

# Mental health issues and higher education psychology teaching

Naomi Craig

---

*This paper focuses on widening participation and accessibility in relation to mental health issues and undergraduate psychology students. Sections 1 and 2 set the context and outline the scope and aims of this paper. Section 3 presents evidence of the student experience from the Improving Provisions for Disabled Psychology Students (IPDPS) project. Students in this project all had some form of disability as defined by the DDA (2005). Section 4 provides examples of ways in which learning and teaching about mental health can be designed from an inclusive and accessible perspective. These examples are drawn from work done by the Mental Health in Higher Education (mhhe) project in conjunction with the Psychology Network. Finally, Section 5 notes that research into other minority groups studying psychology reflects very similar findings to those reported about mental health and psychology teaching and learning, and also highlights the need for further research into these areas.*

## Section 1. Context and language

**W**IDENING PARTICIPATION is defined by the Higher Education Funding Council for England (HEFCE) as ‘policy initiatives to target the individual groups that higher education institutions (HEIs) have identified as under-represented and to ensure their success’ (Lewis, 2002). Identified under-represented groups include disabled, international and mature students, as well as Black and Minority Ethnic communities and sexual minority groups.

In addition to the introduction of widening participation policies, disability legislation has changed dramatically over the past 10 years, with the introduction in 1995 of the Disability Discrimination Act (DDA) (updated in 2005). The law now protects people with a long-term health condition against discrimination and unfair treatment in almost every aspect of college and university life. This includes students, staff and others who use the services and facilities of the institution.

The data in this paper have been collected from students with declared disabilities which included students with mental health issues. There is debate around whether or not mental health issues should

be considered a disability (Beresford, 2000). This paper does not attempt to enter that debate. Rather, it simply uses the data gained to focus on mental health as a widening participation issue in relation to psychology learning and teaching.

Language around disability has also evolved over the past decade or so. The terminology of the social model of disability (Oliver, 1981) is now widely accepted, in which people have ‘impairments’ such as deafness, dyslexia, etc., and ‘disability’ is the outcome of the interaction between a person with an impairment and the environmental and attitudinal barriers they may face (Davis, 1996). The social model is thereby an explicit attempt to move away from the medical model of disability, in which disability is a ‘problem’ that belongs to the disabled person.

Within this paper the term ‘disabled student’ is still sometimes used, because the Improving Provisions for Disabled Psychology Students (IPDPS) project (see Section 2 below) used this term. However, the preferred term is now ‘students with disabilities’, and is used within this paper wherever possible. Similarly, the preferred term is now ‘mental health issues’ as opposed to ‘mental health difficulties’,

to reflect a move towards the recognition that some atypical mental health experiences can be positive as well as negative. Throughout this paper the term 'mental health issues' is, therefore, used as an alternative to 'mental health impairments' and 'mental health difficulties'. Finally, within higher education more generally, two new and interchangeable terms are now used extensively when referring to learning and teaching policies designed to support widening participation: accessibility and inclusion.

Accessibility in higher education institutions is not just about physical access: it is also about an institution's public information, selection and admission procedures, learning and teaching, examination and assessment methods and materials, as well as its central facilities, staff development programmes and quality assurance processes, all of which should demonstrate that they can best meet the needs of an increasingly diverse student population.

Within teaching and learning, 'accessibility' and 'inclusion' are both used in the context of enabling someone to have full access to the whole higher education curriculum – not just obtaining materials and information in accessible forms, but being able to use these in a meaningful way. This covers every aspect of a course, as summarised by Simpson (2008): 'Can any student with any type of disability (or whatever background or culture) understand what is taught, understand what coursework is looking for, and what learning outcomes an examination is seeking evidence of?' Consideration of the impact of teaching activities on diverse student groups will reduce the number of barriers students encounter, and it is important to recognise that 'non-scholarly' expectations and the ability to live up to these are as much a part of the 'teaching activities' as delivering a lecture that fulfils its learning outcomes, especially for marginalised and minority groups.

