“Mind the Mind – to Combat the Stigma of Mental Disorders”

The final report regarding the first wave of the campaign

1. Introduction

As a team within the European Federation of Psychology Students’ Associations (EFPSA), the Social Impact Initiative was formed to contribute positively and significantly to European society through the application of psychological knowledge in everyday life (www.efpsa.org/social-impact).

The recognition of the stigma associated with mental disorder as a widespread, multi-faceted and serious issue in contemporary society, has lead to the development of the Social Impact Initiative team’s first project: a campaign which focuses on combating this stigma in on the European level. In order to improve the individuals’ quality of life who are currently suffering from mental health disorders, we need a clear understanding of stigmatisation. We believe institutional stigma is an archaic practice that should not be characteristic of the modern world, where mental health and wellbeing is to be respected and valued. While representing a federation of psychology students’ associations and their respective psychology students, we believe that it is our obligation to make the issue of stigma and its related effects a priority. The EFPSA Social Impact Initiative envisions making a positive, lasting and meaningful contribution to society with its “Mind the Mind – to Combat the Stigma of Mental Disorders” campaign. Specifically, we hope to raise awareness, educate, and initiate and contribute to healthy discussions about mental disorders and the stigma of mental disorder within the public domain.

2. The stigma of mental disorders

‘Stigma’ refers to a degradative or debasing attitude, discrediting an individual or group due to some form of salient attribute, such as illness, deformity, race, nationality, religion or lifestyle (Steel, Eggeman, Petersen, Slapsinskaite, & Zywssig, 2013). According to Stuenkel and Wong (2009), if an individual fails to meet the expectations dictated in the social context in which they live, they can often be cast aside and considered as ‘discounted’, and therefore, they are stigmatised. Within the context of mental health, stigma describes the collective understanding
of stereotypes, prejudice and other forms of discriminatory behaviour aimed towards individuals with mental disorders (Hinshaw & Steir, 2008). Hinshaw and Steir (2008) further discuss how becoming a victim of stigma would typically reduce an individual’s sense of dignity, by violating their basic human rights, and hampering their pursuit of happiness and contentment. According to the World Health Organisation (WHO), “mental health has been hidden behind a curtain of stigma and discrimination for too long” (WHO, 2003, p.3). Stier and Hinshaw (2007) report, that while public knowledge about mental health has recently increased, the level of stigmatisation of individuals with mental health disorders has remained the same. Hence, despite the growth in public awareness, as displayed by Stier and Hinshaw (2007), stigma is still a cause for concern, especially since stigmatisation can cause a drastic reduction in an individual’s quality of life. It has been argued that mental health stigma is the most common barrier to seeking consultation for a mental health problem (Iversen, van Staden, Hughes, Greenberg, Hotopf, et al., 2011).

There are at least three acknowledged approaches to combating the stigma of mental disorders; (1) Education, (2) Contact and (3) Protest (Byrne, 2000; Corrigan & Watson, 2002). The purpose of ‘education’, according to Corrigan and Watson (2002), is to make society more aware and knowledgeable of the conditions and behaviours of those with mental disorders. With this understanding, it could be argued that increasing awareness and knowledge within society is more likely to lead to an increased understanding and acceptance of the affected individuals within society. Corrigan and Watson (2002) explain that ‘contact’ refers to the encounters between individuals with, and those without, mental disorders. ‘Statistics show that one person in four is expected to experience some form of mental disorder within one point in their lifetime (WHO Mental Health Factsheet, 2013). In reaction to this, greater understanding is required in order to reduce stigma. This can be done through the reduction of misconceptions about mental disorders and through the creation of a positive and safe environment for interaction. ‘Protest’, on the other hand, strives to eliminate inaccurate and hostile representations of mental disorders in the media and in the public; the issue with protesting, however, is that it is seen as a reactive approach rather than a preventive one (Corrigan & Watson, 2002). Across all WHO member countries, only 41% have at least two forms of mental health promotion and prevention programmes; and of these programmes, just over half (55%) were directly aimed at improving mental health literacy, tackled stigma through specific events, or made use of multimedia in
In order to raise awareness (WHO Mental Health Factsheet, 2013). Moreover, research shows that only 11% of these programmes were school-based interventions.

