Confronting the stigmatisation surrounding mental illness. A qualitative insight into the attitudes of student mental health nurses

Lauren Hampson

Supervised by: Geoff Bunn

March 2010
Confronting the stigmatisation surrounding mental illness. A qualitative insight into the attitudes of student mental health nurses

**ABSTRACT**

Previous research has approached mental health stigmatisation variably, often demonstrating the exclusion of positive attitudes despite inclusive intentions to re-integrate those with mental illness (Gureje et al, 2005).

This qualitative piece examines nine mental health and one general student nurses’ attitudes towards mental health issues. Investigation derived from semi-structured interviews of student mental health nurses working daily in this realm. Snowball sampling was used to recruit participants. The interview schedule consisted of twelve key topics inspired by previous literature. The research question asks, precisely what are student nurses’ attitudes towards those with mental health issues? Do they stigmatise those with mental health issues? If so how do they do so and why? For those positive attitudes, how could they be applied to a framework striving for a more inclusive future?

Using thematic and discourse analysis, five themes were discovered concerning student nurses’ views towards mental illness; Putting the Spotlight on Media Stigmatisation; Frontline Contributions to Stigmatisation; Striving for a Holistic Fix; Implications for Government Policy; and De-stigmatisation Processes. I propose the following model of change; ‘Making tracks towards mental health de-stigmatisation - A change-based strategy to bridge the gap of knowledge in nurse training’. Future aspirations are for a positive change to mental health stigmatisation, and nurses’ appear to be in the ideal position (Pinto-Foltz & Logsdon, 2009).

**KEY WORDS:** MENTAL HEALTH STIGMA STUDENT NURSE INCLUSION THEMATIC ANALYSIS
Introduction

Stigmatisation against any marginalised society group can be completely demoralising (Krieger, 1999; Uchem, 2001). Goffman (1986) expressed stigma as those individuals labelled ‘odd’ or ‘different’ so made to feel excluded from society. The stigmatised individual can feel humiliation, frustration and self-hatred. Eventually the individual may begin living up to the label and consider themselves abnormal (Slattery, 2003). This is entirely applicable to those marginalised due to mental health issues, as will be the focal point in this piece. Self-stigma is becoming a common conception (Corrigan et al, 2006). Labels develop by an observation that one is deviating from social norms, and only reach their pinnacle once the individual has been referred to services and accurately diagnosed (Lamb, 2002). Self-labelling applies when the individual is guided by the behaviour that they are expected to portray. Scheff’s Labelling Theory is applicable to mental health within society (Lamb, 2002), and highlights how progression needs to instigate a positive stance on mental health which must be continually reinforced from childhood. With respect to labelling, I have addressed my terminology within the piece. ‘Mental illness’ is a somewhat medicalised and pathologising term. It metaphorically relates to sickness, and a degrading and exploitative perception (Sontag, 1978, cited in Schepher-Hughes and Lock, 1986). I don’t deny that mental health issues can derive from a biological origin, yet I do understand that mental health issues can stem from societal problems. With all of the previous in mind, I will refer to those persons as service users, patients or sufferers, or as individuals with mental health issues.

Early 20th Century US immigration had strict laws analysing each entrant for moral turpitude, terrorism, genocide, espionage and mental illness (Sayce, 2000). Historically the experience for a mental health survivor is cruel and demoralising. Today treatment has this same effect by societal exclusion and disempowerment of respect, trust and rights (Pinfold et al, 2005). However, I cannot ignore that mental health rights are improving. I, as the researcher, am a mental health nursing assistant and advocacy on the wards is certainly evident. The Government Acts (see appendix A) maximise the rights of those service users and actively try to ease the treatment process. The Mental Health Capacity Act (2005) aims to protect and empower patients (Direct Gov, 2010), yet allows professionals to make decisions on their behalf, on the basis that they do not have the capacity. Professionals have the power within this act so it is crucial that a power position is not neglected. Reservations have been expressed regarding objectivity within practice. Proctor (2008) defines this ethical issue as ‘beneficence’ of which the practitioner thinks they know what is in the patients’ best interest, and thus is shaping how the therapy transpires (Lukes, 1974). Potential gaps for negligence in the Capacity Act must be monitored.

