

“This should be a compulsory placement for all nursing students”: An evaluation of pre-registration nursing students’ perceptions of learning on a mental health clinical placement

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ABSTRACT

Aim: To conduct a longitudinal exploration of pre-registration nursing students’ perceptions of their learning on an immersive mental health clinical placement grounded in learning from people with a lived experience of mental illness (otherwise known as consumers).

Background: Enriching mental health clinical learning environments are crucial for positive mental health nursing outcomes. Though non-traditional clinical placement (i.e. non-hospital-based) models effectively increase student learning in a range of domains, little is known about the specific features of contemporary non-traditional placement settings that may be supporting student learning over time.

Design: A survey design in the form of a standardised evaluation tool with additional qualitative response questions was used to examine nursing students’ perceptions of learning whilst on a non-traditional clinical placement over a 5-year period. Non-traditional placement settings are alternative placement options to traditional inpatient/community mental health settings. The TREND Statement Checklist was adhered to.

Methods: Second- and third-year students studying a Bachelor of Nursing ($N = 753$) from eight Australian Universities completed a Student Placement Feedback Survey between 2019 and 2023. Data were collected via an evaluation survey including 7-items (rated on a 5-point agreement scale) and three free-response questions. Quantitative and qualitative responses were analysed over all observations and compared between the five years of student evaluations.

Results: Across five years, the immersive mental health placement was consistently rated by students as a highly valuable learning experience. Utilizing a Multivariate Analysis-of-variance (MANOVA) for the quantitative component revealed that student ‘learning from lived experience’ remained uniformly high and steady throughout 2020–2023. This was despite disrupted learning that ceased face-to-face tuition caused by the COVID-19 pandemic. An increase in ‘student enthusiasm for nursing’ was identified after the return to face-to-face learning. Qualitative analysis identified a greater need for preparedness prior to attending the placement and wellbeing support amongst students.

Conclusions: Over the five years, pre-registration nursing students report clinical skill improvement and enhanced knowledge following the immersive mental health placement alongside an increased desire for further skill development. Learning from people’s lived experience of mental illness and specialised facilitators was valuable for student learning outcomes. Increased support is needed for student mental health vulnerabilities and wellbeing ahead of clinical placements. Further research is recommended on the aspects of non-traditional clinical placements that may be protective for student learning.

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1. Introduction

Recognising and responding to the mental health needs of individuals is a growing global concern (World Health Organization [WHO], 2022). In the Australian context, almost half of all adults will face mental-ill health at some point in their lives; with the COVID-19 pandemic exacerbating this by causing heightened psychological distress (Aknin et al., 2021; Green et al., 2022; Department of Health and Aged Care, 2022). Nurses, given they are the largest percentage of health care staff, play a critical role in the mental health workforce in promoting personal recovery, and helping individuals with a lived experience of mental illness in their recovery journey (Australian Institute of Health and Welfare [AIHW], 2023).

There is, however, an acute shortage of mental health nurses in Australia (Productivity Commission, 2020). Compounding the shortage is pre-registration students identifying that mental health nursing is one of the least preferred areas for a future specialty (Happell and Gaskin, 2012; Lim et al., 2020). This lack of desire leads to mental health workforce shortages and recruitment issues, which were highlighted by the Australian Productivity Commission Mental Health Inquiry Report (Productivity Commission, 2020). A significant factor influencing health student perception and selection of mental health as a career option, is pre-registration clinical placement experience (Productivity Commission, 2020). To promote mental health as a career option, the report detailed the need to reduce the negative perception of mental health as a career, and the need to increase the range of clinical placements – including offering alternatives to inpatient settings (Productivity Commission, 2020). Such is the extent of the issue, the Federal Government has distributed a \$17 million grant ‘The National Mental Health Pathways to Practice Program Pilot’ to fund supported mental health placements in less intensive service setting with the aim to generate interest in a career in mental health (Department of Health and Aged Care, 2023).