## **Section 2. The aims and structure of this paper**

Accessible and inclusive teaching and learning, therefore, have relevance to disabled and non-disabled students. This paper focuses on accessibility issues relating to mental health issues and psychology learning and teaching and, in particular, on the teaching of mental health issues to undergraduate psychology students – with a special focus on ways to reduce the barriers encountered by students with mental health issues by making material and teaching more relevant to them, and consequently giving all students greater understanding of the social obstacles faced by those with mental health issues.

Mental health is a particularly relevant widening participation issue because mental health issues are typically less visible than physical impairments. This can mean that it is easier for students to 'hide' their mental health issues than it is for them to hide a physical impairment. Students can also be less willing to disclose information about their mental health to the higher education institution. Moreover, mental health issues are reported as increasing in both the student and the general population (Craig & Zinkiewicz, 2010), and a higher percentage of psychology students than those in other subjects now declare mental health issues (Craig & Zinkiewicz, 2010; see Section 3 below).

The apparent growth and relative 'invisibility' of mental health issues, therefore, makes these issues and the teaching of these issues even more important for widening participation: the needs of students with mental health issues will need to be taken into account across the entire psychology programme, and students who do not have mental health issues will need to learn to be open and non-judgemental about mental health issues and about people who do have such issues, both within and outside a University environment.

The following section presents evidence about the disabled student experience from the Improving Provisions for Disabled

Psychology Students (IPDPS) project, funded by The Higher Education Funding Council for England and the Department for Education and Learning in Northern Ireland, as part of their 2003–2005 Improving Provision for Disabled Students Strand 2 funding scheme (Craig & Zinkiewicz, 2010). This project collected evidence from surveys and interviews with past and present disabled psychology students ( $N=113$ ), disabled psychology staff ( $N=8$ ), and institutional disability staff ( $N=42$ ).

Section 4 provides examples of ways in which to design teaching about mental health from an inclusive and accessible perspective. These examples are drawn from the work of the Mental Health in Higher Education project (mhhe). The mhhe project aims to enhance learning and teaching about mental health through increasing networking and the sharing of approaches across the disciplines in UK higher education ([www.mhhe.heacademy.ac.uk](http://www.mhhe.heacademy.ac.uk)). It is a partnership between five subject centres of the Higher Education Academy, including the Psychology Network ([www.psychology.heacademy.ac.uk/](http://www.psychology.heacademy.ac.uk/)). Together, mhhe and the Psychology Network have supported work around new approaches to teaching mental health in undergraduate psychology, resulting in a series of case studies and publications (Cromby, Harper & Reavey, 2008; Harper et al., 2007).

### Section 3. The student experience

Participation by students with disabilities in higher education has increased from 4.8 per cent in 1998/99 to 6.5 per cent in 2007/08. In psychology, 2.1 per cent of psychology students declared a disability in 1998/99, and this increased to 8.8 per cent in 2007/08 (Source: Higher Education Statistics Agency).

Given the range of topics covered in psychology courses, and that the focus of such courses is human behaviour in all its variety, it is unsurprising that students may find the content of a psychology course to be relevant to themselves. Disabled students are

no exception. In fact, some disabled students may find elements of the psychology curriculum particularly relevant to their life experiences – for example, sensation and perception, health psychology, neuropsychology, clinical psychology, cognitive psychology, social psychology and developmental psychology all cover material related to the impairments and medical conditions experienced by students with a range of disabilities. Moreover, the Improving Provision for Disabled Psychology Students (IPDPS) report provides evidence that some students choose to study psychology precisely because they have a physical disability, learning difficulty or mental health issue and are eager to learn more about it (Craig & Zinkiewicz, 2010).

The relevance of the psychology curriculum to personal circumstance has varying consequences for disabled students. In some cases students report being more motivated to study the subject, or to gain a greater insight into what is studied.

