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Insights Learned from College Students with Mental Illness in a University Collaborative Health System

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Abstract

Problem Statement: Examining the experience of mental illness among college student participants when they are prescribed medication provides the potential to gain insight into medication adherence in addition to other healthcare service issues and barriers with mental illness in a university collaborative healthcare system that students face. **Purpose and Methodology:** Photovoice methodology allows individuals to use cameras to photograph their everyday health and work realities, thereby focusing on issues of greatest concern and communicating these issues to policy makers, healthcare providers, and influential advocates who can be mobilized to make change. Researchers provided disposable cameras to the participants. These participants captured photographs of their everyday experiences that reflect their individual perspective on their lives with medications. Once the photographs were collected, the researchers held group and individual reflection sessions with the photographers to discuss their photographs and how their photographs essentially gave them a voice about their medications. The researchers then qualitatively analyze the discussions and photographs to develop general themes regarding the research group. Finally, dialog was held between research participants and healthcare providers with the goal of education and action-oriented change. **Findings and Conclusions:** The study included 12 college students prescribed one or more medications to gather descriptive rich data regarding use of photovoice methodology, to assess the collective and individual experience of prescription medication use in this group, and to share findings with a small group of healthcare providers and staff on campus. Photovoice research methodology has not yet been applied to medication-taking behavior of

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a college student specific population. The perspective on student experiences provided by this research may be able to enhance the delivery of medications, mental health services and awareness for students within the university campus and the broader community.

Keywords: College Students; Mental Illness; Collaborative Health

1. Introduction and Problem

Examining the experience of mental illness among college student participants when they are prescribed medication provides the potential to gain insight into medication adherence in addition to other healthcare service issues and barriers with mental illness in a university collaborative healthcare system that students face. Mental health and mental health conditions are often misunderstood resulting in stigma for those who have a mental illness or mental health condition. Currently, 1 in 5 adults in the United States is living with a mental health condition. That is 43.8 million or nearly 20 percent of Americans experiences a diagnosed mental illness each year. Young adults and students in particular are also effected with approximately 1 in 5 youth aged 13-18 experiences a severe mental health condition at some point in their life. (NAMI, 2015).

There are many mental health conditions people are facing each day with Depression and Anxiety among the most prevalent. According to the National Alliance on Mental Illness (2015) 18.1% of American adults experience an anxiety disorder including posttraumatic stress disorder, obsessive-compulsive disorder or specific phobias. More severe illnesses or conditions include schizophrenia (1.1%), bipolar disorder (2.6%) and major depression (6.9%) of Americans in the United States experience a mental health condition in a given year.

The impact on the individual and their family can be great and devastating, however, there are also many social implications as well. People with mental health conditions that go untreated are particularly at high risk of personal and social implications. Less than half of individuals (41%) who have a diagnosed mental health condition received mental health services in the past year. Fortunately, more individuals in the US who have a serious mental illness (69%) received mental health services in the past year It is estimated that 26 percent of homeless adults in the United States who are staying in homeless shelters live with serious mental illness and it's estimated that 46 percent of those individuals live with both a serious mental illness and/or substance abuse/misuse.

Mental health conditions and illness that do not get treated have many negative consequences. Approximately more than \$193 billion is lost in earnings per year. Hospitalization could result if mental health treatment is not obtained and is actually the third leading cause for hospitalization with illnesses such as mood disorders. Mood disorders include major depression, dysthymic disorder and bipolar disorder. People who are living with one or serious mental illnesses face and increased risk of also having a chronic medical condition and premature death. Children in the US are at risk if not diagnosed or treated for their mental health condition. Almost 40 percent of children or 1/3 of students with a mental health condition between the ages of 14-21 years or older who are served by special education drop out of school. This is the highest dropout rate among all disability groups served by special education services (NAMI, 2015)

The purpose of this study was to utilize Photovoice methodology and to contribute to the body of knowledge regarding students' experience with mental illness. This study focused on a mid-sized Research I university in the Midwest Region of the USA because the researchers were aware of student services available on this campus. We also hoped to determine how this experience affects medication use among a college study population.

2. Methodology and Recruitment

Photovoice methodology is Participatory Action Research Methodology were participants photograph their everyday health and work realities (Nykiforuk, Vallianatos, and Nieuwendyk, 2011).

Participants focus on issues of greatest concern to them and their lives. Participants communicate this information to other participants, healthcare providers and other influential advocates (i.e., campus faculty, staff and administrators) who can more effectively make change (Becker, Reiser, Lambert and Covello, 2014). Photovoice can provide empowerment to participants by making their experiences visible. This is particular beneficial when understanding mental health or mental illness because of the intangible nature of these conditions.

Participants were recruited from the university via flyers posted throughout campus, student health services providers, the university counseling center, and an e-mail sent over the student listserv. Interested patients were invited to an introductory meeting or referred to as Meeting 1 on campus. At the introductory meeting photovoice methodology and participant guidelines were discussed, dinner was provided and interested individuals reviewed the informed consent document. At the conclusion of Meeting 1, each participant met with one of the researchers individually to ensure study eligibility, assess comprehension of information provided in the informed consent, and answer study-related questions. Each participant then signed the informed consent document if participating or left and opted out of the study. Participants were also at this time to indicate their inclusion for meeting Meeting 4 if they wished to do so, which also included a meeting with invited campus-wide health care providers from the wellness center, counseling center, student health services, disability services and student services staff. Consented participants filled out a brief Medical Information Form and the MARS SCALE.