1.1. Pre-registration clinical placements

In Australia, students enrolled in pre-registration comprehensive Bachelor of Nursing degrees, are mandated to undertake 800 hrs of clinical placement in a variety of settings including mental health (Australian Nursing and Midwifery Council, 2016). Undergoing a mental health clinical placement has been found to generate interest in mental health nursing (Patterson et al., 2018); increase clinical confidence (Patterson et al., 2017; Stuhlmiller and Tolchard, 2019); increase medication knowledge (AL-Sagarat et al., 2015); and reduce stigmatising attitudes towards people with mental illness (Perlman et al., 2017). However, clinical placements have also been found to negatively influence students’ interest in mental health nursing as a profession (Happell et al., 2014). Indeed, where students detail negative experiences on placement, they are less likely to want to pursue mental health nursing (Happell and Gaskin, 2012; Foster et al., 2021), thus placing the profession at risk by potentially contributing to the workforce shortfall. Compounding this, most students undertake only one mental health subject in their pre-registration nursing degree, making it difficult to integrate theory and practice (Lakeman et al., 2024).

Positive clinical placements are a vital part of generating interest in mental health nursing and are essential for meeting the future demands of the mental health workforce (Productivity Commission, 2020). Positive mental health clinical experiences have been reported by nursing students as those where they are supported and included by staff (Foster et al., 2021), have dedicated educators on placement (Günaydin and Çoban, 2021; Stuhlmiller and Tolchard, 2019), and spend prolonged time in the clinical environment (Moxham et al., 2015; Thongpriwan et al., 2015). There are, however, barriers preventing positive experiences, including the limited number and availability of quality clinical placements (Happell et al., 2015a, 2015b). One significant issue for students, identified as a contributing factor for their negative experience

on mental health placements, is insufficient time with people who have a lived experience of mental illness (Günaydin and Çoban, 2021; Happell and Gaskin, 2012). The need for accessible and effective mental health clinical placements are burgeoning amidst the recommendations from the Productivity Commission Inquiry (2020) to utilise non-traditional models of clinical placements to accommodate undergraduate students and prolong time with people living with mental illness.

Although there are calls for alternative clinical placements outside of inpatient facilities (Productivity Commission, 2020), there is a dearth of research and literature focused on approaches to mental health clinical placements that occur outside of the traditional hospital and community settings. This is, in part, a reflection of the lack of alternative mental health services available with nursing input. Other alternative models for mental health clinical placements that offer an immersive environment in an outdoor setting, while conducted some years ago, resulted in increased confidence working with people who have a lived experience of mental illness (Stuhlmiller, 2003), increased self-esteem (Stuhlmiller, 2003), and a desire to pursue mental health nursing post-registration (Arthur and Sharkey, 1991). While alternative clinical placements are valuable learning experiences, identified by positive student responses in this context, understanding student learning outcomes in a non-traditional setting over a five-year period, could help inform and understand future models of mental health clinical placements.

1.2. Aim

The present study aimed to examine pre-registration student nurse evaluations of their learning after attending a non-traditional mental health clinical placement between 2019 and 2023. To achieve this aim a longitudinal exploration of pre-registration nursing students’ perceptions of their learning on an immersive mental health clinical placement grounded in learning from consumer’s lived experience (i.e. people living with mental illness) was conducted.

2. Methods

2.1. Participants and setting

Pre-registration student nurses ($N = 753$) were purposively sampled as part of their attendance at a mental health clinical placement called *Recovery Camp*. *Recovery Camp* is grounded in the principles of therapeutic recreation and learning from lived experience and was developed as an immersive, alternative placement option to traditional inpatient settings. The learning in practice placement model comprises an 80-hour, immersive, and uniquely experiential program designed to meet two primary aims: to enhance the wellbeing and recovery of people living with mental illness; and address the clinical learning requirements of pre-registration nursing students. Over five days and four nights, student nurses participate side-by-side with consumers in team-based recreational activities, whilst their learning is supported by specialised facilitators in an environment that embraces the principles of mental health recovery (Moxham et al., 2015).

2.2. Procedure and ethical approval

Pre-registration nursing students attending *Recovery Camp* between May 2019 through to October 2023 were eligible to participate. Participant age ranged from 18 to 52 years ($M = 22.8$, $SD = 4.67$). Students were informed of the study aims and invited to anonymously complete a paper version of the feedback survey on the final day of the placement. Informed consent was obtained prior to data collection; participants were able to ask for support or clarification if needed from the *Recovery Camp* specialised facilitators present. Ethics approval was obtained from the relevant institutional ethical board (approval no: 2019/ETH03767). The TREND Statement Checklist was used (Des Jarlais et al., 2004).

