

Chapter Six

Results of the questionnaire



Research process:

I illustrate how understanding the stigma towards those young people experiencing mental health problems may be only partially revealed and understood through carrying out a survey using a questionnaire. I show how although a questionnaire, embracing several different compatible techniques, is able to consider the how many questions it is unable to look at individual understandings by asking the how and why questions.

Voice of the developing researcher:

The ways in which I analyse the responses are different from those of some other researchers using similar techniques. Rather than encoding and scoring, which may conceal complexities of stigma, I look beyond the scale system and consider every young person's individual responses. I am still unsure as to how to infer an individual's attitude towards those experiencing mental health problems. Just as the birds appear to find it difficult to separate from the flock, I also find difficulties in separating an individual's attitude from that of the group.

Young people's perspectives:

I consider that I may not be able to read stigmatising attitudes directly from the questionnaire results, but that they need to be pieced together. However, at this stage I am unsure as to what information is needed to infer an individual's attitude towards those experiencing mental health problems.

In this chapter I present the results of my questionnaire survey and develop arguments regarding the issues of reliability and trustworthiness in using questionnaires, particularly in the light of the ethical issues surrounding sampling techniques and the expectations placed on the young people in the participating mainstream schools.

6.1 Gate-keeping

In order to consider the specific ethical issues concerning questionnaire research I turned to the work of Denscombe and Aubrook who in their paper, “Its Just Another Piece of Schoolwork” (1992), discussed the use of questionnaires with pupils in mainstream schools. From the onset of my own research I had always intended that the mainstream pupils’ participation in the data-gathering process would be voluntary. This, according to Denscombe and Aubrook (1992), would give me two distinct advantages. The first was that my voluntary participants would be more likely to give authentic and ‘truthful’ responses. The second was that the voluntary response would communicate the concept of consent and that the participants could stop involvement with the research process at any time. Denscombe and Aubrook also suggested that if giving consent were to be meaningful then it would need to be informed consent, something that they claimed ‘an ideal which is not always easy to achieve in practice’ (1992: 127). I acknowledge how pertinent this was because I realised that there would be several layers of consent required within a school context and I give details of how I addressed the issue of informed consent in the following paragraphs.

Mainstream schools are hierarchical settings with a member of the senior personnel, usually the head teacher, acting as gatekeeper, from whom as a researcher I had been well aware of the need to get consent to carry out my research. This seemed all the more acute in view of the sensitive topic that I was planning to research and so my first point of contact, with each school to discuss my intentions, had been with each respective head teacher. In all three schools I was then introduced to a member of staff with whom I discussed the wording of the consent letter to be sent out to parents and also that of the questionnaire and how it would be administered. Although the wording of both the letters and questionnaire were consistent across the schools, the way in which the samples of young people were made and how the research was implemented were essentially bespoke for each individual institution.

Although I believed that I had very good grounds for making use of the school context for conducting my research with young people I was aware that there could be potential for institutional coercion of the pupils to take part in my research. This, I believed, could lead to what Denscombe and Aubrook referred to as ‘adequate consent’ (1992: 128) and implies a reluctant agreement or consent rather than an enthusiastic co-operation. Equally, I was concerned that if I insisted on seeking full voluntary participation I would be taking the risk of getting a far lower response rate. Also, the quality of the data collected could suffer by possibly being biased towards those that did not have or show stigmatising attitudes towards those experiencing mental health problems. However, aware that I wished to aim for as full a voluntary, yet representative, participation as practicable, I knew that I would need to give the young people and their parents the message that they did have the right to opt out and, perhaps more importantly, to word any communication with them so as to ensure that they did feel free to say no. This is something that in retrospect I feel that I could have done better. In the introductory letter sent to parents (Appendix 6a) I had said, ‘I would like to hear the views of pupils in mainstream education. This part of the study will involve your

son/daughter completing a questionnaire’, whereas in fact I should perhaps have said ‘I invite your son or daughter to take part in my research’.

As an outsider, with respect to the participating mainstream schools, I found it necessary to relinquish a degree of control into how each participant sample was selected and how and where the data-gathering process would take place. I was aware that I would have to rely on others to find and organise each sample group within the three schools, which at times I found quite difficult and frustrating. I realised that, although I would perhaps need to be slightly forceful to ensure that my research project actually happened and as such have the potential of being successful, I would also need to be sensitive in the way I proceeded on my research journey. I needed to be careful not to alienate the member of staff allocated to support me; they were busy people and this was an extra demand on their time. There is after all an underlying ethic in doing research in this kind of setting that people’s time is precious and one should not make use of it without due consideration.

