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Applied Focus – Mental Health Stigmas in Schools

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Introduction

Mental health has been an integral part of human development from the beginnings of time. There have always been people who have struggled with feelings of inadequacy, anxiety, and depression. However, for much of history, these phenomena did not have names or diagnoses like they do today. People who were affected with mental illness were viewed as being different, weird, or even as being possessed in some way. The pendulum has swung and we now have resources that describe in great detail the many mental illnesses that exist. Each of these has been well researched and identified, and extensive treatment programs have been developed to help those whose lives are affected by mental illness.

Universities around the world have extensive programs to train therapists and counsellors to successfully treat mental illnesses, and new techniques are constantly being developed to help those affected. One thing, however, that often interferes or hinders people from getting the help they need is the stigma attached to mental health and mental illness. Research by Stuart, Patten, Koller, Modgill, and Liinamaa (2014) found that 38.5% of people treated for a mental illness in the past year felt unfairly treated by family and work relations because of current or past mental or emotional problems (p. 32). These stigmas may very likely prevent people from receiving treatment. Other research by Kranke, Floersch, Townsend, and Munson, (2010) documents the prevalence of stigma as a barrier to young people accessing mental health services.

My own experience as a school counsellor has also influenced my choice in addressing this topic. I have witnessed the hesitation of students to receiving counselling for possible mental health issues. On the other hand, I have also seen how students have

benefited from counselling and have been so glad that they made the choice to engage in the process.

The focus of this research project is to assess the mental health stigmas that exist in my current place of employment. Students, staff, and community members will participate in surveys that ask a series of questions related to mental health. A project will then be proposed that will reduce any stigmas that may become evident through the surveys.

Sections of this paper are taken from previous research conducted for this course on the attitudes of special educators regarding mental health, as well as a study on quantitative research done about stigmas surrounding mental health in schools.

Literature Review

Extend of mental health problems

Approximately 15-20 % of children and adolescents in Canada suffer from some form of mental disorder (Kutcher et al., 2009). This equates to about one in five students in the typical classroom. Manion and Short (2011) suggest that 70% of adults living with a mental illness indicated that the onset of the illness occurred before they were 18 years old. 50% said it began before age 14. Clearly, mental health and mental illness is increasingly becoming a reality for schools.

Numerous papers have been published emphasizing the importance of mental health. Prince et al. (2007) state that: “about 14% of the global burden of disease has been attributed to neuropsychiatric disorders” (p. 859). The authors also argue that, in general, mental and physical disorders are treated and reported separately, and thus it is very likely that the burden of mental disorders has been underestimated. Meldrum, Venn, and

Kutcher (2009) state that particularly during adolescence, mental health is as important to a person's well being as their physical health (p. 3).

Research conducted by Mihalas et al. (2009) demonstrated that students who struggle with emotional and behavioural disorders had significantly poorer school and life outcomes. They tended to fail more courses, were more frequently absent from school, and their drop out rates were higher.

The most common mental illnesses that arise in school age children are depression, anxiety, eating disorders, personality disorders, attention deficit disorder, and substance abuse. Schizophrenia does not usually occur until the late teens, but the signs may be evident in early teens. Suicide rates are also increasing. In Canada, suicide is now the second highest cause of death for youth aged 10 to 24 (Government of Alberta, 2014).

Stigmas related to mental health

Stigma is one of the major barriers that prevents people from seeking help for mental or emotional problems (Corrigan, 2004). This is true for adults, and is evidently also true for school aged children. Seeking help mental health problems is perceived to be a weakness by many. Others may be ashamed to open up about their personal matters, or they fear what the consequences may be if they do so.

Various studies have demonstrated how stigma associated with mental health problems prevents young people from seeking help (Manion, et al., 1997, Schachter et al., 2008, as cited in Mental Health Commission of Canada, 2013). Children and adolescents are under extreme pressures to conform to the norms of the youth around them. Sadly, bullying rates in schools are still high and most students are afraid they will be singled out if they appear to be different from others. They may be labeled as "different" or "having issues."

Fox & Bulter (2007) found that the fear of stigmatization is the most common reason for youth reluctance to seek psychological help. Their surveys also revealed that students were afraid that they might be teased or bullied if others found out they were receiving counselling. Other reasons given for not taking the initiative to get help were that the counsellor was a stranger, that the counsellor was a different gender, or concerns about confidentiality. Some were not even aware that counselling was available.