*‘I think that my mental health problems give me some insight into clinical psychology; and my former visual impairment gave me an insight into visual processing/perception.’* (Student with mental health issues)

*‘With hindsight my disability has given me an enhanced understanding of prejudice and individual difference which has enhanced my psychological understanding and made me critical of mainstream psychology.’* (Student with a specific learning difficulty)

Some students may actually seek to study psychology to learn more about their impairment and in some cases this will help them cope with it better. This may be a factor contributing to the slightly greater proportion of students with disclosed mental health issues amongst psychology undergraduates, in comparison to undergraduate students as a whole (though other factors may be operating). In 2007/2008 0.4 per cent of all HE first-degree students declared a mental health issue; in psychology 0.9 per cent declared a mental health issue (Source: HESA).

Such experiences and feelings are acknowledged by some of the disabled psychology students who were surveyed as part of the IPDPS project:

*'I wanted to find out more about my disability by studying psychology.'* (Disabled psychology student)

*'I thought it would help me deal with and solve my mental problems ... I hoped it [my impairment] would motivate me but feared it would stop me from studying.'* (Student with mental health issues)

Increased knowledge may come with some costs. Learning about one's impairment can be painful for students. As one staff member put it:

*'Psychology attracts more students with mental health problems than other disciplines. Students think this will help but in fact they tend to feel worse.'* (Psychology academic)

Some students find the new knowledge can trigger negative feelings or memories, while others find the contrast between what is taught and their own life experience problematic, particularly when teaching staff over-simplify a complex reality:

*'There are some aspects of the course that I find irritating: in a module on Personality, for example, the suggestion that cancer (such a generalisation) can, in some cases, be attributed to personality traits seems very simplistic. (This was the cause of my disability).'* (Student who uses a wheelchair or has mobility problems)

*'Some subjects, like study of repressed memories and social psychology, has made me feel more depressed and made me focus on my own problems and made me feel more hopeless and helpless.'* (Student with mental health issues)

Many psychology students, whether disabled or not, perceive (perhaps on the basis of mass media representations) that psychology is purely a professional discipline, focusing on treating people with psychological impairments of various sorts, rather than being both an academic and research discipline as well as a profession. Given this belief, disabled psychology students may

mistakenly expect that most psychology academic staff will have clinical experience and that they will, therefore, be sensitive and empathic, have highly developed skills in communication and counselling, and generally be more supportive than academics in other disciplines. As one student put it:

*'I expected that psychology staff would have a deeper understanding of issues such as chronic pain, frustration and the needs of an individual to be included.'* (Student with multiple sclerosis)

Even where students know that most psychology academics are research- rather than clinically-focused, they still may expect psychology staff to apply the relevant knowledge they have to their own practice:

*'They are scientists, but don't appreciate the knowledge they have that explains my behaviour, and how they can help. A lecturer that specialises in reading, and in dyslexia and reading, doesn't apply what she teaches when she knows she has students that match the case studies that she presents. It's very frustrating.'* (Student with specific learning difficulties)

Such beliefs and expectations may lead disabled psychology students to have higher expectations of psychology academics than those in other teaching disciplines, resulting in students being more disappointed if they receive inadequate support from psychology staff than from other staff. As one student put it:

*'None of my expectations were met regarding my disability in this department. [Psychology staff were] not as aware or considerate as I would have expected.'* (Student with specific learning difficulties)

This possibility is recognised by some institutional disability support staff, with 30 per cent of such staff surveyed by the IPDPS project stating that they felt disabled students entering psychology programmes had higher expectations of psychology staff than did students of staff in other disciplines.

Disabled students may also be attracted to psychology as a career as a result of their experience with health and social services.

