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Picture collage: A pedagogical reflective practice tool for nursing students in mental health practice

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Abstract

This article discusses the use of picture collages as a potential pedagogical developmental tool and creative medium to enable nursing students to explore the impact of their mental health clinical practice experience on their learning and mental wellbeing. This project took place in the United Arabs Emirates (UAE) with a cohort of nursing students at the end of their mental health clinical placement. As a creative medium, the picture collage was used to enable the students to effectively explore their thoughts and feelings about learning experiences in a mental health clinical setting. The paper will offer some context of mental health in the Gulf region and the related socio-cultural challenges surrounding the construct of stigmatisation of mental illness. This will be followed by an overview of mental health nursing education and reflective practice. It will then discuss a culturally responsive approach to using picture collages as a malleable way to enable reflective practice.

Keywords: mental health, mental ill health, mental health reflective nursing practice, collage, mental health stigma, mental health in Gulf Arab states, culturally relevant pedagogy.

Introduction

Mental health and mental ill health

The World Health Organisation (WHO 2005 p 12) defines mental health as “a state of well-being in which an individual realises his or her own potential, can cope with the normal stresses of life, and is able to make a contribution to her or his community” (World Health Organization, 2005, p. 12). Mental health is an integral component of general health and wellbeing because it governs how one thinks, feels, and acts which in turn determines how one copes with life stressors, interacts within and forms relationships, and other aspects of one’s daily functioning. Mental health lies on a continuum varying from poor mental health and psychosocial instability and dependence to good mental health and thriving and productive contribution to society. It is complex and multifactorial, and one’s risk of developing mental illness is influenced by the individual’s biological integrity and psychological disposition to the social, political, and economic context where they grow and live (World Health Organisation 2022).

Mental Health and mental illness stigma in the Gulf Arab States

Mental health is a global concern with a reported 1 in 8 people living with common mental disorders such as anxiety and depression. A significant rise in depressive disorders has been reported during the pandemic globally (World Health Organisation 2022). The Gulf Arab nations are not impervious to these concerns (Ibrahim 2021). They are compounded by poor mental health literacy, which has been historically overlooked as a lesser priority in public health (Elyamani et al 2021). This has led to an encumbrance of common public acceptance of mental health disorders and evidence-based mental health treatment among the general population (Crowe et al 2016). Consequently, like in some other parts of the world, there is a reluctance to seek help due to common factors like shame and the fear of being stigmatised and socially sanctioned for their mental health issues (Salahedin and Mason 2016).

Stigma is considered a major barrier to accessing mental health services (Knaak et al 2017). Stigmatisation is the process of discriminating against members of a social group by employing labels and endorsing negative views about them. These negative views and connotations are referred to as stigma. It is conceptualised as “the situation of the individual who is disqualified from full social acceptance” (Goffman, 1963, p. 9). It can be anticipated, experienced, perceived, and internalised [Clement et al 2015). The stigmatised reaction from the public to people with mental illness can lead to self-stigma which is negative beliefs about oneself such as feelings of being inadequate and weak (Sayed et al 2021). It is a significant factor affecting the lives of people living with mental illness (Lasalvia et al 2013).

As a broad construct, stigma can be identified across cultures and its influence varies across cultures and religious beliefs (Wesselmann et al 2010). Studies on Islamic culture and mental health posit that Islam as a monotheistic religion there is an unequivocal belief that any illnesses whether it's physical or emotional are connected to *Allah* (God), (Padela et al

2012) as *Allah* is the cause of everything (Ciftci 2012). Islam in Arabic means submission and as such the external locus of control which exemplifies the central tenet of submission to the will of God. Hence it is important to recognise that psychoanalytic approaches which focus on individualism are at odds with Islamic values (Al-Abdul-Jabbar and Al-Issa 2000). The differences between Islamic values and understanding of contemporary treatment modalities can subsequently lead to religious conflicts and a reluctance to seek mental health help (Sabry and Vohra 2013). Moreover, reducing the aetiology of mental health and illness to biological factors like dopamine and serotonin is an oversimplification that can be problematic in ensuring medication adherence without modifications of therapeutic approaches in some cultural contexts.