2.3. Measures

The Student Placement Feedback Survey comprises 7 scale-items and three free response questions to capture both quantitative and qualitative information regarding the learning in practice experience. The survey was adapted from the Placement Evaluation Tool developed for use in Australian clinical placement settings (Cooper et al., 2020) with the goal of providing a briefer instrument for the focussed assessment of specific aspects of the learning in practice experience. Aspects measured included indexing student attitudes regarding future nursing career interest, as well as views specific to mental health nursing learning outcomes such as the development of therapeutic relationships. Each question is scored on a 5-point Likert Scale (1 = *Strongly Disagree* to 5 = *Strongly Agree*). The feedback items examined in the present study included: 'This clinical placement provided valuable experience for my nursing practice'; 'The learning environment staff were helpful in response to my questions or problems'; 'Because of this clinical placement, I feel enthusiastic about nursing'; 'This clinical placement contributed to my understanding of the lived experience of mental illness'; 'During this clinical placement, I learnt how to develop, maintain, and close therapeutic relationships with people who live with mental illness', and 'During this clinical placement, I learnt how to work, communicate and interact collaboratively with people with a lived experience of mental illness'. Each survey item is scored as a distinct dependent variable; no reverse-scoring is required. Following the survey items, students provided in-depth responses to three free-response questions: "My learning experience at Recovery Camp would have been better if...", "The best things about my learning experience at Recovery Camp were...", and "Do you have any further comments about this clinical experience?"

2.4. Data analysis

2.4.1. Quantitative

Across the five years of data collection for the present study, 765 written responses were collected from participants attending the mental health clinical placement. The anonymous responses were compiled and digitised by entering the scores into Microsoft Excel (v16.66.1, 2022). Data were assessed for missing values and any incomplete responses were removed from the dataset ($n = 12$). Finalised data from 753 students were coded per year of attending the placement (2019, 2020, 2021, 2022, 2023) and imported into the open-source statistical software Jamovi (v2.3.21, 2023) for subsequent statistical analysis. Descriptive statistics were computed per year of attending the placement. A multivariate analysis of variance (MANOVA) was used to test for differences per six of the variables across time frame (one survey item relating to evaluating the general venue staff was not relevant to the present study and removed from subsequent analyses). Univariate analyses of variance (ANOVAs) were conducted where relevant following any significant effect identified via the MANOVA. All relevant post-hoc comparisons were Bonferroni-corrected.

2.4.2. Qualitative

In-depth feedback gained through the qualitative responses were independently explored and coded by three members of the research team using Braun and Clarke's (2006) method for qualitative analysis. A fourth research team member reviewed the classifications of themes in stage two of the model, with themes having similar features coalescing into a conceptual category that most appropriately defined the responses. In this way, subthemes and any variations were systematically and collaboratively considered by the research team before a final process of refinement and categorisation.

3. Results

3.1. Quantitative findings

Participant responses were found to be uniformly high for each variable across the five-year period of analysis. As illustrated in Fig. 1, participant scores ranged from 4.5 – 5 for all variables, with higher mean scores observed for the three items relating to clinical knowledge and skill development.

A MANOVA was used to test for differences per variable between each year of nursing student responses. The MANOVA returned a significant main effect, ($F(35,3120) = 1.51, p = .028$). Following this, univariate ANOVAs were conducted to identify for which specific variables for which student scores differed in association with the year of the clinical placement. Table 1 reports the ANOVA results per variable.

Results from the ANOVAs showed that no significant differences were observed throughout the five-year period in relation to scores for 'This clinical placement contributed to my understanding of the lived experience of mental illness'; nor were any differences found over time in association with 'During this clinical placement, I learnt how to work, communicate, and interact collaboratively with people with a lived experience of mental illness'. In other words, student perceptions of learning from the lived experience of consumers, and of collaboratively interacting with consumers on the clinical placement, remained highly similar for all participants throughout the five-year period of data collection. A similar pattern of results across time was also observed for two additional variables: 'This placement provided valuable experience', as well as 'During this clinical placement, I learnt how to develop, maintain, and close therapeutic relationships with people who live with mental illness'. Though the omnibus ANOVAs identified a significant effect of time, Bonferroni-corrected post-hoc analyses showed that scores on each of these survey items remained equivalent across the five years of data collection.

