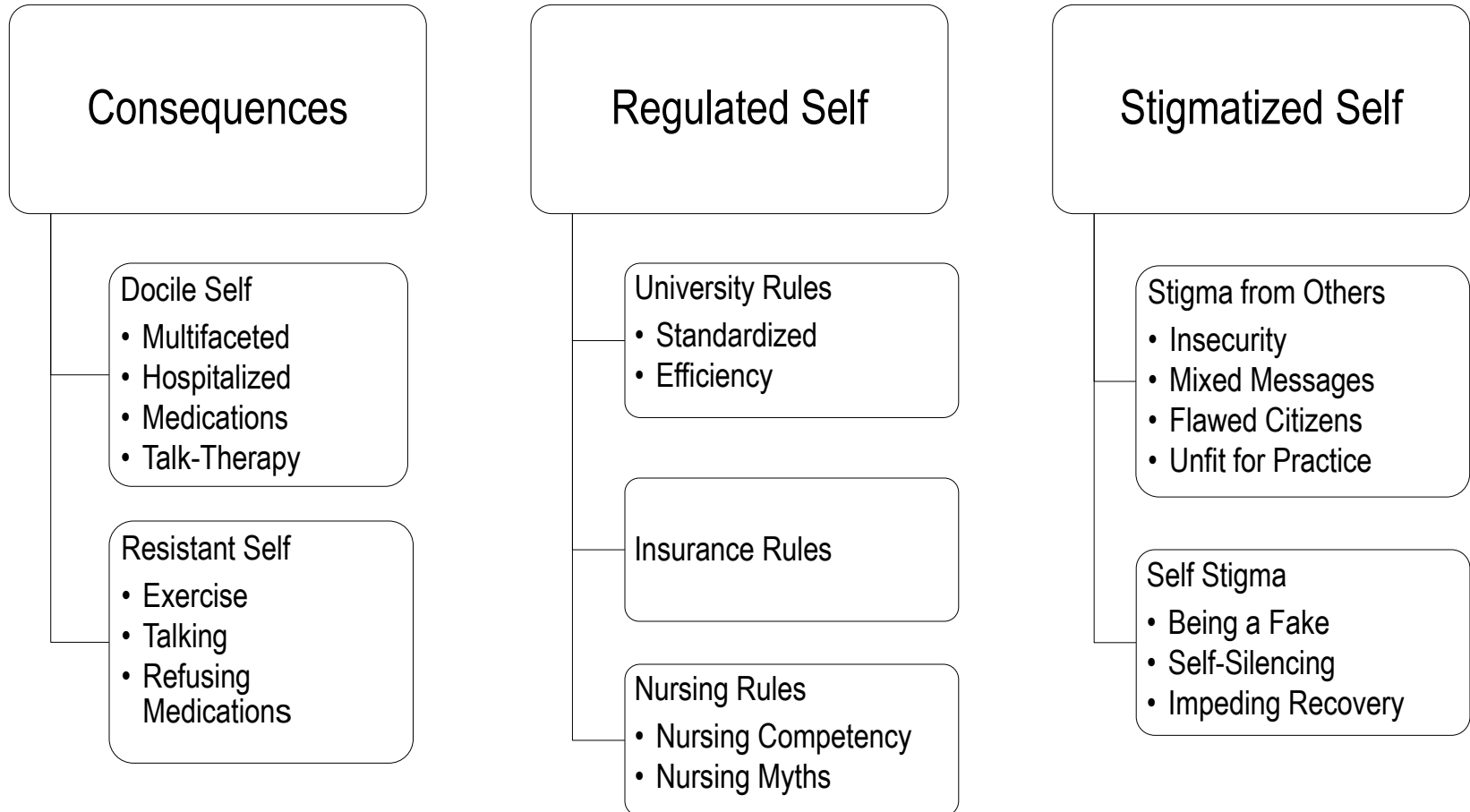
# Concerned Self



# Nursing School Experience

- *I think honestly it was just the clinical instructor that (...) made or break a placement so I've had a really great ones that were really clear helped you with everything where as I've had other ones who just weren't really there for us, (...) (...) some teachers just make you feel like you're always doing something wrong kind of thing and aren't really there to help you but just to point out your mistakes. Eleanor, 407-417.*
- *“I’ve been kind of walking on eggshells not trying to show any signs of stress or anxiety in an environment that breeds stress and anxiety. “So that’s been hard”, Sasha, 153.*