6.2 The ‘doing’

Having eventually planned the detailed organisation and implementation for data collection using the questionnaire, letters and consent forms (Appendix 6a) were sent out to the parents of Year 10 pupils. The letters, seeking written permission for their son or daughter to take part in my research project, were written on each school’s respective headed paper. In the letter I included what I regarded, as far as was practical, sufficient detail for informed consent to be sought. I gave information regarding the purpose of my inquiry, who would be conducting the inquiry and how the information supplied would be ‘protected from abuse’ (Denscombe and Aubrook 1992: 128) by being kept confidential. The consent forms giving parents’ permission for their sons or daughters to take part in my research were returned to the named person at each school who then organised for me to go in with the questionnaire. I had however, rightly or perhaps in some cases incorrectly, assumed that the young persons themselves would have had some say in giving the consent offered by their parents. However all participating pupils were not only reminded of the purpose of my research at the beginning of the data-gathering task but also of their rights not to have to complete the whole questionnaire. At this stage all potential participants had complete anonymity in that I did not know the names of any of those who had or had not volunteered to take part.

6.2.1 Data-gathering experiences

In order to identify each participating school I shall now refer to them as schools 1, 2 and 3. I felt that although the head teachers were supportive of the need to carry out such research the staff members assigned to making the arrangements within the school settings were already overstretched and that this was another expectation being put on them. I realised that as an outsider and as mainstream schools are busy places, with lots of time pressures on everyone, I had no right to ask anything of them and as such appreciated the support that I was offered. All three schools provided two cohorts, although of variable sizes, and appeared keen to organise the follow up interviews.

I now consider the different types of consent given by the participants in each school. In school 1 most of the participants had given only ‘adequate consent’ which I realised could have been why some participants voiced concern regarding completing specific questions.

Also, although being reminded that it was their own thoughts that I wanted, a few pupils insisted on collaborating with each other. I realised that these were both situations where there were disadvantages of using a questionnaire. However, as an additional complication, on both visits to the school I was met with confusion resulting from incidents within the everyday life of such a busy setting. Both data-gathering sessions were rushed with some pupils wanting to get on with answering the questions rather than listening to the introduction or instructions. However, I did manage to obtain two sets of completed questionnaires.

Although school 2 produced a smaller sample, this time the participants were volunteers from the whole of the Year 10 and all those who had agreed to take part arrived on time and completed the questionnaire without overtly expressing reservations. The pupils appeared to respond well, asked appropriate questions and quietly completed the questionnaire. They were given plenty of time to complete the task and the whole environment and conditions under which the activity was undertaken felt calm and without any resistance. However, although in school 2 the participating groups appeared to indicate having a higher degree of ‘voluntariness’ (Denscombe and Aubrook 1992: 129), both cohorts, perhaps predictably, were much smaller (Table 6.1).

School 3 seemed to be a combination of the first two. Again the pupils were from across the whole of the Year 10 but this time not all of those who had agreed to take part in my research turned up. Those who did however were squashed into a small room and again it seemed rather rushed.

I believe that my experiences that I describe in school 1 were similar to those that many of the young people I work with would relate to. I experienced the feelings of not belonging and being an outsider. I compare these experiences to those of pupils who believe that their peers see them as different and as such an outsider. However, I recognise that in writing about my feelings of being an outsider I may convey the feelings of oppression that have been projected on to me by those that I present, namely the young people admitted to an adolescent psychiatric unit, and my own autobiography (1.4).

In Table 6.1 I summarise the distribution of 89 participants within the three schools. As gender was not an issue in this research project I do not specify the gender split in the sample sizes.

School	1		2		3		Total
Cohort	1	2	1	2	1	2	
Total	20	21	17	5	22	4	89

Table 6.1 Distribution of respondents

In the next section I use the questionnaire data to offer an initial representation of the attitudes towards young people in mainstream schools with respect to mental health issues.

6.3 Results of the quantitative element

None of the pupils who had agreed to complete the questionnaire, and attended the data-gathering sessions subsequently, completely refused to co-operate in the task. Also none of

the overall total of 89 questionnaires was sufficiently incomplete to be classed as spoiled and not included in the analysis. Of the returned questionnaires that were incomplete I was unsure whether this was due to a shortage of time, especially in two of the schools, or a straightforward refusal to answer some of the questions. Although I would like to be able to think that the level of co-operation was perhaps due to the quality of my research tool and an interest in the topic being researched, through my own experiences I suggest that it was more likely to owe much to the school context in which I had administered the questionnaire. Denscombe and Aubrook suggested that perhaps this context encourages the participants to regard ‘completing the questionnaire as “just another piece of schoolwork”, [and, as such] *assumed* [italics in original text] by the students that they are under some tacit obligation to complete [it] ...’ (1992: 125, 129). Also, although pupils had been asked not to confer with their peers I had been aware of one or two instances of collaboration throughout the data-gathering process and in fact two questionnaires were almost identical in their responses. This is, as I have already highlighted, one of the dangers of using questionnaires; namely that the researcher cannot be sure that the response is from the respondent only.

