

Investing in the future: promoting mental wellbeing for students, by students

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Stephanie Frazer is a final-year physiotherapy student at Charles Sturt University (CSU), Albury. She is the 2011 Co-President of the Multidisciplinary Albury Rural Health Society (MARHS). MARHS is the student rural health club of CSU Albury, which is part of the National Rural Health Students' Network (NRHSN). Stephanie has been actively involved in MARHS since 2007, holding the positions of 2009 Personal Development and Mental Health Officer, and 2010 President. Stephanie's passion for rural health emerged when she moved from Canberra to study in Albury. Active involvement in MARHS and the NRHSN has broadened her awareness and interest in rural health issues. Stephanie particularly enjoys engaging with students on rural high school visits, to encourage healthy lifestyles and inspire them to pursue health careers. She also has a keen interest in Indigenous health. In 2010 she participated in an Indigenous schools festival, and coordinated organisation of a MARHS Close the Gap event promoting Indigenous health equality. Mental health is a particular area of passion for Stephanie. Having personally struggled with depression for a number of years, Stephanie has been inspired to work towards improving mental health awareness, understanding, and support. Within her university health club she has initiated the introduction of Mental Health First Aid and Applied Suicide Intervention Skills Training courses. Stephanie has been active in sharing her experiences of mental illness, with the aim of fostering increased appreciation of the personal challenges faced when dealing with mental illness, promoting the need for mental health training, and encouraging the pursuit of further awareness. She has been recognised for her presentations on this topic at the National University Rural Health Conference in both 2009 and 2010. Upon completing her undergraduate physiotherapy degree, Stephanie plans to work in a rural area and pursue interests in research and clinical education.

Samantha Johnson is a final-year physiotherapy student at Charles Sturt University in Albury. Originally from a property in country NSW, Samantha has an interest in rural and remote health and has been actively involved in her university rural health club (MARHS) and the National Rural Health Students Network since beginning university. Samantha has held executive positions in her club at both local and national levels, and recently took part in a national Rural High School Visits program in central Australia. Whilst at university, Samantha has developed an interest in mental health amongst rural Australians and students, and has recently completed a suicide intervention training program and taken part in mental health first aid training. Upon graduation, Samantha hopes to spend some time practicing in rural Australia.

Introduction

What happens if health students, the future health workforce of rural and remote Australia, are not healthy themselves? Mental health problems, faced by many health students, pose significant challenges in addition to the demands of university. While clear evidence of the mental health challenges among health students is lacking, we present anecdotal evidence of a growing problem. As students, we offer a unique perspective and give insight into the mental health challenges faced by ourselves and many of our peers at university.

Students at Charles Sturt University's (CSU) Albury campus are being given the opportunity to undertake mental health training that aims to equip them with the knowledge and skills to recognise and deal with mental health issues, both within themselves and others. We highlight the importance of supporting health students to increase mental health awareness and maintain wellbeing throughout university and into their careers as rural health professionals.

Within this paper we present our personal stories as a background to explain our passion in this area. We also refer to our observations as students, discussions with university staff and many students across a range of disciplines and course stages, and evaluations of mental health courses. In addition, we present data from a short survey we conducted online, which had 65 respondents including students from all health courses at CSU Albury.

Personal stories

Sam

Until a few years ago, I was a "depression sceptic".

I was born in a small country town, and grew up knowing little about mental illness. What I did know was often fed by myths and anecdotes that had me believe that it was something that you could ‘just get over’ if you really wanted to.

But then I went to university.

And then I met people like Steph Frazer who were willing to share their stories with me.

Going on a journey from sceptic to advocate for those with mental health issues has been a road of countless conversations with people like Steph; people who have gone to hell and back with the battles in their minds. Like so many other students, just being at university and being a friend means that I have been confronted with mental health problems on a scale I had never experienced before. So many of my friends and classmates face challenges of depression, eating disorders, suicide and anxiety; many of them just accept this as a part of their lives.

As someone on the outside, I feel a responsibility to care.

Taking part in Mental Health First Aid and the suicide intervention training programs has given me an insight into a world so foreign to me. It has equipped me to be more than just a friend and has given me valuable tools to recognise the issues and provide good care both now and into the future.

As I look to a future in health care as a rural practitioner, I see immense value in the attitude and skills I have developed as a result of my mental health training while at university, and look forward to seeing more students take part in these programs.

Steph

I have always been a high-achiever and a worrier. That is what is normal for me. But throughout my second year of uni, I gradually came to realise that maybe what I was feeling wasn’t normal. I knew very little about depression until it was well and truly consuming me.

