

OPENMINDS: CREATING A MENTAL HEALTH WORKSHOP FOR TEENAGERS TO TACKLE STIGMA AND RAISE AWARENESS

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SUMMARY

As a group of four clinical medical students from Cambridge University, we undertook a Student Selected Module (SSC- "OpenMinds") whereby we designed and delivered a workshop about mental health to year 9 pupils.

The aim of our SSC was to produce an interactive, informative lesson which addressed the complex issues of stigma and discrimination against those suffering from a mental illness as well as teaching the pupils how to recognise mental health problems and provide them with guidance on how to seek help. We split a fifty minute session into the following sections: tackling stigma; how common mental illness is; celebrity examples; real life examples; role play; and small group work. To engage the pupils we used a combination of teaching modalities targeting all learning. We delivered the workshop to four separate classes and received feedback from the pupils after each. We used this feedback to adapt and improve our presentation and assess the efficacy. Feedback was overwhelmingly positive with the striking results of 101/109 pupils saying that they would recommend the workshop to a friend and 68/109 pupils saying they enjoyed all aspects.

Our SSC built upon work by a contingent of trainee Psychiatrists who undertook a similar project of mental health education for teenagers, called "Heads above the rest", in Northern Ireland with great success. By continuing their work we were able to demonstrate that medical students can successfully complete the same project under the guidance of a Psychiatrist, thus increasing the sustainability of the project by reducing the time burden on the Psychiatrists. Participating in the project was also valuable to our own personal development of teaching skills.

Key words: stigma – discrimination - education

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INTRODUCTION

Educating teenagers about mental health has been shown to help reduce stigma and promote a more positive attitude in those taught (Naylor 2009). Teaching on mental health in schools is suggested as a topic in the PSHE (Personal, Social, Health and Economic wellbeing) section of the curriculum; however it is not currently a statutory requirement under the National Curriculum for Key Stage 3 (National Curriculum guidelines). A group of four trainee psychiatrists in Northern Ireland (Dr Peter Sloan, Dr Maggie McGurgan, Dr Holly Greet & Dr Róinin McNally) began the 'Heads Above the Rest' project in 2008 to address the lack of sufficient mental health education in secondary school curricula (Sloan 2010). This involved producing a workshop that would deliver education on basic mental health and illness and address stigma in mental health. These students presented their workshop to the Public Education Committee at the Royal College of Psychiatrists in 2009 and then they were invited to attend and present at the Psychiatric Training Committee (PTC) Residential Conference in Belfast October 2009.

Following the Northern Ireland presentation at the PTC, Dr Meinou Simmons, vice chair of the PTC in 2009-2010 took this project forward nationally in the UK through participation of interested PTC members in a web sharing forum to set up Student Selected Components (SSCs) across medical schools. It was felt that supervising medical students to deliver such

workshops would be a more sustainable alternative to full time clinical trainees delivering workshops in their working hours, as it is now a GMC requirement for UK medical schools to offer dedicated time for students to undertake SSCs (General Medical Council. 2009). A practical guide to how to set up such SSCs in medical schools was delivered by the Northern Irish contingent in May 2010 (Sloan 2011). Projects were subsequently set up in Bristol and Glasgow.

The first UK project was piloted in Cambridge University School of Clinical Medicine in August to September 2010 with two final year medical students. Following the success of this project, the project was offered to first year clinical students in Spring 2011. Eight Cambridge medical students chose to undertake this schools project, and were split into two groups. This paper describes the work of one of these projects, which was supervised by Meinou Simmons and Dane Rayment. The project was delivered to four year 9 classes in a Cambridge secondary school.

The aims of the project for the school pupils were to produce an interactive, informative lesson which addressed the complex issues of mental health stigma and discrimination; the provision of basic education on good mental health; and guidance on how to seek appropriate help for mental health problems. The aims of the project for ourselves as medical students were to improve our skills in understanding and synthesising mental health education, and communicating health education at an appropriate level to an adolescent audience.