The number of pupils who said at the end of the questionnaire that they would be prepared to meet with me and discuss their responses in more detail (Table 6.2) gave a clear indication that those who had taken part on a complete voluntary basis were more prepared to volunteer for the next stage than those who had given only ‘adequate consent’; that is those who had been expected to participate in a class activity of completing a questionnaire.

School	1		2		3		Total
Cohort	1	2	1	2	1	2	
Total	10/26	11/21	13/17	4/5	12/22	4/4	54/89
	21/47 45%		17/22 77%		16/26 62%		61%

Table 6.2 Number of pupils who were prepared to be interviewed

I had intended to code (5.1.4) responses as derogatory or non-derogatory in order to be able to ascribe, to the young participants, stigmatising or non-stigmatising attitudes towards those with mental health problems. However, as I started to work through my intended analysis I became concerned with the combined effects of the levels of interpretation the young people would have made in order to complete the questionnaire and those I would be making if I continued along this line of approach. I had made the assumptions that the young people would interpret the questionnaire research questions in the exact way that I had intended, but I was beginning to have doubts as to whether they had the same understanding of mental health problems as I had defined as my own understanding at the onset of my dissertation (1.8). These doubts were the result of having carried out an initial interview in which I identified anomalies between my own and a young person’s understanding of mental health problems. The young person described experiencing a mental health problem as ‘... *maybe making them slower or a bit behind* ...’ a description that, coming with my own experiences, I would consider to be describing a pupil with learning or developmental problems not mental health problems (2.4). I consider further the idea of young people not having the same understanding of mental health problems as the literature or myself in Chapters Eight, Nine and Eleven.

I now describe my findings and tentative conclusions whilst acknowledging the junctures at which I believed I would need to take an alternative approach. In Chapters Seven and Nine I

acknowledge how I developed my research approach to add rigour and trustworthiness to the way in which I dealt with analysing the data gathered.

6.3.1 Responses to cartoons

I remind the reader that Year 10 pupils, making up the pilot group, had suggested the captions from which the participants were now able to choose as being the best descriptor for each cartoon.

The results demonstrated the young people’s engagement with the questionnaire through their choice of captions for the cartoons and it was clear that many had interpreted the images with reference to the vignettes, associating a pupil who had been absent from school for a long period of time with needing to ask for help in class and to catch up with their work. I had believed that by including the character Aay as a ‘normal’ comparator against which to judge the deviance from that norm then stigmatising attitudes would be readily recognisable. That is, this is how mainstream pupils treat the ‘normal’ and this is how far away they are when treating the ‘abnormal’ in the same context and in terms of the same questions.

Collectively the pupils’ responses (Table 6.3) appeared to provide some evidence that young people do recognise and relate to differences and a tentative indication of some possible stigmatising attitudes towards Bee who had experienced mental health problems. For example, for cartoon 4, 37% of responses said that *‘Bee is going mad’* whereas only 5% said that *‘Aay is going mad’*, although 15% did also think that *‘Cee is going mad’*. In most cases Bee and Cee appeared to be considered by the respondents as being quite similar but yet different from Aay. They were both considered to be more likely to be asking for help in class and to be getting extra maths work to help them catch up. The most objectionable of the behaviours (cartoon 6) appeared to give the greatest uniformity of responses across the three characters.

At this point I believed that to uncover any stigma towards those experiencing mental health problems, I would need to consider not only how many of the participants selected each caption but also how many changed their choice of caption for Bee and Cee from that chosen for Aay. But not all changes in themselves would indicate the presence of stigma towards someone experiencing mental health issues, for example *‘Aay is asking for help’* to *‘Bee is putting his/her hand up’*. I only include in Tables 6.4a and 6.4b those changes that I considered as showing up potential stigmatising attitudes. I considered the responses for Cee with those for Aay to compare the level of potential stigma shown towards a physical illness compared with that shown towards mental health.