Recent year campaigns have escalated in effectiveness, with well known societies such as MIND, Moving People, and Time to Change (see appendices B-D). Despite the many support groups at our finger tips, societal support is unquestionably lacking (Petrieff & Miller, 2008). Perhaps the campaigns remain under-publicised. Gordon
Brown described nursing as a ‘profession where you work with your head, heart and hands at the same time’ (Allan & Smith, 2009). Unlike early 20th century US government, our current prime minister seems to appreciate the hardship surrounding mental health. Radical and dynamic changes throughout the centuries have moved through torture and murder to forced institutionalisation and imprisonment. Currently, intentions of nurture, care and rehabilitation are evident, yet elements of patronisation are still apparent. One wonders what the future holds for mental health sufferers. It seems that survivors have a voice that is finally being listened to, although slowly and precariously (Chipmunka Publishing, 2009).

The National Health Services (NHS) and Social Services spend Eight Billion pounds a year on mental health (Layard, 2004; Cited in Lau, 2005). Yet it is constantly conveyed how underfunded the services are (WHO/Europe, 2005) within the adult, young person, community and prison sectors (Kingdon, 2006; Hewson et al, 2006; Marshall, 1999; Lombard, 2008). The system reveals discrepancies as 44-70% of those with mental health issues are devoid of treatment (WHO/Europe, 2005). Subsequently, community integration is very difficult for those with mental health issues (Heginbotham, 1998) as stigmatisation and labelling will always follow them.

Nordt et al. (2006) found compelling evidence that nurses discriminate on par with the general public. Hence research is crucial to investigate nurses’ attitudes. There is a fundamental lack of research into the attitudes and behaviours towards mental health (Johnson & Beditz, 1981), demonstrated by conflicting findings (Wray et al, 2008; Calloway, 2007). Results from previous studies have led to propositions for future research.

The public share a moral panic (Cohen, 2002) approach to mental health issues, fearing and suspecting survivors of unprecedented violence. In reality individuals with mental health issues commit violent crimes equivalent to those without. Between 80-90% of individuals with mental health issues will never actually engage in violence (Levin, 2001). Suggestions are that ‘Media keep myths alive’ (Levin, 2001, p.10). The media certainly don’t ignore that every year on average 55 people are killed by those judged to have mental health issues in England and Wales (The Royal College of Psychiatrists, 2002). In light of other causes of death this isn’t relatively high, although certainly a tragedy for those involved. It is conceivable that the endless lack of support, discrimination and stigma endured by those mental health patients could fuel uncontrollable anger (Chamberlin, 1998; Deegan, 1990; cited in Corrigan & Watson, 2002). The large extent of psychiatric institutions closing over recent decades has allowed a larger extent of societal violence to be attributed to mental health sufferers and has made them more visible (Walsh & Fahy, 2002). It seems as if they are today’s societal scapegoat, highlighting the severe consequences of stigmatisation.

To challenge social exclusion means adapting change both personally and globally (Sayce, 2000). In addition to improving laws of equality we must change aspects of everyday language, conversations and thinking processes (Sayce, 2000).
asks professionals how and why such negativity is associated with mental health and how it could be minimised. Previous suggestions lead us to attributions of blame insinuating that mental health patients are accountable for society’s issues (Bowers, 2000). An attempt at removing blame from the individual was to express genes as the predominant cause of mental health, particularly in schizophrenia (Phelan, 2002). This seemingly backfired as more blame was projected onto the family for passing on genes and it implied the individual as defective.

Studies demonstrate that student teachers hold both positive and negative attitudes regarding classroom integration of special needs children (Avramidis et al, 2000a; Avramidis et al, 2000b; Smith, 2007). Research by Avramidis et al. (2000b) stressed that teachers were key to societal influence and stigma reduction. Hands-on contact and basic coping skills were found to better teachers’ attitudes, knowledge and job confidence. Increased positive attitudes can affect the bigger picture, improving integration, inclusion and life quality. Much inspiration is derived from this study. Valuable research suggests that nurses are in prime position to positively change mental health stigmatisation by raising awareness (Pinto-Foltz & Logsdon, 2009). The nursing role is one of experience and compassion in understanding the challenges faced due to mental health issues. Chambers and Narayanasamy (2008) illustrate the growth of acknowledgement in the nurses’ role, suggesting them as the principal instigators of health promotion. If findings show nurses to hold negligible attitudes towards those mental health survivors, would these professionals be in the ideal position to encourage de-stigmatisation? (Pinto-Foltz & Logsdon, 2009).