Since its foundation in 1971; the UAE has made progress in developing mental health care service provision; with an increasing number of mental health professionals but traditional understanding and methods of treating mental illness still prevail (Haque and Al Kindi 2015). For example, in a report by Chowdhury (2015), an Emirati asserts that “in our culture, many tend to turn to healers for mental cases because they think it may have something to do with being possessed by bad devils or having weak faith in God or being affected by black magic”. However, there is also evidence of a widespread belief in the UAE that mental illness is contagious, and this prevents prospective clinicians from pursuing a career in mental health services thus resulting in understaffed mental health facilities (Andrade, 2022). The prevailing cultural stigmatisation of mental health is a significant social barrier to implementing public mental health agenda in the Gulf Arab States (Charara et al 2017). Adapting psychoanalytic approaches to incorporating Islamic values and beliefs can be beneficial in psychiatric practice (Sabry and Vohra 2013). There is an apparent positive shift to more accepting attitudes to contemporary mental health services among the Gulf youth and relative progress in mental health policies in the Gulf Arab States (Al Yousef 2020). During the COVID-19 pandemic, the UAE set up the first free public mental health support hotline. The National Policy for the Promotion of Mental Health identified key objectives which included enhancing mental health promotion and prevention, developing responsive services, and strengthening mental health research capacities and resources (Ministry of Health and Prevention 2022). The upscaling of primary care staff knowledge and skills in mental health is currently underway.

Mental health of nursing students globally

The vulnerability of university students’ mental health has been documented by several researchers during their transition to adulthood (Conley et al 2014) and including older students (Acharya et al 2018) when faced with numerous challenges in managing university life such as academic, financial responsibilities and peer relationship (Lattie et al 2022). Pre-registration nursing programme students have additional challenges which can be very demanding resulting in higher reported stress, anxiety and a higher prevalence of depression compared to the general student population (Tung et al 2018). Experiences of psychological distress have been linked to the inability to manage clinical events in the clinical learning context (Alyousef 2019), the inability to confide in others (Chermo, as and Shapiro 2013) or to disclose their mental health issues due to perceived stigma (Ramluggun et al 2018). In addition, managing university life involves other precipitating factors for mental health issues among the general higher education students’ population. Therefore, it is important that nursing students are adequately supported to manage the demands of their nursing education such as encouraging students to attend to their own health needs (Blum 2014) by including teaching on self-care (Mills et al 2015)

in the nursing programme. In England (United Kingdom), how the experiences of working in the National Health Service can adversely impact both staff and learners' wellbeing has been recognised. The Pearson Report underlined the importance of lessening nursing students' stress in managing the demands of the preregistration nursing programme (HEE 2019).

Mental health nursing students have been reported as being more prone to stress with less effective coping strategies (Galvin et al 2015). Although the cohort of nursing students in this paper were not mental health students per se, it was their first exposure to an inpatient mental health learning environment. The students' mixed feelings of excitement, apprehension, and anxiety were understandable because of the novelty of their experience; and more so during the COVID-19 pandemic when higher levels of anxiety were reported (Albikawi 2022, Ramluggun 2020). These feelings of anxiety were perpetuated by the skewed perception of mental health and common stereotypes and fear that all patients with mental illness are dangerous (Hunter et al 2015).

Preregistration mental health nursing education in the UAE

The pathway to mental health nursing specialisation varies across the globe. It is a perennial issue, especially in the United Kingdom (UK); which has received much deliberation with regard to the point of specialisation for different fields of nursing in pre-registration nursing education. The UK is among the very few countries where the nursing workforce is formalised in different specialities and educated nurses in stand-alone preregistration nursing specialities for Mental Health, Adult, Children and Learning Disabilities with a few approved Higher Education Institutes offering dual registration programmes which combine two of these specialities. The importance of a well-developed programme for the required knowledge and skill sets of these key nursing specialities such as preregistration Mental Health Nursing education, which has received much support (Mc Keown and White 2015) is well recognised in the UK, as is the case in many countries. In the UAE, mental health nursing knowledge and skills are also incorporated within a comprehensive generic preregistration nursing programme. However, how the generic preregistration nursing programme can adequately prepare nurses to work in mental health settings is debatable.

The cohort of nursing students in this paper were taught the fundamentals of mental health in the final year of their nursing degree programme over one semester. This consisted of 3 hours of weekly tutorial seminars on theoretical knowledge in mental health and mental disorders including 12 days of mental health clinical practice over a six-week mental health nursing placement. The students are allocated a faculty member in the role of a clinical facilitator to support their practice education together with their preceptors. This includes weekly reflective practice group meetings to promote students' reflection on their practice experiences in their clinical settings. Borton's framework of reflection; *What, So What, Now What'-method of reflective education* is used as a framework to guide the students' reflection on their practice learning (Skinner and Mitchell 2016). However, it was clearly apparent that the students were not always forthcoming about sharing their genuine thoughts and feelings about their mental health clinical learning experiences in the reflective practice group meetings. Hence, an innovative approach that could potentially optimise the dialogic process of reflection, by interacting with an artefact (picture collage) as a catalyst to enable the students' self-examination, was planned for the final reflective practice group meeting.

