

Failing through the cracks:

A lived experience perspective on mental distress at university

Mary O'Hagan, Director, PeerZone



Prologue: Janet's story 1





Workshops



Toolkit



Consultancy

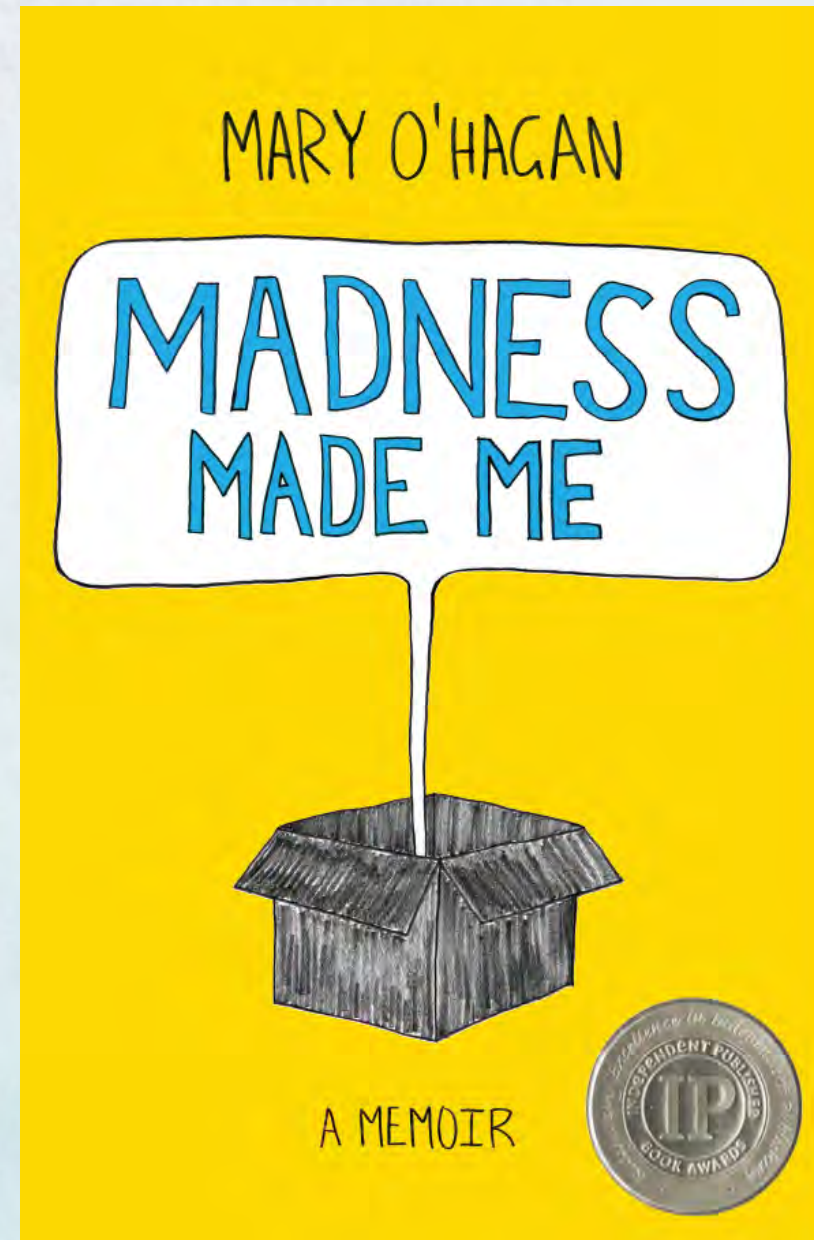


Employment

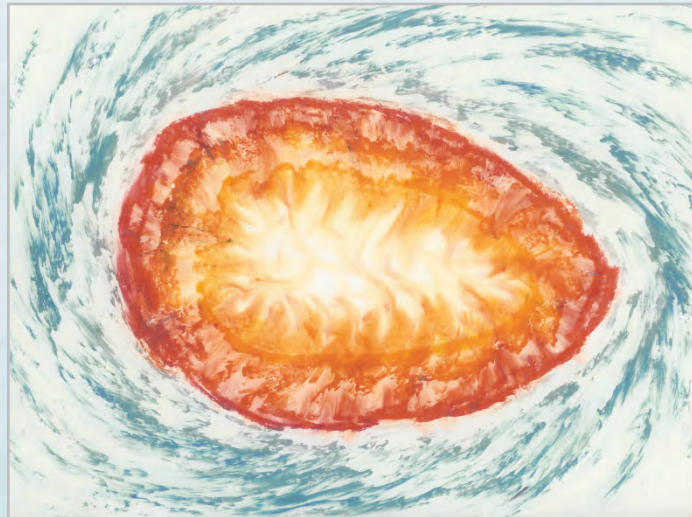
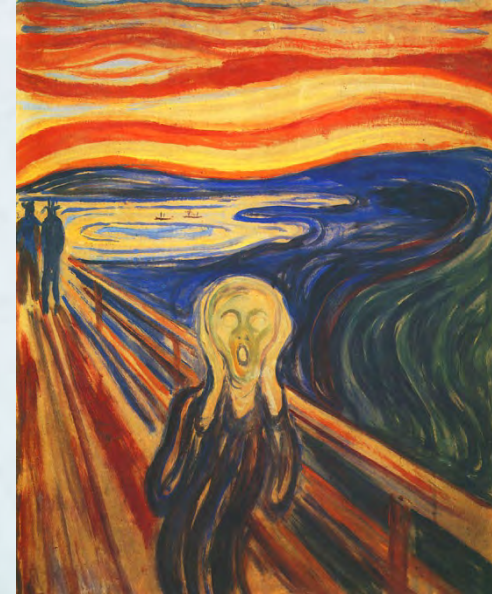
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Madness Made Me

Available as an e-book or
paperback through Amazon.



My experiences



My rite of initiation

Existential

Relationships

Body image

Life and
study skills

Leave home

Performance
stress

Alcohol
and drugs

Career
confusion

Buffers = Privilege + Functional family + Robust self-esteem

My life at university

Attempted university several times from ages 18 to 26.

Major mood swings.

Countless admissions to local psychiatric ward.

One suicide attempt.

Completed half a degree and withdrawn from many courses for 'medical reasons'.



How they responded

At the university - student health psychiatrist:

- Psychotherapy
- Drug therapy
- Letters to university

At the hospital:

- Drug therapy
- A bed.
- Scrabble, OT and social skills.



Why it didn't work

Applied a medical paradigm to an existential problem:

- Pessimistic and deficits based.
- Obsessed with symptoms.
- Uninterested in 'lived experience' except as indicator of pathology.
- Not equipped to provide holistic and practical supports and opportunities essential for recovery.