3. **The first wave of the “Mind the Mind” campaign**

The Social Impact Initiative team created a workshop on the topic of mental disorders, with detailed instructions about how to organise and deliver it. Prior to the dissemination of the workshop materials and instructions, the workshop was checked by appointed experts and academics in the field of stigma and was tailored to its delivery amongst secondary-level students (ranging between 15 to 18 years old). The workshop itself consists of an introduction to the phenomenon of mental disorders while encouraging students to discuss their perceptions of mental health and disorder. As a means of introduction, an interactive role-play game, imitating a social situation, is used to illustrate social exclusion, giving students the opportunity to experience the dynamics of how such a situation may occur, and how individuals facing social exclusion may feel thus evoking empathy and self-awareness. Afterwards, a discussion about mental disorders is held, displaying examples and basic facts. The workshop presents possible causes of mental disorders and explains the multi-factorial model of disorder development, while challenging the common misconception that the individual is to be blamed for their mental health problems. To illustrate some of the daily experiences faced by individuals affected by mental disorders, and the unwarranted fears of society towards these people, videos of individuals who experience mental disorders are shown. These videos are then used as prompts to encourage discussion regarding the role of the social environment in mental health. After this stage, students participating in the workshop are invited to partake in a problem-solving game. During this activity, the groups are presented with common situations that individuals may face in daily life, and are asked to analyse and discuss their reactions towards the person who may have mental health disorders. Finally, some guidelines on how to approach individuals struggling with a mental disorder, and information about where one can seek help are provided, in order to provide students with the appropriate knowledge and guidelines on how to proceed should they become aware of the fact that a friend or relative may have a mental health disorder.

The “Mind the Mind” campaign involves psychology students from across Europe referred to as Local Coordinators and student volunteers. These Local Coordinators are responsible for recruiting the volunteers who may be interested in delivering workshops in their
countries/regions, providing them with the appropriate training and contacting and making arrangements with secondary schools. The first phase of the campaign involved 50 active psychology students who organised the campaign and delivered approximately 250 workshops. This campaign created a network of students across Europe, who gained the necessary skills and competencies in peer education, stigma, psychopathology and volunteer work. Additionally, for the facilitation of the campaign, the team set up and ran a Facebook page with materials such as video clips and stories, in the context of mental health and stigma, which attracted over 2000 followers from across European countries.

4. Evaluation process

a) Local Coordinator report

The breakdown of Local Coordinators within each country is displayed in the following chart (Figure 1), showing the Czech Republic as having the largest number of Local Coordinators (n=10), followed by Slovenia (n=8). Figure 2 displays the number of volunteers with the highest amount being from Bosnia-Herzegovina (n=85). The number of workshops throughout the campaign is displayed in Figure 3 below, with Lithuania having organised the largest number (n=69). It is interesting to note that there does not appear to be any correlation between the number of Local Coordinators, volunteers, and the quantity of workshops conducted. The mean number of volunteers per country was 26; as a result of several countries being unable to hold the workshops, the average number of workshops is skewed. Due to the fact that this was the first wave of the campaign, difficulties in recruiting schools was expected; however, the feedback received from these schools assisted in the preparation for the second wave of the campaign.

![Figure 1: Local Coordinator Numbers](image-url)
The training sessions for the volunteers were standardised throughout the participating countries and lasted an average of 5.3 hours which were spread across several sessions. It was observed, that the countries with the longest training sessions (Lithuania, 26; Slovakia, 15; Serbia, 12; Croatia, 12; Bosnia- Herzegovina, 8; Denmark, 8) also ran a large number of workshops.
The training itself was condensed into the following areas, with the largest proportion of time being dedicated to the ‘Material and Practice’ (27%), followed by ‘Mental Disorder’s (12%), and discussing ‘Potential Problems’ (12%) – Figure 4.

Figure 2: Workshop Topics Covered

In relation to the workshop content, Figure 5 displays the main recommendations and suggestions received with regards to the types of interactive material within the workshops and the inclusion of a wider variety of disorders.
The biggest reported challenge faced by the Local Coordinators was that of gaining consent from educational committees to run the workshop in particular schools; as previously mentioned, this was expected due to the difficulty in attaining permission to partake in such a campaign. However, due to the fact that this data has been obtained, it is expected that the second wave of the campaign will be increasingly successful in this aspect; due to the feedback and adaption of the workshop to to participant and volunteer feedback. Figure 6 indicates that the schools may have been unaware of how to approach the campaign; knowing about the sensitivity of stigma, a school may need to ask for permission from higher education authorities.
The Local Coordinators suggested the following improvements to be made for the next phase of the campaign (Figure 7). They further reported being very satisfied with the support they received by the Social Impact Initiative team throughout the first phase of the campaign, and with the campaign in general.
b) Volunteer report

The class groupings are difficult to fully articulate as the average age per class differed among the countries involved, however, the ages of workshop participants were between 16-18 years of age (66%).