Somewhere along the way, my dedication to study was replaced with a dedication to self-destruction. I did not actively choose this, but there were invisible, overpowering forces working within me. They gripped, strangled, and tortured, drawing every bit of light away from me.

I utterly hated myself and my situation, yet I was hopelessly stuck within a lifeless void. It seemed like all my intelligence, passion, and capacity to connect were drained away. I lost everything that once defined me, or so I thought. But thanks to an incredibly brave and caring friend who had done Mental Health First Aid training, I did not lose my life.

My friend helped me to recognise that I was unwell, and assisted me to reach out for support. I lost my ignorance, but I gained an ever deepening understanding – of myself, of others, and of mental health issues.

I realised that most of the people around me had no idea of the world of torment that lay beneath my exhausting façade. But how would they ever understand if I didn’t talk? So I decided to let people into my tortured mind. In sharing my story I unlocked a door, barely used due to shame and stigma, and helped to open minds to the realities of mental illness. I gave others permission to talk about mental health and mental illness. I believe it is important to encourage everyone to be open to understanding and to pursue further awareness of mental health issues. Through this we promote health, acceptance, and hope.

Mental health issues among health students

We believe that mental health issues are a significant problem among university students, in particular health students. Some research is emerging about mental health issues among university students in general, and in medical students and doctors. However, there is limited evidence of the extent of the problem, especially among the broader population of health students including allied health and nursing students. In our experience, mental health issues are evident in students across a range of health disciplines and year levels. These mental health concerns include anxiety, depression, substance misuse, eating disorders, self-harm, and suicide.

Recent research (Stallman, 2010) provides evidence of mental health concerns among university students. Stallman's (2010) study involving 6,479 students from two large Australian universities revealed that 83.9% of students reported elevated distress levels, with 19.2% reporting levels indicative of severe mental illness.¹ This highlights that the university student population is at risk of developing mental health problems.

There has also been recent focus on the mental health of doctors and medical students, with Beyond Blue releasing a literature review and targeting further research on the topic. While the literature review revealed limited research specific to medical students and doctors in Australia, it concluded that depression and anxiety disorders were commonly identified amongst this group, but that a number of barriers prevented a significant proportion from seeking help.² The review also revealed that medical practitioners in Australia have a higher rate of suicide than the general population.² The recent research indicates that the mental health of university students is an issue of concern, and highlights the need for further research into particular groups of students and professionals.

Survey among CSU Albury health students

Our observations and discussions over a number of years as health students have led us to believe that mental health issues are a particular concern among this group, however clear evidence to support this belief is lacking. We decided to conduct an online survey to explore mental health issues among health students at CSU Albury. The survey consisted of nine questions covering basic information such as gender, course, and year level, and questions about students' experiences, awareness, and attitudes in relation to mental health. An invitation to complete the survey online and an explanation of its' purpose was emailed to the 205 members of the Multidisciplinary Albury Rural Health Society (MARHS), the rural health club of CSU Albury, and students were asked to share the survey link with their friends studying health at CSU Albury. Sixty-five students completed the survey, with responses from the full range of year levels and health courses available at CSU Albury (occupational therapy, physiotherapy, podiatry, speech pathology, nursing, and health and rehabilitation science).

Our survey results indicate that we are not alone in our concern about the mental wellbeing of health students. Eighty-nine per cent of respondents agreed that mental health issues are a significant concern for university students. Eighty-one per cent of respondents had personally experienced or knew of a peer experiencing mental health issues while at university. Of these respondents, the number of peers known to be affected by mental health issues ranged from 1 to 20, with an average of 4.72. These figures do not take into account students who have not recognised or not spoken about their distress. All except one respondent reported feeling unable to cope with stress at some point at university, with 42% of students feeling unable to cope with stress fairly or very frequently. While 78.4% of respondents reported they would be willing to access health services if they or a friend had mental health concerns, only 28.2% of respondents were aware of mental health services available to university students. Only 31% of respondents felt equipped to deal with the mental health concerns of themselves or their peers.

It is evident from our observations, discussions, and survey responses that the range of mental health concerns among health students at CSU Albury spreads far beyond students with clinically diagnosed mental illnesses. Some students reported not being aware of their own illness for some time, or considered that they had friends who were unwell but did not recognise they were ill. Other students said that although they realised they were not well, they had not been able to find the help they needed. Other students identified that even though they did not experience a clinical mental illness, they did not think that they were healthy. Common signs of reduced wellbeing included high levels of stress, excessive time spent studying, withdrawal from social and recreational activities, and poor eating and sleeping patterns. The mental health concerns reported appeared to be widespread. Due to the commonality of experiences of mental health concerns, it may be that students feel this situation to be the norm, rather than recognising it as a problem. One student commented that:

A lot of people don't realise how common mental illness issues are for students. While there are obvious varying degrees of mental illness, I think most students encounter some variety of mental illness during their studies. (Survey response: speech pathology student)

Risk and contributing factors

University students face a multitude of pressures and factors which may increase their susceptibility to mental health problems. The prevalence of mental illness among young Australians aged 16-25 is 26%³ and 75% of mental health problems first emerge before the age of 25⁴, therefore the age of the majority of university students means that mental health problems are likely to be a significant issue for this group.

