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Mental health behaviours among undergraduate nursing students: Issues for consideration

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SUMMARY

It is clear that many university students across all disciplines (including nursing) experience a diverse range of intrapersonal and interpersonal difficulties. Some students are exposed to circumstances and expectations that may place them at risk for mental health or substance use disorders or exacerbate pre-existing problems. Research shows increasing rates of diagnosable mental health conditions such as substance use disorders, depression, personality disorders, and behavioural challenges that present themselves while students are undertaking their university education. It is therefore important that nurse educators are able to identify student problems in both academic and clinical settings, so that symptoms, signs and inexplicable behaviours are not ignored, and steps towards referral and early intervention are taken. In this paper, we discuss rates of mental health problems and substance use among undergraduate nursing students, problems in the teaching–learning and clinical settings which nurse educators are likely to witness, and the consequences of unacknowledged psychiatric difficulties and problematic behaviours.

Introduction

Epidemiological studies, particularly originating from the United States [US] provide a plethora of data, demonstrating that college students aged between 18 and 24 (Blanco et al., 2008), like their non-college peers, have rising and high rates of diagnosable mental health conditions and substance use disorders (Hunt and Eisenberg, 2010; Mowbray et al., 2006). A recent survey of college counselling services representing 302 institutions and more than 2.6 million students showed that of the 103 student suicides in the preceding year, 80% were known to have depression (Gallagher, 2009). Among college students in the United States of America, suicide is the second main cause of death with approximately 1100 students dying each year by suicide (Wilcox et al., 2010). There is evidence that students arrive at university with mood, anxiety and eating disorders (Clark et al., 2008; Gallagher, 2009; Mowbray et al., 2006). A recent national survey in Australia found that 1 in 5 adults aged 16–85 years had a common mental illness at some time during the previous 12 months (Australian Bureau of Statistics, 2007). Half of all people in Australia who experience a mental illness have their first episode by 18 years of age and three quarters by age 25 (Australian Bureau of Statistics, 2007). So university students are an at risk population where identification of early signs and appropriate treatment is important for better outcomes.

Mental health and substance use problems, and other problematic undergraduate behaviours, including inappropriate or distracting behaviours that may interfere with the ability of teachers to teach and students to learn are not new to the seasoned nurse educator. However, nurse academics are among the first group outside the student's family to be confronted by young adults and their symptoms of mental illness, as well as the negative study consequences of these. Along with secondary school teachers, academics are a potential resource in relation to recognising behavioural, social and educational cues that may be signs of an underlying mental health problem. This is important as early intervention remains the exception rather than the rule (Bayram and Bilgel, 2008; Daly et al., 2006).

In this paper, we discuss rates of mental health problems and substance use among undergraduate nursing students; problems in the teaching–learning and clinical settings which nurse educators are likely to witness, and the consequences of unacknowledged psychiatric difficulties and problematic behaviours. It is important for nurse educators to recognise student disorders in order to initiate referral and early intervention. Anecdotal evidence suggests these issues are not always well managed by faculty. The focus of this paper is on a broad range of problematic behaviours that may be related to mental health issues. Indeed raising awareness about mental health and wellbeing is essential so that symptoms, signs and inexplicable behaviours are not ignored, and referral and early intervention can be undertaken in the university setting (Cleary et al., 2011).

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Undergraduate Students and Mental Health Problems

Many young people arrive at university with mood, anxiety and eating disorders as well as unsafe or excessive substance use (Baldwin et al., 2009; Clark et al., 2008; Mowbray et al., 2006). A recent survey of 6479 students from 2 large Australian universities found significantly higher rates of psychological distress than in the general population, highlighting the need for universal early interventions to prevent the development of more severe mental illness (Stallman, 2010). Another UK study of university students found that at no time did levels of distress fall to pre-registration levels, showing that university is a time of heightened distress and that there is need for students to receive the support necessary to manage the transition into and through different phases of university and the workforce (Bewick et al., 2010).

The most prevalent disorders amongst US college students are: alcohol disorders (20%), eating disorders (19%), personality disorders (18%), depression (16%) and anxiety disorders (10%) (Blanco et al., 2008; Eisenberg et al., 2007; Hunt and Eisenberg, 2010; Zivin et al., 2009). Some students have more than one diagnosable condition, and up to 40% of tertiary and non-tertiary students meet the diagnostic threshold for at least one psychiatric condition (Ani and Garralda, 2005; Blanco et al., 2008). In a study of Turkish university students, a high prevalence of depression, anxiety and stress symptoms were reported (Bayram and Bilgel). Clinically significant psychological distress has also been identified in Norwegian undergraduate students (Nerdrum et al., 2006) and in a systematic review (40 studies) of Canadian and US medical students, a high prevalence of anxiety, depression and overall psychological distress was reported (Dyrbye et al., 2006).

