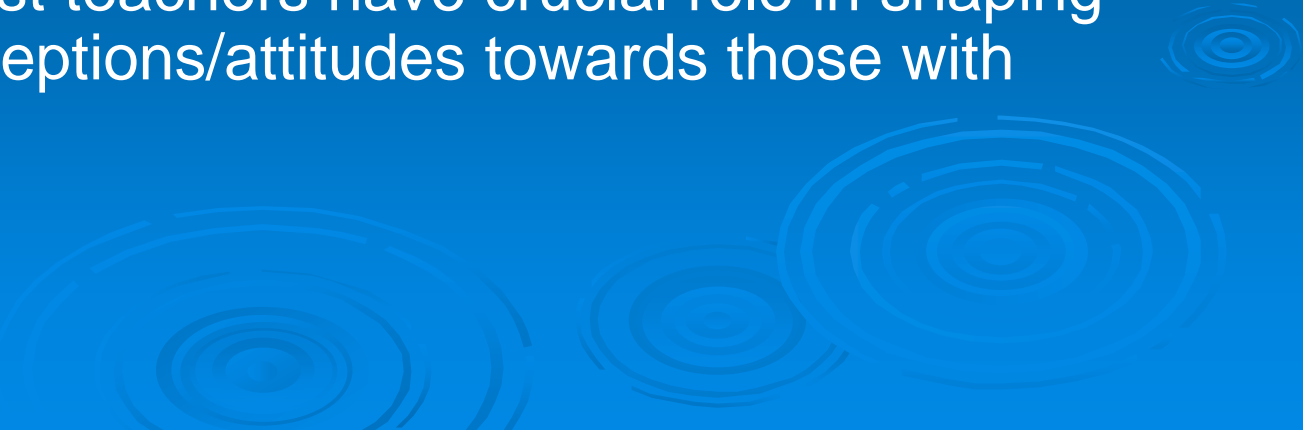


How do teachers communicate with children about mental health problems and what influences this?



Janine King

Background

- Schools - key target for anti-stigma interventions relating to mental health problems. Aim: to influence knowledge and attitudes early (Department of Health, 2004).
 - Very few school-based interventions in primary schools or involving teachers, and not mandatory within curriculum.
 - Theory: suggest teachers have crucial role in shaping children's perceptions/attitudes towards those with MHPs.
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Theories of stigma

- Social identity theory (ingroups and outgroups),
Tajfel & Turner, 1986
- Attribution theory (perceptions of behaviour as
within or outside another person's control),
Corrigan, Markowitz, Watson, Rowan & Kublak,
2003
- Labelling theory (damaging impact of labelling),
Scheff, 1966

How and when attitudes form

- Social constructivist theories (e.g. Vygotsky, 1978)
- Social learning theory (Bandura, 1977)
- Cognitive developmental stages model (Piaget, 1932)
- Kohlberg's theory of moral development (1976)

Why this area of research matters...


Theory and evidence support an argument for future interventions focusing on children at primary school level and their teachers.



The role of schools and teachers in addressing stigma of MHPs

- An important one!
- Social and Emotional Aspects of Learning (SEAL), British curriculum - to develop social, emotional and behavioural skills.
- SEAL: self-awareness, managing feelings, motivation, empathy and social skills.
- No current reference to MHPs


Interventions to address stigma of MHPs

- Mostly in secondary schools and delivered by individuals who are external to the school
 - In the UK, only eight programmes delivered in total - one in a primary school.
 - Handful of non-UK interventions delivered by primary school teachers
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Results to date...

- Much design variation but promising results in the short-term.
- However...school-based interventions currently bypass important theoretical and empirical contributions.

Rationale for current study

- Stigma towards people with MHPs: serious problem to be addressed
 - Theory and research suggest primary school age may be optimal time (shape positive attitudes before derogatory ones develop) and that teachers are influential in shaping children's attitudes towards those with MHPs.
 - MHPs: not part of curriculum
 - Before anti-stigma initiatives are introduced/delivered by teachers, need to understand what they are communicating and what influences that.
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Method

- Participants: 15 primary school teachers (5 Brighton, 10 London, total of 3 schools). Practising; Key Stage 2 experience.
 - Design: non-experimental, qualitative, semi-structured interviews. Grounded theory analysis.
 - First contact with headteacher, then five teachers names given from each school.
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Results

- Discussions about MHPs are absent from the primary school classroom.
- Fears about implications of discussing MHPs with children and general fears about those with MHPs, related to beliefs about MHPs in the classroom, MHPs more generally and their professional roles.
- Beliefs and emotions interconnected and led to safety and avoidance behaviours.

