Best practice case examples

Practitioner Facilitated Peer Programs in Student Mental Health

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Abstract

The increasing number of tertiary education students presenting with complex and often difficult to manage mental health conditions, has been topical in international literature for over two decades. In a qualitative research study undertaken at the University of the Sunshine Coast (USC) of the lived experience of students with chronic psychological disorders, the importance of feeling connected with a like-peer that was empathetic and accepting rated strongly in the responses of all participants. Students sought shared insight into how others were able to successfully cope with the rigours of academia, while also managing the demands of an unpredictable health condition. Two programs, based upon international good practice frameworks, were initiated in response to the identified unmet need of authentic peer support.

Introduction

A purposeful sampling of twelve USC students with diagnosed mental health conditions, participated in a qualitative study to identify enablers of academic achievement. The substantive grounded theory that became apparent from interviews was a picture of reluctant help-seeking and a strong desire for connection with similar peers. Data demonstrated clearly expressed student beliefs that social engagement with health-peers, sharing insights around study skills and coping techniques, would improve their understanding of, and functioning in, the academic environment (Seeto, 2010).

Student participants described the elements that they determined as being important for them to realise their academic aspirations. The stories that emerged were rich in perspectives around acceptance and support, and practical opportunities where positive enabling mechanisms could be structured in the academic environment. Holistic approaches to promoting emotionally safe and equity-literate learning settings were key. Their narratives reflected recommendations from literature for supportive institutional governance that ensures staff development, and an inclusive campus ethos with integrated health services and curricula-based resilience skills (Donnellan & Pascott, 2000; Stallman, 2010; Storrie, et al., 2010; University of Melbourne, 2006).

Background

Established in 1996, the University of the Sunshine Coast is a comparatively young higher education provider in Australia. It is a public, regional institution with a primary campus in South East Queensland. At the time of participant interviews in 2009 almost 6,500 students were enrolled (University of the Sunshine Coast, 2012).

USC has held one of the highest proportions of students with disabilities in the state at 6.1% in 2012. The 2010 participation rate of 5.9% exceeds both state (3.9%) and national (4.6%) averages (DIISRTE, 2012). Data over the past five years demonstrates that around 25% of students accessing the USC Disability Services for support are seeking assistance due to a psychological disorder. This is comparable with the 15-21% reported in international literature (Rickerson, Souma, & Burgstahler, 2004). With the reliance on self-reporting of mental health disorders however, the actual proportion of students in the general campus population experiencing psychological disorders is likely to be significantly higher.

Programs

As an initial response to the identified unmet need of authentic peer support, USC established the first overseas chapter of the United States-based organisation Active Minds (www.activeminds.org). Active Minds is a student self-help, education and awareness group promoting college mental health. It was founded in 2003 by a college student in response to the suicide of her brother, and now has over 350 American and Canadian chapters collectively targeting mental health stigma in higher education, and representing "the voice of young adult mental health advocacy nationwide".

It is likely that campus-based advocacy groups conducting mental health education and awareness raising activities also provide peer support and a safe emotional environment for students with mental health conditions without formalising individual mentoring. Students may organically gain an understanding of coping strategies from peers, as well as insight into effective methods of supporting others.

The USC chapter of Active Minds functions as a student group with over 100 official members. Counsellors provide support to the group, offering access to resources and contacts, and as advocates to communicate with faculty, administration staff and students. Chapter members are recruited through awareness campaigns and social media, and supported directly through the USC Counselling Service staff. This collaboration has generated enhanced volunteer support for several campus mental health awareness campaigns, including the national 'RUOK' Day, biannual USC campus Stressless Day, and Harmony Day embracing equity and diversity.

USC Active Minds also offers opportunities for students to participate in free Mental Health First Aid (www.mhfa.com.au) training, as well as producing student written and distributed health promotion resources. A student instructor was recruited and trained to offer regular resources and workshops for both USC students and staff, and to provide a peer support and leadership role. The workshops form part of an overall mental health framework that normalises and validates service users' experience of mental health concepts.

Reinforcing the work of Active Minds at USC was the commencement of an "Academic Mentor for Mental Health" role in 2010. This service, loosely based on a successful pilot model at the University of Westminster (Heyno, 2006), provided practical support and mentoring to students with chronic mental health conditions. Services were facilitated by a Counsellor working collaboratively with students' health practitioners, their support networks, and academic staff. The service prioritised academic skill development, stress management and social engagement. It was distinctively different from other therapeutic counselling models, with a targeted focus on regular practitioner-facilitated practical guidance and academic support.

Following evaluation of the first 18 months of the Academic Mentor for Mental Health role, several improvements were made. The program was rebranded as UNIfy in 2012, and evolved beyond the Westminster model to incorporate recommendations from the 2011 National Tertiary Education Mental Health Summit held in Melbourne, and the "Guidelines for tertiary education institutions to facilitate improved educational outcomes for students with a mental illness" (Orygen Youth Health, 2011). To reduce any perceived stigma regarding psychological disorders and subsequent impact on help seeking behaviours (McAuliffe et al., 2012; Hunt & Eisenberg, 2010), the program was renamed to better reflect its intent and activities.

The core activities of UNIfy sit within three pillars of support: academic, social and vocational. This mirrors the framework of the Adelphi University, "Bridges to Adelphi" program, supporting the transition to higher education for students with Asperger's Syndrome (http://student.adelphi.edu/sa/bridges/). Many of the challenges articulated by students with learning disabilities parallel the experiences of students with chronic mental health conditions regarding executive level functioning skills, social isolation, loneliness and managing the transition to higher education. USC has modelled UNIfy on the practical and inclusive structures of international good

practice programs, and provides delivery through professional support and opportunities for health-peer sharing.

Conclusion

Eighty percent of students accessing UNIfy indicated that the program "assisted them in achieving a healthier work/life balance", and 60% felt they gained a "better sense of belonging or felt more engaged in the university environment", directly related to their participation in the service. Of the students who replied to the feedback request, 80% indicated that their "participation in the program helped to decrease mental health symptoms that may have been exacerbated by their enrolment in higher education".

The incorporation of health-peer networking in UNIfy will address students' hopes for answers from empathetic others about study and wellbeing management, and coping strategies for problems associated with medication side effects, or symptoms of anxiety and depression. Further research into the practical considerations around peer provided pastoral support will enable development and assessment of future mentoring strategies and mentor training programs that most effectively meet the expectations and needs of higher education students with chronic mental health conditions.

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