# Psychiatrized Self



# Medications

- *I took Prozac for a while but I really didn't like it ...I am never for the idea of taking medications to alter my brain chemistry to treat something ...I don't know it's kind of a way of thinking I guess that's the way I see it now but at that time too It really it made me more of a zombie I guess I didn't really like it but I was on it for about a good year. Winter77-83*

# Nursing Rules

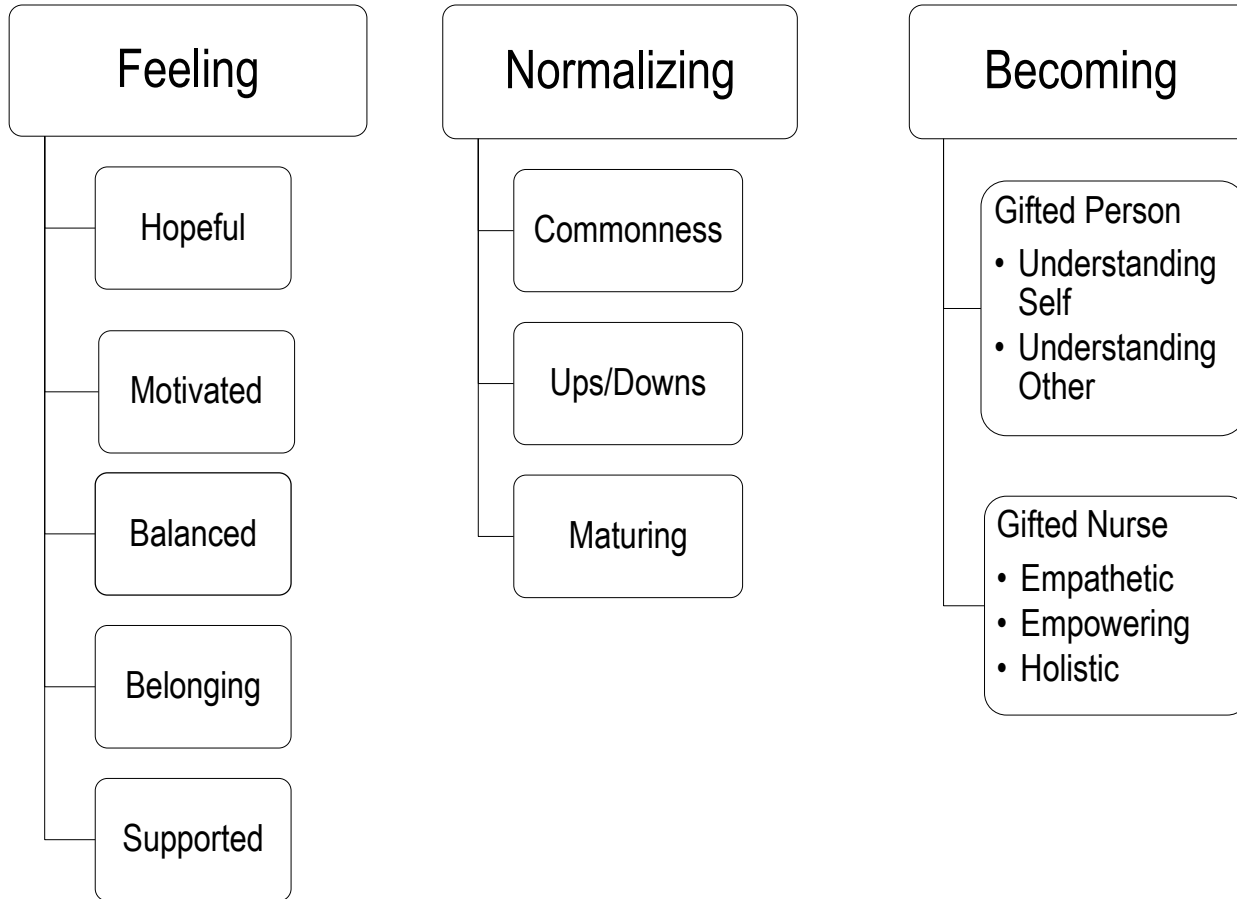
- *They are (...) really stringent ... you have to be on your death bed if you miss this exam. Well, okay. I was not on a deathbed, but I was, you know, I was kind of convulsing in a parking lot. (...) do you have a doctor's note for that? No. No one was there. So one time I had to (...) write exam while I was having a panic attack. Sasha, 656-660*



