

PMH Makeup- 4 Article Summaries

Summary of “Historical Trauma, Ethnic Experience, and Mental Health in a Sample of Urban American Indians”

Guenzel and Struwe (2020) examined the relationship between historical trauma, ethnic identity, and mental health among urban American Indians (AIs). The authors note that mental health issues within AI communities have reached critical levels, with higher rates of substance use disorders, anxiety, posttraumatic stress disorder (PTSD), and suicide compared with the general U.S. population. While many factors contribute to these disparities, researchers increasingly recognize historical trauma as a significant contributor to the psychological challenges faced by American Indians. Historical trauma refers to the cumulative emotional and psychological harm experienced across generations due to traumatic historical events such as colonization, forced relocation, cultural suppression, and boarding school systems that removed Native children from their families (Guenzel & Struwe, 2020).

The purpose of the study was to explore historical trauma, thoughts associated with historical losses, ethnic identity, and psychological symptoms among urban American Indians. This focus is important because the majority of American Indians now live in urban areas, yet much of the existing research has focused primarily on individuals living on reservations. Urban AIs may experience unique challenges due to separation from their traditional lands, cultural communities, and social support systems.

The researchers used a mixed-methods design that incorporated both quantitative surveys and qualitative focus groups. A total of 139 American Indian participants living near two Midwestern cities completed surveys assessing historical trauma, ethnic experiences, and mental health symptoms. Several validated instruments were used, including the Historical Loss Scale, the Historical Loss Associated Symptoms Scale, the Scale of Ethnic Experience, and the Achenbach System of Empirically Based Assessment Adult Self-Report. Additionally, focus groups were conducted with smaller groups of participants to gather deeper insights into their experiences and perspectives.

Qualitative findings from the focus groups revealed several major themes, including historical loss, cultural loss, race consciousness, stereotypes and discrimination, and positive cultural practices. Participants frequently discussed the lasting effects of historical events, such as forced relocation and the boarding school system, which contributed to intergenerational grief and mistrust toward institutions. Many participants described the loss of cultural traditions, particularly the loss of Native languages and respect for elders. Cultural loss was viewed as a significant factor influencing identity and community well-being.

Another prominent theme involved racial awareness and discrimination. Participants reported being highly conscious of their Native identity in public settings and often felt singled out or stereotyped. Experiences with discrimination included racial profiling, workplace discrimination, and harmful stereotypes such as assumptions of alcoholism or poverty. These experiences contributed to feelings of marginalization and reduced self-esteem among some participants.

Despite these challenges, participants also emphasized the importance of positive cultural practices for maintaining mental health and resilience. Activities such as traditional dancing, storytelling, language learning, and participation in ceremonies were described as spiritually meaningful and helpful in strengthening cultural identity. These practices were viewed as protective factors that could support recovery and emotional well-being.

Quantitative results supported many of the themes identified in the focus groups. Participants frequently reported thinking about historical losses, especially the loss of culture, language, and traditional values. These thoughts were often associated with emotional responses such as sadness, anger, and anxiety. Survey findings also indicated that participants had a strong sense of ethnic identity and reported moderate levels of comfort within mainstream society, but they also reported significant experiences of discrimination.

When compared with matched controls from a national dataset, American Indian participants demonstrated higher rates of certain psychological symptoms, including aggressive behavior, substance use, obsessive thoughts, and other mental health concerns. Additionally, a greater proportion of participants met clinical thresholds for multiple psychological problems compared with the control group.