METHODS

We designed a fifty minute workshop which had three main aims:

- Tackle stigma and discrimination
- Educate pupils about some of the basics of mental illness relevant to their age group
- Ensuring pupils know how to get help and support

The workshop was divided into three parts: an initial didactic presentation using images and videos; a role play addressing mental health stigma in schools; and small group work to explore further what had been discussed.

To improve the classes' engagement with the topic we used a variety of teaching modalities, and encouraged interactivity. Visual stimuli were used throughout to aid understanding. We were careful to avoid medical jargon and to consider the developmental level of the young people when considering what to present.

Didactic Section

In this section we covered three topics:

Tackling Stigma

To tackle stigma we started by asking the pupils to suggest names for people with a mental illness. This was encouraged by one of us suggesting words such as 'psycho' and the class responded with many other words in the same vein. By displaying these on a slide we demonstrated how many of the suggested words were derogatory. Through drawing parallels between mental and physical illnesses, we highlighted how similar words would not be used to describe someone suffering with an illness such as cancer. This was supplemented with the video 'Schizo: The Movie' from the 'Time to change' website (www.time-to-change.org.uk). This was a short clip portrayed in the style of a horror film about a man with schizophrenia. The audience were led to assume that the main character would be scary and violent, but he was simply an ordinary man drinking a cup of tea. We hoped this clearly showed that people with mental illnesses are not necessarily dangerous and something to be afraid of. Opening with tackling stigma was important to address preconceptions about people with mental illnesses. It also aided initial interaction within the class: the video was paused before the man was revealed and the pupils asked to say what they were expecting to see and why. This created tension and engaged the pupils particularly well.

Mental Illness Is Common

We felt it was necessary to inform the classes how common mental illnesses are in their age group. The statistic one in ten children between the ages of 1 and 15 has a mental health disorder (The Office for National Statistics 2005) was used but we furthered this by

explaining how certain behaviours (such as excess alcohol intake) confer an increased risk and also that the majority of people will be in contact with someone suffering with a mental illness at some point in their lives. We hoped this helped the pupils to realise that mental illness is not something that never happens, or only happens on television. Illustrating the statistics using diagrams was a very simple and effective way to introduce the concept of the epidemiology of mental illness to the pupils.

Celebrities and Real Life Examples

Using both celebrity and real life examples we were able to illustrate that having a mental illness does not mean one cannot have a successful life. The pupils responded extremely well towards the celebrity examples and were interested in what they were suffering with. Through the celebrities we were also able to demonstrate how seeking help, when suffering with a mental illness, can help. Using real life examples of teenagers also showed that non-famous people can suffer, as can children.

Role play

We wrote and performed a role play about a situation where a girl's parents were going through a divorce and she had started to suffer from panic attacks. This demonstrated to the young people how mental illness may present in one of their peers, and also how stigma and discrimination can result in bullying. To fully engage the students we paused the role play part way through and asked the students to imagine how the characters were feeling and then asked them how the role play could end more positively. Employing the pupil's empathy as a teaching tool worked well as a way of involving the students and allowed them to process the significance of what they were seeing and the impact of stigma.

Working in Small Groups

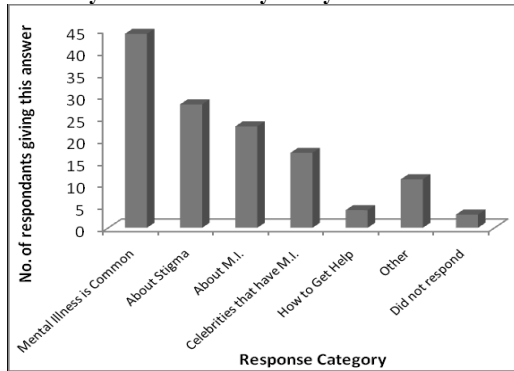
The small group work was a time for cementing the information we had presented them with and expanding understanding. We created a worksheet with questions relating to the role play and about how to seek help. Through discussion of topics already covered in small groups, and then writing answers down independently the children had to think about what they had learnt in the session and could ask any questions and explore some areas in more depth.

