



Pharmacy Students' Lived Experiences of Mental Health Support Structures at Rhodes University

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Abstract

Student mental health has become an urgent concern in South Africa, particularly within higher education settings, where academic pressure, social stresses, and structural inequalities intersect. Pharmacy students face a distinct set of challenges related to the intensity of their programmes and the expectations associated with professional competence. This qualitative study explored the lived experiences of pharmacy students regarding mental health support structures at Rhodes University. Using a phenomenological approach, data were collected through document analysis of nine institutional texts and semi-structured interviews with twenty undergraduate and postgraduate students. Thematic analysis demonstrated the absence of a formal mental health policy, limited visibility and accessibility of services, and the persistence of cultural and gendered stigma. Peer networks emerged as crucial sources of informal support and resilience. The findings highlight the need for a comprehensive, culturally responsive mental health strategy that integrates student well-being into academic and institutional practices.

Keywords: Student mental health, phenomenology, support structures

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Introduction

Mental health challenges among university students have intensified globally, and South Africa reflects similar, if not heightened, trends.^{2,17}

Financial insecurity, social isolation, and academic overload contribute to elevated levels of anxiety and depression on campuses nationwide.^{15,20} In the Eastern Cape, these pressures are compounded by limited resources, infrastructural constraints, and socioeconomic inequalities, which further complicate access to support.^{13,18}

Pharmacy students represent a particularly vulnerable group within the higher education sector. The rigorous nature of pharmacy education, which demands theoretical mastery, clinical competence and professional readiness, creates sustained psychological strain.^{7,19} Students frequently report persistent fatigue, emotional distress and fear of underperformance, all of which may discourage help-seeking behaviour and perpetuate distress.

Despite a growing discourse around student wellness, limited empirical research examines how pharmacy students engage with institutional support structures. Existing studies in South Africa often aggregate student experiences across disciplines, obscuring the distinct realities of those in the health sciences.⁷ This study, therefore, examined the lived experiences of pharmacy students at Rhodes University,



identifying gaps between policy and practice and exploring available support structures. By engaging directly with pharmacy students' accounts, it aimed to provide context-specific insights to the emerging literature on mental health in higher education.

Methods and data collection

This study employed a qualitative, phenomenological design to understand the meaning and depth of students' lived experiences. The approach was underpinned by the Health Policy and Systems Research framework¹⁰ and supported by anthropological insights into health, culture and meaning.^{6,8,11} Phenomenology enabled an exploration of how students perceive, interpret, and respond to mental health and available support structures.¹²

Two complementary sets of data were collected. Firstly, a document analysis of nine institutional texts, including wellness protocols, policy documents, official statements and student support manuals, was conducted to examine the structure and intent of mental health provision at Rhodes University. Secondly, semi-structured interviews were conducted with twenty pharmacy students across all undergraduate and postgraduate levels. Participants were recruited through faculty mailing lists and short in-class invitations. Interviews explored students' perceptions of available support services, their experiences of seeking help, and the barriers they encountered.

Data analysis and ethics

All the interviews were recorded, transcribed verbatim and coded both inductively and deductively. Data was analysed using a six-phase

thematic analysis framework.³ Coding proceeded iteratively, moving between data immersion, pattern recognition, and theme refinement.

Ethical clearance was granted by the Rhodes University Ethics Committee. Participation was entirely voluntary, and participants were assigned pseudonyms to protect their anonymity. Rigour was strengthened through reflexive engagement, supervisory debriefings, member checking and triangulation between the document analysis and interview data.

Results

The following results present the thematic findings derived from interviews with pharmacy students regarding their experiences of mental health and support within the university context:

Student perspectives and experiences of academic pressure

Pharmacy students consistently described academic pressure as the most significant factor affecting mental health. The programme's demanding workload, frequent assessments, and rapid pace left many feeling overwhelmed, emotionally fatigued, and disconnected from their personal well-being, with one student noting that "we tend to lose ourselves in the process" (UG2-3).^{*} Participants reported sacrificing sleep, meals and social time to cope with academic expectations, with some experiencing acute emotional distress during peak assessment periods. While academic support is provided in the early years, participants noted that emotional well-being receives little explicit attention thereafter. This disconnect reinforces a culture in which distress is normalised and students feel solely responsible for managing their struggles.

