

Informing Scotland's mental health strategy from the classroom context

Dannette Marie, Brittany M. Christian, Joanne Lumsden & Lynden K. Miles

Although conventional psychology is often characterised as the science of the individual mind, it is also important to introduce students to the potential interdisciplinary and multi-dimensional nature of psychology. In this paper we outline the design, development, and delivery of an innovative course that employed an ecological framework to engage students in mental health issues and policy via the teaching of a course on the basic elements of qualitative inquiry. Students received two lectures on qualitative methodology and methods and then participated in a set of practical-based activities that involved examining mental health themes and undertaking semi-structured interviews. The information gleaned from the students' interviews was collated and formed the basis of a formal submission to Scotland's National Mental Health Strategy 2011–2015. In this way the present approach encouraged students to consider the multiple levels of analysis that can be employed when researching mental health issues, fostered active citizenship through their participation in a democratic process, and drew a clear connection between psychological research and mental health policy.

Keywords: *Global mental health; mental health policy; ecological framework; active citizenship; qualitative inquiry.*

WITH AN ESTIMATED 450 million people worldwide believed to have experienced a psychological problem, mental health is increasingly being recognised as a global issue (Mental Health Foundation, 2007; Patel & Prince, 2010). Along with the international challenges germane to the mental health field such as an absence of cures and the unequal distribution of treatments (i.e. 'the treatment gap'), there are also specific challenges of particular significance to individual nations (Collins et al., 2011). According to recent statistics, the UK has one of the highest rates of self-harm in Europe¹ and, when comparing the four home nations, Scotland has the highest suicidal rate in the UK².

In this article we report details of an innovative short course developed to introduce mental health issues to advanced undergraduate psychology students using an ecological framework (Bronfenbrenner, 1994). We utilised the Scottish Government's

call for submissions on the development of the *Mental Health Strategy in Scotland 2011–2015*, as an opportunistic vehicle to design and develop a learning experience whereby students would approach the topic of mental health by considering multiple levels of analysis. Additionally, students would be introduced to the potential interdisciplinary nature of psychology along with basic elements of qualitative research design. With these objectives in mind, we designed a course that allowed students to gain knowledge of global and local mental health issues. By producing a student contribution to a national submission on the direction of mental health service delivery in Scotland, we also actively promoted tertiary student participation in democratic processes. In the remainder of this paper we outline the main aims that influenced the course design, the ecological framework from within which the course was structured, the course content, and feedback. We then discuss the

¹ 400 per 100,000 population (Mental Health Foundation, 2007).

² 20 per 100,000 population (Mental Health Foundation, 2007).

challenges and constraints involved in the course's development and provide suggestions as to how the features of this course could be adapted to other contexts.

Course design and development considerations

To engage and capture students' interests in mental health we identified four subject-related aims around which the course was structured. These four aims were as follows:

1. To improve students' understanding of global and local mental health issues;
2. To introduce students to the interdisciplinary potential of psychology by highlighting the contribution of other disciplines to inform on global and mental health issues (e.g. psychiatric epidemiology);
3. To introduce students to the applied and professional nature of psychology by making explicit, potential links between qualitative research skills and government-level policy development; and
4. To promote student participation in democratic processes by encouraging student receptivity to the attribute 'active citizenship'.

We aimed to enhance students' awareness of these issues via their engagement in, and contribution to, a national submission on the direction of mental health service delivery in Scotland. This latter focus was particularly prudent given that the onset of mental health problems often emerges during adolescence and young adulthood (Kessler et al., 2007), yet it is this cohort that is least likely to be civically engaged in democratic processes when compared to other age groups (Henn & Foard, 2012; Jones, 2013). Together, these subject-related aims were used to structure a course that enabled students to develop insight and understanding of both global and local mental health issues while gaining practical experience using qualitative methodology. Importantly, and consistent with an ecological perspective of human behaviour (Bronfenbrenner, 1994), the real world phenomenon

examined (i.e. mental illness) was contextualised using a multi-level framework (see Table 1).