A leaflet providing information about accessing mental health services present in the local Cambridge area provided information for the children to take away.

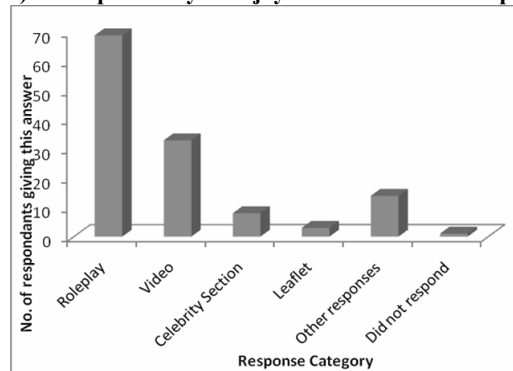
RESULTS

We delivered the workshop on four separate occasions to four different classes. After each presentation we received feedback from 3 separate sources.

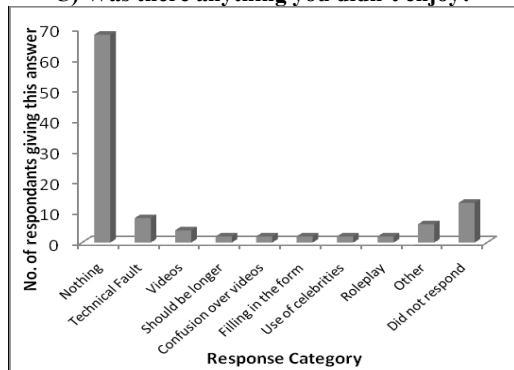
A) What did you find out today that you didn't know before?



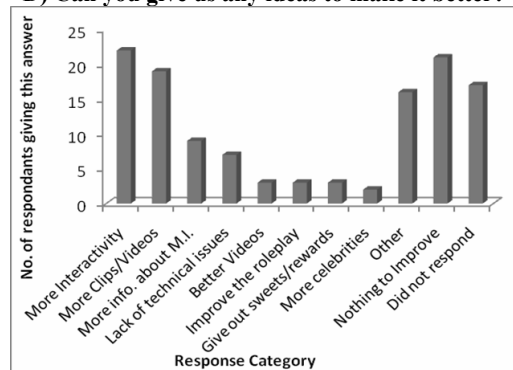
B) What part did you enjoy most in the workshop?



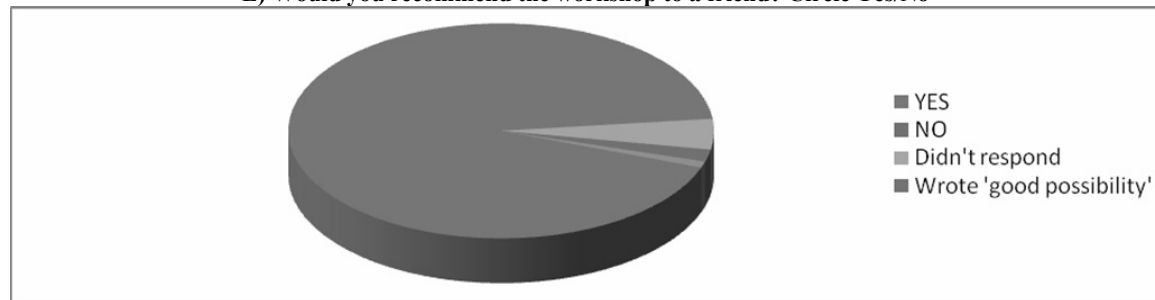
C) Was there anything you didn't enjoy?



D) Can you give us any ideas to make it better?



E) Would you recommend the workshop to a friend? Circle Yes/No



There were a total of 109 respondents across 4 sessions. Written answers to the feedback questions were grouped into common categories. If one respondent mentioned two things in one answer eg. “What was your favourite part?” “The role play and the celebrity section” then both responses were counted. MI=Mental Illness.

A) What did you find out today that you didn't know before?