Overall, the study highlights the profound impact that historical trauma and ongoing discrimination have on the mental health of urban American Indians. Guenzel and Struwe (2020) conclude that healthcare providers, particularly mental health professionals and nurses, must recognize the role of historical trauma when working with American Indian populations. Culturally sensitive care that incorporates traditional healing practices and acknowledges historical experiences may help improve mental health outcomes within these

## Reference

Guenzel, N., & Struwe, L. (2020). Historical trauma, ethnic experience, and mental health in a sample of urban American Indians. *Journal of the American Psychiatric Nurses Association*, 26(2), 145–156. <https://doi.org/10.1177/1078390319888266>

Summary of Ierardi et al. (2019): The Experience of Men Whose Partners Have Postpartum Depression

Ierardi, Fantasia, Mawn, and Driscoll (2019) conducted a qualitative study to explore the experiences of men whose partners were diagnosed with postpartum depression (PPD). While much research has focused on maternal PPD, the experiences of male partners have historically received little attention. The authors sought to better understand how men are affected by their partner's depression during the postpartum period in order to inform healthcare interventions and family support programs.

Postpartum depression is a common mental health disorder that occurs after childbirth and affects many women worldwide. Research has shown that paternal depression may also occur during this period, particularly when a partner is experiencing PPD. Studies suggest that depressive symptoms in fathers may occur in approximately 24% to 50% of men whose partners have postpartum depression (Ierardi et al., 2019). Despite this high prevalence, men are often described as "invisible victims" because their emotional experiences are rarely addressed in research or clinical care.

The purpose of the study was to gain insight into the lived experiences of these men. The researchers used a descriptive phenomenological approach, which focuses on understanding individuals' lived experiences through their own perspectives. A purposive sample of 10 men who lived with a partner diagnosed with postpartum depression participated in the study. Participants were recruited through mental health clinics, professional listservs, and word-of-mouth. Each participant completed a 40–60 minute audiotaped interview in which they described their experiences living with a partner who had PPD. The interviews were transcribed and analyzed using Colaizzi's seven-step qualitative analysis method to identify themes.

Five major themes emerged from the interviews. The first theme, providing support, described how men attempted to help their partners while managing the demands of work, childcare, and household responsibilities. Many participants described feeling overwhelmed as they tried to maintain stability within the family. They often took on additional responsibilities such as cooking, cleaning, and caring for the baby in an effort to reduce stress for their partners.

The second theme, maintaining stability, reflected the men's efforts to avoid worsening their partner's symptoms. Many participants described feeling as though they were "walking on eggshells" due to their partner's irritability and unpredictable mood changes. The men often felt unsure about how to respond or what actions might trigger distress in their partners. This uncertainty created anxiety and emotional strain for the fathers.

The third theme, mirroring each other's symptoms, highlighted the emotional and physical impact of PPD on the men themselves. Several participants reported experiencing depressive symptoms such as sadness, anxiety, sleep disturbances, and changes in eating habits. These findings support previous research suggesting that paternal mental health may be closely linked to maternal mental health during the postpartum period.

The fourth theme, isolation, emphasized the loneliness many men experienced while coping with their partner's depression. Participants often felt that society expected them to remain strong and supportive, which prevented them from seeking help. Many men reported lacking social support and feeling disconnected from friends, family, and healthcare providers.

The final theme, insights for others, involved the participants' desire to help other fathers who may experience similar situations. The men emphasized the need for better education about postpartum depression, increased support resources for fathers, and greater involvement of healthcare providers in addressing paternal mental health. Some participants also suggested that additional time off from work and peer support groups for fathers could improve coping and family functioning.

Overall, the study highlights the significant emotional and psychological challenges faced by men whose partners experience postpartum depression. The findings suggest that healthcare providers should recognize fathers as important members of the postpartum family unit and consider their mental health needs. By providing education, support, and resources for fathers, healthcare professionals can help improve outcomes for the entire family.

## Reference

Ierardi, J. A., Fantasia, H. C., Mawn, B., & Driscoll, J. W. (2019). The experience of men whose partners have postpartum depression. *Journal of the American Psychiatric Nurses Association*, 25(6), 434–444. <https://doi.org/10.1177/1078390319849102>

College students face many life transitions that can significantly affect their mental health. In the article *Decreasing Depression and Anxiety in College Youth Using the Creating Opportunities for Personal Empowerment Program (COPE)*, Hart Abney, Lusk, Hovermale, and Melnyk (2019) examine the prevalence of anxiety and depression among college students and evaluate the effectiveness of a cognitive behavioral therapy (CBT)–based intervention designed to reduce these symptoms. The authors highlight the importance of implementing accessible mental health programs in college settings to help students manage psychological stress and improve academic outcomes.