General research on attitudes and stigma towards marginalised groups has used various methodologies. It was logical to review research in which a professional group works alongside a marginalised group, as comparable to the nurse and patient. Cant and Standen (2007) explored professionals’ attitudes and potential stigmas to those with learning disabilities within the criminal justice system (CJS). This controversial study suggested how learning disabilities could be emphasised to ensure a lower sentence. It appears that some professionals are blind to their difficulties and regard it as an excuse to offend. It is highly contentious furthermore as suggestions are made whether to change the CJS to accommodate those with learning disabilities. Alternatively, this is a marginalised group striving for equality. They could potentially offend due to a stigmatising society in the first instance. Using thematic analysis links this research to the current proposal with rich data gathered by semi-structured interviews. As qualitative research now holds a valuable place within the health field (Lempp & Kingsley, 2007) the distinct lack of such research is where this current piece may find its place.

Research into racial discrimination within the CJS (Weitzer, 1996) is comparable to nursing and mental health patients as it highlights how stereotyping can occur within a profession. Discrimination based on factors such as class and wealth accordingly reduces the sensitive approach that is necessary. This line of work must be patient centred. As humans it is instinctive to create groups within society. It generates
identity, power and diversity (Hogg & Terry, 2000), yet it is the groups created based on deficiency and stigmatisation that must be challenged.

Current research emphasises that a distinct lack of knowledge and awareness potentially fuels negative attitudes so apparent today (Wolff et al, 1996). Educational campaigns could be drawn from the findings of this research to assist closing the gap between professional and societal beliefs behind mental health (Jorm et al, 1997). This research area is vital as stigmatisation has substantial effects. Distinct gaps in the literature require clarification. This current research addresses key areas behind stigmatisation by speaking to those who interact daily with this marginalised group. The research question in this study asks, what truly are student nurses’ attitudes towards those with mental health issues? Results could provide insight into stigmatisation, including its causes, its affects and ultimately its prevention.

Methodology

Stigmatisation can devastate lives (Kourkouta et al, 2009). When peoples’ lives are in the hands of research acknowledgment is crucial. Moreover, the results from existing research are somewhat inconsistent and conflicting (Chambers & Narayanasamy, 2008; Henderson et al, 2007), and there is a requirement for additional stigma reduction strategies. This research aims to provide both. Do student mental health nurses stigmatise those with mental health issues? Until now research has provided conflicting results. Aims are to clarify this question and acknowledge that if they do stigmatise, how they do so and why. By focusing on historical contexts and development of stigmatisation, current day theory and research will be built upon or contested. The aim is to reduce stigmatisation by increasing public awareness and knowledge of the mental health arena. Research draws inspiration from Pinto-Foltz and Logsdon (2009) that nurses are in prime position to influence stigma reduction. The study will emphasise areas were staffs compassion may be lacking, consequently highlighting the need for additional training or alternative recruitment strategies. The objective is not to point blame at those at the roots of stigmatisation, but to offer strategies for improvement. Aims are to provide implications for further research. Intentions are to study the attitudes of mental health nurses and what the potential impacts are. The research proposes that increased societal knowledge of mental health may in the long-term assist the reduction or elimination of stigmatisation. Findings could accentuate the need for additional campaigns and expansion of knowledge within British households. Crucially the research will confront historical developments and dynamic changes of stigmas and apply it to current day. Ultimately, what are student nurses attitudes towards mental health?

This study entails a qualitative account of mental health student nurses’ attitudes towards those with mental health issues. Qualitative data has been increasingly welcomed into the realm of mental health research, being fundamental to supplying rich valuable data (Lempp & Kingsley, 2007). As language is central to
communication, and therefore projection of stigmatisation, it seems pertinent to use a method which will provide the researcher with linguistic rather than numerical data. Surely the field of mental health cannot be quantified. Qualitative approaches create constructive and insightful information and are frequently the centre of focused debates (Banister et al, 1994). As previously discussed this topic has much to be debated about. Rüssch et al. (2005) conveyed just how valuable qualitative research is and emphasized that ‘well-designed anti-stigma initiatives will help to diminish negative consequences of mental health stigma’ (p. 529).

The participant criterion is a current student enrolled on a mental health nursing course. Participants are both degree and diploma students in academic years from one to three. The researcher is both a student of Manchester Metropolitan University (MMU) and an employee working within the realm of mental health nursing. Therefore participants were obtained via means of snowball and opportunity sampling. Student nurses were initially accessed within the researcher’s work place and snowball sampling led to a total of nine student mental health nurses. Eight of these student nurses were female, with one male. As this is a qualitative process, the data will be rich and detailed (Coolican, 2006) allowing for a lesser recruitment of participants. An interesting route developed during the interview process, as much of the interview content discussed the potential poor attitudes reflected by General Nurses. An opportunity arose to interview a student general nurse on the topic of mental health stigmatisation, bringing the total number of student nurses to ten. The results obtained during the student general nurse interview are an important aspect discussed within the results. An emancipatory approach was employed here as ‘the voice of the researched is given a much more equal weighting’ in the structure, analysis and results of the study (Goodley et al, 2004, p.61).