Table 6.3 Number of responses given for each cartoon

Cartoon 1

	42	Aay is putting his/her hand up	47	Bee is asking for help	42	Cee is asking for help
	36	Aay is asking for help	23	Bee is putting his/her hand up	23	Cee is putting his/her hand up
	8	Aay is answering a question	14	Bee is working for his/her GCSEs	15	Cee is working for his/her GCSEs
	1	Aay is working for his/her GCSEs	3	Bee is answering a question	7	Cee is answering a question

Cartoon 2



40	Aay is handing in his/her maths homework	45	Bee is getting extra maths work to help him/her catch up	42	Cee is getting extra maths work to help him/her catch up
30	The teacher is giving Aay a maths book	16	The teacher is giving Bee a maths book	16	The teacher is giving Bee a maths book
11	Aay is talking to his/her maths teacher	15	Bee is handing in his/her maths homework	15	Bee is talking to his/her maths teacher
6	Aay is getting extra maths work to help him/her catch up	11	Bee is talking to his/her maths teacher	14	Bee is handing in his/her maths homework

Cartoon 3



32	Aay is sitting down by him/herself	34	Bee is lonely as he/she has no friends	27	Cee is sitting down by him/herself
30	Aay is lonely as he/she has no friends	27	Bee is depressed	25	Cee is depressed
20	Aay is depressed	21	Bee is sitting down by him/herself	23	Cee is lonely as he/she has no friends
5	Aay is waiting for his/ her friends	5	Bee is waiting for his/ her friends	12	Cee is waiting for his/ her friends

Cartoon 4



49	Aay is covering up his/her ears	32	Bee is going mad	35	Cee is not listening
29	Aay is not listening	29	Bee is covering up his/her ears	33	Cee is covering up his/her ears
5	Aay is going mad	21	Bee is not listening	13	Cee is going mad
4	Aay is playing a game	5	Bee is playing a game	6	Cee is playing a game

Cartoon 5



48	A boy/girl is threatening Aay	34	A boy/girl is threatening Bee	28	A boy/girl is picking on Cee
25	A boy/girl is picking on Aay	31	A boy/girl is picking on Bee	27	A boy/girl is threatening Cee
8	A boy/girl is pointing at Aay	12	A boy/girl is arguing with Bee	18	A boy/girl is pointing at Cee
6	A boy/girl is arguing with Aay	10	A boy/girl is pointing at Bee	14	A boy/girl is arguing with Cee

Cartoon 6



43	Aay is bullying a boy/girl	31	Bee is bullying a boy/girl	31	Cee is bullying a boy/girl
20	Aay is picking a boy/girl up	24	Bee is threatening a boy/girl	25	Cee is picking a boy/girl up
19	Aay is threatening a boy/girl	17	Bee is picking a boy/girl up	15	Cee is threatening a boy/girl
5	Aay is messing around	15	Bee is messing around	16	Cee is messing around

Captions for Aay	Captions for Bee	Number of potential stigma instances	Total
Cartoon 1			
42 say Aay is putting his/her hand up	21 say Bee is asking for help	21	27
8 say Aay is answering a question	6 say Bee is asking for help	6	
Cartoon 2			
11 say Aay is talking to his/her teacher	4 say Bee is getting extra maths to help him/her catch up	4	42
30 say the teacher is giving Bee a maths book	17 say Bee is getting extra maths to help him/her catch up	17	
40 say Aay is handing in his/her maths homework	21 say Bee is getting extra maths to help him/her catch up	21	
Cartoon 3			
5 say Aay is waiting for his/her friend	3 say Bee is lonely as he/she has no friends 1 says Bee is depressed	4	30
30 say Aay is lonely as he/she has no friends	6 say Bee is depressed	6	
32 say Aay is sitting down by him/herself	13 say Bee is depressed 7 say Bee is lonely as he/she has no friends	20	
Cartoon 4			
49 say Aay is covering up his/her ears	15 say Bee is going mad	15	28
29 say Aay is not listening	12 say Bee is going mad	12	
4 say Aay is playing a game	1 says Bee is going mad	1	
Cartoon 5			
48 say a boy/girl is threatening Aay	7 say a boy/girl is arguing with Bee 3 say a boy/girl is pointing at Bee 15 say a boy/girl is picking on Bee	25	25
Cartoon 6			
5 say Aay is messing around	2 say Bee is bullying a boy/girl 1 says Bee is threatening a boy/girl	3	11
20 say Aay is picking a boy/girl up	4 say Bee is bullying a boy/girl 4 says Bee is threatening a boy/girl	8	

Table 6.4a Changes in response that indicate potential stigma towards mental health problems