Course structure: A multi-level ecological framework

The course was structured around six distinct but interdependent levels of analysis (see Table 1). At the international level, the issue of global mental health (involving mental, neurological, and substance-use (MNS) disorders) was introduced to students through the requirement that they read a selected paper (i.e. Collins et al., 2011) on the topic from the leading scientific journal *Nature*. The instructors intentionally selected this paper as it provided up-to-date information on global mental health, included supplementary materials and links on the topic, and invited students to consider mental health from an interdisciplinary perspective.

At the national level, a web-link was made available to the key document *Mental Health Strategy for Scotland 2011–2015: A Consultation* (2011) (henceforth *Mental Health Strategy*) around which this course was designed and developed. A second and related consideration at the national level involved the instructors' awareness of subject benchmarks for psychology. In the UK, subject benchmarks are used for a variety of purposes, but mainly they are an important external source of reference for higher education institutions when new programmes are being developed (Quality Assurance Agency (QAA), 2010). They support programme (and in this context – *course*) design, delivery, and review. For psychology, these benchmarks are closely linked to the British Psychological Society's (BPS) requirements for programme accreditation and the graduate basis for registration (BPS, 2013). As an underlying objective of this course was to introduce students to basic elements of qualitative research, we ensured that the course met the requirements of both QAA and BPS.

As aforementioned, active citizenship was an attribute that we were interested in enhancing through student engagement of this learning experience. This attribute was selected from an institutional framework promoted by the University of Aberdeen, which outlines a set of qualities that students can develop in preparation for employment, further study, and citizenship. Active citizenship involves an awareness and appreciation of ethical and moral issues including social and cultural diversity; an understanding of social and civic responsibilities including the rights of individuals and groups; appreciation of the concepts of enterprise and leadership in all aspects of life; and finally, a readiness for citizenship in a civilised and inclusive society. These elements can be explicitly linked to the global mental health issues and challenges described by Collins and colleagues (2011). For example, one of the main challenges outlined in their paper involves raising awareness of the global burden of mental, neurological, and substance-use disorders, whilst another involves the transforming of health systems and policy responses (Collins et al., 2011, p.29).

At the discipline level, we were principally interested in introducing students to the interdisciplinary nature of psychological inquiry. In addition, students were exposed to the opportunities a qualitative approach affords the researcher both in terms of broadening the scope of investigation as well as the potential to inform policy develop-

ment. Finally, specific attention was directed to the group/individual level when designing this course as it was duly recognised that the issue of mental health may be a sensitive topic for some individuals especially when completion of this course required active participation with peers to discuss the topic.

Course content and delivery

One-hundred-and-four students (aged 19 to 42 years, 79 females) from the School of Psychology, University of Aberdeen, took part in the practical exercises after attending two lectures on the nature of qualitative methodology and methods in Psychology (delivered by the first author). These lectures introduced students to the broad philosophy underpinning qualitative methodology and the diversity of methods available to researchers. In addition, the innate subjectivity of qualitative inquiry and the role it plays in understanding human experience was emphasised. The practicals formed a minor component (i.e. a two-week course) of a 12-week junior honours (i.e. year three of a four-year undergraduate degree in Psychology) methodology course where the main emphasis was on teaching quantitative statistics. There were five practical groups each of which comprised approximately 20 to 25 students. The cohort was very international with students from 29 nations represented. Approximately one-third ($N=34$) of the class reported being Scottish.

Table 1: Designing the learning experience: An ecological framework.

International	● Global mental health challenges (Collins et al., 2011)
National	● Consultation on the Mental Health Strategy for Scotland 2011–2015 ● Quality Assurance Agency (2010): Psychology subject benchmarks: knowledge domains
Institutional	● University of Aberdeen Graduate Attributes with a focus on the 'Active Citizenship' element (see: http://www.abdn.ac.uk/graduateattributes)
Discipline	● Psychology
Sub-discipline	● Methodology and methods
Group/Individual	● Mental health

Following discussion with the chairperson of the School of Psychology's ethics committee, it was decided that obtaining ethical approval from students participating in the practicals wasn't necessary as the tasks constituted a learning activity that was a component of the regular curriculum. The students who took part in these activities were informed of this, and it was made clear that their responses would be anonymised. Moreover, on completion of the qualitative section of the course, a guided discussion was undertaken that focused on any potential theoretical, methodological, and ethical issues related to student participation in these practicals.

