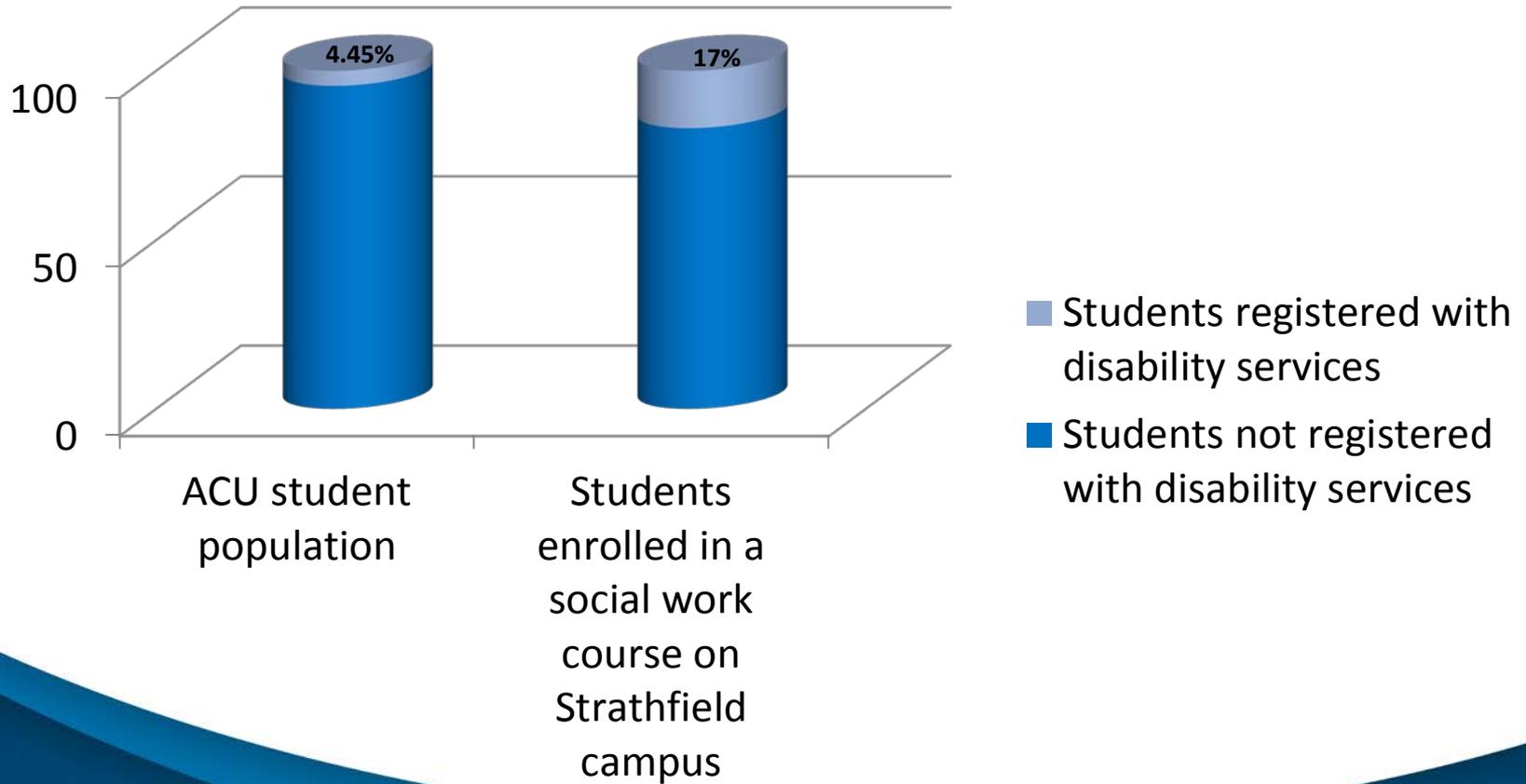


The Efficacy of Peer Mentoring for Students with Mental health conditions: A Critical Reflection.

