

Primary schools: opportune settings for changing attitudes and promoting mental health

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Introduction

The role of children as carers for parents with a mental illness and the support that these children require are often not recognised.^{1,2} This project, developed in 1999 through collaboration between a community health service and a mental health service, aimed to increase awareness and understanding of adult mental illness in a primary school setting.

The US Surgeon-General's report on mental health strongly emphasised that stigma "must no longer be tolerated". The stigma associated with mental illness impedes participation in community life and in accessing care^{3,4} and is still something family members try to hide.⁵ The Second National Mental Health Plan has identified as a priority the changing of stigmatising attitudes towards people with a mental illness and to increase mental health literacy within community settings such as schools.⁶ While there have been programs designed for secondary school students,⁷ gaps exist in mental health promotion at a primary school level.⁸

The project had two objectives: addressing the roles of schools and teachers in supporting children and families affected by the mental illness of a parent; and reducing prejudice through classroom education about mental illness. The program was based on research that has found education about mental illness

and contact with persons with mental illness can reduce prejudiced attitudes and behaviour.⁹

The project was piloted in two schools and has now been conducted in a further four schools. There were two presenters at each school, a community health worker with school teaching experience and a mental health clinician. A doctoral research student in psychology conducted the evaluation.

Method

For teachers

The pilot stage of the project included two separate sessions: a 30-minute information session on mental health and illness and a 90-minute workshop. At the end of the workshop a person who as a child lived with a parent with a mental illness talked about her experiences. Based on evaluation after presenting at two schools this structure was modified and the program was developed into two, one-hour workshops with information about mental illness interspersed with the workshop activities. These workshop activities covered the issues for a child whose parent has a mental illness and how the school could support this child. The program was evaluated by a questionnaire containing six items that reflected the goals of the program of increasing

Abstract

Issue addressed: Reducing the prejudice towards mental illness in a primary school setting and creating a supportive environment for families where a parent has a mental illness.

Methods: Teacher workshops and classroom sessions for grades 5 and 6 children on mental illness.

Results: Significant increase in teachers' confidence to support a child whose parent has a mental illness. Reduced prejudice towards people with schizophrenia among the children.

Conclusion: The primary school setting appears to be an effective environment to promote mental health literacy and reduce the likelihood of negative stereotype formation.

Key words: Promoting understanding, supportive environments

Health Promotion Journal of Australia 2003;14:216-8

So what?

A program consisting of both health information and consumer and carer experience appeared to be effective in fostering more positive attitudes towards people with a mental illness.

Table 1: Teachers' self ratings on their knowledge, understanding and confidence about mental illness prior to and post the workshops (n=58).

	Significance test	Percentage who self-rated agree or strongly agree pre workshop	Percentage who self-rated agree or strongly agree post workshop
Good understanding of mental illness (MI)	$t(57)=6.62, p<0.01$	22.41	63.79
Could describe symptoms of schizophrenia	$t(57)=5.77, p<0.01$	25.86	60.34
Could talk about MI to a parent or child	$t(57)=8.25, p<0.01$	31.03	75.86
Could support a child whose parent had an MI	$t(57)=8.94, p<0.01$	25.86	82.76
Good understanding of how parenting affected by MI	$t(52)=6.76, p<0.01$	39.62	89.66
Good understanding of effects on children	$t(51)=8.07, p<0.01$	33.33	93.10

knowledge, changing attitudes and promoting willingness to support a child where a parent has a mental illness.

For students

There were three sessions for grade 5 and 6 students each lasting one hour. The first classroom session covered general health and illness topics. The second session covered the impact and nature of mental illness. The activities and discussions were planned so that children's thinking about general health issues, such as caring for a sick relative, could be extended to thinking about mental illness. In the last session someone who had experienced a mental illness talked to the students about her life and experiences so that they would appreciate the person behind the illness. Prior to the students' sessions the classroom package was outlined to the grade five and six teachers. Parents were also invited to hear about the classroom package.

The evaluation for the classroom sessions consisted of the same quiz prior to the first session and at the end of the third class. The students were asked whether they were familiar with the terms *mental illness*, *depression* and *schizophrenia* and asked to define depression and schizophrenia irrespective of whether they were familiar with the terms. The frequency of appropriate, incorrect and derogatory words (these categories having been developed by the project team) was recorded.