The course comprised four practical sessions run over a two-week period. Students were informed that mental health had been described by the Scottish Government as a significant national priority and were introduced to the Mental Health Strategy consultation document. Students were also informed that the Scottish Minister for Public Health Michael Matheson had encouraged members of the public to take part in a consultation process to shape and improve the mental health and well-being of people in Scotland over the following four years. Four learning objectives were outlined and the main outcome of the learning experience described. The learning objectives included: (1) exploring mental health themes; (2) developing a semi-structured interview schedule; (3) developing interview skills; and (4) transcribing an interview and reflecting on the nature of qualitative inquiry. The main outcome was that the work undertaken by students would be submitted to the consultation process as a group submission. We now outline each of the practical sessions in more detail.

The Mental Health Strategy document contained 19 broad themes and under each of these themes there were a number of different questions, on which the Scottish Government solicited input. Ten of the 19 themes were selected for these practical sessions, as was a central question directly

related to each of the themes. For example, Theme 2 was *'Eliminating stigma of mental illness and ill-health and discrimination'* and the corresponding question targeting this specific theme was *'What further action can we take to continue to reduce stigma of mental illness and ill-health to reduce discrimination?'* These questions were selected by the first author based on her expertise in the area of mental health. The central questions are reproduced in Table 2. The main criterion used in selecting the most appropriate themes and questions was their potential relevancy to a Level 3 cohort studying psychology. As described in the previous section, the class was split into five groups; therefore, each group was allocated two central questions. Minor changes to the wording of some of the central questions was undertaken in order to improve the relevance of the question to the students participating in this exercise.

Each group was allocated two of the 10 questions. Within each group, half of the students were given the group's first question whereas the other half were given the second question. As such, each individual was allocated a single question and could later be paired with an individual who had been allocated a different question in order to conduct unique interviews. Resources were provided to all students and these comprised: a handout detailing the aims of the practical sessions and task requirements; a web-link to the consultation document; the article by Collins et al. (2011) on global mental health; Scottish Government publications pertaining to mental health policy, mental health initiatives, and best practice guidelines; mental health promotion and service provider publications; and a transcription method (Jefferson, 2004). All of the practicals were undertaken in a laboratory setting with every student having access to a computer and internet connection.

Practical content

Students were instructed on the requirements for each of the four practicals. Practical one required each student to

Table 2: 10 central questions from the Mental Health Strategy consultation document.

1.	Are there other actions we should be taking nationally to reduce self-harm and suicide?
2.	What further action can we take to continue to reduce the stigma of mental illness and ill-health to reduce discrimination?
3.	What other actions should we be taking to support promotion of mental well-being for individuals and within communities?
4.	What approaches do we need to encourage people to seek help when they need to?
5.	What do we need to do to identify mental illness and disorder as early as possible and ensure quick access to treatment?
6.	How can we build up a national picture of what works to deliver better mental health outcomes?
7.	How could person-centred care better meet the needs of young people or individuals with diverse needs?
8.	What should the national priorities for mental health services targeting young people be?
9.	How can we ensure that there is adequate provision of psychological therapies targeting young people?
10.	How do we guarantee that care and treatment targeting young people is delivered in line with legislative requirements?

independently research their specific question by using the online resources provided or any additional resources including search engines of their choice. Instructors informed students that the focus of their review was to be on young people or their own cohort. Students were instructed to formally document their search strategy and summarise any findings from their review. During practical two, students were provided with detailed information about interview techniques and how to develop an interview schedule using a five-step process refined from the broader exposition on the task outlined by Hugh-Jones (2010). After this instruction, students were given the remainder of the practical session to develop a semi-structured interview schedule based on the findings of their literature search from practical one. More specifically, students were required to develop three to four open-ended questions related to the central question associated with their theme that they could use to conduct a 15- to 20-minute interview during the third prac-

tical. The interview schedule had to contain the central question along with the student's three to four additional questions. Precautions were taken to ensure that students did not include any personal questions that might lead an interviewee to self-disclose issues of a private nature including having a mental illness. Students were, therefore, explicitly instructed to avoid questions of a personal nature and provided with examples of what these might be. Additionally, students' interview schedules were reviewed by the practical instructors prior to conducting interviews.