44 Respondents mentioned learning mental illness is **common**, **28 Responses** classed as **About Stigma** mentioned a preconception that had been dispelled eg. people with mental illness looking normal, not scary etc, **23** either said they learned ‘**about mental illness**’ or gave specific area of mental illness they learned about such as about anxiety/depression or the causes of mental illnesses, **17 Respondents** mentioned something about **celebrities** having mental illness, **4** mentioned learning how to **get help** (eg. Childline or Centre 33) or how to help as a friend, **11 responses** didn't fit into the above groups and classed as ‘**Other**’, **3 did not respond**

B) What part did you enjoy most in the workshop?

69 Respondents said **the role play/ acting**, **33** said one of the **Videos** of which **17/33** said the final video, **3/33** said the ‘Schizo’ video and the remaining **13/33** did not specify, **8** respondents mentioned the **Celebrity** section and **3** mentioned the **Leaflet**, **14 responses** did not fit the above and classed as ‘**Other**’, **1 person did not respond**

C) Was there anything you didn't enjoy?

68 stated there was nothing they didn't enjoy, **8** (all from the 2nd session) mentioned the section we had a technical fault with, **4** said the videos, **2** mentioned confusion about the videos, **2** said it should be longer, **2** mentioned filling in the form, **2** said use of celebrities and **2** said the role play, **13** people did not respond.

D) Can you give us any ideas to make it better?

22 wanted more involvement of the class/interactivity, **19** said use more videos or clips, **9** wanted more information about mental illness to be given, **7** said avoiding technical issues (all from the 2nd session when we had an issue playing a video), **3** wanted better videos, **3** would improve the role play, **3** thought we should give out rewards or sweets, **2** wanted more about celebrities, **16** comments classed as ‘**Other**’ did not fall in the above categories, **21** responded they could think of no improvements to make, **17** did not respond.

E) Would you recommend the workshop to a friend? Circle Yes/No

101 circled ‘Yes’, **0** circled ‘No’, **2** wrote ‘good possibility’, **1** wrote ‘maybe’ and **5** did not respond

Figure 1. Feedback

- Oral Feedback from our supervisor;
- Oral Feedback from the class teacher;
- Feedback from the pupils in the form of a questionnaire we distributed at the end of the lesson. Pupils were asked 5 questions and given a blank space to write their answer. The results are shown in Figure 1.

Following feedback from the first two sessions we made some modifications to our presentation. There were a total of 109 respondents across 4 sessions.

CONCLUSION

In general the mental health workshop was a success both in terms of the pupil's enjoyment of the project, and also in terms of our own learning experiences as medical students.

Benefits of the project to the school pupils

The feedback from the pupils was overwhelmingly positive. 101/109 pupils said that they would recommend the workshop to a friend and 68/109 pupils said that there was nothing that they didn't enjoy. It was clear from the answers to question A (what did you find out today that you didn't know before?) that students had retained the key messages from the workshop showing that it had been successful in its aim of raising awareness and tackling stigma.

The most successful parts of the presentation in terms of popularity with the students were the role play and videos. It was important that we were able to build upon pupil's feedback through the process, as we analysed feedback forms after each session and adapted the workshop accordingly. For example we included more videos in later sessions, and promoted better interactivity by generating class discussions around the celebrity section (another popular section). Thus by the final session we felt confident that we had generated a workshop that encompassed both our own objectives and suited the desires of the class.

Benefits of workshop to ourselves as medical students

In addition to being beneficial for the pupils, participating in this project has been highly beneficial to us as medical students. The first part of the project helped us to research and synthesise appropriate mental health educational material. We noticed a dramatic improvement in our presentation skills as the sessions went on. We became more confident when answering unexpected questions. It has been a great opportunity to develop our personal teamwork skills, especially in putting together and delivering the role play. We improved our teaching skills, which will be invaluable to our future careers as all doctors are involved in the delivery of health education. As medical students we felt that we gained an enormous personal benefit from participating in the project, and the time period allocated for SSCs during medical education provides the ideal time for this project to be continued and sustained.

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