Support-seeking behaviours

Support seeking was shaped by cultural, gender, and social influences. Participants from various African backgrounds described growing up in contexts where mental illness was stigmatised and help-seeking associated with weakness or "madness". Male students in particular emphasised early socialisation that discouraged vulnerability and encouraged emotional restraint, with one noting that "you just go through it... you cannot be vulnerable" (PG5)¹. These norms often prevented them from approaching mental health services even when distressed. Some students preferred counsellors who shared their cultural or linguistic backgrounds, explaining that shared context improved comfort and therapeutic rapport. Others relied on spiritual practices such as prayer before considering clinical services. These findings demonstrate that help-seeking is embedded in broader social and cultural narratives rather than individual choice alone

Service accessibility and support-seeking barriers

Although formal services were available, students frequently encountered barriers, including long waiting lists, delayed responses, and limited session allocations. Some reported only receiving appointments weeks or months after requesting support. Delayed

responses meant that for some, support arrived only after the crisis had passed, leaving them feeling that "it did not feel very useful" (PG3).¹ The COVID-19 pandemic further disrupted access, with online counselling perceived as impersonal and less effective. Resource constraints, staff turnover, and procedural challenges, such as navigating academic concessions, further weakened trust in institutional services. As a result, some students disengaged from the university counselling centre altogether and sought private therapy instead.

Visibility experiences and relevance of support structures

Awareness of mental health resources varied widely. Some students learned about the counselling centre through emails or word of mouth, while others were unaware of its location or purpose, with one noting, "I've heard there is a place, but I don't know where it is" (UG2-1).^{**} Although some students described positive counselling experiences, others reported receiving insufficient support, experiencing a cultural disconnect, and a lack of continuity due to staff changes. Symbolic initiatives such as "mental health benches" were viewed as insufficient and poorly aligned with students' needs.

Campus climate and institutional culture

Students perceived the university as prioritising academic performance over emotional well-being. Many were unsure where to seek help within the faculty and described institutional responses to mental health crises as inconsistent or lacking meaningful follow-through, with one student observing that "they could do a whole lot better" (UG3-4)². Although several initiatives exist, participants argued that the university needs more culturally responsive, well-resourced, and visible mental health strategies to address its ongoing challenges effectively.

Discussion

The findings revealed a disjuncture between institutional intentions and students' lived realities. The absence of a formal university mental health policy contributes to inconsistent and reactive approaches that leave students uncertain about available support. This aligns with broader South African evidence demonstrating that wellness programmes often exist but lack cohesive implementation.¹

The cultural and gender stigma identified in this study echoes trends elsewhere in sub-Saharan Africa, where emotional vulnerability is frequently equated with weakness.¹⁴ Without targeted engagement with these underlying social narratives, institutional interventions are likely to have limited impact. Awareness campaigns should therefore move beyond information dissemination towards culturally grounded dialogue and community participation.⁵

Peer networks emerged as a significant underutilised resource. Their accessibility, empathy, and shared experience make them effective first points of contact.¹⁶ Strengthening these networks through trained peer mentors, introducing psychological first aid, or structured residence-based programmes could strengthen the university's support system.

^{*} These quotes come directly from student interviews, and the key is as follows: UG2-3 is 2nd Year Undergraduate participant 3, PG5 is Postgraduate participant 5, PG3 is Postgraduate participant 3

^{**} These quotes come directly from student interviews, and the key is as follows: UG2-1 is 2nd Year Undergraduate participant 1, UG3-4 is 3rd Year Undergraduate participant 4

For pharmacy education, the implications extend beyond student welfare. Preparing future pharmacists requires nurturing professionals capable of empathy, resilience and patient-centred care.⁹ Institutions that foster a supportive and responsive environment help shape graduates who are better equipped to manage occupational stress.⁴ Integrating mental health literacy into the pharmacy curriculum could therefore have long-term professional benefits.

Recommendations

Drawing from the findings, several strategies are proposed:

- Develop a comprehensive university mental health policy outlining institutional responsibilities, coordination mechanisms, and crisis-response protocols.
- Integrate mental health awareness, self-care and emotional intelligence into the pharmacy curriculum to build professional resilience.
- Improve communication and visibility of counselling services through orientation programmes, departmental briefings, and digital platforms.
- Expand counselling capacity through hybrid delivery models, including online sessions and group workshops, to manage demand.
- Strengthen peer-led initiatives by training student mentors to identify distress and provide appropriate support.
- Foster cross-departmental collaboration to ensure that mental health is embedded across institutional structures rather than being confined to Wellness offices.

These recommendations align with global best practices and can be adapted to the social and cultural realities of South African higher education.

Conclusion

This study offers insight into the lived experiences of pharmacy students navigating mental health support at Rhodes University. Despite institutional commitments to student welfare, gaps exist between policy intentions and students' everyday realities. Stigma, limited awareness and accessibility challenges appear to undermine the effectiveness of support provided. Nevertheless, students demonstrate resilience and agency through strong peer networks. By embedding mental health within academic culture, developing cohesive policies, and valuing students' voices, universities can foster a more responsive and compassionate university environment. These findings contribute to the limited body of literature on student mental health in South African higher education, highlighting the importance of culturally grounded, student-centred approaches.

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