Practical three involved each student interviewing a peer (in the same group, but focusing on a different question) and also being interviewed. Students were informed that before the interview commenced they were to record their interviewee's details using a code that would protect the identity of each of the students and asked to make detailed notes as a record of the interview. The final practical involved students accessing the web-link to the Jefferson

(2004) transcription method and writing up their notes from the interview they had conducted. After students had completed their transcriptions and corrected any errors they were instructed to upload their word document file to their group's secure Blackboard online folder. As a group, students were then debriefed using a guided discussion format. They were asked to consider the link between psychological science and mental health policy development, the value of qualitative inquiry to contribute to global and local consultation processes, and the relevancy of the Scottish Government reading the views of students about the mental health themes. They were also asked to consider whether there were any ethical issues involved in the practicals and to provide constructive comments about the classes.

Mental Health Strategy submission and student feedback

The formal submission document was prepared by the instructors. All of the students' files were downloaded and catalogued according to the core themes. Each transcribed interview was proof-read and where required minor editing was undertaken to improve readability. No changes were made that altered the meaning of responses. Each response was tagged with the sex, age, and country of origin of the respondent. The document comprised eighty-five unique responses (not all of the students who participated in the practicals uploaded their files or did so correctly). The final document along with a cover letter and information on methodology was submitted to the Scottish Government Health Directorate as a formal submission to their Consultation on the Mental Health Strategy of Scotland 2011–2015. We provide examples of three of the 10 specific themes that students researched along with a sample of their responses.

Theme 1: Are there other actions we should be taking nationally to reduce self-harm and suicide rates?

Programmes that are available to everyone should be made more public, especially throughout schools and colleges as these are the age groups that are most at risk, and the group likely to have the least knowledge on programmes set up to help.

Charities possibly going around secondary schools and giving talks or workshops on the topic may be a good idea, or possibly drop-in sessions for students to talk about their feelings on the subject would also be useful.

Female, 20, Belgium

Theme 4: What other actions should we be taking to support promotion of mental well-being for individuals and within communities?

Start young – teach kids about how to look after themselves. Schools could also have after-school clubs to get kids away from the streets, up to no good.

Female, 21, Scotland

I think 'lunch and learn' sessions would be best. Offering a free lunch with a guest speaker such as psychologists and people with experience of mental health.

Male, 21, Scotland

Theme 9: What approaches do we need to encourage people to seek help when they need to?

This may be overcome with advertisements which show that mental problems are nothing to be ashamed of, that other people suffer with them and that it's ok to seek help. Possibly also the consequences of not receiving help.

Male, 21, United Kingdom

As part of the debriefing session, students were also asked for their feedback on the course. Overall, the feedback was largely positive with students commending the organised structure of the course and the value of being able to actively engage in the topic of mental health. Students found the course highly relevant and applicable to

their interests in mental health and psychology in general. One student did challenge the relevance of learning basic elements of qualitative research in psychology, but this wasn't particularly surprising as qualitative methods in the school's methodology courses are only minimally represented. It is worth noting, however, that the students did express a desire for greater exposure to courses such as the one presented here, which reinforces the need to more thoroughly integrate these skills and techniques into the curriculum. Students highlighted the collaborative nature of the interviewing tasks as being particularly relevant, especially for those who were anticipating going on to undertake future postgraduate studies. Although a formal evaluation was beyond the scope of this exercise, future work should look to implement a more rigorous appraisal to determine the efficacy of this novel approach.

Discussion

Through developing this innovative course, we sought to create an interactive learning environment that provided students with a hands-on approach to examine global and local mental health issues. In addition, we fostered active citizenship by producing a student submission to Scotland's consultation on the direction of mental health delivery. We suggest that the ecological framework we developed in order to achieve the course's aims focused on the progression from knowledge acquisition to applied inquiry and illustrated how psychology (and undergraduate students) can actively contribute to real-world change (Halonen et

al., 2003). To this end, the programme outlined by Bosio and Graffigna (2012) aimed at training professional qualitative researchers, shares similar design features and pedagogical principles with the present framework. That is, a framework characterised as being flexible, problem-oriented, highly applicable, and pragmatically oriented with respect to psychological inquiry.