After signatures were obtained participants were given a disposable camera and a personal photo reflection journal and asked to imagine they were going to mount a photographic display entitled "Living With My Mental Illness at university." Participants were given 10 days to take their photos and then will mail disposable cameras to the researchers in pre-addressed envelopes via campus mail. The researchers had the photographs developed in paper and electronic form. The researchers offered questions to start the brainstorming process of participants. These questions included "What are you proud of?", "What concerns you most?", "What needs to change?" In addition, the researchers suggested photo rules, such as please do not take any pictures of illegal activity, other people or other participants unless obtaining informed consent from the person and a signature in the journal on the reflective and corresponding photo page. The research team also asked for respect of the privacy of other participants and to not discuss information about other participants outside of the research study setting.

Approximately 20 days after the introductory meeting each participant met individually, for approximately 1 hour, with at least one of the researchers. Meeting 2 of the study also provided participants to reflect upon his or her photos. Researchers utilized the established SHOWED technique (Aalgaard Kelly, Werremeyer & Skoy, 2014; Werremeyer & Skoy, "In Press"). Each participant selected the photos he or she wished to display during Meeting 3 of the study or up to five photographs that best reflected their experience with mental illness and college life. All discussions during Meeting 2 were audio-recorded. Approximately 14 days after Meeting 2, all research participants met as a group for Meeting 3 of the study which was approximately 1 hour in length, with the researchers to further reflect upon the photos taken participants. Meeting 3 was audio-recorded and was transcribed for further analysis. Finally, approximately 14 days after Meeting 3, research participants who choose to do so and the researchers met during Meeting 4, again approximately for 1 hour in length and gave a presentation to university campus student services professionals that reflected upon participant photos, discuss implications of the experiences captured, and proposed changes to improve the experiences of those students living with mental illness attending the university. Meeting 4 was transcribed by a typist and was also audio recorded for later analysis. Individuals not participating in the research gave their consent to be audio recorded when they chose to speak which was discussed at the start of Meeting 4.

Finally, an optional meeting Meeting 5 was held with participants and researchers to discuss their experience with Photovoice and served as a reflective focus group. Participants again completed the

MARS at Meeting 5. The Director of the NDSU Counseling Center sat in on meetings 3, 4 and 5 to serve as a psychologist in case any individual would experience distress or adverse reactions to the research. All meetings in this research study took place on the North Dakota State University campus. Meals were provided during meetings 1, 3, 4 and 5. Upon completion of all meetings of the study, the researchers qualitatively analyzed and the data for a quick analysis identifying emergent themes from the collected data. Audio recordings were until they were fully transcribed by the study team, or three years whichever comes first. All of the audio recordings, transcriptions and photos are kept in a secure locked cabinet (for electronic audio files not yet uploaded to computer) and on a password-protected laptop until transcribed and then will only be reviewed and transcribed by the study team. Only the research study team had access to the recordings, photos, journals and the transcriptions.

The study goal was to recruit approximately 20 individuals. They were recruited from an NDSU e-mail over the student listserv, campus flyers. Individuals qualified for the research study if they have been prescribed at least one medication for treatment of a clinically diagnosed mental illness, were at least 18 years of age, their own guardian, and were a full-time or part-time college student at NDSU. Participants could have utilized a pseudoname if desired. Names were replaced with codes after the conclusion of data collection. Meeting 4, which was open to NDSU student services was optional, and individuals had the option to opt in or opt out of the study at any time of their choosing.

3. Findings and Conclusions

The study included 12 college students prescribed one or more medications to gather descriptive rich data regarding use of photovoice methodology, to assess the collective and individual experiences of prescription medication use in this group, and to share findings with a small group of healthcare providers and staff on campus. The primary finding that emerged was the need to advocate for care. Specifically, five concepts emerged after the quick analysis was completed of line by line and open coding. The five concepts included: 1) Increase awareness of mental illness to students suffering and educate others; 2) Provide more insights of services to students on campus; 3) Provide more social support so people with mental illness can talk more freely and providing a safe environment; 4) Photovoice process is therapeutic; and 5) Collaborative Health System in the University is beneficial and unique to the broader disjointed community health system. (See Table 1. for photographic examples of the concepts.

In Summary, Photovoice research methodology had not been applied to medication-taking behavior of a college student specific population. The perspective on student experiences provided by this research may be able to enhance the delivery of medications, mental health services and awareness for students within the university campus and the broader community.

Table 1. Concept Results and Photographic Example

5 Conceptual Results

Increase awareness of mental illness to students suffering and educate others

Photographic Example



Provide more insights of services to students on campus



Provide more social support so people with mental illness can talk more freely and providing a safe environment



Photovoice process is therapeutic



Collaborative Health System in the University is beneficial and unique to the broader disjointed community health system



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