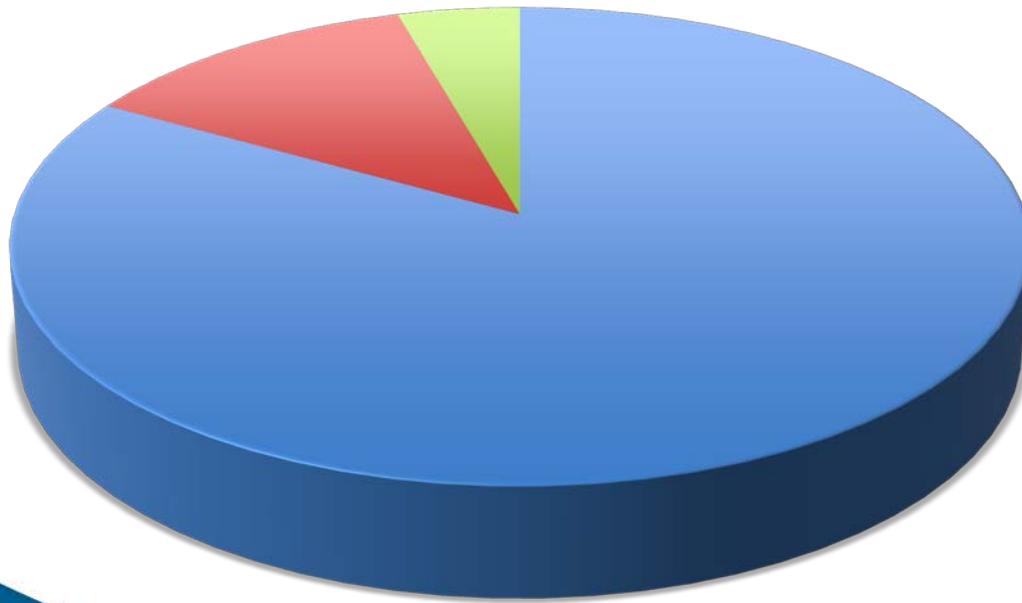
Hayley Woodrow – Disability Advisor
Celina Campas – Disability Advisor

“People who are currently residing in psychiatric hospitals are enrolling on courses ...people who are using day centres are walking through college doors. Eventually those people will leave and become employees, employers, campaigners, trainers...social workers and college staff ... part of a system that has the ability to see people not as bundles or symptoms, but as individuals who are able to move about beyond the constraints of psychiatric diagnoses.” Austin (1999, p.262).

A Clear Need for Support



Social work students - breakdown of Disabilities



- Social work students not identifying as having a disability
- Social work students who identify as having a mental illness
- Social work students with a disability not Mental health related

Impacts for staff, students and the university

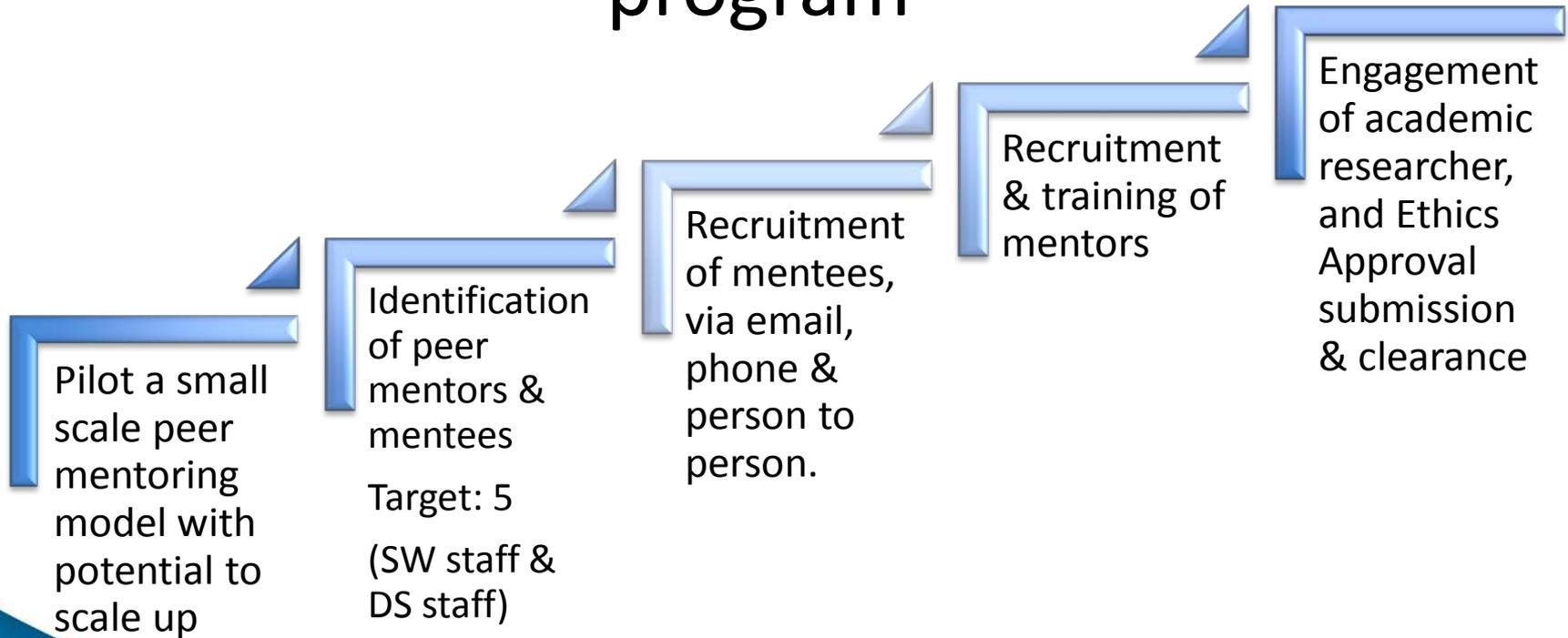
- Academic staff observed that students with MHCs were encountering the most challenges on placement.
- Triggering content and stress associated with undertaking professional placement exacerbates students' MHC.
- Behaviourally and emotionally unstable students pose a risk to vulnerable client groups
- Negative placement outcomes impact the reputation of the student, academic staff and the university.
- Reduced availability of already scarce placement opportunities.