In relation to volunteers and their preparation, after the training, the majority of volunteers felt “well prepared”. A sample of comments is provided below in Figure 8, in addition to its related frequency.

![Figure 6: Feeling prepared for the delivery](image)

Additionally, the volunteers were asked to comment on one particular workshop, and to describe their overall experience. The feedback received has been categorised accordingly (Figure 9) in order to identify the range of experiences.
The workshop makes use of several interactive games and activities designed to create a level of engagement with the students. Based on “The Short Quiz", the volunteers were asked to provide some insight into what was shared during the workshops and how they would rate the average level of understanding the students had about topics of mental disorders and stigma before the workshop (1 meaning low level of understanding, 5 meaning high level of understanding). The volunteers scored an average of 3.7. When explaining this answer, the comments made were grouped in Figure 11.

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**Figure 7: Overall experience on a particular workshop**

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**Figure 8: Student Comments with the 'Short Quiz'**

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The volunteers rated student involvement as being quite high, with an average of 4.1. Based on the feedback given by participants, the volunteers rated an average score of 4.4. When explaining this answer, 82% of the feedback was positive; including comments such as 'really enjoyable', and that 'the teachers [volunteers] were very helpful'. The remaining feedback was related to the games and time spent on particular topics.

![Pie Chart](Image)

**Figure 9: Student Feedback**

The main challenge faced by volunteers was maintaining student concentration and participation, followed by time management, and the further explanation of particular concepts mentioned in the workshops (Figure 12).

![Bar Chart](Image)

**Figure 10: Workshop Challenges**
The volunteers were asked to comment on the delivery of the workshops which they delivered. The questions asked were “what mistakes do you think you did during workshop?” and “what would you do differently if you could hold the workshop again for the same group?”. The main self-critique was related to the volunteers being better prepared and organised for the delivery of the workshop. While these recommendations were addressed for the next phase of the campaign, several volunteers expressed a preference towards delivering the workshop in the absence of the class teacher; this would be difficult as one of the reasons of the teacher being present is to maintain discipline throughout the workshop. This particular issue was an oversight and will need particular attention prior to the next phase.

![Figure 11: Improvement of Workshop Delivery](image)

Finally, the volunteers were asked to comment on the workshop material. The majority of responses indicated that the material was good; however, there were some suggestions in regards to the improvement of the workshop. The main comments requested additional content and more interactive components. It was also suggested that the duration of the workshop should be adjusted in order to be able to cover all of the material while suiting the school timetable better.
Figure 12: Improvement of the Workshop Material

5. Discussion

Overall, the first wave of the “Mind the Mind” campaign was a success. The feedback received from the students, schools, volunteers, and Local Coordinators was invaluable and will be used to improve every aspect of the campaign. Some of the main findings indicated that the duration and content of the workshops needed to be adapted to suit the age group of the participants, together with the school timetable. As a result, the workshop has been modified to cater for the timetable (a standard workshop lasting 90 minutes and a shorter workshop lasting 45 minutes). The types of games have also been adapted according to the ages of the students in order to enhance the workshop’s impact on the students and to facilitate the process. Furthermore, interactive media content, such as videos, was very effective; as a result more videos that covered a wider range of disorders were selected. This was done especially since the students present expressed that they wanted to be able to tailor the content to address the needs of the school. One additional feature is a printed handout with myths and facts about disorders; the intention is to give students further information that is accurate, and to facilitate students’ discussions and conversations following the completion of the workshop.

The second wave of the “Mind the Mind” Campaign began in August 2015, with 23 countries being involved. Outside of the content changes, a questionnaire has been adapted in
order to evaluate the workshop’s effectiveness; ‘The Peer Mental Health Stigmatization Scale’ (PMHSS). The questionnaire itself, developed in Ireland by McKeague, Hennessy, O’Driscoll, and Heary (2015), has been translated into the native language of each participating country. The PMHSS is used at two intervals, before and after the workshop, in order to acquire a baseline measure of stigma awareness, together with any changes in knowledge after the workshop.

On behalf of the Social Impact Initiative team, we would like to thank everyone who was involved in the first wave of the “Mind the Mind – to Combat the Stigma of Mental Disorders” Campaign. We are looking forward to working with you in the second wave, which we hope to be an even bigger success.
6. References