This means that regardless of discipline, nurse academics will be teaching and assessing students who live with mental health problems. For example, young people with some personality disorders may behave disruptively. Those with alcohol or other substance abuse problems may only be noticed by virtue of class lateness or absence, academic unpredictability, and unreliable assignment submission (Kitzrow, 2003). Contrary to stereotypical expectations, people with schizophrenia or bipolar disorder are also part of the student body, particularly if they have been diagnosed early and adhere to appropriate medication prescribed by their doctor (Hunt and Eisenberg, 2010; Kitzrow, 2003).

Many young people do not seek professional help for their mental health difficulties (Reavley et al., 2010), including three quarters of students diagnosed with depression (Hunt and Eisenberg, 2010). Despite reasonably positive attitudes towards counselling, only 20–30% of depressed students appear to access counselling services in Australian universities and are more likely to talk to a trusted friend or use self-help treatments such as exercise and self-help books (Erceg-Hurn, 2010). Substance abuse, attention deficit hyperactivity disorder and personality disorders are likely to be predictors of poor educational outcomes (Kitzrow, 2003), whereas academic attainment for those with depression or anxiety are more equivocal (Hunt and Eisenberg, 2010), perhaps depending on personal resources and social support. In general, lack of diagnosis and treatment is likely to entrench interpersonal, emotional, academic and family difficulties among young people with a psychiatric disorder (Ani and Garralda, 2005). Zivin et al. (2009) conducted a two-year follow up of a student cohort assessed for mental health problems and found that rates of suicidal ideation, anxiety and self injury actually increased a little, and the percentage of students with at least one disorder increased during that period.

Gallagher et al. (2001) surveyed US university and college counselling directors at 274 institutions, and 85% of directors reported an increase in 'severe' psychological problems during the preceding 5 years. These individuals constituted 16% of their client population. Conditions reported include: self-injury (51%), illicit drug use (49%), alcohol problems (45%), eating disorders (38%), and prior sexual abuse (34%) (cited in Kitzrow, 2003) and 89% of the counselling centres had to hospitalise a student for psychiatric reasons. This resonates with risk-taking behaviours reported by Ahern (2009), who reveals that students often do not use a condom; regret some actions under the influence of alcohol; and experience a range of stressors and stress symptoms such as sleep difficulties.

In line with youth in general (Becker et al., 2002), it is clear that many university students across all disciplines experience a diverse range of intrapersonal and interpersonal difficulties. Given their prevalence, faculty, administrators, counselling services, and the student body should be aware of these problems. When mental illness is unrecognised, ignored, and therefore untreated the consequences tend to be negative for those who experience the illness, as well as family members, friends, and society at large. These illnesses are likely to persist (Hunt and Eisenberg, 2010). Unrelenting or worsening symptoms may encourage young people to add to the complexity of their circumstances by self-medicating with alcohol, becoming dependent on cannabis or other illicit substances, or developing other non-constructive strategies to deal with their difficulties. Distress in association with psychiatric symptoms may also increase the likelihood of behaving in self-destructive ways, including self-injury and suicide attempts. Hence, it is incumbent on universities to contribute to the overall efforts required to improve the mental wellbeing of young people and help them create constructive personal, career and social pathways into adulthood.

Consequences of Unacknowledged Psychiatric Difficulties in the Teaching-learning Setting

Mental health problems, substance use and problematic student behaviours are all challenging when considering the university's primary mission is to facilitate teaching and learning for all. Any disruptive behaviours – no matter what their genesis – interrupt concentration, listening, note-taking and thinking. Depressive behaviours do not usually intrude on others, but a withdrawn student may evoke concerns among academics, clinical educators and peers; and certainly their own ability to learn effectively will be impeded. Thus, inappropriate or disconcerting actions have the potential to interfere with the ability of academics and clinical educators to teach and to distract students from learning.

However, it can be difficult to differentiate normal and early adult behaviours as so-called "young healthy adults" may lack energy or interest, seem unmotivated, appear disorganised, restless, irritable, moody, distracted or tired, and even experience changes in sleep or appetite (Cleary et al., 2011). These features can be part of psychiatric disorders, but to critically qualify for a psychiatric diagnosis, the symptom(s) need to be severe and protracted for a period of time and include a disruption in functioning (social, school or work) (Cleary et al., 2011).

Kitzrow (2003) highlights the fact that anxiety, mood, substance use and conduct disorders are significant predictors of student failure: the most important consequences for people living with these untreated conditions, is the curtailment of their academic and employment prospects. Having a failed student in the family can impact negatively on family members in a variety of ways. Friends of troubled students may also suffer.

All of these conditions can be treated effectively, or at least ameliorated. Again, as with young adults in the wider community, there is evidence to show that most students with a diagnosable mental health condition remain untreated, and even those with serious mental illness delay treatment (Hunt and Eisenberg, 2010). Hunt and Eisenberg (2010) report that three-quarters of students diagnosed with depression across the US do not receive treatment and less than 20% with anxiety disorders access treatment. They also found that students did not seek help because they believed they did not need it; they were unsure about payment; or they didn't believe