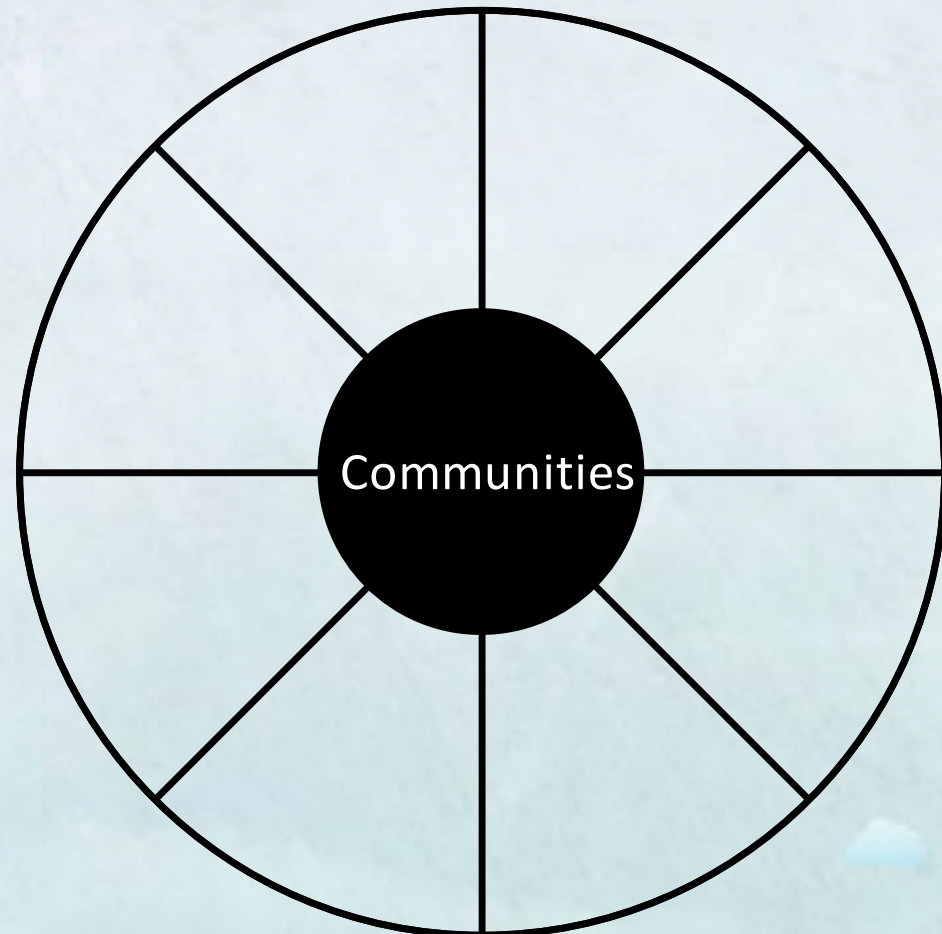


We need to change the paradigm

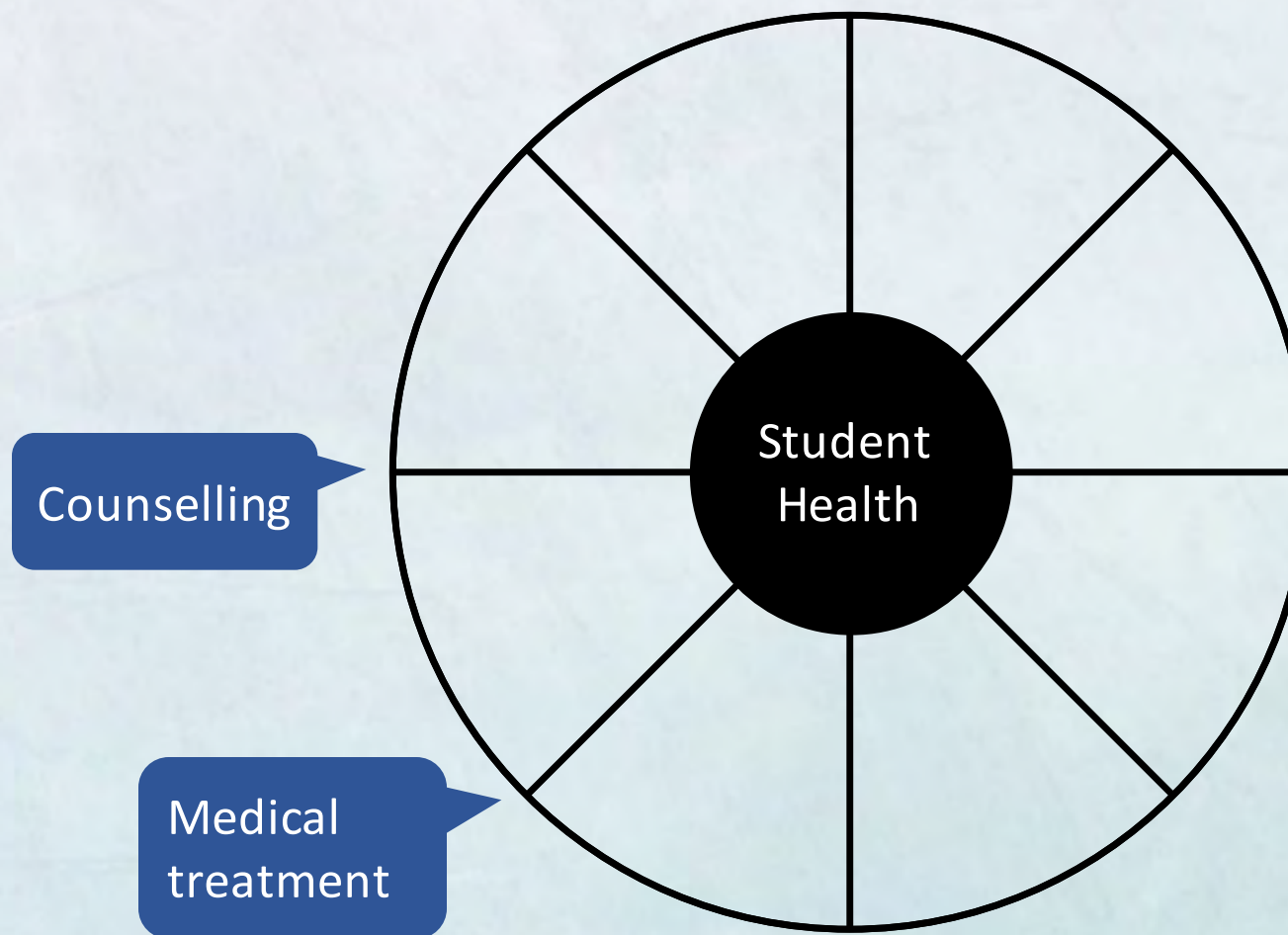
Treatment of people