Semi-structured interviews are leading methods of thorough data within the social sciences (Lempp & Kingsley, 2007; Giacomini & Cook, 2000) thus were most appropriate for this study. They ensure that qualitative research extracts the maximum data from its participants. It allows for ideas to rebound between researcher and participant and permits certain ideas to be probed further, as structured interviews or quantitative processes wouldn’t. Crawford et al. (2008) found semi-structured interviews imperative to their study, as they provide the chance to attain narratives within the mental health nurses professional identity (Charmaz, 2002). Appreciating participants’ perspectives and understanding the unravelling themes is particularly beneficial to nursing research (McCann & Clarke, 2003).

The interview schedule (see appendix E) obtained influence from the research question, relevant theories and literature (Sayce, 2000; King et al, 2007; Lai et al, 2000; Prior, 2009). The researcher’s own cultural experience was also implied to areas relevant to mental health stigma and most apparent within current mental health nursing approaches. Overall 12 questions were constructed, reflecting 12 key areas relevant to mental health stigma, including highly debated topics such as the media, government policy and treatment. Although these key areas lead the
interview, the student nurses were encouraged to freely express their opinion and say more on the areas which they found more compelling. This gave student nurses the empowered chance to discuss their study and work with true passion and honesty in how things need to change or need to be commended, with respect to mental health stigma. Each interview commenced with information personal to each student nurse including a number or variables (see appendix F). If content in doing so, student nurses supplied information on the mental health status of themselves and their family. All ten participants were happy to comply.

Interview settings were varied with venues chosen by the participant, two were interviewed in a quiet cafe and seven in their homes. This ensured that the participants were kept at ease in a familiar setting. A relaxed approach to the interview was suggested to encourage them to better express their views. The interview data was recorded by Dictaphone and then each one individually transcribed (see appendices G). Following the transcript completion for each participant, relevant themes and characteristics were identified by analysing both the language and physical qualities. Hence, both discourse analysis and thematic analysis are present within this study.

Within the thematic analysis process the transcripts were scrutinized to determine relevant themes, patterns and meanings amid the interview content. After reading the transcripts repeatedly, conclusions were made regarding general themes and coding. The researcher is an influential agent bringing personal norms and values to qualitative inductive research. Therefore the researcher should remain reflexive to avoid influence on participant interpretation. Crawford et al. (2008) used thematic analysis following their semi-structured interviews within mental health nurse research. They found insight into how the nurses view their working roles, how they prioritise their tasks and how they professionalise themselves. They emphasised the strengths behind thematic analysis.

Discourse analysis is now a psychological field of its own and combines the need to understand literacy, metaphors, semantics and visual constructions within a text. Discourse analysis encourages us to deconstruct the word(s) to discover meaning. Language is a complex entity and can be manipulated to portray different meanings. From studying in depth it will become evident the extent of truth and reliability within the research. Chambers and Narayanasamy (2008) found discourse analysis applicable to nursing research as it outlined obligations and distribution of responsibility within the profession. Discourse is greatly indicative of a person’s beliefs and morals (Green, 1996) and thus can be thoroughly expressed via language.

Substantial ethical consideration has been applied to this study. Informed consent (see appendix H) and a participant information sheet (see appendix I) was administered prior to the study to avoid deception, informing the participant of their role in the research process and to clarify outstanding questions. (Please be advised that participant informed consent sheets have been kept in a secure place, and will
be destroyed on research completion to maintain confidentiality). There was no pressure to comply and full ethical consideration and preservation of anonymity was assured. A debriefing process completed the study to discuss the participants' feelings after the interview and to explain the results procedure (see appendices J). Right to withdraw at any stage was assured and data remains confidential. All identifying features have been concealed, and participants' initials have been changed. No obvious elements of harm were present to either participant or researcher (See appendices K-L) and intentions were to work as ethically as possible with participants. The foremost concern was the potential personal harm due to the subject matter of the study. With this in mind, the study was carried out with a sensitive approach and participants were not enforced to cover topics they were uncomfortable with. Ethics were in accordance with the British Psychological Society Guidelines (BPS, 2009).

Overall, research within this area is in demand as perspectives and theories still require clarification. Furthermore, the realm of mental health stigmatisation and treatment is ever changing, so again this adds relevance to the research. As previously discussed, qualitative methods allow for an exceptional amount of information and detail to be unearthed, hence the purpose of this method. Thematic and discourse analysis will now address the results established in this study.

