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Masks at the School Gate: Facilitators of help seeking from an emotional wellbeing intervention in UK secondary schools

UCLAN School of Social Work Research Seminar Series

12th Dec 2012

Dr Sarah Kendal
School of Nursing, Midwifery and Social Work
“Everybody kind of puts a mask on, as soon as they come in through the gate. And they bottle up all their emotions... oh they act all cool and upright.”

Louise KS3
A school in the North West of England
Stigma and mental health

- Anything associated with mental illness is likely to be stigmatised
- Origins may be in historic links between madness and immorality (including danger and crime)
- Far reaching impact: personal, social, workplace, economic
- Reduced life chances for children and young people
Data from British cohort studies

- Increase in conduct disorder and emotional disturbances in young people in last quarter of 20th century
- Depression in adolescence positively associated with depression in adulthood
- Implication: importance of improving mental health of young people

– Richards et al. 2009
Mental health initiatives and stigma

• Disability Discrimination Act
  – physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.
  – Employers must make reasonable changes to the workplace and to employment arrangements so that disabled employees are not placed at an unfair disadvantage to their colleagues.
    – Equality and Human Rights Commission

• Appleby 2007 social inclusion a national priority

• Campaigning against stigma
  – “In the beginning, I stigmatised myself”.
    – See me Scotland anti stigma campaign
    – http://www.seemescotland.org/
Interventions to minimise effects of stigma

- Normalising to reduce access and reduce stigma
  - Take care out of health settings
    - It’s a Goal!
    - Schools

- Confidentiality: your right to privacy

- Difficulties
  - Confidentiality could maintain stigma
  - Getting things in the open could block helpseeking because of stigma
Contents

1. Public health perspective on mental health of young people
2. Burden on schools
3. Why helpseeking is a key issue
4. Exploring attitudes to helpseeking
5. Findings: importance of hiding emotions
6. Conclusions and recommendations
Public health perspective on mental health of young people

- Mental health of young people a global concern (WHO)
- Emotional wellbeing a route to positive mental health (WHO/ECM)
- National policy (UK) places responsibilities on schools to promote emotional wellbeing (DH/ECM)
Promotion of emotional wellbeing: Burden on schools

- Limited evidence base
- Early stages
  - Focus on processes
  - Big projects - e.g. SEALS/TaMHS
    - Evidence base?
    - Feasibility?
    - Sustainability?
  - Competing priorities
  - Implications for training needs of all working in schools
Some responsibilities of modern UK schools

- Management
- Whole school Issues...
  - Current research/best practice
  - Respond to policy changes
  - Professional development
  - Teaching and learning
  - ...e.g. National Healthy Schools Standards

- Personal, Social and Health Education to include education on: sex, relationships and drugs
- Healthy Eating
- Physical Activity
- Emotional Wellbeing

http://audit.healthyschools.gov.uk/Themes/default.aspx
Promotion of emotional wellbeing: Burden on schools

- Limited evidence base
- Early stages
  - Focus on processes
  - Big research projects- e.g. SEALS/BIP/BEST
    - Feasibility?
    - Sustainability?
  - Competing priorities
  - Implications for training needs of school staff
3. Why helpseeking is a key issue for young people

- Problem construction
- Perceptions of confidentiality
- Resources
- Independence

– (Kramer 2004; Gleeson 2002)
Research inquiry

• Context
  – Pilot study exploring impact of an emotional wellbeing intervention set up in 3 high schools
  – Lower uptake than expected (over 2 terms, used by 21 students. Total schools population of 3500)

• Research question:
  – Young people’s attitudes to helpseeking from the intervention
Summary of the intervention

- Guided self help
  - i.e. CBT based interventions + paper/www resources + brief therapist contact
- Self referral
- Delivered by pastoral staff
- Appointments during breaks and after school
- High level of discretion
Methods

- Qualitative interviews with young people aged 12-16
- Semi structured, 20-45 minutes long
- 18 individual interviews, 2 at home, the rest in school
- 5 opted for a focus group
Analysis

- Thematic
- Dynamic coding framework- many revisions in response to new data and insights
- Supported by NVIVO 7
- Checked with colleagues + young people
- Barriers and facilitators of helpseeking was an unexpected theme
Interview sample

• 23 interviewees aged 12-16
• 3 schools
• 8 M; 15 F.
• 15 in KS3; 8 in KS4.
• 9 had used the intervention; 14 had not
• Interviews conducted in summer term 2007
Reasons not to ask for help

• Fear of exposure
  – *There’s nothing worse than trusting someone…and then it going round the whole school* (Nina)
  – *Some (teachers) would just go and tell all the other teachers when they are in the staffroom* (Greg)

• Shame
  – *Some people can kind of develop the feeling that, oh my God I’m stupid… being ashamed of relying on someone else to help you* (Tom)

• Low priority
  – *They don’t want to waste time talking to people when they could be out playing with their friends* (Katy)

• Health beliefs
  – *They might be too stressed to come…(they think) it’ll baffle their heads* (Amy)

• Reluctance to burden others
  – *I asked for help at home, I did get it, but sometimes I can’t just go and every time to get my parents worrying about me* (Chris)
Consequences of emotional exposure in school

- **Exacerbate the problem**
  - *(teachers or parents) might just like tell everyone and then...just make you get more bullied, if the bullies know about it (Alex KS3)*

- **Chain of events triggered**
  - *If you were saying, oh yes, things are not alright at home, (teachers) straightaway bring other people in... everything gets blown out of proportion (Nina KS3)*

- **Embarrassment**
  - *In the mornings when people’s names are read out to go and see (pastoral staff), people will laugh (Toby KS3)*
  - *They could get embarrassed and that could upset them (Patrick KS3)*
Alternative strategies

- **Masking emotion**
  - *They store all their, all their anger, and all their emotions and all this, and they shove it in a bottle* (Louise KS3)

- **Hiding behind anger and aggression:**
  - *If you’re upset, “Well, what are you upset about?”…With anger… you don’t get questions.* Nina (KS3)
  - *(if someone is getting laughed at)... like, they get mad and start a fight* (Patrick KS3)

- **Denial**
  - *People convince themselves that they don’t care* (Patrick KS3)

- **Peer group protection**
  - *They want to be big hard with their friends so it makes them look solid and it makes us look weak…they’ll probably be popular* (KS3 group)
Why helpseeking matters

• Emotional wellbeing
  – I feel like the whole weight just dropped, you know, in my mind (Chris KS3)

• Behaviour, realising potential at school
  – Before I was in a fight every day, but now I’m like in a fight every month or something like that (Tanya KS3)
Function of peer approval

Downward spiral:
- Social isolation
- Looking vulnerable
- Peer rejection

Upward spiral:
- Social appeal
- Looking strong
- Peer approval
Summary:
Factors influencing helpseeking for emotional wellbeing in high school

- Concern about peer approval leading to concerns about confidentiality

- Analysis of perceived benefits and risks
Conclusions and recommendations

• Helpseeking issues seemed to be a key to low uptake, young people willing to explain the issues

• Tension between information sharing and confidentiality in schools

• Implications for
  – Training school staff
  – EWB interventions design
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Selected references

Reasons not to ask for help:

- Fear of exposure
- Shame
- Low priority
- Health beliefs
- Reluctance to burden others

Discussion point:

The evidence regarding young people’s reasons for not accessing health interventions have implications for the development of complex interventions in health care.

When designing complex health interventions, how do we respect these views of young people while enhancing uptake?