with mental illness



Promotion of wellbeing for all



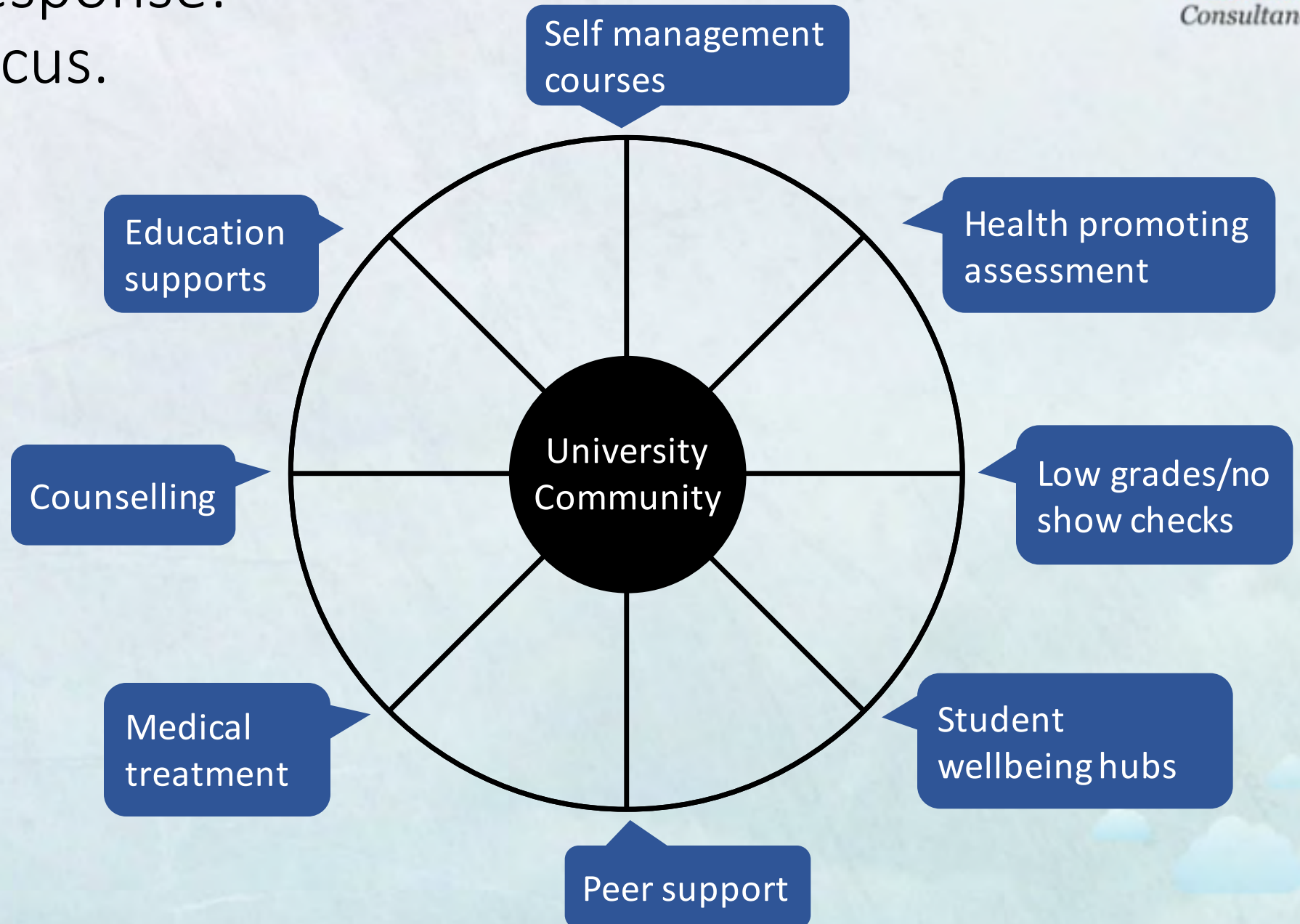
University response:
treatment focus.