Reflective practice

Reflection in nursing is a conscious process of thinking, feeling, imagining, and learning from experience by exploring a clinical situation while being aware of one's own beliefs, values, and practice to develop nursing knowledge in improving patients' outcomes (Patel and Metersky 2022).

The concept of reflection was initially coined by Dewey (1993) advocating its importance for personal and professional development.

> *"While we cannot learn or be taught to think, we do have to learn how to think well, especially how to acquire the general habits of reflecting." (Dewey 1993 P35)*

It gained momentum and became popular following Schön's (1983) publication on how professionals reflect in action during the event and on action following the event which most published literature has subsequently focused on. Reflective practice is embraced by several professional disciplines in order to enable ongoing learning and professional development (Asselin et al 2012) and is an essential requirement for career progression for many healthcare professionals (Caldwell L, and Grobbel 2013).

In nursing education, reflection is well recognised as a valuable educational tool to integrate theory and nursing skills and enable students to learn from their experiences as part of their practice education (Barchard 2022). Therefore, teaching reflection in nursing education is key to developing knowledge and skills like enabling students to effectively process and manage challenging experiences they may come across in their placements. In mental health settings, nursing students are exposed to challenging clinical learning environments such as caring for patients who self-harm or are suicidal which may generate doubts and anxieties about their practice. Reflection can facilitate detailed scrutiny of their practice by helping them to analyse and process these thoughts and feelings through the lens of an appropriate reflective framework. This includes a cognitive appraisal of their abilities to analyse the impact on their own mental wellbeing when exposed to psychologically distressing events in their clinical learning environment.

However, facilitating reflection on students' performance, knowledge, and attitudes to mental health has its own challenges. It requires careful consideration of the barriers and facilitators to reflective learning such as the students' understanding of reflection, how it is structured and the context for reflection. This requires adequately preparing students and providing them with a safe space to reflect effectively (Koshy et al 2017) on the management of challenging clinical experiences in their practice. The first step entails developing the students' cognitive and metacognitive skills surrounding mental health and the justification for reflective practice. The second step is to create a learning environment where students feel able to express their beliefs, values and attitudes that underpin their understanding of mental health without the fear of being judged. This requires a safe, supportive, and non-judgmental space to challenge their perceptions and assumed knowledge of mental health towards developing a new understanding of their mental health practice (Panadero 2017). A constructivist framework which opines that knowledge is socially constructed and new information is incorporated

into pre-existing knowledge (Bada 2015) underpins the whole process of creating such reflective practice. It sets a scaffolding for their reflective practice so that they may develop an awareness of the limitations of their knowledge and an observational acuity of their progress. For some students, this includes reappraising prior culturally influenced perspectives of mental health and illness.

Culturally relevant pedagogy

The nursing student cohort was a monocultural group of the Islamic faith; mostly sharing similar views and challenges in the explicit discussion of mental health issues. In facilitating their reflecting practice, it was important to carefully navigate sociocultural factors to help students uphold their cultural identities and guide them to assimilate and accommodate mental health knowledge. As a reflective practice facilitator, it was equally important to empathetically communicate with the students by imagining their world as they see it (Karatas 2020) and being genuine and congruent to their thoughts and feelings about the issues surrounding mental health practice. This can help to avert any discord that may lessen immediacy while interacting with them in their clinical learning environment. The frame of reference of the students' perspectives of mental health, mediated by cultural stigmatisation of mental health was an apparent barrier to reflection germane to their clinical learning experience. So, a culturally relevant and safe medium to enable students' forthright self-expression of clinical experiences became paramount. Being aware of the students' highly contextual culture where communication often occurs without the need for verbalisation (Samovar 2012) was an enabling factor to find a medium that would allow them to fully examine their inner thoughts and feelings about mental health practice.

