



# Student Mental Health and Field Education: Responsibilities and Challenges of Field Educators

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Over the years, our School of Social Work has had a number of students who unexpectedly shared serious mental health challenges that included suicidal ideation, depression, anxiety, substance use, and trauma histories. As social work educators, we were concerned with how these experiences were contributing to students' challenges with attending class and practicum, completing course work and succeeding in practicum settings. We struggled with how to balance our professional roles and boundaries, our concerns for the students' privacy and safety, and our responsibilities to other students, field agencies, and current and future social work clients. Here, we review articles about the prevalence of students with mental health challenges in higher education, explore the challenges that both students and field educators experience when addressing mental health issues in the practicum setting, and discuss implications for social work education. This article represents one school's response; it is only a brief introduction into this very complex issue, but we hope that it will serve as a springboard for further discussions and empirical assessment.

## **Prevalence**

College students are at especially high risk for developing mental health challenges, as the average age of onset of most mental illnesses is between 17 and 25 (Smith-Osborne, 2005). The incidence and severity of mental health problems (e.g., depression, anxiety, substance abuse, eating disorders, suicide, etc.) have significantly increased among college students (Arehart-Treichel, 2002; Kitzrow, 2003). In fact, findings from the 2010 Cooperative Institutional Research Program (CIRP) Freshman Survey found that college freshman reported the lowest self-rating on emotional health since the survey began in 1985 (Pryor, Hurtado, DeAngelo, Palucki, Blake & Tran, 2010).

Horton, Diaz and Green (2009) examined mental health challenges specific to social work students. Using a convenience sample of 68 students in a Florida school of social work, the researchers found that 34% of students reported experiencing depressive symptoms. Additionally, 12% of the students reported having a history of suicidal ideation, and 4% had recently thought about suicide. Although methodological limitations limit the generalizability of the findings, the study does demonstrate the

need to better understand and support the mental health needs of social work students.

### **Mental Health Challenges in Field Education**

Over the course of an undergraduate or graduate program in social work, students' mental wellness may vary, and when students experience mental health challenges it does not always negatively influence their classroom or field experience. In fact, when students do experience mental health challenges, it can be an opportunity to practice self-advocacy, self-care, and taking appropriate steps for protecting clients, which are necessary skills for ethical social work practice (NASW, 2008). However, when students experience mental health challenges and are unable or unwilling to acknowledge those challenges, difficulties may arise.

In working with social work students with mental health challenges, we have identified several difficulties that they face in the practicum setting. These difficulties include the effect of the mental health challenges on the student's relationships; difficulty accessing treatment; and the effect of the treatment itself.

We have noticed how mental health challenges can affect students' relationships with peers, faculty, clients and supervisors. For example, if a student who experiences social anxiety has difficulty participating in small or large group activities or presenting in front of colleagues in class or field, he may have difficulty forming meaningful peer relationships. In addition, other students or colleagues who recognize that he does not participate or engage in a group setting may become reluctant to partner with that student for group projects.

Despite the deleterious effect on relationships, students may choose not to discuss, seek treatment, or request academic accommodations for their mental health challenges. Stigmatization of mental illness has been well-documented in contributing to students' disinclination to disclose and seek services (Martin, 2010). We have seen firsthand how powerful stigma is in preventing students from accessing university disability support and mental health services. Social work students fear – perhaps in some cases justifiably so – that they will not be accepted into the social work program or into a practicum if they disclose mental health challenges.

The symptoms of mental illness and side effects of mental health treatments also present challenges for students in practicum. For many students experiencing mental health challenges, the stressors of the field practicum may invoke challenging behaviors, such as unexplained tardiness or absence, difficulty with insight into how their own behavior is affecting the client or the practicum setting, or unwillingness or inability to engage in self-reflection with their field supervisor. In addition, we have seen how treatment for mental illness can impact or interfere with a student's social work field education. For example, medications for mental illness have negative side effects that limit memory, attention, and energy level (University of Washington, 2010). Some students have shared with us

that these side effects interfere with their ability to manage the competing demands of course work and practicum. When students lack insight or acceptance of these mental health challenges and of the associated effects on their social work practice, they may be too impaired to competently or ethically engage in practicum.