What I'd want for my children

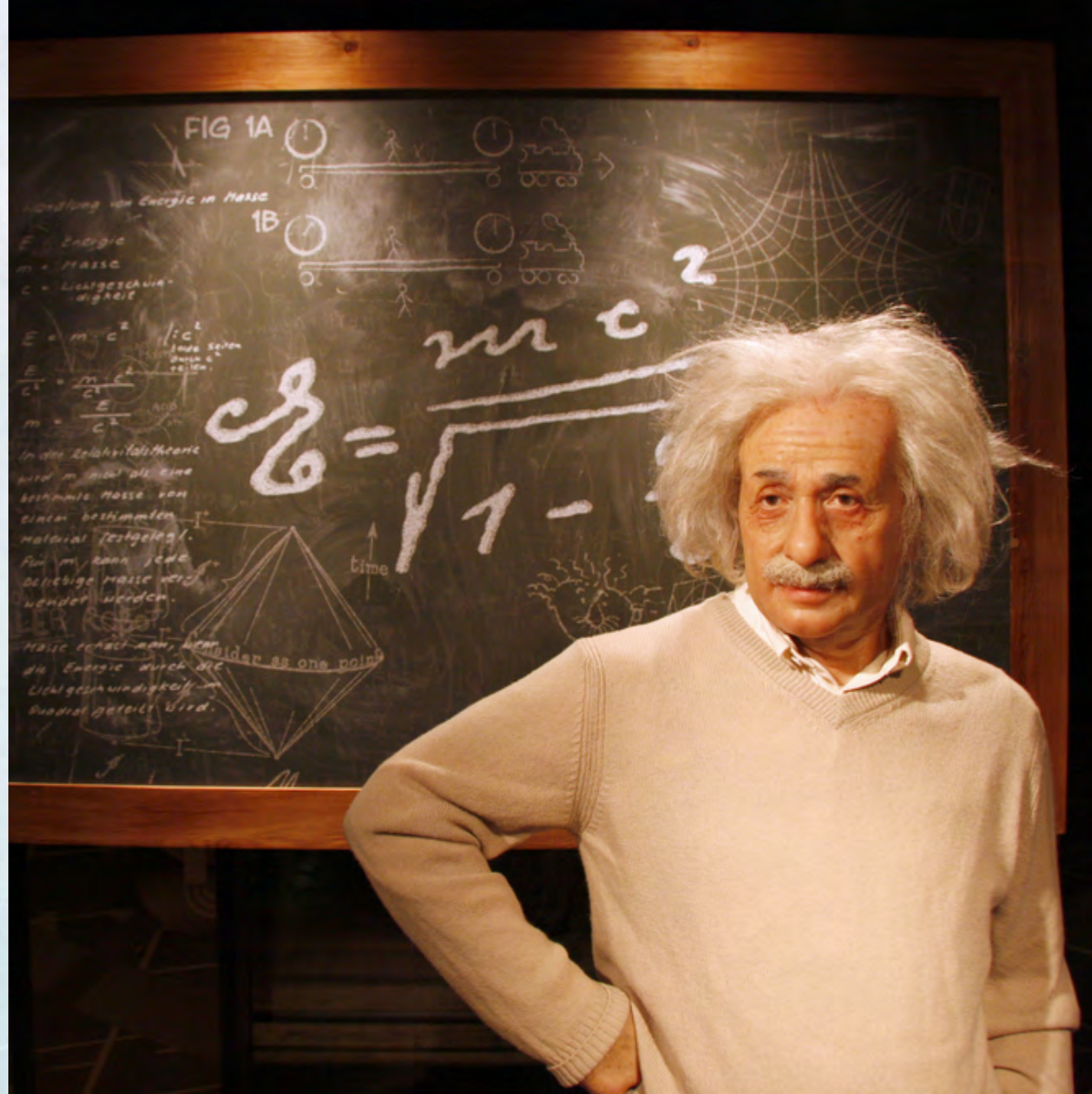


University response:
wellbeing focus.



Supporting a wellbeing focus

- Wellbeing strategy and budget.
- Coordination and promotion of wellbeing activities and services.
- Health promoting study and work conditions.
- Wellbeing literacy for all staff and students.
- Advisory services for staff for dealing with struggling students.
- Economic analysis of 'failing through the cracks' (as a call to action and expenditure).



Why is it important to change the paradigm?

We know mental distress is a big problem in students and why.

We reduce stigma by including people with 'mental illness' in the wider wellbeing agenda.

The more serious the problem the more parts of life are affected.

The personal, social and economic costs of no response or a narrow medicalized response is huge.



Epilogue: Janet's story 2



Thank you



Mary O'Hagan
mary@peerzone.info
www.peerzone.info