EMOTIONS

BELIEFS

FEAR OF
IMPLICATIONS

FEAR
SURROUNDING
THOSE WITH
MHPs

Fear of parental
backlash

Fear of triggering
undesired
behaviours and
emotions in
children

Fear of giving
children the wrong
information

BELIEFS
ABOUT
MHPs IN
GENERAL

MHPs do not
affect
everyone

Disclosing
personal
experience of
MHPs will
have negative
consequences

MHPs are
sensitive and
carry stigma

BELIEFS
ABOUT MHPs
IN THE
CLASSROOM

MHPs do not
come up

MHPs are
associated with
adults

Children should
be protected
from MHPs

Labelling
children has
both positive
and negative
consequences

MHPs are both
difficult to teach
and for children
to understand

BELIEFS
ABOUT
PROFESSIONAL
ROLES

Teachers take
guidance from the
curriculum about
what to teach

Teachers notice
'abnormal'
behaviours/emotion
s and refer children
to 'experts'

Teachers are not
trained to teach
about MHPs and so
should not attempt
to

A teacher's role
includes carrying
out others' decisions

It is not the
teacher's
responsibility to
teach about MHPs

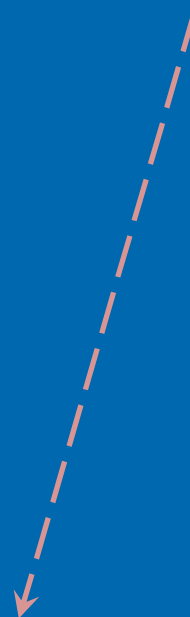
BEHAVIOURS

SAFETY

AVOIDANCE

Stick to the curriculum
Stick to the facts
Stick to talking about 'normal'
behaviours, emotions and diversity
Seek parental consent
Consult with colleagues

Avoid discussing MHPs
Avoid certain topics
Avoid discussing difficulties in a
child's home life
Avoid putting yourself at risk
Avoid depth of discussion about
difficulties that could be 'unsafe'



EMOTIONS

➤ Fear of implications of talking about MHPs

- Backlash from parents

“You’ve got to worry about that now...about how parents react to stuff like that”

- Fear of triggering undesired emotions in children

“...bringing it up...they could feel upset, they don’t know how to handle it...I don’t want to be the one to trigger anything in a child’s life like that...”

- Fear of giving children the wrong information

“...if I don’t feel secure talking about something...if they ask me a question I wouldn’t want to give them an answer that wasn’t accurate...”

EMOTIONS contd.

- Fear surrounding those with MHPs
 - *Media portrayal of those with MHPs as violent and dangerous*
 - *Teachers' own fears of those with MHPs*


BELIEFS

- Beliefs about MHPs in the classroom
 - MHPs do not come up
 - MHPs are associated with adults
 - Children should be protected from MHPs
 - Labelling children has both positive and negative consequences
 - MHPs are both difficult to teach and for children to understand.

BELIEFS contd.

- Beliefs about MHPs in general
 - MHPs do not affect everyone
 - Disclosing personal experience of MHPs will have negative consequences
 - MHPs are sensitive and carry stigma

BELIEFS contd.

- Beliefs about professional roles
 - Teachers take guidance from the curriculum about what to teach
 - Teachers notice 'abnormal' behaviours/emotions and refer children to 'experts'
 - Teachers are not trained to teach about MHPs and so should not attempt to
 - A teacher's role includes carrying out others' decisions
 - It is not the teacher's responsibility to teach about MHPs
- 

BEHAVIOURS

➤ SAFETY BEHAVIOURS

- Stick to the curriculum
- Stick to the facts
- Stick to talking about 'normal' behaviours, emotions and diversity
- Seek parental consent
- Consult with colleagues

BEHAVIOURS contd.

➤ AVOIDANCE BEHAVIOURS

- Avoid discussing MHPs
- Avoid certain topics
- Avoid discussing difficulties in a child's home life
- Avoid putting yourself at risk
- Avoid generating discussion about difficulties that could be 'unsafe'

Summary

- Primary school teachers rarely discuss with children about MHPs
- Why?
 - Fears about implications and fears surrounding those with MHPs.
 - Beliefs about their professional roles, MHPs in general, and about MHPs in relation to children and its place in the classroom were also important.
 - Fears and beliefs led to teachers adopting safety and avoidance behaviours.

Clinical implications

- A need for improved communication between clinical psychologists and schools.
- Extension of early interventions model to primary schools and teachers, establishing links and providing psycho-education.
- Influencing policy makers to incorporate MHPs in national curriculum at primary school level.

Research implications

- ❖ Replication of current study.
- ❖ Need for better understanding of those who educate children and influence their attitudes about MHPs.
- ❖ Need a stronger evidence-base regarding what teachers do and do not communicate so as to understand what is required for positive change.
- ❖ Trialling and evaluation of programmes in primary schools, comparing teacher and outsider-led interventions for efficacy.
- ❖ Longitudinal research to help build the knowledge-base regarding what shapes long-term attitude change as well as providing evidence for where resources are best targeted.

Study-level limitations

- Teachers' awareness of researcher's likely perspective - bias if answers tailored to accommodate this?
- Self-selection bias
- Researcher's previous teaching career - influence teachers' answers/impact analysis?
- Model emerged in context of cognitive behavioural model: influence of researcher's background knowledge/experience of this and impact on data interpretation?

Conclusion

- Aimed to investigate primary school teachers' communication with children about MHPs; found that conversations are absent due to a number of factors.
- Model emerged highlighting how teachers' fears and beliefs contribute to safety and avoidance behaviours.
- Much is likely to be communicated to children through absence of such discussions.
- Reducing teachers' fears may be achieved if discussions about MHPs became acceptable within ingroup expectations through curriculum incorporation.
- Having teacher-led programmes about MHPs could help teachers feel more knowledgeable, less likely to perceive MHPs as dichotomous, and increasingly confident to communicate with children about MHPs.