Follow-up analyses for scores on *Facilitator Helpfulness* showed that the perception of facilitator responsiveness to questions or problems remained steady between 2018, 2019, and 2020, then increased significantly in 2021 ($p = .05, d = 0.65$). This effect size can be considered moderate (Cohen, 1988). Scores on this variable did not significantly decrease between 2021 and 2023. In relation to *Enthusiasm for Nursing*, scores increased between 2018 and 2019 ($p = .038, d = 0.42$) then remained stable across future years. This effect size can also be considered moderate per Cohen's conventions for effect size interpretation.

3.2. Qualitative findings

Pre-registration students were invited to provide in-depth responses to three open ended questions. The first question was: "My learning experience at Recovery Camp would have been better if..."

Five prominent themes were identified for this question through student responses from 2018 to 2023: *Positive Experience*, *Need More Preparation*, *More Time with Consumers*, *Skill Development* and *The Need for More Support*.

Student responses indicated that the learning experience at the Recovery Camp clinical placement was overall a *Positive Experience*. Statements such as "this should be a compulsory placement for all nursing students", "this was the most incredible placement ever", "life-changing" and "I cannot fault this learning experience" illustrated the essence of perceptions.

The theme of *Need More Preparation* was described by students as wanting to have more information about the placement by their universities before they arrived at the placement setting. Statements such as, "more information was needed from our universities beforehand" and "clearer expectations of students before we arrived" are indicative of student sentiment.

Despite being immersed with people with mental illness for five days and four nights, students wanted even *More Time with Consumers*. In this