Collage as a creative pedagogy strategy

Cultural competence and collage

Cultural competence can be described as the ability to understand and interact knowledgeably with people from different cultures. Cultural competency in pedagogy is considered an important attribute for teachers in facilitating the teaching and learning process (Samuels 2018). To be culturally responsive to the students' cultural values where storytelling is a predominant feature, picture collage lends itself well to amplify the students' voices. The potential of the creative process of collaging as an arts-based exercise to tune into one's true feelings has been described as 'opening a dialogue to what is encountered and oneself' (Bresler 2018, p 654) which enables a connection between the inner and the outer world (Csikszentmihalyi 1975). It has been used as a way of amplifying the voices and perspectives of the underrepresented (Robinson 2013). Its use as a mode of expression through images has been reported as a critical practice (Lucero 2016) and in enabling reflection in pedagogy (Prasad 2021). However, whether the students would be able to subject themselves to this level of introspection about their true feelings was a quandary. The unfamiliarity of the mental health clinical learning environment was understandably anxiety-evoking for most students, which they also reported to be at times emotionally challenging. Hence, the debriefing in the post-picture collage discussion was important to enable the students to process emotionally taxing clinical learning experiences.

Interestingly, the students were remarkably able to focus on this sensory process of creating and engaging with the picture collage. In the collaging reflective activity, students were encouraged to use only picture cuttings to layer and connect these images to tell the story of their mental health practice journey at the end of their placement. In their individual picture collage design, the students articulated meaningful and memorable anecdotal experiences of their journey in the mental health placement. The students' engagement with the activity at hand exemplified how they had developed a more informed understanding of their own mental health.

The process of preparing the students and facilitating the reflective practice using the collage activity is illustrated in Diagram 1 below. During their penultimate reflective practice group meeting, the students were informed about the undertakings of the picture collage in their final reflective practice meeting. This consisted of up to forty minutes to create their individual picture collage reflecting their journey in this clinical practice, two minutes for each student (a total of ten students) to tell the story of their picture collage, five minutes for the students to assemble their individual picture collage and narrate a collective learning experience, and twenty-five minutes group discussion and debriefing.

