"She'll be like 'oh, I'm a psycho' and it's not, she doesn't mean it like that." The Language and Labelling Used by University Students When Discussing Mental Health

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Abstract

This study aimed to explore University students' understandings of mental health issues, mental health labels, and their attitudes towards these concepts. Five participants (four women aged 18-20, and one 24-year-old man) discussed in a focus group aspects of their childhood that they considered had affected their attitudes towards mental health and labelling. The three themes produced by inductive thematic analysis were 'the language and context of labelling', 'stereotypes and social stigma', and 'personal experiences'. Findings have important implications for school nurses who work in primary schools, and who need to be aware of language use.

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Research around mental health labelling has focused mainly on stigma in terms of prejudiced attitudes towards those with a mental health label (Wright et al., 2011) and negative implications of attaching a label to a mental health issue (Corrigan et al., 2014). However, there has been little investigation into how attitudes towards mental health labels are formed (Brown, 2017).

Uncovering factors that inform early opinions and attitudes towards mental health issues and labels is valuable information when training school staff to recognise mental health issues in children and young people, in line with the Prime Minister's pledge to provide mental health training for teachers (Prime Minister's Office, 2017). An area of recognised importance in terms of educating people about mental health issues is the school environment (Bartlett, 2015) as interventions from school nurses reportedly have positive outcomes (Turner and Mackay, 2015). Interventions may help reduce the burden on the increasing number of children exhibiting mental health issues (Collishaw, 2015) and improve general mental health awareness within schools (Department for Education, 2017).

There is evidence that children use labels as slang terms towards their peers (Rose et al., 2007) including derogatory words linked to mental health issues, for example, 'mad' and 'crazy', which are also frequently used in children's television shows (Wilson et al., 2000). It is therefore crucial that schools are aware of the impact of these labels and their role in stigma development in order to intervene where necessary in this casual use of labels. If left unmonitored, use of these labels may lead to bullying behaviour that is particularly harmful to those children who may exhibit early indications of having mental health issues (Seager-Smith, 2012). Slang can have positive social functions through facilitating identification of

other like-minded individuals (Adger et al., 2014). However, school nurses can play a key role in explaining to younger children why the use of slang to describe stigmatised conditions can be harmful to their peers and to themselves, as well as highlighting the influence it can have on their forming attitudes and the negative impact on help-seeking behaviours (Rose et al., 2007). Additionally, teenagers have reported that school staff have been influential in their attitudes towards mental health issues (Chandra and Minkovitz, 2007).

This exploratory project aimed to investigate students' awareness and understanding of mental health issues and associated labels, and their attitudes towards mental health labelling, to inform further research in the area. This study recruited undergraduate psychology students who reflected on their experiences of using, or hearing, mental health labels when they were children. Psychology students are taught to reflect upon, and critically evaluate their world, including matters related to mental health, so are a useful group to access as they are experienced at reflecting on their behaviours and beliefs. This research is of value to school nurses as it investigates stigmatising labels applied to mental health issues that are expressed within a school environment.

Method

Participants

Students from a BSc Psychology course at a University in the North West of England were invited to participate in a focus group. The researcher emailed all students on the course and of those who replied, five students participated. Based on similar studies (Dixon et al., 2012; Gulliver et al., 2012), the researcher aimed to recruit between four and six participants to create a robust data set from which a number of themes could be extracted. This approximate number of participants creates a viable focus group when discussing sensitive issues, allowing all participants to contribute their views effectively (Willig, 2013).

Participants chose their own pseudonym as part of a warm-up exercise at the start of the focus group. These appear in Table 1 below.

(Table 1 to be inserted here)

Table 1. Participant details

Focus Group Facilitator

The first author, a 36-year-old female doctoral student in Psychology, facilitated the focus group.

Data Collection

Flexible, open-ended questions allowed participants to explain their understanding of mental health labels and any social influences they believed had contributed to their understanding and attitudes towards them. The questions were based on a review of similar studies (Rose et al., 2007; Granello and Gibbs, 2016). The topics covered within the focus group included discussion of the terms 'labelling' and 'mental health', the use of slang labels and their context, personal experiences of mental health, first conscious memories of mental health issues and factors they believed have influenced their attitudes towards them. For a full list of questions, see Appendix 1.

After completion of consent forms, the focus group facilitator initially showed participants a 50-second online video clip titled 'Mental Illness: Create Your Own Label' (YouTube, 2011). The clip showed a group of young adults holding pieces of card in front of them with a derogatory term such as 'retard' and 'freak'. They then showed a preferred label, for instance,

'leader' and 'artist'. The aim of showing this clip was to encourage participants to relax and to facilitate discussion. The focus group ran flexibly, allowing pauses and time for alternative views, and participants were encouraged to interact with each other (Willig, 2013).

The focus group reached a natural conclusion after almost an hour, once all topics were covered and participants reached the end of their discussion. The facilitator distributed debrief forms that included contact details of the university counselling service.