Such experiences may give them a desire to 'give something back' to the community, or to use their insight and knowledge gained by experience to improve such services. This may be particularly the case in relation to mental health issues. As students put it:

*'I thought my own life experiences would help me be empathic and understand others' distress so I wanted to pursue the clinical route.'* (Student with mental health issues)

*'My struggles with a long-term illness, the medical establishment, medication side effects, bad management by the course and my employers have all proved very valuable in understanding my clients' difficulties with mental health.'* (Postgraduate student with chronic, fluctuating medical condition)

In 2002/2003, 5.2 per cent of psychology students who declared a disability declared mental health issues. In 2007/2008, this figure was 10.6 per cent (Source: HESA).

It is important to be aware of the difficulties that can arise for students when learning about certain areas of psychology, particularly those parts that deal with clinical and mental health issues. Many topics and areas within psychology have very personal aspects or associations that can be distressing for students regardless of whether they are disabled.

*'I found some of the descriptions of psychopathologies slightly distressing, but I think many people who do not have my disability might share this opinion.'* (Student with mental health issues)

*'I feel that within the psychology course there is too much of a negative attitude towards mental illness.'* (Undergraduate psychology student with mental health issues)

*'With a mental health condition, I had become tired of hearing conflicting comments about human nature and my own condition ... The knowledge I have gained has helped me grow in self-confidence and become more informed and assertive.'* (Student with mental health issues)

The comments collected within the IPDPS project provide valuable insights that can inform the design of accessible and inclusive

teaching and learning activities for students with mental health issues. The following section provides examples of such learning and teaching that have been collated by the mhhe project.

#### **Section 4. Inclusive and accessible teaching about mental health**

Traditionally, many undergraduate psychology courses presented mental health issues from a medical perspective, using the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* terminology. The term 'abnormal psychology' was frequently used as a course title and indeed many textbooks still use this term in their titles. However, this term is seen as increasingly problematic (Cromby, Harper & Reavey, 2008), particularly for students with mental health issues as 'abnormal psychology' can be interpreted – by their fellow students and by the students themselves – to mean that their impairment renders them 'abnormal' human beings, rather than, say, 'atypical' (Conner-Greene, 2001; Harper et al., 2007).

Ensuring that students have a rich understanding of mental health issues led Paula Reavey (date unknown, case study 16, mhhe website), not only to provide students with 'information' about mental health issues; but to offer them a new way of thinking through the issues, using critical academic and clinical/practical insights. After five years of continual research and reading, Reavey has changed her module on 'The Psychology of Mental Health' dramatically. It still includes mainstream psychiatric approaches, but is run entirely according to a critical and psychosocial agenda, using speakers (clinical psychologists and psychiatrists) who do and who do not work in accordance with this objective. For example, to demonstrate how widely accepted neo-Kraepelinian ideas are in modern psychiatry and to illustrate how they impact on a large proportion of clinical practice, Reavey now invites a consultant psychiatrist to deliver a workshop session on working in the NHS with patients with 'severe' mental illnesses, like bi-polar

disorder and schizophrenia. The psychiatrist talks through how he (in this case) uses diagnoses in order to be able to prescribe relevant medication and courses of treatment. This also serves to illustrate to students how psychiatric theories and diagnoses translate into actual practices.

Exam scripts can provide evidence of gaps in students' depth of understanding. Dave Harper (date unknown, case study 3, mhhe website), became aware through his students' scripts that his students were focusing too much on psychiatric definitions rather than a broader psychological approach to mental health. As a result he changed his teaching to ensure students had more opportunities to discuss psychological approaches to mental health. For example, Harper stressed that he did not want students to simply regurgitate psychiatric diagnostic definitions but, instead, to be able to consider the contribution of a psychological formulation of these kinds of experiences.

Finally, John Cromby (date unknown, case study 4, mhhe website) has designed a course on mental illness to include critical perspectives and to contrast these with more orthodox views. To facilitate this activity, the themes of mind/brain and individual/society dualism are fore-grounded from week 1 of the module, and the module separated the primary academic content from the input of practitioners and service users – so that it matters little precisely which external input is received each year. A focus on self-directed learning is also an integral part of the module. This is partly achieved throughout the semester by setting 'coffee break questions' during the lecture that students must address during their break and return to the second half of the lecture to discuss as a group. However, self-directed learning is primarily achieved by the mode of assessment. Students generated their own essay titles: they could write an essay on any relevant topic they chose, with the constraint that their essays must involve some form of analysis and could not be merely descriptive.