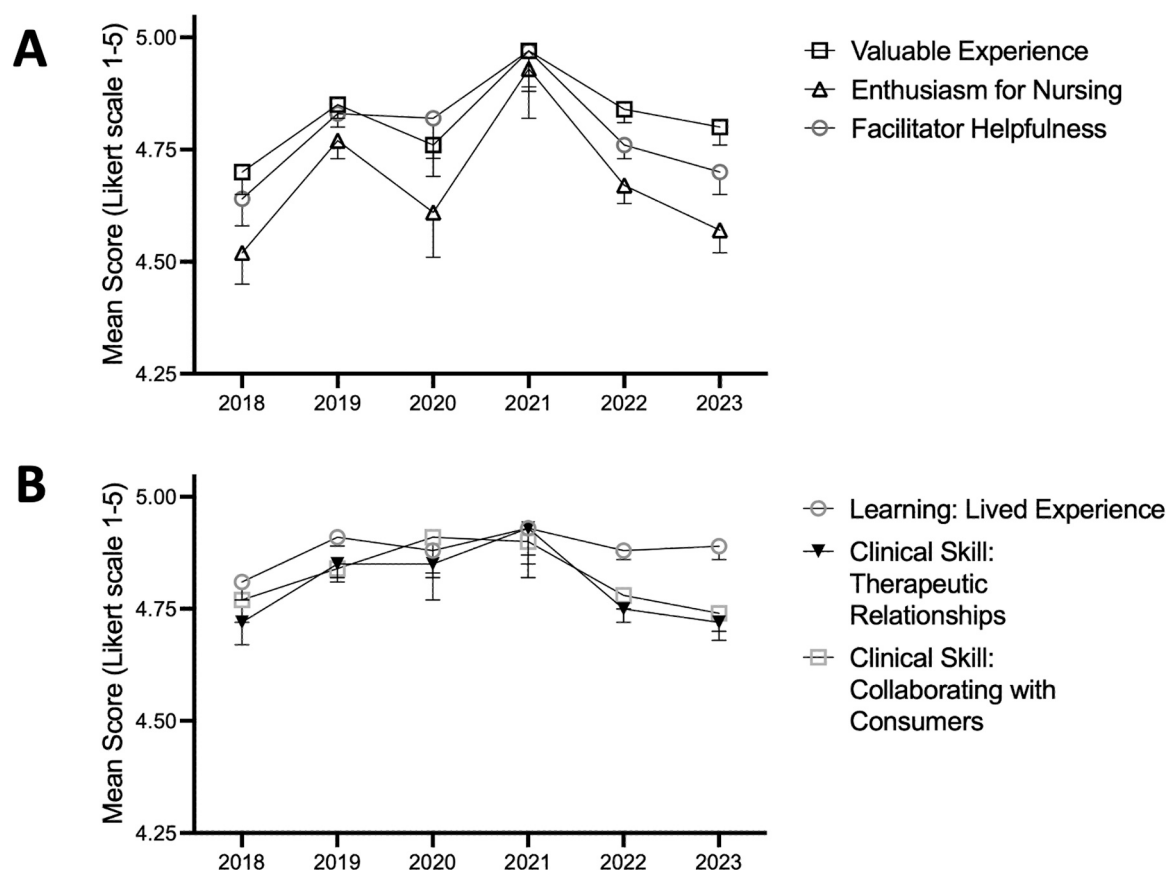


Fig. 1. Nursing student perceptions over time in relation to attending the non-traditional mental health clinical placement. Scores were uniformly high for all evaluation items across the five-year period. A) Mean scores in relation to evaluating the placement experience, enthusiasm for nursing, and facilitators remain at 4.50 or higher over time. B) Mean scores in clinical knowledge and skill development were also consistently high over time (≥ 4.70).

Table 1

ANOVA results per variable across the five-year period of data collection.

Survey item	F	p	η^2
This clinical placement provided valuable experience for my nursing practice	2.40	.036*	.016
The learning environment staff were helpful in response to my questions or problems	3.06	.010**	.020
Because of this clinical placement, I feel enthusiastic about nursing	4.04	.001***	.026
This clinical placement contributed to my understanding of the lived experience of mental illness	0.78	.565	.005
During this clinical placement, I learnt how to develop maintain, and close therapeutic relationships with people who live with mental illness	2.90	.014*	.019
During this clinical placement, I learnt how to work, communicate, and interact collaboratively with people with a lived experience of mental illness	1.76	.119	.012

Note.

* = $p < .05$.

** = $p < .01$.

*** = $p < .001$.

theme, students described how they felt that “more time for one-on-one conversations would be great” and that they wanted extra “time to chat with consumers to learn even more deeply”.

Students also identified wanting further learning opportunities which resulted in the theme *Skill Development*. This theme saw students wanting to develop specific mental health nursing skills with the most prominent being assessment skills. Students stated that they wanted more specific time to be taught about “Mental State Examination related activities” and that they wanted “more opportunities to practice

assessments”.

The five years of data spanning this research included the period of immense challenges through COVID-19. It is unsurprising then, given the increasing awareness of personal mental health needs during this time, that the theme *We Need Support* emerged relating to student reflections on their learning experiences. Recovery Camp as a clinical placement, as described previously, is immersive. Students talk about it being “a big week with lots to process” and in this regard they expressed that they felt they could have had “more downtime” and “more time to relax” or “a 90 minute afternoon nap would be good”.

The second open ended question that elicited qualitative responses that student’s were invited to respond to was: ‘The best things about my learning experience at Recovery Camp were...’

Student responses to this question resulted in the identification of five themes which are: *Clinical Improvement*, *Connection and Growth*, *Learning from Experts*, *Specialised Facilitators and Positive Environment*. *Clinical Improvement* was related to students enhancing their mental health nursing skills as a result of the immersion with people with lived experience. The major area of perceived clinical improvement was related to communication and the ability to develop therapeutic relationships. This theme is illustrated with quotes such as “I now feel much more comfortable talking to people with mental illness”; “when I commenced this placement, I was too worried to talk in case I said something wrong - but I now feel much more comfortable with my communication skills” and “it was excellent learning how to develop therapeutic relationships”.

Connection and Growth as a theme emerged from student responses and suggested that connecting to people with mental illness was important for their learning. Students wrote statements such as “engaging with people meant my learning was better” and “connecting with consumers was by far the best part of this placement. I now see them as people

and not just a diagnosis". Students also described the placement as a place of professional and personal growth as illustrated by statements such as "challenging myself led to personal growth" and "I've learned so much about myself as a person and as a nurse".

Learning from Experts also emerged as a theme. Students spent hours and hours with people with lived experience who are known as 'experts' at Recovery Camp so as to acknowledge their expertise by lived experience. During their time with the experts, students "soaked up any learning from them that they could". Numerous student responses indicated that "learning from lived experience", "being taught by experts by experience" and 'consumers are SO knowledgeable' was the best part of the placement.