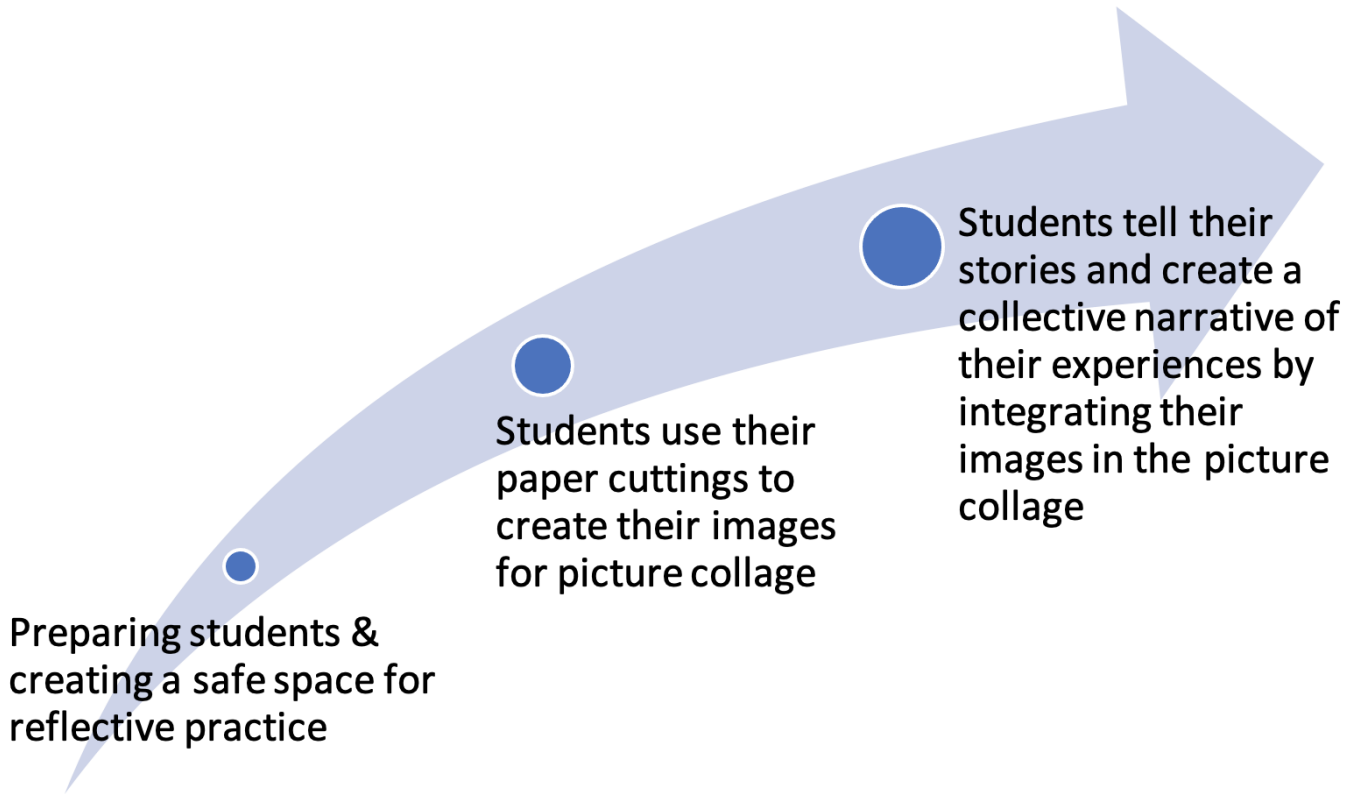

Diagram 1.

"When I started the mental health clinical, I was so confused. I did not have any idea about mental health and what were my feelings about this clinical. I did not know how to explain my feelings before and was really scared. On the first day, I had my first experience of auditory hallucinations. I was so convinced about what the patient was saying about having an evil in her head that someone is controlling her which was of course her mental illness. I discovered every patient is living their life irrespective of culture and saw patients of different nationalities supporting each other. I hope we can improve

mental health in the next generation with more family support." (Image 1)

Image 1.

"Looking back at the picture collage reflection activity, only made me realise how far my expectations were from reality. For instance, I thought the patients would be very unhappy to be staying in the wards. Some were sad; however, I saw how they adapted very well and many of the patients were simply happy to be getting better with the help of the staff. I gained insight into what other people could be possibly going through, especially in a society where a lot of people still don't believe in the existence of mental health as a part of their health and would rather attribute whatever mental health struggles they had, to them as not being spiritual enough." (Image 2)

Image 2.

"We thought that the patients would not be friendly, however, we were proven wrong once again because my peers and I interacted with many friendly patients with whom we sang and danced. Although it may have taken a bit of patience for some of my peers, we managed to interact with many patients that thought of us as friendly and trustworthy, especially younger patients that were around our ages, which brings me to another realisation. I never imagined meeting younger

patients in their teens, nevertheless, I'm happy that their families are getting them the proper help they need. I wish that more parents would see mental health through an appositive lens and gain a better understanding of it." (Image 3)

Image 3.

"The biggest difference that the collage activity in this placement brought about for me, was a more profound comfort with being myself, the readiness to explore my mental health, and in a way, I have gained perspective of the parts of myself that were hidden for a long time. I'm very grateful for this experience and I have learned way more than the types of mental illnesses from it, which I have described as a giant leap in my knowledge about mental health." (Image 4)

Image 4.

"I started this placement expecting that I needed a different skill set to interact with patients and it was true, although not in the way that I imagined. In my preparation for this clinical, I have concluded that I will need to be hypervigilant and that I may get injured during this placement. On this journey of discovery, I realised the skill set that I needed was mostly communication skills. As I remained injury free on this placement, I became more relaxed, contemplating my initial expectations that the patient did not want to be here. A lot of the patients don't realise how unwell they are. However, it was very fulfilling to see the patients improve and at the end of their stay they are happier, and my idea of mental health

nursing is so much more positive now." (Image 5)

Image 5.

"Mental illness starts with the unborn. In this clinical, I learned about myself, and that I'm not alone. Mental ill health is like an immigrant in every house. In every house, there is someone going through a mental phase which is an empty house. I needed to *understand myself first and foremost and my peers and I found a lot about ourselves. We need to start by accepting we can all be affected by mental ill health. The world around us is changing because people are choosing to educate themselves about mental health more than ever. So, whoever you are, wherever you may be, know that you are not alone in your struggles."* (Image 6)

Image 6.

"I was both excited and apprehensive about the clinical at the beginning. My experience, in the beginning, was like I have a mental picture of what is happening inside me about my thoughts and feelings about this clinical. Then I try to manage

my emotions but it's like catching the water maybe because I am too emotional and stressed. I observed the care & empathy the staff have for the patients and try to do the same but at first, I can only express sympathy instead of empathy. We can be a director for our life and take responsibility for our own health and wellbeing. I think about my self-care, and how to maintain my health to stay well. When I recite the holy Koran, it helps me with my breathing." (Image 7)

Image 7.