## **Section 5. Discussion**

The mhhe case studies address the specific issue of delivering teaching that does not stigmatise students with mental health issues by moving away from the 'abnormal' model. A similar development within the wider education agenda underpins a move to focus on inclusive teaching for mental well-being (Burgess, Anderson & Westerby, 2009). This approach recommends that the design of the curriculum should take into account the structural demands imposed on students and pay attention to the balance of learning opportunities provided for students.

Mental health is just one aspect of many on the widening participation agenda. Research examining other minority groups studying psychology reflects very similar findings to those reported about mental health teaching and learning. For example, Hodges et al. (2005–2007), identified that minority students reported feelings of marginalisation in the form of discrimination; homophobia and oppression of identities; there was a loyalty to psychology as a discipline and high expectations of what it could offer; and that students felt both disillusioned and cautiously optimistic. Minority groups reported a lack of inclusion in the curriculum, the teaching and learning environment and social milieu; lack of relevance of the curriculum to their lives; and almost without exception there was an overall expectation that a liberal and progressive environment would pervade a University setting. There was also a sense that the impact and intersection of multiple minority identity positionings is only cursorily engaged with by psychology and is thus almost invisible. Hodges et al. (2005–2007), recommended that psychology as a discipline and higher education in general should acknowledge the detrimental exclusionary impact of 'institutional homophobia' and 'institutional racism' on minority students in higher education today, develop policies that will encompass the diversity of its student population into its social, teaching and learning practices, and imple-

ment strategies that will enable a more inclusive experience for minority students.

Zinkiewicz and Trapp (2004) offer some recommendations for handling sensitive issues, including: establishing the goals and rules of conduct, refraining from relating personal frustrations or political views, and not alienating minority students. Zinkiewicz and Trapp (2004) also note that whilst the correct use of terminology is important this may not always be applicable in a mental health setting. It is essential that students are given an opportunity to debate terminology (which is contested) and that they are not too quickly judged on the basis of the language that they use. Ensuring staff have an understanding of the accessibility benefits built into everyday technologies is imperative in ensuring an inclusive and accessible learning experience.

This report has provided evidence of student perceptions that relate to mental health and the study of psychology at undergraduate level. Their comments allow us to reflect on ways in which teaching and learning activities on undergraduate psychology courses can be designed to be both accessible and inclusive and a few

specific examples of improvements to teaching practice are provided. Many other issues relating to disability and inclusive practice within psychology education are discussed in the Higher Education Academy's Psychology Network *Inclusive Practice within Psychology Higher Education* (Craig & Zinkiewicz, 2010).

Finally, this report also illustrates how focusing on a particular widening participation group, students with mental health issues, provides insights that can promote the development of accessible and inclusive practice. We suggest that this may provide a good model for the development of accessible and inclusive practice for other widening participation groups.

### **Correspondence**

**Naomi Craig**

The Higher Education Academy  
Psychology Network,  
Psychology Department,  
1st Floor, Information Centre,  
Market Square,  
University of York, YO10 5NH.  
E-mail: n.craig@psych.york.ac.uk  
Tel: 01904 433652