Results and discussion

For teachers

The reported results are taken from the 58 out of 102 teachers who completed both the pre and post questionnaire. Teachers self rated their knowledge and confidence according to a Likert scale with five options from strongly agree to strongly disagree. Paired *t*-tests revealed a significant difference in teachers' self-ratings prior to and after the workshops. The results presented also refer to the percentage of teachers who agreed or strongly agreed with the items prior to and post the workshops (see Table 1).

In written feedback the teachers commented that they appreciated talking about the issues and hearing about the

person's real-life experiences as a child. They realised that the supportive skills they already used could be applied to children who have a parent with a mental illness. Further, there was a general appreciation about discussing mental illness independent of any specific benefit for the school community.

For students

There were 417 students who completed the pre quiz and 403 who completed the post quiz. More than 80% of the children were accurate in their understanding of depression prior to the project, which from classroom observation reflected a familiarity with feeling sad rather than an understanding of mental illness. The results reported here relate to their understanding of schizophrenia.

Prior to the sessions children defined schizophrenia differently depending on whether they had heard the term before (44.4%) or not heard the term (55.6%), $\chi^2(2, n=403)=22.33, p<0.01$. After the sessions there was a demonstrable shift in understanding about schizophrenia, $\chi^2(2, n=403)=667.69, p<0.01$ (see Table 2).

Those students who had heard the word schizophrenia prior to the sessions were more likely to use derogatory terms, such as crazy or dangerous, than students who had not heard the term. Thus many children already have negative views of mental illness and appropriate education and exposure to people with mental illness may foster increased tolerance and understanding.

The students were also asked at the end of the third session to record what they had learnt from the three sessions. Over half of the students commented on shifts in their attitude which is more likely to be permanent than remembering information about mental illness. This was clearly expressed by one of the students:

"I learnt lots of things but I have forgotten most. Mental illness can include lots of things (but) having a mental illness does not mean you are stupid."

Conclusion

This project was successful in its two aims of reducing prejudice and addressing the role of schools and teachers in supporting

Table 2: Differences in attitudes of students who knew the word schizophrenia prior to the sessions and understanding of schizophrenia subsequent to the sessions (in percentage).

	Frequency of words used to describe schizophrenia		
	Appropriate	Incorrect	Derogatory
Prior to the sessions			
Knew schizophrenia	41.8	11.9	46.3
Prior to the sessions			
Did not know schizophrenia	52.9	15.1	32.0
After the sessions	91.0	3.2	5.8

students and families affected by mental illness. This is just one of many required supports for children who have a parent with a mental illness. Further, this project suggests that upper primary level may be an appropriate age at which to conduct mental illness education before negative stereotypes are strongly formed.

Acknowledgements

We would like to thank the Precision Foundation for sponsoring the pilot stage of the project.

References

1. Cowling V, editor. *Children of Parents with Mental Illness*. Melbourne: Australian Council for Educational Research; 1999.
2. Pietsch J, Cuff R. *The Hidden Children: An Interim Report*. Melbourne (Vic): Mental Health Research Institute; 1985.
3. Perlick DA. Special section on stigma as a barrier to recovery: introduction. *Psychiatr Serv* 2001;52(12):1613-4.
4. Mental health: *A report of the Surgeon General*. Rockville (MD): The Surgeon General; 1999.
5. Phelan JC, Bromet EJ, Link BG. Psychiatric illness and family stigma. *Schizophr Bull* 1998;24(1):115-26.
6. *Second National Mental Health Plan*. Canberra: Commonwealth Department of Health and Family Services; 1998.
7. Wyn J, Cahill H, Holdsworth R, Rowling L, Carson S. MindMatters, a whole-school approach promoting mental health and well-being. *Aust N Z J Psychiatry* 2000;34(4):594-601.
8. Nicholson J, Oldenburg G, McFarland M and Dwyer S. Mental health interventions in the primary school setting: perceived facilitators, barriers and needs. *Health Promot J Aust* 1999; 9(2):96-104.
9. Corrigan P and Penn D. Lessons from social psychology on discrediting psychiatric stigma. *Amer Psychologist*, 1999; 54(9):765-76.

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