The transition to college often involves increased independence, academic pressure, and social changes, which can contribute to emotional distress. Many students experience anxiety or depressive symptoms that negatively affect their academic performance and overall well-being. Research cited in the article indicates that approximately 30% of college students report mental health symptoms that interfere with their lives. Anxiety has become the most common mental health concern reported by college students, surpassing depression as the primary reason students seek counseling services. Despite the high prevalence of these conditions, only a small percentage of students actually receive treatment due to barriers such as stigma, lack of knowledge about available services, and misconceptions that their symptoms are simply normal college stress.

The authors emphasize that untreated mental health issues can lead to serious consequences. Students who experience anxiety and depression may have lower grade point averages, difficulty completing coursework, or withdraw from college altogether. In fact, mental health problems are a major factor contributing to college dropout rates. Early intervention and evidence-based treatment approaches are therefore essential in supporting student success and retention.

Cognitive behavioral therapy (CBT) is identified as one of the most effective treatments for anxiety and depression. CBT is based on the idea that individuals' thoughts influence their emotions and behaviors. According to the cognitive triad model developed by Beck, negative beliefs about oneself, the world, and the future can contribute to emotional distress. CBT interventions aim to help individuals identify these negative thought patterns and replace them with healthier, more realistic perspectives. By learning to challenge distorted thinking and develop positive coping strategies, individuals can improve their mental health and functioning.

The Creating Opportunities for Personal Empowerment (COPE) program is a CBT-based intervention designed to teach young people effective coping skills. The program consists of seven structured sessions that focus on understanding the relationship between thoughts, feelings, and behaviors. Participants learn techniques such as positive thinking, stress management, goal setting, problem solving, and communication skills. Homework assignments are included to help students practice the skills and apply them to real-life situations.

To evaluate the effectiveness of the COPE program, the researchers conducted a pilot study using a one-group pretest–posttest design. Participants were college students between the ages of 18 and 25 who had been diagnosed with anxiety or depressive disorders. Thirteen

students were initially recruited through the college health clinic, and ten completed the full program. Each participant attended seven weekly 30-minute individual sessions led by a psychiatric mental health advanced practice nurse. The researchers measured depression and anxiety levels before and after the intervention using the Beck Depression Inventory–II (BDI-II) and the State–Trait Anxiety Inventory (STAI).

The results of the study showed significant improvements in both depression and anxiety among the participants. All ten students who completed the program demonstrated decreased depressive symptoms, with overall depression scores dropping substantially following the intervention. Anxiety scores also improved significantly, indicating reduced emotional distress. In addition to the quantitative results, students reported positive experiences with the program. Many participants stated that COPE helped them better understand their emotions, change negative thinking patterns, and develop coping strategies for stressful situations.

Overall, the findings suggest that the COPE program is an effective and practical intervention for addressing mental health concerns among college students. The authors conclude that implementing brief CBT-based programs within college health clinics can increase access to mental health services and provide students with valuable tools for managing stress and emotional challenges. Integrating programs like COPE into college environments may improve students' mental health, academic performance, and likelihood of completing their education.