## References

- Beresford, P. (2000). What have madness and psychiatric system survivors got to do with disability and disability studies? *Disability and Society*, 15(1), 167–172.
- Burgess, H., Anderson, J. & Westerby, N. (2009). *The Higher Education Academy e-bulletin Mental Well-being*. Accessed 10 January 2010 from: [www.psychology.heacademy.ac.uk/networks/sig/mwb.asp](http://www.psychology.heacademy.ac.uk/networks/sig/mwb.asp)
- Conner-Greene, P. (2001). Family, friends and self: The real-life context of an abnormal psychology class. *Teaching of psychology*, 28, 210–212.
- Craig, N. & Zinkiewicz, L. (2010). *Inclusive practice within psychology higher education*. The Higher Education Academy Psychology Network.
- Cromby, J. (date unknown). *Contrasting critical and biomedical perspectives on mental health*. Accessed 10 January 2010 from: the Mental Health Higher Education (mhhe) website: [www.mhhe.heacademy.ac.uk/resources/case-study-4/](http://www.mhhe.heacademy.ac.uk/resources/case-study-4/).
- Cromby, J., Harper, D. & Reavey, P. (2008). Mental health teaching to UK psychology undergraduates: Report of a survey. *Journal of Community & Applied Social Psychology*, 18(1), 83–90.
- Davis, K. (1996). *The social model of disability – setting the terms of a new debate*. Published by the Derbyshire Coalition of Disabled People (September 1996, revised)
- Disability Discrimination Act (DDA) (2005). Accessed 10 January 2010 from the Directgov website: [www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG\\_400106](http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_400106)
- Harper, D. (date unknown). *Approaches to undergraduate psychology teaching: 'The psychology of delusions'; and 'difference and discrimination in mental health'*. Accessed 10 January 2010 from the Mental Health Higher Education (mhhe) website: [www.mhhe.heacademy.ac.uk/resources/case-study-3/](http://www.mhhe.heacademy.ac.uk/resources/case-study-3/)
- Harper, D., Cromby, J., Reavey, P., Cooke, A. & Anderson, J. (2007). Don't jump ship! New approaches in teaching mental health to undergraduates. *The Psychologist*, 20(5), 302–304.
- Higher Education Statistics Agency (HESA): [www.hesa.ac.uk/](http://www.hesa.ac.uk/)
- Hodges, I., Jobanputra, S., Pearson, C., Reed, C. & Smith, S. (2005–2007). *Mapping exclusion in undergraduate psychology: Towards a common architecture of the minority student experience*. Final report for the Higher Education Academy Psychology Network Departmental Enhancement Scheme. University of Westminster. Accessed 10 January, 2010 from the Higher Education Academy website: [www.psychology.heacademy.ac.uk/docs/pdf/p20090204\\_Hodges\\_et\\_al\\_final\\_report.pdf](http://www.psychology.heacademy.ac.uk/docs/pdf/p20090204_Hodges_et_al_final_report.pdf)
- Improving Provision for Disabled Psychology Students Project (IPDPS). [www.psychology.heacademy.ac.uk/ipdps/](http://www.psychology.heacademy.ac.uk/ipdps/)
- Lewis, B. (2002). Widening participation in higher education: The HEFCE perspective on policy and progress. *Higher Education Quarterly*, 56(2), 204–219.
- Oliver, M., (1981). A new model of the social work role in relation to disability. In J. Campling (Ed.), *The handicapped person: A new perspective for social workers?* London: RADAR.
- Reavey, P. (date unknown). *Teaching mental health from a critical psychology perspective*. Accessed 10 January 2010 from the Mental Health Higher Education (mhhe) website: [www.mhhe.heacademy.ac.uk/resources/case-study-16/](http://www.mhhe.heacademy.ac.uk/resources/case-study-16/).
- Simpson, A. (2008). *The Higher Education Academy e-bulletin Inclusive Teaching Practice*. Accessed 10 January 2010, from the Higher Education Academy website: [www.psychology.heacademy.ac.uk/networks/sig/it.asp](http://www.psychology.heacademy.ac.uk/networks/sig/it.asp)
- Zinkiewicz, L. & Trapp, A. (2004). *Widening Participation Report*. Accessed 10 January 2010, from the Psychology Network website: [www.psychology.heacademy.ac.uk/docs/pdf/p20040422\\_widen\\_partic.pdf](http://www.psychology.heacademy.ac.uk/docs/pdf/p20040422_widen_partic.pdf)