

# Mental Health Education and the curriculum

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**“The writer sees a justifiable case for including mental health issues in the curriculum, at least at secondary and tertiary levels... Despite the difficulties, some of which this article has tried to highlight, the pressures for a more explicit recognition of the issue of mental health in the curriculum seem likely to continue.”**

The recent appearance of two teaching packs, one a joint publication from Community Service Volunteers/MIND, the other from Wales MIND, both aimed at the mental health education of adolescents, raises important questions about this area of the curriculum.<sup>1, 2</sup>

Before attempting to isolate these questions, it must be recognised that the whole area of mental health is bedevilled by a lack of conceptual clarity about the exact meaning of the term, The negative concept, mental *illness*, whilst conceptually less hazy, still permits of a variety of interpretations. At one extreme there is the medical model with its organic explanation of disturbed behaviour. At the other are social models of various types, one of which (the deviance model) postulates that mental illness is no more than the extreme forms of human behaviour labelled by others as ‘ill’ and eventually permanently adopted by the deviant as part of his repertoire of behaviours.

Given this situation, it seems unlikely that agreement about what constitutes mentally healthy behaviour will be easy to achieve. Nonetheless, the writer sees a justifiable case for including mental

health issues in the curriculum, at least at secondary and tertiary levels. Particularly strong arguments are the current statistics concerning the prevalence of mental illness in society, and the presence of predisposing factors (such as unemployment and family breakdown) which seem unlikely to diminish significantly in the near future.

## Some questions to be answered

Before attempting to devise detailed syllabuses, the following questions would seem to require answering. What should the aims of a mental health education course be? Which aspects of mental health can be taught most effectively? How can one be sure that teaching will not have unwanted, adolescents to mental illness? To what extent should a course involve contact with the mentally ill?

As regards aims, a DES health education publication in 1977 justified the inclusion of mental health matters in the curriculum in terms of developing “sympathy and understanding” for those suffering from mental disorders. The two most recent teaching packs have more clearly-articulated aims. Both acknowledge *stress* as an important factor

in mental health, and see this as associated with increasingly-prevalent aspects of modern society, such as work, unemployment, family breakdown, and racial discrimination. Activities are included which, it is hoped, will help pupils cope with stress *in their lives*. The packs are thus commended as facing up to the fact that a significant proportion of people will meet crises in their lives which could trigger off some form of mental illness. At the same time, an effort is made to transmit the view that some realistic effort must be made by people to take responsibility for their own mental health: for example, by making decisions which will not increase the stress in their lives to perhaps unmanageable levels. Another important theme is the attempt to counteract undesirable stereotypes of mental illness and to link this to an appreciation of the need for better services, especially community-based, for the mentally ill.

## Distortions and misunderstandings

There is a dearth of information on the outcomes of mental health education, not least because these are very difficult to measure. However, lack of research findings has never been a barrier to educational change when this has been deemed desirable by those with power. There would be few schools who would be prepared to dismantle their pastoral and guidance systems (surely related to mental health?) on the absence of data testifying to their long-term effectiveness. What does seem certain is that, whether or not schools and colleges organise courses in mental health education, people will somehow learn distorted facts about mental health and the associated professional services. Skuse and others<sup>3</sup> have shown that in a group of patients awaiting their first appointment, there were considerable misunderstandings about the form of treatment they were likely to receive. These included hypnotism, ECT, and the couch, on which they would be ‘taken back’ to relive unpleasant childhood memories. In the light of recent publicity, fears about addictive drugs could probably be added to the list.

So, although there can be no guarantee that unintended outcomes will not arise from mental health courses, it needs to be acknowledged that mislearning is an everyday feature of human life. Given this situation, is it really satisfactory that schools and colleges should avoid difficult issues about human behaviour, thus leaving the vacuum to be filled by comedians (unintentionally), drug-pushers, and misguided purveyors of ‘cures’ in the field of anxiety, depression and other disorders?