Ethical Considerations

The Faculty Ethics Committee at [University blinded for review] approved the study. Prior to the focus group commencing, participants read an information sheet and signed a consent form. The facilitator followed University ethical procedures that adhere to British Psychological Society guidelines (British Psychological Society, 2014) reminding participants that they could withdraw at any point and should only proceed if they felt happy to continue. At the end of the focus group, one participant remained in the room for an informal discussion with the facilitator, to ensure s/he felt comfortable and was aware that s/he could contact the university counselling service.

Data Analysis

The first author (focus group facilitator) transcribed the audio recording of the focus group including her own speech. Transcripts were analysed using inductive thematic analysis (Braun and Clark, 2006), loosely informed by a Grounded Theory approach (Strauss and Corbin, 1990). This approach recognises it is possible to gain insight into students' views of social influences on the construction of attitudes through their responses, but that the researcher contributes to the formulation of knowledge (Willig, 2013). Line-by-line open coding identified initial categories, before axial coding compared related concepts within

codes. Finally, selective coding confirmed the categories and produced the themes. All authors checked the coding and agreed the final themes.

Results and Discussion

Analysis of the focus group transcript uncovered three themes, informed by comments from at least three participants (more than half of the group); 'the language and context of labelling'; 'stereotypes and social stigma'; and 'personal experiences' (see Figure 1). Arrows on the figure show the overlapping of themes.

(Figure 1 to be inserted here)

Figure 1. The three themes uncovered through analysis

Theme 1: "I call my sister an idiot sometimes. But it's all in good fun." – The language and context of labelling.

At the beginning of the discussion, participants focused on their use of labels as slang words, particularly with family members. Participants felt they should justify the use of such terms to ensure other participants and the researcher that these terms were used in humour:

> *Sam (83-84): I call my sister an idiot sometimes. But it's all in good fun, it's just jokes.*
> *She, like, she doesn't take it personally. it's just a bit of a joke (laughs).*

The group stressed that the context of terms is crucial. This lends support to Chatard and Selimbegovic's (2008) finding that attitudes towards out-groups are transmitted through family generations, as the group felt it acceptable to use terms negatively within a family

context. Participants explained that in familiar, relaxed company, such words were used in jest and were not intended to cause harm:

> *John (112-114): I'm terrible I would joke about things that really you shouldn't joke about, but at the same time I'm contextually aware, I know when and where I'm able to say those sort of things.*

The focus then moved to labelling and terms the group perceived are now used more widely. It was felt that people use terms like 'depression' and 'anxiety' freely to describe feeling low for a short period, or when feeling nervous. It has been argued that such instances devalue mental health issues and contribute negatively to stereotypes and social stigma (Granello and Gibbs, 2016):

> *Stacey (285-286): Or you hear the term even when people are a bit sad! You just "oh I'm so depressed" like, people just throw it around.*

When considering their own understanding of mental health terms used in everyday language, participants noted that as young children they used terms such as 'retard' and 'crazy' without knowing their meaning or understanding the implications of aiming these words at friends or family. This supports Rose et al. (2007) who found that younger teenagers had little understanding of the true definition of mental health related labels used as slang:

> *Amy (521-524): ...when I was younger like the words like 'retard', 'dumb', 'crazy', you called it, each other it but you never meant that, I, I had no idea it meant that. I thought it meant being silly or something like that, annoying.*

The group also identified primary school as the stage at which they began using labels as slang terms with their friends:

John (528-530): I remember being in primary school when the word 'gay' started coming around (...) And everyone would say it and up until I was about I think 12 I had no idea what it meant!

This is a key point, as most anti-stigma initiatives are aimed at secondary rather than primary schools (Watson et al., 2004), and particularly as the majority of lifetime mental health issues develop by the age of 14 (Kessler et al., 2005), early intervention here may have a significant impact.

Theme 2: "He just thinks it's nothing, it's not a thing" – Stereotypes and social stigma.

Participants discussed a general lack of understanding of mental health issues and an apparent disinterest in acknowledging this as having an impact on individual's lives. Similarly, Furnham and Sjokvist (2017) found that people who were more interested in mental health issues had a good level of mental health literacy and were more empathic:

Amy (448-451): I feel like people push people aside because they just can't be bothered to deal with it, or learn it, or understand it. I, I'm quite sympathetic and I love to understand things and everyone is different

Stacey explained that her father has never accepted mental health issues exist, but later acknowledges that he might not have encountered anyone with mental health issues. Jorm and Wright (2008) proposed a 'generation effect' in terms of stigmatised attitudes towards those with mental health issues, noting in their parent and youth samples that the younger generation demonstrated more tolerance:

Stacey (245-246): a lot of people just like my dad, my dad's really against, he just thinks it's nothing, it's not a thing. And it really frustrates me 'cos I, obviously I know it is!