# Stigmatized

- The following quote articulates the s nature of being stigmatized as a nurse and learning to perpetuate stigma while studying nursing.
- *I am stigmatized. (...) it is awful because even I am taught to be [a stigmatizer]. (...) I have my own mental health issues, but sometimes I catch myself looking down on certain people for their issues. (...) it is awful to say that, and I'm going to be honest like it happens, because we're taught a certain thing, to view certain things, and then, you know, then we have the issue and we're like okay. Hide it from everybody. Jane, 1099-1100*

# Recovering Self



# Commonness

- *Coming from a prof and him being so excited about it [recovery]. Him explaining actually his own issues going through university. [Him saying] I struggled with (...) [a mental health concern], during my university years I almost failed. (...) and it was really me getting into eating healthy and working out. That really changed it around for me (...) which was really awesome to hear because you know that that's evidence right then and there and him saying that to a class (...) but yeah that really helped winter, 436-445*

# Maturity

- *I was not mentally prepared for the [university]. I am independent now. I was still in [high] student mode, where there is someone always watching and someone to look after you and if you make a mistake it will be caught by someone else. So I think it was a mature... I do not think it was a mental health thing (...) I think it was a maturity thing. Mariam, 265-269*
- *As I grew older, I think I just matured and started to realize you know other people are going through, other people go through the same thing. (...) I recognize from going from high school into university, I was kind of close-minded. (...) then in university, you gain all of these relationships with people and you do mature into you know young adult and you realize the bigger picture, Andrew, 925-934*

# Becoming

- *I would not trade it [mental health concern] for anything. Like I am so fortunate to have gone through what I did. (...) I cannot even begin to describe how thankful I am for that experience; (...) it has made me better able to handle stressful situations like this [nursing school]. I feel (...) I have kind of advantage on my peers. (...) It's a struggle, but at the same time I have the tools I need to deal with things, rather than other people, you know, experiencing stress, have never dealt with that before and it's... you know, for me, it's kind of like oh. Well, this is just another thing. Sasha, 531-538*

# Discussion

## What is the Experience of Nursing Students with Mental Health Concerns?

- Complex experience
  - Numerous influences, some obvious others subtle
- The experience began in High School
  - Docile and Resistant Self
  - Genesis of recovering
- The transition from High School to University, a threat to mental well-being
- Nursing School , a threat to mental well-being
- Recovering-Self
  - Ups and Downs
  - Commonness/Belonging fosters recovering

# Discussion

**How do nursing students with mental health concerns describe themselves?**

- Good Students/Nurses
- *Psy* labels and victims of *psy*
- Stigmatized
- Recovering

**How do nursing students with mental health concerns understand themselves in light of the *psy* complex that permeates student life?**

- Regulated Self
  - University rules
  - Insurance rules
  - Nursing rules (competency and myths)

## Discussion

**Critically analyse and quarry if the rising rates of mental illness diagnosis among post-secondary students are the distillate of the psychiatric complex students experience or a by-product of the stresses of student life**

- Complex experience, more than student stress and/or *psy* complex:
  - Interplay of
    - Stress
    - *Psy* complex
    - Rules (university, insurance, nursing)
    - Stigma
    - Maturity
    - Recovering
    - Commonness
    - Corporate University Agenda



# Implications

## How we educate nursing students

- Curriculum that speaks to and fosters recovering
- Early exposure to mental health and *well-being* in curriculum
- Implement teaching strategies to counter loneliness and foster belonging
- Revisit high stake/ high pressure evaluation of competency
- Encourage students to critically appraise the corporate university agenda and its affect on mental *well-being*

## How we practice nursing

- Challenge the nursing profession to develop a critical perspective on the pervasive *psy* complex.
- Foster resilience and recovering in practice
- Dispel nursing myths surrounding nurses with mental health concerns

## Future research

- Explore how belonging, commonness and maturity foster recovering
- Test strategies that nursing programs could implement to favour student mental *well-being* and reduce stigma .

# Limitations

- Homogeneity
  - 11/12 participants women
  - Year of study
- Sampling
  - Less is better (Smith et al. 2009)
- Missed capturing socio-demographic details that could have described more of the lived experience
- No generalization but transferability, which allows for understanding in a similar context (Larkin, 2013)

## Closing words .....

- *Because automatically people think you are not capable (...) you are this fragile little flower, when really it is the opposite. (...) you have been through stuff. You are a concrete flower. Sasha, 461-463*