Fox & Butler (2007) report conflicting results in their study regarding the students' opinions whether the counsellor should also be a teacher or not. Some felt that it helped to talk to a counsellor whom they also knew as a teacher because that way it didn't feel like they were speaking to a complete stranger. Others found this dual-role to be a barrier because it was awkward sitting in a classroom with a teacher who might know some of your personal problems. Some also worried that especially if the counsellor was a teacher as well, he might talk to other teachers about them.

Confidentiality was another aspect that students expressed concern about. Many of them did not feel that they could be assured that the counsellor would not talk to other teacher, as mentioned previously, or that the counsellor would not tell their parents things that they wanted to keep private. There was also a fear that other students would notice that they were seeing the counsellor and would make fun of them.

Another issue of concern that was raised was one of gender. In general, male students felt more comfortable talking to male counsellors and likewise females with females. Some of the respondents in the survey stated that schools should have two counsellors, a male and a female (Fox & Butler, 2007, p. 103).

The result of this research reinforced the notion that schools should evaluate their counselling programs to assess what counselling services are provided, whether these services are being utilized, and in that ways can the services be improved so that more youth can be helped.

Stigmas related to mental health do not only exist among students. Many misperceptions exist with parents and staff members as well. Little research has been done to find out what the extents of these misperceptions are. There also doesn't seem to have been much research done to gauge parental attitudes regarding their children utilizing school counselling services. From my experience, the attitudes of teachers about their students accessing school based counselling are varied. Since this type of counselling needs to occur during school hours, those students will need to miss class time. Some teachers view this as an inconvenience since that student will need to catch up on missed work (Fox & Bulter, 2007).

Christian School Counselling

There is some debate as whether mental illnesses statistics of the general population apply to Christians as well (Dein, 2010). It can be assumed, however, that mental health problems certainly do exist among Christians. It is also safe to assume that there will be a certain level of stigma among Christians about mental health. Williams, Rishards, and Whitton (2002) write about how Christians often confuse mental health problems with matters of faith or problems in spirituality. Christians will often feel a sense of guilt when experiencing mental health issues because they feel that since they are supposed to be strong in faith, they should not be struggling with these problems. On the other hand, they may wrongly assume that because they are struggling with

depression, for example, that there must be something wrong with their spirituality. This confusion will often exacerbate the problems.

One of the goals of this research is to uncover stigmas that exist surrounding mental health in the Christian school in which I am currently employed. The research regarding stigma in mental health in society at large is fairly extensive, so it will be interesting to find out if the same stigmas exist, as well as what the extent of that stigma is.

Reducing the stigmas

In light of the mental health stigmas that exist in schools, it is important for counsellors to act appropriately to reduce the stigmas. Several key issues keep recurring in the research. These have been identified previously: fear of being singled out, not feeling comfortable with the counsellor, confidentiality, and gender.

Prior (2012) recommends that school counsellors engage students in counselling through a step-by-step process to manage the stigma and break down the barriers to counselling. Six stages are identified as common in the engagement process (Prior, 2012, p. 236):

1. Acknowledgement to self of a personal concern.
2. Interaction with a supportive adult acting as an informant and facilitator to access counselling.
3. Contemplation of attending counselling, including re-evaluation of nature and extent of concern in the light of conversation with facilitator and assessment of potential gains and losses from engagement with counsellor.
4. Decision to meet with counsellor.

5. Evaluating the reliability and trustworthiness of the counsellor and the capacity of the service to maintain confidentiality.
6. Decision to disclose full nature of concern to counsellor.

It can be a huge step for students to commit to even going to see the counsellor for an initial visit, and even more so to committing to more extensive counselling with possible disclosure and its implications. The steps listed above can help school staff, and counsellors themselves, to understand how important it is to build relationships and take steps to reduce the stigmas students' face regarding mental health and counselling.

Summary

In summary, current literature demonstrates that mental health issues are real, and affect a large percentage of our population. These issues will manifest themselves during adulthood, but often begin during childhood and adolescence. Maslow's Hierarchy of Needs clearly illustrates that critical and analytical thought is unlikely to occur if students' psychological needs are not met. Some ways that schools will try to address these issues are through staff education, integration of mental health in the curriculum, or providing counselling services for their students.

There are stigmas that clearly exist towards mental health, and schools are not exempt from these stigmas. Despite all the efforts that are made to address mental health needs of children and adolescents, there are still many barriers that prevent students from accessing this help. These barriers have been listed previously and the next section will describe a proposal to assess attitudes and stigmas towards mental health in schools.

Methodology

As stated earlier, the goal of this research is twofold. The first goal is to assess the extent of the stigmas that exist towards mental health among students, staff, and community members (parents). Secondly, a plan will be developed to decrease any stigmas that may manifest themselves through part one.

