

Background

Stigma

- Despite a more positive culture around mental health, stigmatising attitudes to mental illness prevails with healthcare system being one of the key environments for such stigma and discrimination (Ungar et al 2016).
- Stigma in mental illness is recognised as a major public health challenge and as a key factor in the poor utilisation of mental health treatment (Kendal 2016).
- Personal stigma is a significant barrier to mental health utilisation in the student population (Lally et al 2013).

Students' Mental Health

- Onset of most lifetime mental disorders are before the age of 24 linked to adverse impact on educational attainment (Mojtabai et al 2015).
- The self report of mental health conditions of Higher Education students in the UK has increased by three folds compared to the last decade (ECU 2013).

Pre-existing conditions

- An Increasing number of students are enrolling on the preregistration mental health nursing programme with pre-existing mental health conditions (Ramluggun et al 2018).
- Three fold increase in the number of students who experienced mental health problems leaving university in 2014/15 compared to 2009/10 (HESA 2017).
- Lack of studies on how these students meet the demands of their nursing education and training (Ramluggun et al 2018).

Methodology

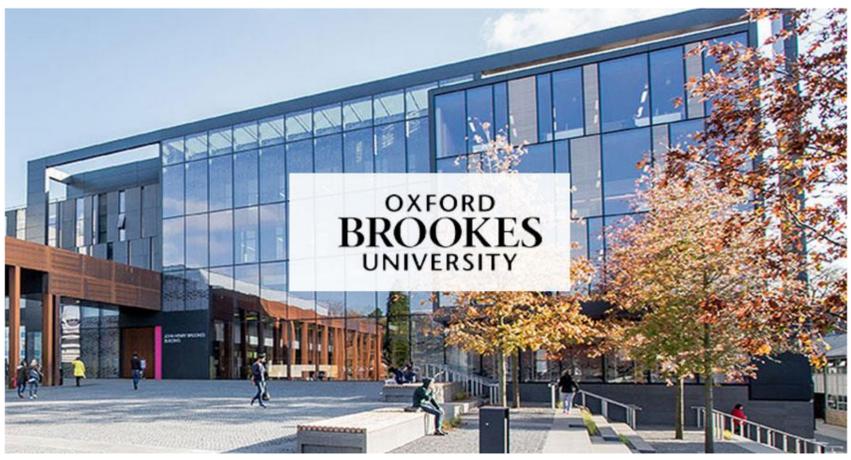
- A qualitative research methodology anchored in a constructivist approach to enquiry allowing for an in-depth approach to collecting and analysing data.
- Using a qualitative interpretive approach that assumes that knowledge is situated and experientially based.

Settings and Participants

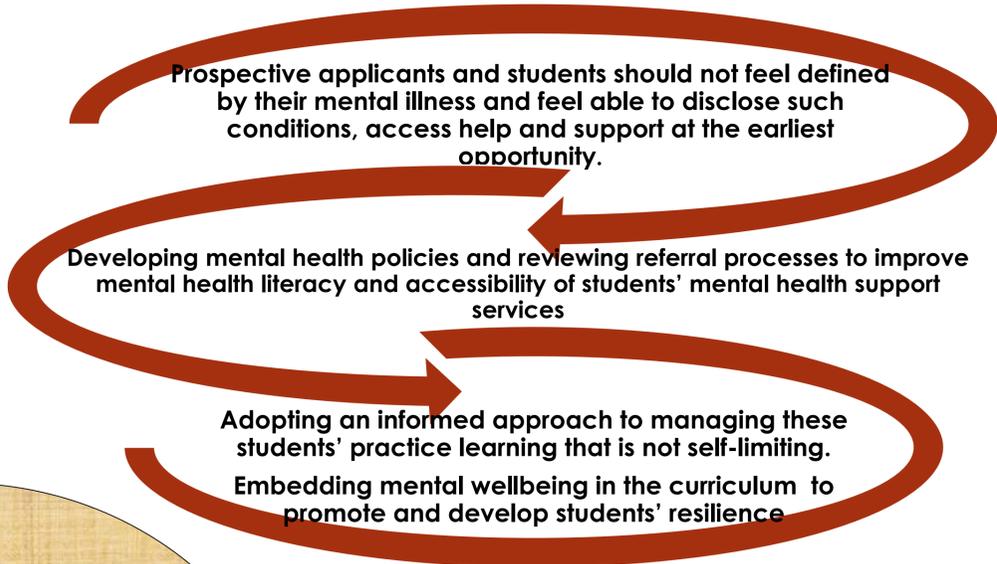
- Two universities in the South East of England.
- Mental health nursing students meeting the criterion of enrolling on the current programme with pre-existing mental health conditions.

Data collection & analysis

- Audio recorded 1:1 semi-structured interviews using an interview schedule.
- Transcribed interview data were analysed using an adapted framework analysis by Ritchie and Lewis (2003) in developing the identified themes.



Implication for Practice



Managing the Demands of the Preregistration Nursing Programme: Views of Students with Mental Health Conditions.



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Timing of disclosure

I thought they'd see that and write me off and not even expect me to come to an interview. . . because they thought she won't be able to cope.

I said to my mentor that I'd got a similar history to a patient and is there anything that I should be aware of....but his reaction was that I shouldn't work with any patients with a similar history.

I told my personal tutor but I was very reluctant to; I had a panic attack, so I wasn't able to sit the exam..

Managing Lived experience in learning environment

I felt like I had something to contribute because I had a sort of a personal angle.

I could distance myself from my experience and go with what I knew was best from a professional point of view

Here my vulnerability makes me weak, whereas when I was an artist, or a performer, my vulnerability gave me strength.

Results

Coping mechanism

I felt like I couldn't accept any help,. . . it was like I can't do this anymore, I'm done, it isn't for me.

I was just exhausted all the time.

On my third placement a patient died, had a cardiac arrest in front of me, I was the first one on the scene and he died, I found it very hard to cope with the stress of the actual event

Experience of support

I was still able to see a counsellor when it fitted in with placement, but obviously placement is demanding on your time and access to a counsellor and all your other commitments, it's sometimes hard to see somebody

All of the services individually I find really helpful, but it also kind of gets a bit complicated because you have to explain everything to every person you see what you're doing with everybody else!

I've found the support helpful from the Disability Service but there's not like a specific mental health section in the support team.

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