## References

Hart Abney, B. G., Lusk, P., Hovermale, R., & Melnyk, B. M. (2019). Decreasing depression and anxiety in college youth using the Creating Opportunities for Personal Empowerment program (COPE). *Journal of the American Psychiatric Nurses Association*, 25(2), 89–98.  
<https://doi.org/10.1177/1078390318779205>

## Substance Use and Adverse Childhood Experiences Among Nursing Students: Article Summary

Kameg, Lindsay, Lee, and Mitchell (2020) examined the prevalence of substance use and exposure to adverse childhood experiences (ACEs) among undergraduate and graduate nursing students. Substance misuse continues to be a major public health concern in the United States and contributes significantly to morbidity and mortality. Although substance use disorders affect many populations, the nursing profession is not immune. Research suggests that nurses experience substance misuse at rates similar to the general population. Because substance misuse frequently begins during adolescence or early adulthood, nursing students represent a vulnerable group that may be at risk for developing problematic substance use behaviors. The

purpose of this study was to investigate the prevalence and patterns of substance use among nursing students and to determine whether exposure to ACEs is associated with increased substance use risk.

The researchers used a cross-sectional, descriptive study design and collected data using an anonymous email-based survey distributed to nursing students at four schools of nursing in the United States. The survey included several validated screening tools: the Alcohol Use Disorders Identification Test (AUDIT) to measure alcohol misuse, the Drug Abuse Screening Tool (DAST-10) to assess drug use risk, and the Adverse Childhood Experiences Questionnaire (ACE-Q) to measure exposure to childhood trauma. Demographic information such as age, gender, race/ethnicity, and enrollment status was also collected. Participants had to be at least 18 years old and enrolled in either an undergraduate or graduate nursing program. Data were collected over a three-month period from October to December 2018.

A total of 662 students completed the survey, resulting in a response rate of approximately 23.6%. Most respondents were female (88.8%) and undergraduate nursing students (71.5%), with more than half of participants between the ages of 18 and 21. Results showed that substance use was present among nursing students. Nearly 20% of participants demonstrated moderate to high-risk alcohol use according to the AUDIT scores. Drug misuse was less common, but still present, with 3.6% of students showing moderate to high-risk drug use based on DAST-10 scores. These findings highlight that a notable proportion of nursing students engage in risky substance use behaviors that may have implications for both their personal health and professional practice.

The study also found that exposure to adverse childhood experiences was common among participants. More than half of the students reported experiencing at least one ACE. Specifically, 42.2% reported exposure to one to three ACEs, while 14% reported exposure to four or more ACEs. ACEs include traumatic experiences during childhood such as abuse, neglect, or household dysfunction. Prior research has shown that individuals with higher ACE scores are more likely to develop mental health disorders, substance use problems, and other health complications later in life.

When examining the relationship between ACE exposure and substance use, the researchers found a significant association between ACE scores and drug misuse risk. Students who reported greater exposure to ACEs were more likely to demonstrate higher levels of drug use risk on the DAST-10. However, the relationship between ACE exposure and alcohol misuse was not statistically significant. These findings suggest that childhood trauma may play a role in certain types of substance use behaviors among nursing students.

Additionally, the study revealed differences between undergraduate and graduate nursing students. Undergraduate students reported higher levels of both alcohol and drug misuse compared with graduate students. This difference may be explained by age and developmental factors, as undergraduate students are typically younger and may be more influenced by college social environments where substance use is more common.

The authors emphasized the importance of addressing substance use and trauma exposure within nursing education. Because nursing students participate in clinical training and patient care, substance misuse could negatively affect learning outcomes and patient safety. The researchers recommend that nursing schools implement trauma-informed, evidence-based, and nonpunitive policies to identify and support students who may be struggling with substance use. Screening programs, educational interventions, and supportive resources may help prevent the progression of substance misuse into more severe disorders.

In conclusion, this study demonstrates that substance use and exposure to adverse childhood experiences are prevalent among nursing students. The findings highlight the need for increased awareness, early screening, and supportive interventions within nursing education programs. By addressing these issues proactively, nursing schools can help protect the well-being of students and ensure the development of a safe and competent nursing workforce.

## Reference

Kameg, B. N., Lindsay, D., Lee, H., & Mitchell, A. (2020). Substance use and exposure to adverse childhood experiences in undergraduate and graduate nursing students. *Journal of the American Psychiatric Nurses Association*, 26(4), 354–363.  
<https://doi.org/10.1177/1078390320905669>