The design of part one will be explanatory mixed method (Leedy & Ormrod, 2013). This study is designed to follow the common explanatory method, where one part focuses on collecting quantitative data, and the second part involves collecting qualitative data to gauge what respondents are thinking or feeling regarding the subject. Part two provided an opportunity for participants to elaborate on their answers to the survey questions. Phase one of this study will be administering a survey in which respondents answer a series of question on a Likert scale.

If possible, it would be preferable to administer the survey through a web based site like survey monkey. This will provide more anonymity of respondents, and also speed up the process of analyzing the data. However, since the student part of the survey will take place in a school setting, survey monkey may not be feasible. It may be necessary to use a paper copy of the survey.

Consent

In order to ensure that participants understand the purpose of the survey, a document will be developed that explains what its purpose is. Participants will be assured of confidentiality, and given the option to opt out if desired.

Validity

As in any research, it is imperative to consider the validity of the measurement instrument. In this study the instrument used in part on is a survey questionnaire. The validity of an instrument relies on whether or not the survey measures what it says it is

measuring, and not some other concept. The questions would have to be worded carefully and reviewed by an external source before the survey is administered.

Reliability

The reliability of an instrument is the consistency with which a measuring instrument yields a certain, consistent result (Leedy & Ormrod, 2013). It is important to recognize that instruments such as this one that measure social and psychological characteristics are generally less reliable than those that measure physical phenomena. In order to make this survey as reliable as possible, it will be administered to all participants at the same time. All students in grades 9-12 will receive the survey at the same time on a certain day. All staff that teaches these grades will also be asked to complete the survey at this time. The parent survey will be emailed out and parents will be asked to complete it through survey monkey. Consideration will have to be given to the fact that the return rates of these types of surveys is generally quite low which may skew the results somewhat.

Ethical considerations

As mentioned previously, the surveys are voluntary and a consent process will be followed so that respondents understand the nature and purpose of the study, as well as to ensure privacy and confidentiality. There is a possibility that respondents may experience some psychological discomfort if they have struggled with mental health issues in their lives and are now asked to answer questions in regard to this. In the event that this happens, participants will have the option to discontinue the survey at any time and support will be offered from a member of the counselling team.

Part two – qualitative

Phase two of the study will involve asking participants what their thoughts and feelings are regarding mental health. This part will be qualitative and the results coded and analyzed. Since it is not feasible to interview all of the students, staff, and parents, a stratified random sampling approach will be used for the students. Four students from each of grades 9-12 and four parents from each grade will be randomly selected and interviewed. Four of the staff will also be randomly selected. This will make a total of 36 interviews, which is a significant number. However, in order to keep the workload manageable, the number of questions asked in the interviews will be kept to between 5 and 10.

The interview responses will be transcribed and coded and analyzed to gather common themes regarding respondents' thoughts about mental health and stigmas related to mental health.

Results

The results of the quantitative surveys will be entered into a spreadsheet so that further interpretation can occur using measures of central tendency: mean, median, mode, standard deviation. Which of these measures is used in the analysis will depend on the nature of the question. From this, it should become evident what the extent of the stigmas are related to mental health. Coding and analysis of the qualitative data will provide additional information.

The results of both surveys will be used to develop the second part of this project, a plan to reduce the stigmas surrounding mental health. This will be in the form of a proposal from the counselling team to school administration as to what they believe should be done so that the stigmas are reduced and more students can receive support

dealing with mental health issues. Ideas may include classroom presentations, information handouts, student council activities, curriculum integration, etc.

Knowledge Transfer

Benefits

The final goal of this project is to produce a proposal to reduce the stigmas surrounding mental health in this school setting, and ultimately to provide more support to those who need it. It is these students that will benefit most from this project. As noted in earlier, students who are struggling with mental health problems are less likely to perform academically to their full potential. If these students can receive support and appropriate counselling, the results should become evident in their academic improvement.

Teachers will also benefit from this, as they often experience frustrations when they see students not performing to their abilities. The proposal may include some element of teacher training to help them recognize mental health issues as well as provide them with strategies to support students as they deal with these problems. Hopefully this will lead to greater cooperation between teachers and counsellors as well.

The third group that is involved in this study is the parents, and they will likewise benefit as they see their children work through things and receive support. The success school based programs often relies heavily on cooperation between school and home.