**Results**

Results demonstrate student nurses' positive attitudes and inclusive intentions towards mental health, yet underlying concerns lie in some of the language and opinions expressed (see appendices M-R). Mental health student nurses are the centre of this study and their views and attitudes have been interesting, controversial and sometimes contrary to each other. Third year of study is indicative of a more positive attitude towards mental health survivors. When looking at the ages of each participant, most fit the notion that increased age equates to a more positive attitude. The participant straying from this norm, despite her age, applied a mature approach to the interview. Placement experience doesn't consistently equate to better attitudes towards mental health. Thematic analysis established five key themes; Putting the Spotlight on Media Stigmatisation; Frontline Contributions to Stigmatisation; Striving for a Holistic Fix; Implications for Government Policy; and De-stigmatisation Processes. A discursive method was applied by discussing a common metaphor that arose for each theme (see appendix S).

**Putting the spotlight on Media Stigmatisation**

The media is attributed substantial blame as a primary root of stigmatisation, and student nurses' project a negative attitude on how the media exposes mental health issues. Many of the participants invoked an imaginary scene of examples you'd expect to hear from the media, ‘You hear on the news ‘oh a psychiatric patient has been escaped from hospital and it’s immediately like please stay away from this person”(OC, Lines 138-139), ‘It’s always like schizophrenic patient kills patient,
another patient, or kills a doctor, it’s never something good’ (CJ, 110-112) and ‘it’s always ‘psycho goes on the run’ or ‘psycho shoots’, or ‘nut job does this’ or ‘nut job does that’ (BC, 187-188). In the media it appears that crimes are categorised by a persons’ mental health, which is fuelling and reinforcing a negative stigma.

In total, only two participants expressed positives of the media, ‘the only positives that have come from it are probably famous people talking about like their mental illness and people still accepting them’ (LM, 152-154) and ‘it is slowly getting a bit better, because like the covering of the bipolar case on Eastenders . . . it has made people more aware, and I’ve heard that other soaps have covered eating disorders, depression, suicide . . . ’ (LK, 163-165). I appreciate these views are important to highlight. Perhaps the media are finally moving in a less negatively stigmatising direction, yet the higher ratio of participants conveying the negativity of the media suggests that things need to improve substantially. A common metaphorical conception of the media arose, that ‘it just shows like people in really bad lights’ (CJ, 116-117), ‘it’s only promoted in a bad light’ (BC, 121) and ‘they don’t put mental illness in a good light’ (KK, 114-115). The nurses seem to associate the media’s perception of mental health with darkness.

**Frontline Contributions to Stigmatisation**

Frontline contributions relates to stigma from those who are closest to mental health sufferers. Amidst all the research focused on student nurses, one would presume that qualified nurses perform at commendable levels and hold inclusive attitudes. Several student nurses uttered concerning views of qualified nurses. On the subject of rapid tranquilisation a student nurse said ‘I was on a ward once and I heard the nurses say ‘oh he’s had that much, I’m surprised his hearts not stopped beating’ (OC, 324-325). A student nurse overheard a qualified nurse saying “they are just the typical PD” (CJ, 147) when referring to a patient. The nurse assured that this attitude is inappropriate as ‘you can suffer a personality disorder but everyone won’t have the same symptoms and won’t feel the same’ (CJ, 148-149). Personality disorder (PD) seems to be a stigmatised disorder of its own amongst staff, ‘The wards are not the same anymore, I’m used to dealing with someone whose unwell, and these are not unwell, they are all just personality’ (LK, 195-197) is a quote recalled by a participant.

An interviewee stated that each student has a qualified mentor, and often if the mentor expresses poor attitudes towards mental health they are reflected onto the student. A student embarking upon their career is perhaps not at the stage to contest qualified staff. This can be perceived as a systematic flaw, as experienced nurses are stigmatising aspects of mental health and projecting their views onto others.

With respect to patients, student nurses have stressed how ‘the system has failed them’ (KU, 209). ‘There are a lot of people unfortunately in this job that do abuse their power as, as bait really to patients’ (BC, 142-143), this metaphor suggests
patients are somewhat neglected and mocked on the wards. This power role of the nurse needs to be controlled so that patient care isn’t taken for granted.