## Establishing present attitudes

Efforts have been made in recent years to increase the match between syllabus content and the learners’ stage of intellectual development, in the hope of increasing the effectiveness of teaching. Even though the mental health activities so far proposed are not primarily knowledge-based, nonetheless it would seem important to try to establish the present attitudes of adolescents to mental illness, if syllabuses are to command the interest and attention of the intended audience.

In a recent investigation, the author gave a sample of approximately one hundred 14-15-year-old adolescents an attitude scale to discover their views about mental illness.<sup>4</sup> This scale was based on the deviance model of mental illness mentioned earlier. It was found that these adolescents were remarkably tolerant of a wide range of behaviours, including lying, aggression, theft, depressive moods, and experimentation with drugs. These behaviours do not themselves indicate mental illness, but if sufficiently persistent they might well result in a young person being referred to the psychiatric services. This, in many people’s eyes, constitutes the first step to acquiring the stigma of being thought mentally ill.

Of course, tolerance to such behaviours expressed on paper does not guarantee tolerance to these same behaviours when met with in real life. There is also the danger that tolerance (for example, of drug experimentation) may lead to undesirable consequences for physical health.

	I strongly agree	I agree	I am not sure	I disagree	I strongly disagree
1. People who steal are mentally ill					
2. Children who enjoy breaking school rules are mentally disturbed					
3. Only doctors can help those with mental problems					
4. Girls who are aggressive and swear a lot are mentally disturbed					
5. Young people who sniff glue are not mentally ill					
6. It is common for adolescents to be depressed at times					
7. Experimenting with drugs leads to mental illness					
8. Young people who develop emotional problems have not had a strict upbringing					
9. Adolescents who frequently behave very badly in schools have disturbed minds					
10. Children who have violent quarrels with their parents will never lead normal lives					
11. Adolescents with emotional problems are unintelligent					
12. Boys who wear ear-rings are not mentally disturbed					
13. Young people with emotional problems can never help each other					
14. Adolescents who don't care about their appearance have troubled minds					
15. People who continually tell lies are mentally disturbed					
16. It is normal for adolescents to experience large changes in their moods					

A page of the questionnaire used by the author to sample the attitude of pupils aged 14-15 towards mental illness. The result of a survey of approximately 100 pupils suggested remarkable tolerance of a wide range of behaviours.

Even so, there seems little doubt that issues of mental wellbeing are a concern of adolescents. When an intervention in the form of a BBC television programme about emotionally-disturbed adolescents was made, it was viewed with rapt attention by the adolescent audience, and appeared to increase tolerance of disturbed behaviour even more than previously.<sup>4</sup> We need other evaluations of mental health interventions in order to build up a stock of teaching materials which have withstood the rigours of classroom life. In this respect, a possible evaluation of the CSV/MIND resource pack by the Health Education Council is very much to be welcomed.

### Contact with the mentally ill?

Finally, there is the issue of whether mental health syllabuses ought to bring pupils into contact with the mentally ill. There is some evidence, from American studies, that such contact does have a beneficial effect on student attitudes to the treatment of the mentally ill. With the present concern amongst health authorities to promote community-based mental health services, such an awareness in the community generally would be welcome. School mental health programmes which involve students in visiting, or helping in practical ways the recently discharged mentally ill would seem to be important in promoting this awareness. Alternatively, some students might befriend elderly, lonely people who are frequently depressed. Social service departments, MIND groups, and Age Concern will often provide the initial contacts.

### Conclusion

This article has not addressed itself to the issue of *which* teachers should be entrusted with the organisation of mental health programmes. In schools with well-established health education courses, such teaching could be integrated naturally into existing syllabuses. However, health education itself is currently engaged in a struggle to establish itself in the school curriculum, and the Health Education Project 13-18 has devised various strate-

gies by which interested schools can help to implement health education in a more systematic manner than at present occurs.

Despite the difficulties, some of which this article has tried to highlight, the pressures for a more explicit recognition of the issue of mental health in the curriculum seem likely to continue. The author would welcome feedback from teachers on the issues he has raised.

### References

1. CSV/MIND, *Insight: mental illness in perspective*. MIND, 1984.
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