

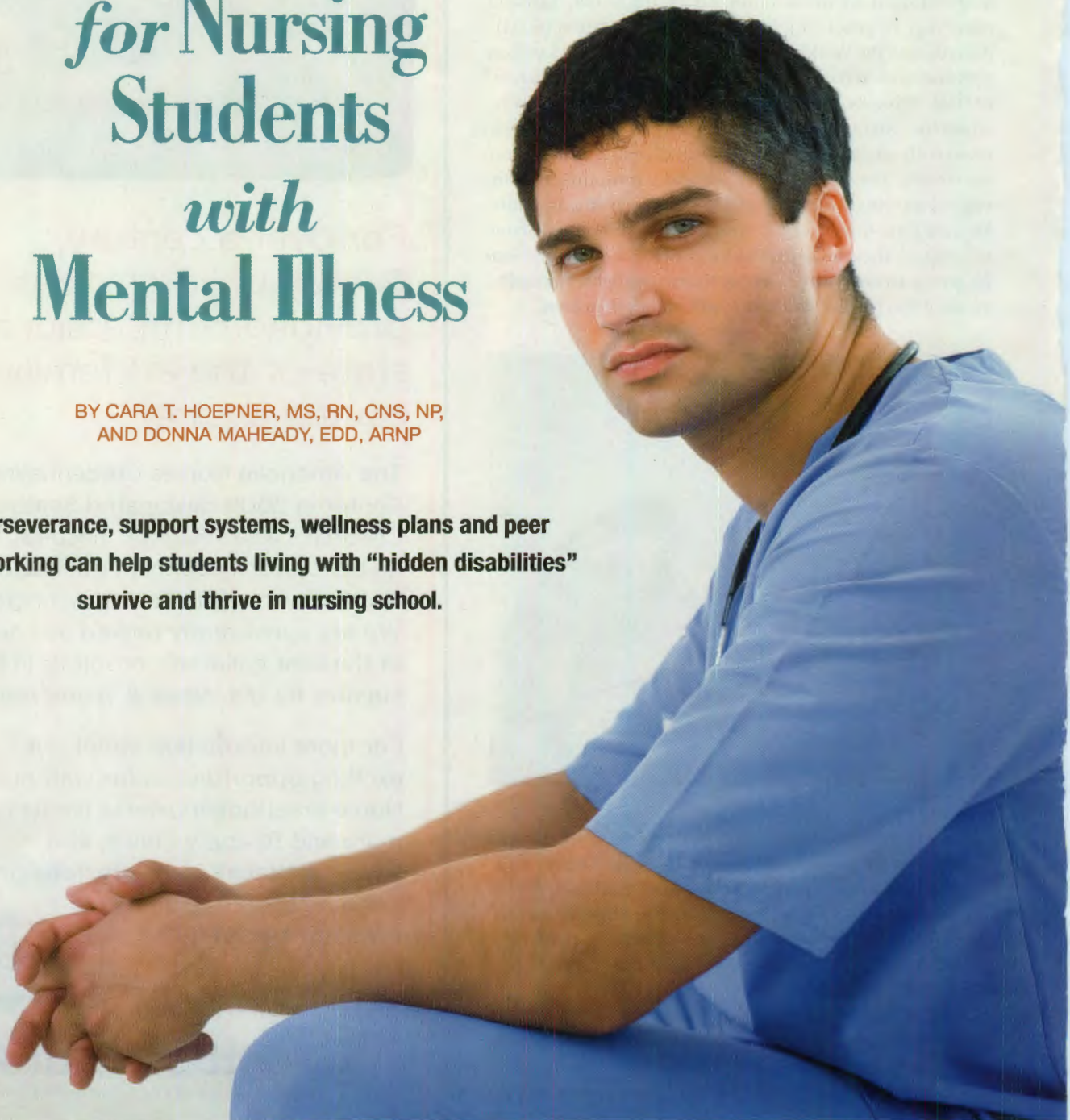
Success Strategies

for Nursing Students

with Mental Illness

BY CARA T. HOEPNER, MS, RN, CNS, NP,
AND DONNA MAHEADY, EDD, ARNP

Perseverance, support systems, wellness plans and peer networking can help students living with “hidden disabilities” survive and thrive in nursing school.