**Striving for a Holistic Fix**

From a holistic stance, a nurse should regard a patient as a whole, with physical and mental health resting on the same spectrum. One assumes that physical health is influenced by mental health and vice versa. Nursing overall is a care driven profession that must see the bigger picture of any. LK upholds this notion, ‘*the more I spoke to the patients and attempted to understand what they were experiencing the better I was at knowing them and being able to look at the holistic view point*’ (221-223). LK goes on to say how empathy and understanding are key to ‘*seeing them as a person first and not the illness*’ (225). A blameful trend towards general nurses unravelled during interviews, ‘You get the general nurses who just saying ‘oh that’s not really nursing’ and I think they have quite poor attitudes’ (LK, 253-254). I held considerable interest in this, as one would presume that any nurse requires an inclusive and unprejudiced attitude.

The opportunity arose to interview a general nurse regarding mental health. The findings were deplorable (see appendix T). The negative attitude radiated through the room during the entire interview and with ease too, despite the student nurse having never made my acquaintance. On referring to patients the nurse stated ‘they’re not right, you are convinced that they’re just going to turn and at any moment and attack you’ (GEN, 69-70), ‘I was terrified’ (GEN, 54). Interestingly, a similar stigma arose concerning PD, ‘There is no such thing as personality disorder . . . there was one patient and he was on the general ward and he told me he was like ‘oh by the way I have got personality disorder’ and I was like ‘what, no you’re just a bit weird, there’s nothing wrong with you” (GEN, 122-126). Contrary to the assumption that family members with mental health issues would increase ones empathy, this student nurse stated that her cousin, diagnosed with personality disorder, has ‘had a really terrible upbringing, she’s just a bit weird because of it’(GEN, 128). The general student nurse stated ‘I just don’t see mental health nursing as a real thing . . . I see it as . . . as babysitting’ (GEN, 158-159). Shockingly, this nurse acknowledges her prejudice attitude and language, but maintains her opinion.

Respectfully, the student mental health nurses did apply a more holistic attitude to their field, ‘I personally think you can’t label each one as the same . . . It’s about getting to know the person and not the illness’ (LK, 214-216). This metaphor suggests that knowing the patients’ bigger picture may lead to how the mental health issues transpired. This could ultimately assist with treatment.

**Implications for Government Policy**

Early 20th century Government applied horrendous stigmatising laws and total abolition of rights. Current government has progressed however student nurses
maintained strong views on input to services. Regarding how government policy contributes to services a nurse expressed ‘if they have to come onto the ward they would find how hard it is to put them laws into place’ (OJ, 36-37). Another nurse expressed how the government publicise claims of improvements within services ‘but when you’re down in the real world it’s not getting better’ (NT, 159). Lack of government experience seems to cause poor and inapt contribution to services, yet they could be the biggest power source to positively change attitudes. The belief that the mental health system is somewhat abused was a common conception, ‘there’s some immigrants that abuse the system . . . if they weren’t under a mental health section and not in mental health services then they would be sent back to their country because they are illegal immigrants’ (OC, 61-63) and ‘a lot of the patients I don’t think are poorly, and they are just on a scam’ (ED, 44-45).

A common metaphor arose regarding the hospital system, ‘I do think there’s a lot of people trying the system’ (ED, 46-47), ‘Are they not just playing the system for what they can get?’ (OC, 266) and ‘there is a lot that are still playing the system if they want to be institutionalised’ (BC, 27-28). The nurses compare the mental health system and the environment they work in to that of a game. If it is so easy for the system to be manipulated then improvement must be made on the overall mental health system.

**De-stigmatisation Processes**

Predictably, the student nurse perception of the general public attitude to mental health issues is rather poor. As previously suggested, an increase in knowledge could perhaps change attitudes for the better, ‘it’s very hard for the public, unless they are going through it, to understand’ (OJ, 75) and ‘There’s nothing in your face that makes you aware of schizophrenia or bipolar or even anxieties . . . It does need more education and more promoting’ (OJ, 82-86).

It was interesting how the student nurses believed their perceptions had positively changed since they started nursing, implying that the knowledge they received bettered their attitudes and insight, ‘My perception changed from spending time with people with the condition and understanding . . . talking and listening to people and you realise they are just normal people and have had normal lives and at some point it’s just hit them and obviously their lives have been changed’ (OC, 123-126).

The difference in attitude between the general public and the student mental health nurses perception is very different. It suggests that educational strategies could assist in increasing knowledge and therefore reduced stigma. Participant OJ described the consequences of mental health issues, ‘it’s the art of the illness’ (100-101), which I find an endearing metaphor and a positive spin on the outcomes of mental health issues. The word ‘art’ suggests colour, creativity and expression, perhaps in contrast to the general view of mental health.