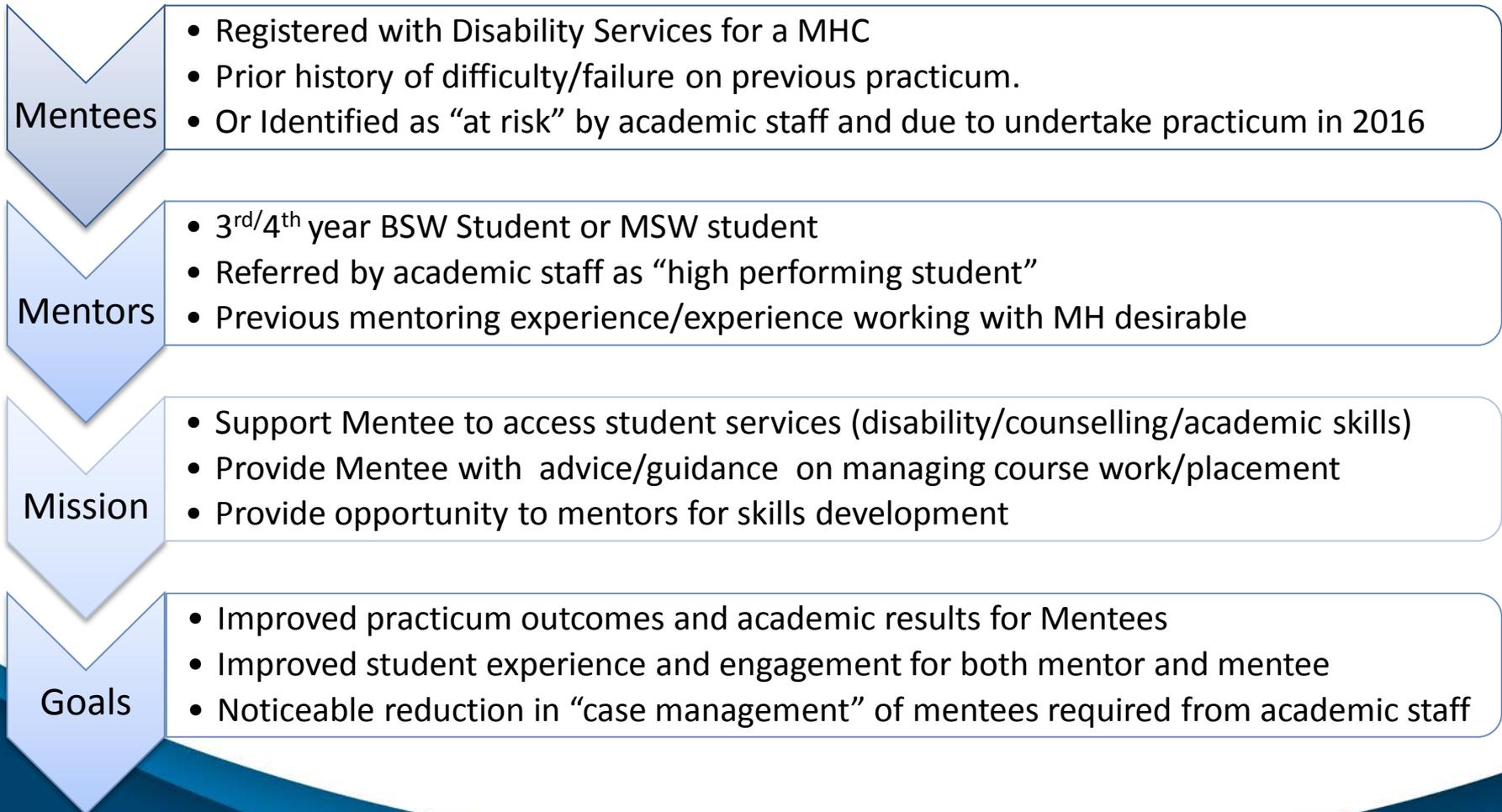
Why mentoring?

