View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by UEL Research Repository at University of East London

University of East London Institutional Repository: http://roar.uel.ac.uk

This paper is made available online in accordance with publisher policies. Please scroll down to view the document itself. Please refer to the repository record for this item and our policy information available from the repository home page for further information.

To see the final version of this paper please visit the publisher's website. Access to the published version may require a subscription.

Author(s): Sholl, Catherine; Korkie, Juan; Harper, Dave.
Article title: Working with young people to challenge discrimination against mental health service users: A psychosocial pilot study
Year of publication: 2009
Citation: Sholl, C., Korkie, J., & Harper, D. (2009) Working with young people to challenge discrimination against mental health service users: A psychosocial pilot study. *Clinical Psychology Forum,* 196*,* 45–49.
Link to published version: http://www.bps.org.uk/dcp/clinical-psychology-forum

Sholl, C., Korkie, J. & Harper, D. (2009). Working with young people to challenge discrimination against mental health service users: A psychosocial pilot study. *Clinical Psychology Forum*, **196**, 45-49.

Working with young people to challenge discrimination against mental health service users: A psychosocial pilot study

Catherine Sholl
Clinical Psychologist
Ealing Services for Children with Additional Needs
West London Mental Health Trust
Carmelita House
21-22 The Mall
London W5 2PJ
catherine.sholl@nhs.net

Juan Korkie
Central & North West London NHS Foundation Trust
juankorkie@nhs.net

Dave Harper
Reader in Clinical Psychology
School of Psychology
University of East London
Romford Road
London E15 4LZ
d.harper@uel.ac.uk

This article argues that biomedical approaches to challenging mental health discrimination have been largely unsuccessful. We describe a pilot study advocating psychosocial understandings of mental health difficulties and active service user involvement to challenge young people's negative beliefs about people experiencing mental health problems.

Discrimination is a major barrier to the social inclusion of people with mental health problems (Social Exclusion Unit, 2004). Campaigns to address such prejudice have so far tended to advocate a bio-medical model (Read & Haslam, 2004). However, it appears that this has been ineffective, perhaps because believing in a biological cause of mental health problems may promote a fear that mental health service users will be unpredictable (Read et al., 2006).

A recent survey indicated that, compared with results in 1994, positive attitudes about "mental illness" had decreased, fear of mental health service users had increased and younger people were less tolerant (Office for National Statistics, 2007).

Mental health professionals and service-users are now emphasising the need for educational campaigns challenging mental health discrimination to be based on effective and values-based approaches. Education focussing on psychosocial understandings can lead to positive attitude change in teenagers, particularly when this includes contact with a mental health service

user (Pinfold et al., 2003; Schulze et al., 2003). Reasons for intervening at school include:

- A large audience can be reached at a young age;
- Teenagers can have negative attitudes and also appear to be one of the most common groups to harass mental health service users verbally and physically (Berzins et al., 2003);
- Initial onset of mental health difficulties is high in adolescence with a high risk of suicide and self-harm (Mind, 2008); and
- Teenagers often find it difficult to ask for emotional support (Esters et al., 1998).

Method

Design

We designed an intervention aimed at challenging mental health discrimination. The study was primarily qualitative, developing a Grounded Theory (Charmaz, 2006) of factors influencing the process of changing attitudes based on data from focus groups held with school pupils before and after the intervention (Sholl et al., in preparation). We also incorporated a quantitative measure of attitudes towards people experiencing mental health problems adapted from Schulze et al., (2003) and a measure of causal beliefs about mental health problems (ranging from biological to social) taken from the Mental Health Locus of Origin Scale (Hill & Bale, 1980). These were given to all participants pre and post- intervention. The measures were useful in indicating whether any changes found in the qualitative data were representative of the non-focus group participants. However, this was

primarily a small scale qualitative pilot study, and the quantitative data will be referred to only briefly and descriptively.

The School

The pilot study took place in a mixed sex Church of England state school in inner London. Two classes of year nine pupils (aged 13-14 years) participated. One group (N=25) received the intervention whilst the other (the comparison group) did not (N=21). Eight randomly selected children from each group participated in the focus groups. Overall there was a fairly even mix of male and female participants and they were ethnically diverse with a range of religious beliefs.