The above themes and discursive points have led to the development of a positive change model which I will proceed to discuss.
Discussion

Previous studies have found negative attitudes towards mental health applied by student mental health nurses (Happell & Gough, 2007; Emrich et al, 2003) which is concerning for the future of patient care. On the contrary, Wray et al. (2008) found the majority of the student nurses they studied to have positive and inclusive attitudes, and Holder and Mark (1993) found that student nurses' held more enthusiasm and positivity when working in a psychiatric compared with a general hospital. The research question in this study asks, what truly are student nurses' attitudes towards those with mental health issues?

Thematic and discursive approaches have been used to unearth student nurses’ attitudes and perceptions of the mental health arena. Within this study student nurses’ tend to be on the positive spectrum of attitudes towards mental health and mental health survivors, but some aspects of stigmatising language and attitude is apparent. Perhaps this is as expected within the society we live in. If nurses were seen to deviate totally from societal attitudes and perception, then would they themselves become stigmatised within their profession? Attitudes tended to be preeminent during third year of study. This correlates with previous research that fears are generally overcome and positive attitudes begin to shine through (Hayman-White and Happell, 2005). Although positive placement experience wasn’t a predictor within this study, it is known to equate to bettered attitudes and increased confidence and preparedness (Hayman-White and Happell, 2005). More research in this area could provide additional insight.

This study provides support that those with mental health issues remain associated with fear and danger, especially in the eye of the general public (Angermeyer and Schulze, 2001). Mental health survivors identify negative media reports as an ‘indication for a hostile social climate’ towards them (Schulze and Angermeyer, 2003, p. 305). The power role adopted by the media is somewhat abused as they are significantly influential at creating stereotypes (Wahl, 1995) (see appendix U), yet they could be forefront to stigma reduction (Schulze and Angermeyer, 2003). Media publication needs to equate to other life altering illnesses such as diabetes, cancer and heart disease.

Results have supported previous research in demonstrating the frontline contributions to stigmatisation. The labelling theory was mentioned earlier, but in context of the wards Scheff (1966) states that doctors’ and nurses’ encourage patients’ to perform their ‘patient role’. The renowned study by Rosenhan (1973) reiterates this, as individuals devoid of a mental health issues were kept in psychiatric institutions for prolonged periods. Goffman (1961) suggested how individuals were treated only as patients once that label had established, and were all treated equally despite the mental health diagnosis. However, from a political stance controversy could arise if some patients were seen to be treated differently than others, so we reach an obstacle. Recent research by Verhaeghe and Bracke (2008) found increased stigmatisation in poor patient-group ambience, lack of
individualisation in their treatment package, and larger wards equating to higher self-rejection. As highlighted, further research could focus on student and mentor relationships within a psychiatric setting.

Previous research has found general nurses and practitioners to have negative attitudes towards mental service users (Hayman-White and Happell, 2005), and this study has truly supported the notion. One must recognise that ‘health is a state of physical and mental wellness and that it is impossible to separate the former from the latter’ (Calloway, 2007, p. 105). The whole person must be cared for but this is lacking within the realm of general nursing. This separation from physical and mental health is just another form of public exclusion faced by mental health survivors (Schulze and Angermeyer, 2003). For example, Graber et al. (2000) found practitioners unlikely to take symptoms seriously if the patient had a past history of depression. Liggins and Hatcher (2005) demonstrated general nurses’ negative opinions of mental health within a general hospital ward and link it to lack of knowledge which is contributing to fear. Lack of belief and trust is also present. Stigma can be recognised as a ‘second illness’ (Finzen & Hoffmann, 1999), as the retort of the social environment can be highly detrimental to the person suffering. The number of participants in this study was appropriate due to the methodology used, however, with respect to the general nurses, future research is essential for a broader view on their perception of mental health.

Nurses are in key position for patient health promotion and to improve the nations mental health (Chambers and Narayanasamy, 2008; Calloway, 2007). In one respect nurses are valued as the most highly trusted and respected group of professionals (Calloway, 2007), yet alternatively Crawford et al. (2008) found the public to perceive the profession as feminine, mundane and subordinate to medicine. If there is not enough respect for nurses neither will there be for those in their care. Further research could clarify this.

Sayce (2000) recommended that language needs to be stripped back as stigmatising phrases, now so embedded within society, have considerable impact. The expression ‘mental’ creates images of existing stereotypes and even the term ‘mental health’ is related to pathology rather than wellness (Heffron, 2000). Subtle negative aspects such as these will maintain the stigma. In the same respect, the utilisation of negative language amongst student nurses will uphold such stigma and keep those individuals ‘disqualified from full social acceptance’ (Goffman, 1986, p.1).