In any given year, about one in five Americans is affected by a diagnosable mental illness. Our nation is also seeing a dramatic increase in the number of students with disabilities on college campuses—especially students with so-called hidden disabilities, such as learning disabilities, attention deficit hyperactivity disorder (ADHD) and psychiatric disabilities.¹

In 2002, the American College Health Association reported that 76% of students surveyed felt “overwhelmed,” while 22% were sometimes so depressed they couldn’t function.² In a 2005 study, the prevalence of depression in a medical college was reported at 15.2%; only 26.5% of the depressed students reported having treatment.³ The effects of depression and other psychiatric disabilities in nursing students have been studied to some extent as well. However, the exact numbers of nurses and nursing students with mental illness are unknown, due to lack of research data coupled with fear of discrimination, stigma or rejection from a nursing program, state licensing board or employer if they disclose their disability.

The cost of untreated mental illness in college students is enormous. In one recent study of undergraduate students, diagnosed depression was associated with nearly a half point decrease in grade point averages; conversely, receiving treatment for depression was associated with a protective effect of approximately 0.44 points.⁴ In another cohort, academic impairment—manifested as absenteeism from class, decreased academic productivity and significant interpersonal problems at school—was seen in 92% of depressed students.⁵ Still other reports suggest that stigma resulting from society’s negative perceptions about depression and its treatment may contribute to the 30,000 suicides committed annually in the United States.⁶

The Decision to Disclose

If you are a current or prospective nursing student living with mental illness,

one of the most important decisions you will have to make is whether or not you should disclose your disability to admissions committees, nursing program administrators, faculty members, classmates, potential employers and others. As the following examples show, there are advantages and disadvantages to “going public” with your disability.

In her 1997 autobiography, *An Unquiet Mind: A Memoir of Moods and Madness*, Kay Redfield Jamison, a professor of psychiatry at Johns Hopkins University School of Medicine who lives with bipolar illness, contemplates disclosing her disability. “I am tired of hiding, tired of misspent and knotted energies, tired of the hypocrisy and tired of acting as though I have something to hide,” she writes. “One is what one is.” Years later, Jamison admitted that while her decision to disclose her illness publicly has had consequences, she would choose to do it again.

Now consider the example of Lynne, a pre-nursing student in California who also has bipolar disorder. Because of her disability, she was initially afraid to pursue her dream of choosing nursing as a second career. She had known three health care professionals who had suffered damage to their careers as a result of employers and co-workers knowing about their mental illness. They felt they had become defined by their illnesses. A

simple argument at work became suspicious hostility; an error raised questions of poor judgment, faulty cognition or side effects from medication.

With the help of family, friends, her mentor and a discussion board at ExceptionalNurse.com, an online community for nurses and nursing students with disabilities, Lynne applied to and was accepted by several nursing schools. Once at school, she found a therapist and psychiatrist, visited the campus Office of Disability Services to have documentation of her illness placed on file, and designated her academic advisor as a source of confidential support, but kept her illness a secret to all others on campus.

Several months into the school year, Lynne became increasingly aware of the distance and disconnect she felt from her classmates. She also felt that she had

Helping people find their way...



Natchaug Hospital

HARTFORD HEALTHCARE

What do you like best about Natchaug Hospital?

“The people I work with!”

Be part of a dedicated, compassionate team.

Natchaug Hospital, an affiliate of Hartford HealthCare, is the primary provider of Behavioral Health Services for Eastern CT. Located near the UConn Storrs campus, Natchaug has provided an accessible, regional system of care for children, adolescents and adults for over 50 years.