The Teaching Sessions

The intervention class received four weekly teaching sessions (each 50 minutes long) during Personal Social Health and Education lesson time (see fig 1). The sessions were facilitated by Catherine (then a trainee clinical psychologist) and Juan (a mental health service user and clinical psychologist) with a teacher responsible for classroom management. The sessions were developed with reference to previous projects (Schulze et al., 2003; Pinfold et al., 2003) and factors that have been shown to be important in working with young people to change attitudes. See Sholl et al., (in press) for further information on our approach and on Juan's experience of the intervention.

FIGURE 1 ABOUT HERE

Results

Intervention focus group: Changes in the group's understandings of mental health problems

In the focus group the young people described a number of changes in their knowledge and attitudes following the intervention. Participants are referred to with pseudonyms.

1. Strengthened belief in a continuum model of mental health

> CYRA – That you get it [distress] when you're like upset, really upset, not normal upset but when like um you know like Juan, when you get like really, like you're feeling really like to the max, I don't know, when instead of being upset you get really really upset.

2. Reduced perception of difference

> PATRICK -- … we could be walking past people who've got mental health problems everyday and they just look normal to me. They're just normal…

Being 'normal' appeared to encompass the ability to: walk; go to a mainstream school; get a job; have friends and live independently. This contrasted with the dominant view prior to intervention that people with mental health problems were: physically disabled; at special school; unable to work; lacking intelligence; and living in supported accommodation or hospital. Meeting Juan and hearing examples of famous people who had experienced mental health difficulties appeared to be particularly important.

3. Strengthened belief in psychosocial causes and recovery

The group felt that relationship difficulties, family difficulties, neglect and loss were causative whereas previously they had thought that mental health problems were biological, permanent and present from birth.

> YASMIN – Um I think people that get mental health problems usually get it from stress and problems throughout their family and that and they may like gradually…overcome it …

4. Reduced perception of danger

This appeared to be a result of meeting Juan and hearing evidence about the exaggerated links between mental health problems and risk of violence.

> CYRA – [People with mental health problems are] more likely to harm themselves than to harm anyone else.
>
> YASMIN – And more likely to be victims of harm.

5. Considering alternative explanations for bizarre behaviour

Following the intervention, the young people appeared able to consider a wider range of factors in thinking about behaviour that was seen as bizarre, rather than attributing everything to 'being mental'.

Intervention focus group: Changes in the group's feelings and reported behaviours towards people with mental health difficulties

1. Reduced fear and social distance

> CYRA – Before I would stay away from them and I used to be scared of them cos I'd always think "Oh they're just going to lash out that moment and like hit me" or something, but now it's not necessarily

always like that, and now I'm more confident in a way to go up to someone who has a mental health problem and speak to them. But before I would never do that, I wouldn't speak to them…

2. Increased empathy

SALMA – When we heard his story – when he told us about like how he developed it and like what happened in his life and stuff. That was kinda helpful.

3. Wanting to help

YASMIN – [talking about how to help someone in distress] … take them to someone, try and talk through their problems with them and that, and if it's serious then like take them to places and that, and try and like act normal with them and take them out and have fun with them and that.

Overall the young people said they viewed the above changes and their experience of the intervention as positive and felt that such teaching would be useful for other young people, particularly if a teenage mental health service user was involved. In the words of Patrick 'when you need help in a bad situation instead of people just watching, they could actually do something'.

Attitude measures

Figure 2 shows the changes in attitude scores in the control and intervention groups before (Time 1) and after (Time 2) the intervention. Lower scores

indicate less negative attitudes towards people with mental health difficulties. The trend is in the expected direction with the intervention group appearing to have a greater decrease in negative attitudes. However, this must be interpreted with caution given the earlier methodological caveats.