In addition to statistical evidence of the incidence of mental illness, our survey responses indicate a number of sources of stress for CSU health students. The most common sources of worry or stress for health students were study (92.2%), clinical placement (70.3%), and finances (69.8%). Other sources of stress included relationships, living arrangements, work, and social life. Going to university, especially for students coming from rural backgrounds, often means that students must move away from home and adapt to a new environment and to the different structure and expectations at university compared to high school. This process can be filled with uncertainty and vulnerability, and therefore a significant source of stress.

Attending university is a demanding occupation. In our experience, particularly in health courses there is a requirement for many contact hours and additional study hours in order to master large volumes of theoretical knowledge and practical skills. We and other students have found that the intensity of course demands can make it difficult to balance other areas of life, including work, social, and sporting activities. In our experience, assessment procedures such as exams and assignments can be particularly stressful for students, especially if these assessments account for a significant proportion of the final grade of a subject or if there are many assessment items due within a short time period.

Some personal characteristics, which may be more common among students attracted to health courses, may contribute to students' vulnerability to mental health issues. Traits of perfectionism and chronic worry about meeting others' expectations have been associated with significantly increased risk of psychological distress in health students.⁵

Impact of mental health issues

Research has shown that the disability associated with mental illness is considerable. In 2003, mental disorders were the third largest cause of total burden of disease and injury in Australia.⁶ Anxiety and depression was the leading cause of non-fatal burden, or years lost due to disability, in both males and females.⁶ We believe that for students this invisible disability can be crippling, and hypothesise that if mental health issues are not addressed, the problems can persist as students enter the workforce.

In our experience, when health students experience mental illness, this can cause significant ill effects on their studies. For example, some students experiencing mental health problems have described that in the effort to maintain an acceptable level of performance in their studies, their overall wellbeing has become diminished. Other students experiencing mental health issues have expressed difficulty keeping up with course demands. Students may feel they need to reduce their subject load or take temporary leave from study. Although these decisions are made with the student's health in mind, they can present additional challenges. Students may struggle with feelings such as isolation, frustration, and disappointment, which are not helpful to their mental health recovery.

Students have also indicated that clinical placements, especially rural placements, can be particularly difficult for those who experience mental health problems. Challenges include living in an unfamiliar environment, being away from regular activities and support structures, and the pressures of performance on placement. In our survey, a physiotherapy student revealed that "I suffered from depression caused by clinical placement isolation, poor treatment from staff and uncertainty."

Our experience also reveals that mental health issues do not only impact the individual student experiencing poor mental health, but they can have a large impact on friends, who often provide a major support for students who are living away from home. Friends can find it distressing and confusing to watch and try to support another student who is experiencing mental illness. The friends may not understand the issues or know how to best support the student, and their own study and wellbeing may be impacted as a result.

We have recognised that mental health issues are a significant concern for many health students at CSU Albury, and therefore have taken action to promote mental health awareness.

Promoting mental health awareness

We are both actively involved in the Multidisciplinary Albury Rural Health Society (MARHS), the student rural health club of CSU Albury. It has over 200 health student members, and is part of the National Rural Health Students' Network (NRHSN), which comprises 29 rural health clubs across Australia. Over the past three years MARHS has built a strong focus on mental health awareness and support. As potential members of the future rural health workforce, MARHS members identified a need for increased awareness of mental health issues, both for professional and personal reasons.

MARHS enlisted the services of a qualified trainer to offer Mental Health First Aid (MHFA) and Applied Suicide Intervention Skills Training (ASIST) courses in order to increase students' awareness and skills relating to mental health. The club subsidises part of the course costs for members, in order to make the courses as accessible as possible for students. We provide an overview of the courses, and present evidence of the outcomes and evaluations which demonstrate the value of these training opportunities for students.