An element of stereotyping mentioned throughout the discussion concerned men known to participants who have been reluctant to seek help when they have felt mentally unwell. Kaushik et al. (2016) also noted a disinclination for males to seek mental health support in a systematic review of stigma literature:

> *Sam (750-756): They (men) should be tough (...) they're seen as a bit of a wuss if they feel like depressed ... I know they're such stereotypes but men not being able to like open up ...*

John mentioned a soap opera storyline, which focused on a male with mental health issues demonstrating dangerous behaviours. The advisory notice providing details of support services to contact if viewers felt affected by the storyline made John realise that it is an important and acknowledged issue, and other participants agreed:

> *Lola (647-649): I feel like there's good and bad about it though in some ways because with some people, like if they portray that on, if it's portrayed on T.V. it's kind of socially constructing what it actually is so then people take that view and think that everybody's like that...*

The use of mental health stigma and stereotypes in the media has been widely reported (Time to Change, 2013) including the link between this and increased mental health stigma in adults (Pescosolido et al., 2008) so this statement from Lola supports the notion that the media reinforces stereotypes.

Theme 3: "...if she does something a bit crazy she'll be like 'oh I'm a psycho'" – Personal experiences.

In terms of a 'generation effect' of attitudes towards mental health issues, participants suggested that mental health labels are more widely adopted nowadays, mostly without a medical diagnosis:

Amy (295-296): I think that's a lot more common nowadays, especially in our age group I think, like, since coming to Uni as well like, everyone's got something that I've met!

The researcher asked if they could remember when they were first consciously aware of mental health issues and/or labels. Participants highlighted key personal experiences and mid-teenage years as key points for developing an understanding of mental health issues:

Amy (564-568): for three years I um, volunteered for riding with the disabled, (...) I did it from the age of about 14, 15 and you just learn so much about everyone

All participants had some experience with a person with mental health issues, and this had positively affected their understanding of them. Wisdom and Agnor (2007) also found a positive link between family and peer acknowledgement of mental health issues and positive attitudes amongst adolescents support this:

Stacey (150-152): So, I've got a friend and she's got a mental health issue, (...) she'll joke about, if she does something a bit crazy she'll be like 'oh I'm a psycho' and it's not, she doesn't mean it like that

Stereotypes and social stigma still significantly affect mental health issues, and stereotyped characters in the media reinforce stigma (Time to Change, 2013). However, participants appeared to have a clear understanding and mostly positive attitude towards mental health issues overall. This is unsurprising given the training Psychology students receive, but as an exploratory focus group, this has met its aim of providing valuable information for further research.

Strengths, Limitations, and Directions for Future Research

Memory factors are a potentially limiting element in this study given that students were asked to reflect on their experiences as children. However, the information presented is valuable in support of similar research demonstrating the impact of the school environment on children, given that participants agreed the first time they were aware of using labels was in primary school. Supporting comments from Seager-Smith (2012) from the Anti-Bullying Alliance, it is important to raise awareness of mental health and the effect of mental health labels amongst primary school children to reduce bullying behaviour towards children who may be exhibiting early indications of mental health issues. Children would arguably be able to add more detail to the discussions, such as providing information around the slang words and labels used currently. though may not have the cognitive maturity to explain their understanding of the stigmatising effect of using such terms. It may also be the case that Psychology students have a more positive approach to mental health issues than the general public, restricting generalisability of the findings, and may have withheld their true feelings due to peer pressure in the focus group; it is possible that more diverse views would have been found in individual interviews which could be used in future research.

Conclusion

The themes produced by this exploratory research provides detail for school staff to consider when reviewing the information provided to children around mental health issues and any attitudes they may already have towards this. Incorporating influential groups such as parents, families and peers is vital for future mental health literacy initiatives.

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Appendix 1 – Focus Group Questions

Warm-up exercise:

1. Can you please each think of a pseudonym for yourselves, write it on a post-it note, and attach this to yourself.

2. Can we please go around the group each stating your pseudonym clearly, so that the group will be able to refer to each other using these pseudonyms, and we can identify your voice on the recording?

3. Now can you each tell the group 2 facts about yourselves?

4. I'd like you to look at the following short YouTube video:

   https://www.youtube.com/watch?v=Vb-atFxV5Yk

Interview Questions:

1. Can you tell me what your initial reactions are to the video?

2. Do you think it is useful in informing the public about labelling?

3. Can you explain your understanding of the term 'labelling'?

4. Are there any common labels you use when talking to your friends, even if these are slang words, or words that may be deemed derogatory to an outsider?

5. Can you explain your understanding of the term 'mental health label'?

6. Can you tell me any mental health labels that immediately come to mind?

7. Would you use any of these labels in general, relaxed conversation with your friends or family?

8. Do you have personal experience of, or have you known anyone with a mental health label? a) If yes, did the individual see this label as being a part of their identity?

   b) Has this helped your understanding of mental health issues?

   c) Do you feel that the labelled diagnosis affected your relationship with that person?

9. Can you describe your feelings towards people with mental health issues?

10. If you think back to an age when you weren't consciously aware of mental health issues or labels, can you explain when and how you first became aware of this as a factor in people's lives?

11. Can you tell me what you feel have been the biggest factors that have influenced your opinions and understanding of mental health issues?

12. Can you explain whether your attitude towards mental health issues has changed over time, and how this came about?

13. Do you have anything else you would like to share?

Table 1

Participant Pseudonym	Age	Gender	Year of Study
Amy	20	Female	2
John	24	Male	1
Lola	20	Female	2
Sam	19	Female	2
Stacey	18	Female	1

Figure 1