Linked to systematic flaws and inconsistencies in power, the Government must apply more input into this area. As results and previous research demonstrate, those who declare their mental health issues are pushed to the back of the queue regarding employment (Bond & McDonel, 1991; Hirsch, 1989, each cited in Marone et al, 1998). Many of the imbalances for those service users are traced back to inapt legal judgment, injustices in politics and deprived social structures (Schulze and Angermeyer, 2003).
One would expect for the predominant outcome of this research to revolve around student nurses, however I propose more than this. I propose changes at every level of nursing, not forgetting changes in the media and government in order to lastly influence the perceptions retained within society. Ironically, student nurses beginning their career, with less experience, have some of the better attitudes towards mental health. The gap between mental health nurses and the general public needs to be bridged by means of education, but in the same stance mental health nurses need to be continually retrained and re-educated. Additionally, poor attitudes emanated by general and qualified nurses’ must be challenged. Education needs introducing at three levels of nursing, those embarking on nursing, those qualified, and those working in general hospitals. One in four individuals suffers from mental health issues (Guardian, 2001) and although general nurses may not treat it, they can’t avoid it. The requirement for mental health education is essential.

Drawing conclusions on previous theory and findings, I propose the following model; ‘Making tracks towards mental health de-stigmatisation - A change-based strategy to bridge the gap of knowledge in nurse training’. This model addresses student nurses at a number of stages. Each theme equates to a stage in which nurses have to face in their training, and can’t progress until each stage is complete.
Figure 1: ‘Making tracks towards mental health de-stigmatisation - A change-based strategy to bridge the gap of knowledge in nurse training’. The above image demonstrates the pathway of the model.

The above model emphasises the gaps where increased knowledge must occur and aims to build bridges between them. This model challenges biomedical models which tend to focus on medically determined indicators of ‘ill-health rather than positive health measurement’ (Whitehead, 2003, p. 493). Inspiration was drawn from the Tidal Model proposed by Barker (2001). His research promotes a person-centred approach to mental health treatment, empowering service users. A kin to the above ‘making tracks’ model, Barker (2001) contests psychosocial models which apply broad-based generalised treatments to mental health sufferers. The Tidal Model denotes, ‘Life is a journey undertaken on an ocean of experience. All human development, including the experience of illness and health, involves discoveries made on the journey across that ocean of experience’ (Barker, 2001, p.235). This current model applies a contemporary stance on mental health de-stigmatisation, by
laying down a new path of discovery. It allows for a changing society and a more community-based approach to nurse education.
Pinto-Foltz and Logsdon (2009) are correct in assuming that increased knowledge will better attitudes, as found in all student nurses. Stigmatising attitudes tended to derive from a lack of knowledge and understanding, we must now 'make tracks' to re-educate the attitudes of qualified nurses, reduce the negativity amongst general nurses and project the message to the nation that mental health shouldn’t be stigmatised. Increased support to those with mental health issues will better the nation’s health overall, so combating this is essential.

Following this study one must look to the future and what the implications are for a reduction in mental health stigmatisation. As expressed by student nurses, knowledge and publication must be increased, as early identification of mental health issues can reduce the impact overall, individuals are either too fearful to seek help or merely don’t know where to find it (WHO, 2004, cited in Calloway, 2007). ‘People with mental health problems internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment’ (President’s New Freedom Commission on Mental Health, 2003). This will always be a topic requiring further research, as society changes mental health will change so research must sustain this.

Reflexivity

Overall, I have supported, contested and built upon previous theory. It has been a fascinating process with evident twists and turns.

The researcher is an influential agent in any investigatory process. I, as the researcher, work as a mental health nursing assistant. Thus some aspects of the interviews have been witnessed firsthand, which add rationale and an obligation for this study. This renders me a representative of the general public and an individual working alongside those with mental health issues. Accordingly I hold a vested interest in the political background and the government implications on the mental health wards.

The role of the researcher compared to the student nurse is similar with respect to both working within the same environment. Conclusions attained in the analysis took a lot of returning to, and additional elements were established each time the interviews were examined. Qualitative methods were the most appropriate for this field, as they maintain the subject and its perceptive world as the central point of focus (Schulze and Angermeyer, 2003). Qualitative methods may be less suitable for some studies, as would quantitative methods be for this, therefore considerable attention has been devoted to every aspect of this research.

Emotionally, those working within this realm can visibly see the effects of stigma on individuals both on the wards and in the outside world. The student nurses within
this study I believe have a moral obligation to fight for those who they work with and to combat negative attitudes.

References