By providing a forum for students to engage with deeply relevant topics on mental health from both an inquisitive (i.e. interviewer) and self-reflective (i.e. interviewee) perspective, we were able to challenge students to think critically about these issues and how they could be addressed at individual, institutional, national, and international levels. Additionally, the practical curriculum as designed, developed, and delivered provided an opportunity for students to express their ideas and concerns about the role of government policy as it relates to mental health. In doing so, the course also facilitated and encouraged active citizenship thereby giving a voice to a largely under-represented, yet highly relevant cohort with respect to mental health issues and public policy. We believe this framework could easily be adapted to other sub-fields of psychology, which also have the opportunity to contribute to public policy formulations including, but not limited to, educational, forensic, and social psychology. Calls by governmental ministries for public submissions to critical areas such as education, criminal justice, social justice as well as mental health are made routinely and we believe these calls offer an excellent vehicle to develop innovative courses linking research inquiry to political literacy.

The Authors

Dannette Marie

School of Psychology,
University of Aberdeen, Scotland.

Brittany M. Christian

Booth School of Business,
University of Chicago, USA.

Joanne Lumsden

School of Psychology,
University of Aberdeen, Scotland

Lynden K. Miles

School of Psychology,
University of Aberdeen, Scotland.

Correspondence

Dr Dannette Marie

School of Psychology,
University of Aberdeen,
William Guild Building,
Aberdeen AB24 3UB,
Scotland.

Email: dannette.marie@abdn.ac.uk

References

- Bosio, A.C. & Graffigna, G. (2012). 'Issue-based research' and 'process methodology': Reflections on a postgraduate Master's programme in qualitative methods. *Psychology Learning and Teaching*, 11, 52–59.
- British Psychological Society (BPS) (2013). *Accreditation through partnership handbook. Guidance for undergraduate and conversion programmes in psychology*. Leicester: BPS.
- Bronfenbrenner, U. (1994). Ecological models of human development. *International Encyclopaedia of Education*, Vol. 3 (2nd ed., pp.1643–1647). Oxford, England: Elsevier Sciences Ltd.
- Collins, P.Y., Patel, V., Joestl, S.S. et al. (2011). Grand challenges in global mental health. *Nature*, 475, 27–30.
- Halonen, J.S., Bosack, T., Clay, S., McCarthy, M. (with Dunn, D.S., Hill IV, G.W., McEntarffer, R., Mehrotra, C., Nesmith, R., Weaver, K.A. & Whitlock, K.) (2003). A rubric for learning, teaching, and assessing scientific enquiry in psychology. *Teaching of Psychology*, 30, 196–208.
- Henn, M. & Foard, N. (2012). Young people, political participation, and trust in Britain. *Parliamentary Affairs*, 65, 47–67.
- Hugh-Jones, S. (2010). The interview in qualitative research. In M. Forrester (Ed.), *Doing qualitative research in psychology* (pp.77–97). Los Angeles: Sage.
- Jefferson, G. (2004). Glossary of transcript symbols with an introduction. In G. Lerner (Ed.), *Conversation analysis: Studies from the first generation* (pp.13–31). Amsterdam: John Benjamins.
- Jones, P.B. (2013). Adult mental health disorders and their age at onset. *The British Journal of Psychiatry*, 202, s5–s10.
- Kessler, R.C., Amminger, G.P., Aguilar-Gaxiola, S., Alonso, J., Lee, S. & Ustun, T.B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinions in Psychiatry*, 20, 359–364.
- Mental Health Foundation (2007). *The fundamental facts. The latest facts and figures on mental health*. UK: Mental Health Foundation.
- Patel, V. & Prince, M. (2010). Global mental health. A new global health field comes of age. *JAMA*, 303, 1976–1977.
- The Quality Assurance Agency for Higher Education (2010). *Subject benchmark statement: Psychology* (3rd ed.). Gloucester: The Quality Assurance Agency for Higher Education.
- The Scottish Government (2011). *Mental Health Strategy for Scotland 2011–2015: A consultation*. Edinburgh: The Scottish Government.
<http://www.scotland.gov.uk/Publications/2011/09/01163037/0>