FIGURE 2 ABOUT HERE

Conclusion

Despite the rather negative picture painted by surveys of attitudes it seems that teenagers are open to changing their views about people experiencing mental health problems. This was a qualitative pilot study with a small sample size, but the quantitative data also suggested positive changes. These would be worth investigating further with larger sample sizes: evaluating the impact of this kind of intervention; assessing a possible link between causal beliefs and attitude change (more positive attitudes seemed linked with more psychosocial causal beliefs); and the difference between gender and causal beliefs (girls seemed to show a greater decrease in biological and increase in psychosocial causal beliefs than boys). Future studies could also incorporate assessment of behavioural change. However, schools may need substantial preparatory work. Only one out of the 14 schools we approached agreed to participate, while other schools said that they were either too busy or did not see mental health issues as something that should be addressed within lesson time. It was disappointing to find that the majority of the schools responded in this way, given the Department of Health and Social Exclusion Unit emphasis on, for example, reducing impact of mental health difficulties on

the economy and society, reducing stigma and discrimination, increasing social inclusion, and reducing high suicide rates among young men. For future progress to be made, there needs to be more joined-up thinking about mental health discrimination across health, education and youth policy settings.

References

Berzins, K. Petch, A. and Atkinson, J. (2003). Prevalence and experience of harassment of people with mental health problems living in the community. *British Journal of Psychiatry, 183(6),* 526-533.

Charmaz, K. (2006). *Constructing Grounded Theory. A Practical Guide Through Qualitative Analysis.* London: SAGE.

Esters, I. Cooker, P.G. and Ittenbach, R.F. (1998). Effects of a unit of instruction in mental health on rural adolescents' conceptions of mental illness and attitudes about seeking help. *Adolescence, 33,* 469-75.

Hill, D.J & Bale, R.M (1980). Development of the Mental Health Locus of Control and Mental Health Locus of Origin Scales. *Journal of Personality Assessment, 44*(2)*,* 148-156.

Mind (2008). Information: Statistics. Retrieved on 02.11.08 from: www.mind.org.uk/Information/Factsheets/Children

Office for National Statistics (2007). *Attitudes to Mental Illness 2007*. London: Author. Retrieved on 04/05/08 from: hwww.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_076516

Pinfold, V. Toulmin, H. Thornicroft, G. Huxley, P. Farmer, P. and Graham, T. (2003). Reducing psychiatric stigma and discrimination: evaluation of educational intervention in UK secondary schools. *British Journal of Psychiatry, 182,* 342-346.

Read, J. & Haslam, N. (2004). Public opinion. In J. Read, L.R. Mosher and R.P Bentall (Eds) *Models of Madness. Psychological, Social and Biological Approaches to Schizophrenia* (pp.133-145). East Sussex: Brunner-Routledge.

Read, J. Haslam, N. Sayce, L. and Davies, E. (2006). Prejudice and schizophrenia: a review of the 'mental illness is an illness like any other' approach. *Acta Psychiatrica Scandanavica, 114,* 303-318.

Schulze, B. Richter-Werling, M. Matschinger, H. and Angermeyer, M.C. (2003). Crazy? So what! Effects of a school projects on students' attitudes towards people with schizophrenia. *Acta Psychiatrica Scandinavica, 107,* 142-150.

Sholl, C., Korkie, J. & Harper, D. (in press). Challenging teenagers' ideas about people with mental health problems. *The Psychologist*.

Sholl, C., Korkie, J. & Harper, D. (in preparation). Challenging discrimination: Factors involved in changing teenagers' perceptions of people with mental health problems.

Social Exclusion Unit (2004). *Mental Health and Social Exclusion*. London: Office of the Deputy Prime Minister.

Figure 1: Session plans

Session 1: *Introduction to the area.* Juan was introduced as somebody who had mental health problems and who had recently spent time in a psychiatric hospital. The young people were encouraged to voice their thoughts about mental health service users. Questions asked of them included 'what have you heard about people with mental health problems?'.

Session 2: *Interviewing a mental health service-user.* The group asked Juan about his life and experiences of mental health distress. Questions they asked included: 'What sort of mental health difficulties have you experienced?'; 'What do you think caused these difficulties?'; 'What is it like in psychiatric hospital?' and so on.

Session 3: *Understanding mental health distress.* The group reflected on their interview with Juan and considered what people needed in order to be happy, how they might react if this was disrupted in some way and how they would like others to react if they were having difficulties.

Session 4: *What have we learnt?* The group received information which challenged common myths about mental health problems and material on how to help others or seek help themselves.

(Further details on this teaching is available by contacting Catherine).

Figure 2: Mean Attitude Scores at Time 1 and Time 2