Natchaug is seeking nurses to provide excellence in client care as:

APRNs (inpatient or partial hospital program)

Residential Treatment RN

We offer a comprehensive benefit package including competitive salary, health & dental insurance; 403(b) retirement; tuition reimbursement and vacation, sick and holiday time.

For other posted positions and to apply online, please visit www.natchaug.org.

E-mail: ebuffington@natchaug.org

We are proud to be a Title IX and Equal Opportunity Employer

meds, and for the most part, so is my mood. I am getting straight A's in school, but I don't know if that will be enough to convince a licensing board that I'm stable."

- "I feel your pain. I am bipolar and when I went to nursing school I was terrified that if someone found out I would be tossed out of the program. I waited until I was halfway through nursing school to disclose."
- "I know of professionals who avoid treatment to keep a diagnosis off their records. I also worry a great deal that my illness will interfere with my employment or licensure."
- "I just started nursing school, took me like two years to get in . . . I also have a panic attack disorder that I take medication for. It's essentially under control, I certainly don't feel I'm a danger to patients in the least, but we start clinicals next week."

Students like these share "invisible" disabilities and need the support of the people around them—family, friends, faculty and classmates—to be successful in a nursing program. Nursing educators in particular must serve as a bridge to help students gain acceptance from patients, clinical staff and peers.⁷

The challenges nursing students with mental illness face are complex and lack "one size fits all" solutions. The only way the stigma will go away is if there are successful, visible role models in the profession—practicing nurses with psychiatric disabilities who are stable, responsible, pulling their own weight



and letting others see that it can be done. If you believe you have what it takes to succeed, stick to your guns and fight for your right to become a nurse. Your disability gives you a unique gift of understanding and compassion, and you have an important role to play in nursing. **MN**

Cara T. Hoepner, MS, RN, CNS, NP, is an advanced practice nurse living with bipolar disorder. She provides urgent care psychiatric services to a largely homeless population in San Francisco, mentors nurses and nursing students with mental illness and serves as a consultant to the board of NAMI (National Alliance on Mental Illness) San Francisco. Donna Maheady, EdD, ARNP, is the founder and president of ExceptionalNurse.com.

References:

1. Wolf, L.E. (2001). "College Students with ADHD and Other Hidden Disabilities: Outcomes and Interventions." *Annals of the New York Academy of Sciences*, Vol. 931, pp. 385-395.
2. Shea, R.H. (2002). "On the Edge on Campus. The State of College Students' Mental Health Continues to Decline. What's the Solution?" *U.S.*

News & World Report, Vol. 132, No. 5, pp. 56-57.

3. Tija, J., Givens, J.L. and Shea, J.A. (2005). "Factors Associated with Undertreatment of Medical Student Depression." *Journal of the American College of Health*, Vol. 53, No. 5, pp. 219-224.

4. Hysenbegasi, A., Hass, S.L. and Rowland, C.R. (2005). "The Impact of Depression on the Academic Productivity of University Students." *Journal of Mental Health Policy and Economics*, Vol. 8, No. 3, pp. 145-151.

5. Heiligenstein, E., Guenther, G., Hsu, K. and Herman, K. (1996). "Depression and Academic Impairment in College Students." *Journal of the American College of Health*, Vol. 45, No. 2, pp. 59-64.

6. U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General*.

7. Maheady, D. (2003). *Nursing Students with Disabilities: Change the Course*. Exceptional Parent Press.

National Association of Hispanic Nurses™

35th Annual Conference



Transforming Policy to Support Healthy Communities for Latinos

Washington, DC

July 21 - 24

Mariott Wardman Park

for more information and to register for the conference, please visit our website:

www.thehispanicnurses.org

to leave her “real self” at the door when she entered the classroom. While assisting with on-campus activities for Mental Illness Awareness Week, she shared her frustration with a trusted professor, who encouraged her to share more of herself with others, at her own pace. A year later, Lynne enjoys planning activities with her campus mental health advocacy organization, giving talks and participating in panel discussions about mental illness. She has also founded an informal support group for nursing students with mental health issues.