Mental Health First Aid

Mental Health First Aid is a 12-hour course designed to give participants the knowledge and skills required to respond to ongoing or acute mental health concerns. The course covers the ongoing mental health problems of substance misuse, depression, anxiety, and psychosis, and the crisis situations of suicidal behaviour or thoughts, panic attacks, and acute psychotic behaviour.⁷ Participants learn the symptoms of these conditions, how to approach a person who may be experiencing these conditions, evidence-based management options, and how to link people with appropriate further support. Each situation is related to the framework of the five steps of MHFA, which provides general guidelines for approaching and addressing mental health concerns.

MARHS introduced MHFA as a club activity in 2008, and has organised two courses each year since then. Approximately 20-30 students each year have completed the course, as well as a number of university staff members. Of our 21 survey respondents who have completed MHFA, 95% reported feeling more confident in recognising mental health issues, and all reported feeling more confident in addressing mental health concerns. Fifty-seven per cent of the students have applied the skills they learnt in the course, and all would recommend the course to other students. The following student evaluation demonstrates the impact of the course from a student's perspective:

I chose to do the course as I thought it would help me both professionally and personally. I found it extremely valuable.... Just in class I can see the difference between my thinking and those that have not done the course... I am about to use it in my personal life. Without doing this course I may not have realised what (my friend) was going through and I wouldn't know how to bring it up...now I have more confidence in what to say. (MHFA evaluation: health and rehabilitation science student)

The School of Community Health at CSU Albury has recognised the value of MHFA training for students, and plans to introduce MHFA as a compulsory pre-clinical requirement from 2012. All health students will be required to complete MHFA training prior to their first clinical placement, just as they are required to hold a Senior First Aid certificate.

We view the introduction of compulsory MHFA as a very important step by CSU's School of Community Health, and encourage other universities and workplaces to consider the value of such training. With 45% of Australians affected by mental illness in their lifetime³, health students are much more likely to come across someone in need of mental health assistance than someone in need of resuscitation. However, while all health students know how to do cardio-pulmonary resuscitation (CPR), understanding of MHFA is less well known. We believe that, just as CPR has the potential to save someone's life, so too does MHFA.

Applied Suicide Intervention Skills Training

Applied Suicide Intervention Skills Training is a 2-day suicide first aid program developed by LivingWorks.⁸ ASIST helps caregivers learn to recognise when someone might be at risk of suicide, and encourages open discussion to explore experiences and attitudes towards suicide and how these can impact helping. ASIST introduces a suicide intervention model, provides examples of how the model can be used, and gives participants the opportunity to practice applying the model through role play. The model provides a guide for

the caregiver to connect with the person at risk of suicide, clarify the risk, work collaboratively to increase immediate safety, and facilitate links with further help.⁸

MARHS first introduced ASIST in 2010, with nine members completing the course. Participant feedback revealed that the course was challenging but very valuable. MARHS anticipates running ASIST as an annual activity. Evaluations completed by the MARHS participants following the course clearly demonstrated important outcomes of ASIST. Following the course, all participants felt more prepared to help a person at risk increase their suicide safety. Participants reported that they were more likely to recognise signs inviting help, ask directly about thoughts of suicide, explore why someone is thinking of suicide and what connects them to living, and take steps to increase the safety of a person at risk. All MARHS' participants in ASIST reported that they would recommend the course to others.

Promoting openness and mental wellbeing

In addition to MHFA and ASIST, MARHS has undertaken other mental health initiatives, including eating disorders awareness workshops and "World Mental Health Day" activities on campus. Through all of these activities the club aims to highlight the importance of gaining awareness and encouraging openness about mental health issues. We believe that these discussions will help to break down the stigma associated with mental health, and promote more caring and non-judgmental attitudes. Students have discussed with us that as a result of MARHS' activities, they have been able to acknowledge and seek help for mental health issues, and to assist friends, family members, and clients.

We recognise that promoting mental wellbeing requires a much broader approach than just increasing mental health awareness. Through MARHS, we are working on developing opportunities for activities that encourage life balance and general wellbeing. We are committed to creating a positive environment for students, by developing support structures and pathways to accessing help. We are working with university staff to identify and address relevant issues. We hope that by encouraging healthy lifestyles, coping mechanisms, and help-seeking behaviour while at university, we will help to lay the foundations for future health professionals to further develop strategies to maintain their overall wellbeing.

Conclusion

By offering MHFA, ASIST, and mental health awareness activities through MARHS, our aim is to help to develop students and health professionals who have the knowledge, skills, awareness, and attitude needed to recognise and address mental health concerns within themselves and others. The awareness and skills gained by students at university are highly valuable, not only for their time as students, but to take and develop further as they enter the health workforce, particularly in rural Australia. We believe that the benefits will reach far beyond our immediate environment and into the future, and therefore encourage others to consider the value of mental health training to equip themselves with the skills to promote better mental wellbeing for all.

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