The fourth theme to emerge was, *Specialised Facilitators*. This theme saw students perceiving the value in having mental health nurses facilitate a mental health clinical placement. Students spent all week not only immersed with consumers, but their facilitator was also with them for every activity and all week long – including all evening. This unique immersive model of facilitation, with regular student debriefs, may be a factor contributing to positive student feedback and warrants further research. Students described how they appreciated being with "knowledgeable staff" and that the "mental health facilitators were so knowledgeable, approachable and with us all the time = invaluable".

Finally, the learning environment as a whole was perceived by students to be a positive one. The theme of *Positive Environment* was described by statements such as "throughout this placement collaborative teamwork made the dreamwork" and "the immersive experience of the learning environment means that we have learned more this week than at any other time". The statement "best learning environment eva [sic]" sums it up.

The third question was not guided, but completely open ended and invited students to respond to 'Do you have any further comments about this clinical experience?'

Students responded to the opportunity to provide more information and overwhelmingly expressed that they felt that they had *Enhanced Knowledge*, resulting in a "deeper understanding of mental health". Students also provided suggestions around improving the program structure, mostly around more time to complete clinical paperwork. Finally, students expressed *Gratitude* for having the opportunity to attend Recovery Camp, with comments such as "thank you" and "I feel very grateful for this experience". Quite a number of students described the experience as one that "will change my nursing practice for the better" and that "this was life changing".

4. Discussion

The study outlined in this paper contributes to the body of knowledge regarding student experiences of learning in the mental health clinical placement setting. Recovery Camp as a clinical model, is situated in a non-traditional mental health environment and as evidenced in these results over a 5-year period, contributes to an enriching mental health clinical learning experience.

The student nurses' responses presented in this current study indicated that they remained consistently enthusiastic for nursing while attending a non-traditional mental health clinical placement between 2019 and 2023. Significantly, this span of time represents three pivotal periods which impacted health care and nursing student experience: prior to, during and emerging from the COVID-19 pandemic. During this time the students consistently favoured valuable learning experiences, facilitator helpfulness and specialist knowledge, as well as learning from lived experience and collaborating with consumers over the five years. In their words they experienced an "excellent placement", "learned from specialist facilitators" and gained a "more holistic and person-centred understanding of mental health and people who live with mental illness". These positive findings contrast with the high levels of anxiety towards mental health clinical placements traditionally held by student nurses (Ulenaers et al., 2021). Students in the present study have reported the need for

more preparation from the university prior to attendance and clear expectations of their performance in the clinical placement environment. This aligns with Simpson and Sawatzky's (2020) review on clinical placement anxiety for undergraduate nursing students, identifying the need for pre-clinical workshop workshops, orientation, or simulations to increase clinical placement preparedness. Students have identified that since the onset of the pandemic, the traditional clinical placement environment has been chaotic, contained fewer learning opportunities, and at times had less organisational and staff support (Boman et al., 2022; Ulenaers et al., 2021). The onset of the COVID-19 pandemic introduced significant challenges for nursing students who have identified increased levels of fear, anxiety (Gül et al., 2022), and feeling stressed and overwhelmed (Cengiz et al., 2021; Fernandez, et al., 2021), compared to the pre-pandemic period. Mental health clinical placements during and post the COVID-19 pandemic have been disrupted (Quidley-Rodriguez et al., 2022). Quidley-Rodriguez et al. (2022) in their analysis of post-pandemic mental health clinical experiences in the United States, detail the clinical environment shifted throughout COVID-19, with educators now facing already existing student apprehensions of mental health placements, alongside an increase in student mental health and well-being concerns. An awareness of these challenges, and results from the present study, can help to inform appropriate clinical placement preparedness prior to attending a traditional and non-traditional mental health placement.

Insights from this longitudinal study contribute to our understanding regarding the importance of immersing students with people who have lived experience and learning from their expertise. A systematic review by Happell et al. (2014) of the published work on consumer involvement in the education of health professionals revealed that when students learn directly from people with a lived experience they gained insight into lived experience perspectives of what life is like for people with mental illness; mental illness itself; the experiences of admission to, and treatment within, mental health services; and how these services could be improved. Further work by Happell, et al., (2015) points out that the importance of people with lived experience of mental illness participating in the education of nurses is reflected in government policy documents and reports, including the *Mental Health Nurse Education Taskforce (MHNET) (2008)* and the *National Practice Standards for the Mental Health Workforce (Commonwealth of Australia, 2002)*. While benefits and challenges have been identified by consumers regarding lived-experience involvement in nursing education (Yousiph et al., 2023), students report improved attitudes towards mental health when experiencing direct and prolonged contact with consumers (Byrne et al., 2014; Kohrt et al., 2021).