Other than being known to some people on campus as “a person with bipolar disorder,” Lynne has experienced little stigma in her nursing program. The few instances of bias she has encountered have been subtle and came from people who meant well.

For example, while discussing her history with a supportive faculty member, Lynne was told, “Oh, we’ve had people with bipolar in this program before. I’m sure you’ll do fine.” Lynne had not indicated a need for reassurance and wondered why it had so suddenly and spontaneously been offered. Another instructor suggested that Lynne lead a life full of activities because her “high mood” enabled this. Lynne asserted that, for her, hypomania was uncomfortable, frustrating and not at all productive, and that she felt her other qualities and accomplishments were being overlooked.

Tools for Wellness

Your mental illness may be with you for a long time, so consider not only accepting it but making friends with it. Think of a wellness plan not as “treatment” or simply medication and therapy (which are important!) but as part of a healthy way of life. Here are some strategies that other nursing students with psychiatric disabilities have found helpful:

- Develop a strong, collaborative alliance with your health care providers.
- Become educated about your illness, be a proactive health care consumer and take time to educate others.

- Learn good coping skills, such as healthy eating, sleeping and exercise habits.
- Make social time with friends and family a priority, as well as relaxation time.
- Activities or hobbies that you enjoy will give your life balance.

At home and at school, consider asking a good friend, mentor or family member to help you monitor yourself. Even those of us with the best insight may be helped by a gentle nudge and some outside perspective from someone we trust.

For students who have to finance their education by working while they attend school, flexible scheduling is helpful. However, if you find that work stress is interfering with your studies and quality of life, look into alternative sources of funding. Contact your state Office of Vocational Rehabilitation to find out about options and solutions.

Finally, be especially honest with yourself about whether or not this is really the right time for you to be in school. Will you be able to get through a long clinical day without having symptoms that affect your ability to learn or to provide safe nursing care? If you have doubts, be kind to yourself and make wellness your first priority. Nursing school will still be there for you when you are feeling healthy enough to fully benefit from the experience and give your best.

Sources of Support

Having a strong support system in place can make a world of difference. Recall the story of Lynne, who credited much of her success to her support network of health care providers, academic advisors, professors, family and friends, as well as the online networking resources she found at ExceptionalNurse.com. This nonprofit virtual community is committed to the inclusion of more people with disabilities in the nursing profession. The Web site provides contact informa-

Additional Online Resources

Disability and Higher Education:

- ⇒ Association on Higher Education and Disability (AHEAD)
www.ahead.org
- ⇒ “Students with Disabilities Preparing for Postsecondary Education: Know Your Rights and Responsibilities”
www.ed.gov/about/offices/list/ocr/transition.html
- ⇒ U.S. Department of Education, Office of Civil Rights—this site explains how to report educational discrimination, access civil rights regulatory and policy documents and request information on civil rights compliance programs.
www.ed.gov/about/offices/list/ocr/index.html
- ⇒ U.S. Department of Labor Job Accommodation Network (JAN)
www.jan.wvu.edu

Mental Health Advocacy Organizations:

- ⇒ National Alliance on Mental Illness (NAMI)
www.nami.org
- ⇒ Depression and Bipolar Support Alliance
www.dbsalliance.org
- ⇒ National Alliance for Research on Schizophrenia and Depression (NARSAD)
www.narsad.org
- ⇒ Boston University Center for Psychiatric Rehabilitation
www.bu.edu/cpr
- ⇒ Nurses in Recovery
www.brucienne.com/nir

tion for more than 80 mentors, along with a wide range of other disability-related resources and information.

In addition, the online discussion board at ExceptionalNurse.com gives you the opportunity to exchange support and advice with other students and nurses who are dealing with the same issues. Here are some excerpts from recent posts:

- “I’m in a BSN program now and have not disclosed my history of major depression with psychotic features. The psychotic part is controlled with