Dissemination of results

As indicated previously, the results of the study will be made available in a proposal for school administration. If approved, a brochure will be created to distribute to students, staff, and families. Information in the brochure will include some simplified results of the survey, as well as a basic outline of the proposal. This information will

educate them as to the intent of the project, and how it will help students and their families.

Other agency benefits

This project is designed to be conducted in my current place of employment, a Christian high school of approximately 200 students. While the direct purpose of the research is intended for this population, there are others who could benefit as well. The survey questions that will be developed could be made available to other schools if there is interest in conducting the same research there. The questions are not intended to be faith based, so it will not be a problem to use the same questions in any other school.

Summary

There are several key reasons why projects such as this one are important. The first is the overwhelming evidence that mental health is a vital component of effective education. Students who struggle with mental health issues need the support of school staff in order to learn to their potential. My experience is that when asked, most educators do recognize this, however it seems that many do not feel equipped to provide students with the extra support that they need.

Secondly, if schools are to provide support to these students, there needs to be a commitment to reducing the barriers that prevent students from accessing mental health help. Research has clearly shown that the stigma that exists about mental health is one of the greatest barriers that there is (Corrigan, 2004, Manion, et al., 1997, Schachter et al., 2008, Fox & Butler, 2007). Educating staff members, creating awareness, and providing schools with access to mental health professionals are necessary steps that schools need to take.

In the third place, I believe that if change is to take place, there needs to be involvement from the three groups involved in this project: students, staff, and parents.

The research also shows that mental illness often begins during childhood and adolescence (Bowers, et al., 2013, Tegethoff, et al., 2014). Left unchecked, the mental health issues that may be relatively minor have the potential to develop into lifetime problems. The costs of these problems are astronomical. It has been estimated that the overall cost of mental illness to society in Canada is \$14.4 Billion (Dewa, McDaid, & Ettner, 2007), and this amount is only expected to increase. If interventions can occur at the early stages, perhaps in a generation or two we will begin to see a shift in this.

A fourth group that is also important is school boards and policy makers.

Ultimately, they provide funding to various programs in schools, including mental health. Programs always come with a cost, and hopefully the data collected in this study can be used to convince them of the need for mental health support services in schools. Of course, there is a risk that the research results will indicate that the stakeholders feel that mental health is not a priority, and that we should not be committing resources to it. If this is the case, then we need to be honest about that as well. However, the research is based on the assumption that there are stigmas, and the purpose is to uncover what they are, and why they exist.

Schools should work together with families to recognize problems, reduce the stigmas, and direct children and adolescents to mental health support networks. In conclusion, the research strongly suggests that mental health is a key indicator to overall health, and society has a responsibility to empower schools and families so that those affected can receive the support they need. Schools have a duty to promote mental health awareness, and support those affected through in school as well as out-of-school programs.

Personal Reflection

When I started this course and glanced at the assignments, I had no idea what direction I would take with them. I have a broad range of interests regarding mental health so I had many ideas. I conducted the interviews of assignment 2 at the school where I am employed mostly because it was convenient to do so. It became apparent to me that there is a willingness to discuss mental health topics among school staff. From the interviews it also became apparent that special educators in our school felt that there were definitely stigmas among students and staff about mental health.

The ideas from assignment 2 led me to consider focusing on topics about school mental health for assignment 3. An in depth analysis of some current literature revealed that stigma is a common problem among those involved in school mental health, and thus it was only natural to create a project related to this for this assignment.

Personally, I have faced these stigmas directly in my job. When I accepted the position of high school counsellor, very little in the way of personal counselling had ever been conducted at our school. Most of it was academic. I accepted the position on the condition that I would be given some room to develop a program to support students at the emotional/psychological level. I started with some basic training, taking some workshops like Mental Health First Aid, Solution Focused Counselling, etc. I began to feel quite strongly about the need for personal counselling in the schools and that is what brought me to apply for a Master's level degree program in counselling. However, I have faced resistance along the way.

The resistance that I have faced has come from all three of the groups I hope to involve in this program, students, staff, and parents. I strongly believe, however, and the research is there to back me up, that if some of the barriers can be removed, the entire school will benefit.

My goal throughout the process of this study is to find out how to better serve students. That has always been my goal when working with students in the classroom,

and it remains the same in my role of counsellor. The purpose of this research is to help in reaching this goal, so that students can better cope with the stresses in their lives and experience higher levels of success.

As I am currently working in the school system, in particular in a Christian school, my focus is towards this population. However, in the future I plan to move on and it is very likely that I will face the same barriers, whether in the public school system, or in some other area of mental health. The knowledge and experience gained through this project will certainly be helpful in the future.

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