### **Faculty Challenges in Field Education**

When faced with a student presenting with a mental health challenge, social work field educators experience competing responsibilities. Leedy and Smith (2005) described the value conflict experienced by social work educators that centers on the protection of the client versus the need to respect the rights and the worth of the individual student. For example, when students either disclose and/or exhibit mental health challenges, field educators must assess if the challenges will affect students' success in practicum and how the field educators should incorporate that information into field placement decisions. When students with mental illness have reached a stage in their recovery where they are able to identify and address how their challenges might interface with their engagement in practicum, they can work closely with field educators to develop their own plan for a successful field education experience. However, when students are unable or unwilling to identify or disclose their experience with mental illness, field educators may need to make difficult decisions about whether the student is currently able to competently and ethically participate in practicum. While we do not want to exclude students who experience mental illness from field education, we are responsible for ensuring that students enter their practicum with the professional knowledge, skills, and behaviors to be successful and to do no harm. We serve as gatekeepers to the profession with a responsibility for safeguarding the clients of our social work students in field practicum, while at the same time remaining committed to promoting social justice, self-determination and equal access for students who experience mental health challenges (Collins, 2006; Leedy & Smith, 2005).

In supporting and advocating for students who may be experiencing mental illness, social work field faculty must be mindful of our role as educators rather than social workers. At times, our prior mental health practice experience can be a double-edged sword. Our professional training in assessing and intervening in mental health crises may help us to identify signs of mental illness in students that non-social work faculty members might miss. However, our primary role as educators is to graduate competent, ethical practitioners. We hope that students access the supports and services necessary for success in their field practicum, though we must respect their self-determination in disclosing their mental illness or in accessing university counseling or disability support services. At the same time, we must protect clients and ensure that interns' work meets high professional standards.

### **Implications for Social Work Education**

Through discussions with colleagues, disability support services, and some trial and error, we are able to suggest some guidelines for supporting students with mental health challenges to be success-

ful in field practicum. First, it is important to proactively talk with students early and often about university disability support and counseling services. An open conversation about mental health challenges may help to reduce stigma and encourage students to access appropriate services. Second, all faculty, including field instructors, should develop relationships with university disability support services in order to educate ourselves about mental health disabilities and to find meaningful ways to accommodate students without violating our obligation to clients served by practicum settings. Third, schools of social work should develop clearly defined policies that detail expectations of professional behavior, so that students and field educators have clear guidelines for what is expected of students. Finally, field educators can reduce the stigma of mental illness in practicum settings by educating colleagues about mental health myths, resources available to students in the university and the professional performance expectations of our students.

Anecdotally, we have found that other field faculty have had struggles similar to ours in navigating the precarious balance between the sensitive treatment of students' mental health challenges and the upholding of our role as gatekeepers to the profession. We hope that lines of research will develop to examine the prevalence of mental health challenges among social work students, to describe its effects on education and field performance, and to determine best practices to guide future program policies. We have only started the conversation with this article, but we hope that it will serve as an invitation for further dialogue about this important topic.

### **Editor's Note:**

If you want to know more about this subject, see also:

GlenMaye, L.F. & Bolin, B. (2007). Students with psychiatric disabilities: An exploratory study of program practices. *Journal of Social Work Education, 43*, 117-131.

Sowbel, L. (2012). Gatekeeping: Why shouldn't we be ambivalent? *Journal of Social Work Education, 48* (1), 27-44.

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Horton, E. G., Diaz, N., & Green, D. (2009). Mental health characteristics of social work students: Implications for social work education. *Social Work in Mental Health, 7*(5), 458 – 475.

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