Collective Metaphor

The students were then asked to use their collective designs as a metaphor to construct a narrative of their collective experiences. They described their mental health practice learning as a transformation which included an improved awareness and insight into mental health, and mental and nursing care of people with mental illness, which has alleviated their initial anxiety about this placement. They felt more confident in their ability to therapeutically engage with patients in mental health clinical settings. It illustrated students' transition process of the perspectives of mental health prior to their clinical practice to the final week of their mental health placement (Image 8).

Image 8.

Implications for nursing education

The overall students' feedback for the picture collage activity was very positive, the students reported that they enjoyed this activity, which was stimulating and easy to engage with. The collective reflective picture collage illustrated students' affective dimensions of their clinical learning experience which was characterised by interweaving hopes, fear, anxieties, and expectations for the patients in their care. The metaphorical representation of their clinical experience through the assembly of pictures was an effective mode to enable students' self-expression. The collage activity has enabled students to engender a contemplative engagement with their inner self about meeting patients' needs in the mental health placement and their own mental wellbeing without undermining their own cultural needs. Their engagement with the picture collage has allowed for a more transparent reflection of their practice in mental health settings in enhancing their mental health awareness and self-compassion.

This paper helps expose a raw problem in mental health provision and provides a viable solution. Though stigma around mental health both internationally and locally has been well-documented; few publications move on to demonstrate effective solutions. Taking down the mammoth that manifests as barriers to care in mental health is unquestionably a group effort and the barriers; in some respects; affect healthcare providers as much as they do service users. This paper has discussed some of the global, culture-specific, and profession-specific stigmas surrounding mental health practice. Undoubtedly, in mental health, newly licensed and newly hired clinicians in the local context are scarcely prepared for the duties and responsibilities of mental health practice.

In addition to the lack of awareness and stigma which effectively reduces the number of clinicians willing to serve in mental health; there is the problem of inherently inadequate training in how to relate to people living with mental health conditions. Though plenty is published in popular media and scientific outlets, the juxtaposition of mental healthcare paradigm centred around a medical model dogmatically defining psychiatric diagnoses through biological dysfunction and cultural values and beliefs is problematic. One common theme demonstrated in the students' feedback was the surprise at

their former misunderstanding of mental disorders and patients in psychiatry despite having been educated in the basics of mental health. Realisations of such a nature are exemplary instances of the successful implication of pedagogical techniques in the training of clinicians. Within the students' cultural context, the biological model of mental health and disorder turns attention away from the psychosocial factors affecting mental health and the psychosocial interventions, understandings, and skill sets necessary to serve in mental health practice.

It is clear from the students' narratives and their positive feedback that the picture collage has enabled them to provide meaning to their learning experiences in the mental health clinical setting by effectively turning tacit into explicit knowledge. Due to the sensitivity of the topics discussed, it was imperative for the facilitator to establish a good rapport with the students, which allowed them to feel comfortable for the self-examination of the picture collage. It also required the facilitator to be skilled in applying the principles of debriefing to enable students to safely and meaningfully reflect on their clinical learning experiences and transform their tacit knowledge into explicit knowledge. In addition to developing their professional learning, the collage activity has raised the students' awareness of their own mental health and wellbeing. A few students felt able to open up to the facilitator about clinical experiences that were triggering, and were signposted to the available support.
The picture collage could potentially be used in other clinical settings as a way of enabling students to develop ways to think reflectively. However, empirical studies investigating the full potential of picture collage as a mediated approach to optimise reflection in constructing new meanings and understandings, especially for culturally sensitive healthcare topics, is recommended.

Conclusion

The picture collage activity illustrated a creative way of enabling students' learning experience in a delicate area of practice by using artistic processes. From a sensory-based way of knowing, it highlighted the potential of picture collages to enable self-expression using metaphorical visual expression of clinical learning experience through the assembly of pictures. The culturally responsive approach helped to develop malleable ways to engender students' new insights and meanings of mental health clinical practice where stigma may be a hindrance to facilitating learning. The triggers for examining clinical learning experiences were valuable adjuncts to the dialogic processes for reflective practice. The accessible and experiential nature of the picture collage provided an inclusive pedagogical tool to create a safe space for students to reflect on a stigmatised topic while enabling attitudinal change by uncovering students' genuine thoughts and feelings about a sensitive area of practice and their own mental health.

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