“For this subpopulation, peer mentors specifically selected and trained to work with students with psychiatric disorders can help them form trusting relationships, raise their awareness of campus resources and services, offer problem-solving help, sustain motivation and optimism, and share typical student insider information on study skills, course scheduling, and selection” (Albrecht and Megivern, as cited in Belch 2000).

Steps to build the peer mentoring program



Structure of the 2016 Peer Mentoring Program





Outcomes

- Low student uptake (mentors and mentees)
- Students were not engaged to be mentees despite multiple promotional attempts and styles
- Mentor cultural mismatch: culture/age (from student feedback)
- Mentee/mentor relationship did not support transition to placement
- Limited Mentor availability—focus on other graduate planning and undertaking their own clinical placements

Positives:

- Those who did participate became more involved with support services and academic staff who could assist them.
- All stakeholders felt that they had some learnings from the experience
- Improved Communication between DS and Academic Staff in SW

Mentor Reflections

He really wanted a tutor but I wasn't there to do his assessments for him. I told him [this]. I found this hard.

Make it inclusive. Doesn't need to be people who are struggling – it is good extra support for anyone.

If it is inclusive people don't need to be anonymous...just make it a normal part of the course..do an introduction where everyone can come together...people in the real world use mentoring to advance their skills – why don't we?

Helped me in my communication skills;
Increased my knowledge about myself

We don't want people to feel alienated or ashamed in having a mentor.

Mentee Reflections

I thought I needed a little help with academic studies, someone who could relate to your studies, someone who can help me and give me some advice. This happened. We met a number of times and it was good.

My mentor was very busy with assessments and I could only have a meeting once a week – I would have liked to have more contact – I thought she might be busy and I didn't want to bother her. ...She said not to contact her unless it was really important.

I am really thankful to my mentor..I got a nice feeling from the programme.

Maybe having a matched timetable between the student and the mentor- a bit more structure around the meetings...



Staff Reflections

Problems & Barriers to Uptake

- Wanting to maintain separateness of Mental Illness from identity as a student, learner and peer; “I am not defined by my disability.”
- Having to say ‘I have a mental illness and issues with my studies’ in order to participate
- Very unwell students are unable to recognise lack of support systems or see the connections between MHC and academic or field ed outcomes
- Possible inability to see how the program could help them, or how it would work
- Student commitments outside of study; scheduling
- “Penalty” for disclosure? Will I be stigmatised?
- Language used to frame program



Where will we go from here?

Two tiers of support

- **Tier one:** Peer support group and all together (optional, but aimed at all First Year students)
- **Tier two:** Optional peer mentoring or small groups; Panel about practicum experience, consisting of Year 3 and 4 students just prior to students' first practicum in Year 2

Tier One: Whole Group Support

- Aimed at all First Year students in SW
- Inclusive rather than directed at a specific group
- Structured initially with specific topics and goals; then informal for those wishing to continue
- Two or three groups organised by timetables
- Learning in a safe environment through “mutual inquiry”
- Inviting, relaxed environment
- Motivating
- Promote awareness to all students of high incidence of Mental Illness amongst SW students, of its benefits and drawbacks, and positive help seeking behaviours





What is the motivation to attend?

- We have 'ways and means' to help you succeed, and **finish your degree 'on time'**.
- You can help each other 'stick with it' when things get tough
- It's a supportive environment where we are all honest about our successes and failures so they can be discussed openly and where we explore questions and possibilities together.

What is the format?

- 3 initial sessions organised quickly at the beginning of students' first semester; possibly later sessions depending on need/desire to continue
- Peer panels consisting of Year 2, 3 and 4 students
- Academics and Uni Staff coming to share what they know/have learned
- Smaller group discussions amongst 1st Years
- Morning/Afternoon Teas
- Informal socialisation



What are the topics?

- Creating new social networks of support
- Mental Health Awareness, including benefits and drawbacks of experiencing mental illness; positive help seeking behaviours
- Expecting to experience development (and its ‘ups and downs’)
- Developing the ability to ‘think like a Social Worker’
- Developing the habits of an ‘adult learner’

References:

- Austin, T. (1999) 'The role of education in the lives of people with mental health difficulties', in *This is Madness*, eds C. Newnes, G. Holmes & C. Dunn, PCCS, Ross on Wye.
- Belch, H. A. (2011), *Understanding the experiences of students with psychiatric disabilities: A foundation for creating conditions of support and success*. *New Directions for Student Services*, 2011: 73–94. doi:10.1002/ss.396
- Collins, S. (2006) *Mental Health Difficulties and the Support Needs of Social Work Students: Dilemmas, Tensions and Contradictions*, *Social Work Education*, 25:5, 446-460, DOI: 10.1080/02615470600738809

Questions?