The importance of the clinical facilitator in the learning environment cannot be underestimated (Walker et al., 2013; Broadbent et al., 2014). Muthathi et al. (2017) suggest there is a lack of knowledge and understanding regarding what students perceive as best practice in clinical facilitation of their learning. Undergraduate nursing students have expressed that they often learn more from their clinical facilitators than other educators or learning opportunities (Ryan and McAllister, 2019), with supported interactions with their clinical facilitators resulting in enhanced student learning (Ulenaers et al., 2021). The current findings show that the clinical facilitation undertaken by discipline specialists in the placement area was highly valued by nursing students. The specialist knowledge and skills shared by the clinical facilitators was identified by students as contributing to their learning satisfaction and enhancing their mental health nursing knowledge and skills.

It is more important than ever to address the looming mental health workforce shortages and provide appropriate mental health nursing education, which of course includes clinical placement. Student experiences in clinical placements are known to influence their practice intention upon graduation with positive experiences more likely to make students want to practice in that area and with negative experiences having the opposite effect (Happell and Gaskin, 2012). The need for alternative mental health clinical placements is established (Goman

et al., 2020; Productivity Commission 2020), however, there remains a limited choice of such experiences. Positive learning experiences inclusive of enhanced knowledge and skills as well as increased clinical confidence will contribute to improving mental health nursing outcomes for people who are recipients of care.

4.1. Limitations

This study has several limitations. Future research in this area could consider indexing relevant internal and external (e.g. support networks) variables to determine their effect on student perceptions of their learning. Furthermore, the findings could be strengthened by including more comprehensive measures of student evaluations, particularly nursing student intentions to practice within mental health. The participants in this study reside in Australia, potentially influencing the generalizability of these results to nursing students in other countries. Further research surrounding the effectiveness of immersive placement models, such as the one presented in this study, on student learning, is needed to support and make recommendations for future mental health nursing education.

4.2. Implications for practice

Our findings contribute to the growing body of international literature identifying the need for lived experience involvement in nursing education and the importance of personal wellbeing for pre-registration nursing students. These data serve as motivation for future researchers in identifying any protective factors students report as beneficial for their learning, wellbeing, and clinical placement experiences. This motivation is also relevant at the clinical educator level and should similarly inform the implementation of systems and behaviours that support students throughout the periods leading up to, during, and following clinical placement attendance. Additionally, as student enthusiasm for nursing remained elevated, adopting non-traditional models for mental health clinical placements may help generate pre-registration student interest in mental health nursing. Going forward, further opportunities for student mental health nursing skill development is desired in this context. Further research could focus on the aspects of the non-traditional clinical placement environment that enhance student learning and how they could increase student support. Non-traditional mental health clinical placement designs should utilise prolonged immersion with consumers to allow students to learn directly from lived experience, a strength identified in student learning in this context.

5. Conclusion

Non-traditional mental health clinical placements are perceived as an effective learning opportunity by undergraduate student nurses. Over the past five-years students have expressed they need more support and preparation prior to and during clinical placements, with a need for more opportunities for skill development. These detriments have been empirically identified across both traditional clinical placement settings, as well as alternative placement settings such as Recovery Camp. These data encourage facilitators and policymakers to continue to offer non-traditional mental health placements, and to consider any additional protective factors or services that may be implemented to support students experiencing increased mental health vulnerability.

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Taylor Yousiph: Writing – original draft, Software, Formal analysis, Data curation. **Michelle Roberts:** Writing – original draft, Software, Formal analysis, Data curation. **Lorna Jane Moxham:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Christopher Patterson:** Writing – review & editing, Methodology, Conceptualization. **Georgia Robson:** Visualization, Software, Data curation. **Elissa-Kate Jay:** Writing – review & editing. **Kelly Lewer:** Writing – review & editing, Supervision.

Declaration of Competing Interest

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