Captions for Aay	Captions for Cee	Number of potential stigma instances	Total
Cartoon 1			
42 say Aay is putting his/her hand up	15 say Cee is asking for help	15	20
8 say Aay is answering a question	5 say Cee is asking for help	5	
Cartoon 2			
11 say Aay is talking to his/her teacher	3 say Cee is getting extra maths to help him/her catch up	3	40
30 say the teacher is giving Cee a maths book	18 say Cee is getting extra maths to help him/her catch up	18	
40 say Aay is handing in his/her maths homework	19 say Cee is getting extra maths to help him/her catch up	19	
Cartoon 3			
5 say Aay is waiting for his/her friend	1 says Cee is lonely as he/she has no friends 0 say Cee is depressed	1	22
30 say Aay is lonely as he/she has no friends	10 say Cee is depressed	10	
32 say Aay is sitting down by him/herself	6 say Cee is depressed 5 say Cee is lonely as he/she has no friends	11	
Cartoon 4			
49 say Aay is covering up his/her ears	4 say Cee is going mad	4	10
29 say Aay is not listening	5 say Cee is going mad	5	
4 say Aay is playing a game	1 says Cee is going mad	1	
Cartoon 5			
48 say a boy/girl is threatening Aay	6 say a boy/girl is arguing with Cee 7 say a boy/girl is pointing at Cee 12 say a boy/girl is picking on Cee	25	25
Cartoon 6			
5 say Aay is messing around	2 say Cee is bullying a boy/girl 1 says Cee is threatening a boy/girl	3	9
20 say Aay is picking a boy/girl up	4 say Cee is bullying a boy/girl 2 says Cee is threatening a boy/girl	6	

Table 6.4b Changes in response that indicate potential stigma towards a physical illness

What proved interesting here was that the greater the anti-social nature of the behaviour displayed by the character there appeared to be fewer openings for judgemental stigmatisation, whilst less-objectionable behaviours appeared to open up a higher degree of variable interpretation and as a result greater instances for potential stigmatisation. Although the results for Bee and Cee appeared to show the same trend the overall instances for

potential stigma towards Cee were less. This seemed particularly significant for cartoon 4 in which pupils were given the opportunity to use the descriptive but perhaps derogatory label of *'being mad'*. However, I was aware that the multi-choice captions provided in the questionnaire could have limited the ways in which the young people were able to respond to the cartoons and as such had some bearing on the results.

6.3.2 Responses to social distance items

Next I looked at the responses to the social distance items. This time the participants had been asked to consider only Aay and Bee. They were asked to give responses to a set of statements, knowing that Bee had suffered a mental health problem. They were then asked to repeat the process having been given additional information that included the nature of his or her psychiatric diagnosis and potential label of 'psychotic' (2.3.2, 5.1.1). As described in Chapter Five I had intended to code the responses in order to measure the degree of stigmatising attitudes and assign each individual respondent as being stigmatising or non-stigmatising. But at this stage of my analysis this approach seemed inappropriate, as I would be labelling the mainstream pupils and as a result be guilty of potentially reducing them to their label rather than attempting to understand how they had constructed their views and what understanding they had with respect to mental health issues (Secker et al 1999). Labelling a young person as stigmatising could have been detrimental to the trusting relationship I needed to foster in order to carry out in-depth interviews with them at a later stage in my research. I also believed that creating the categories stigmatising and non-stigmatising at this stage would not have been helpful to my research; the participants in the interviews that I proposed to carry out would have been subjected to the beliefs I had already formed about them. After careful deliberation, I applied an alternative analytical approach, which involved looking at the responses the young people gave with respect to Aay and compared them with those given for Bee (Table 6.5).

Although the results showed some evidence of potential stigmatising responses towards Bee when limited information was known, when the respondents knew more about the nature of the problems Bee had experienced the number of potentially stigmatising instances appeared to decrease.

At this point I believed that it was necessary to compare the responses given by each young person for Bee in relation to those given for Aay. By considering Aay as the 'normal' comparator (6.3.1), I believed that the responses given for Aay would indicate a baseline 'measurement' as to the social contact young people would be prepared to have with a character that they did not know but described to them through reading a vignette. This would enable me to recognise potential stigmatising attitudes of individual young people, which had been my original aim.

In Table 6.6 I highlight those responses that I deemed as fitting the category of demonstrating potential stigmatisation towards Bee. However, this also brought to light relatively small numbers of young participants who would treat Bee differently to Aay compared to those who would treat them the same. The majority of participants gave the same response to a social distance item regardless of considering either Aay or Bee. Further analysis revealed that only a small portion of those highlighted as showing some indication of wanting less social contact with a young person who had experienced mental health problems and in-patient psychiatric treatment, were influenced by the potential label of

‘psychotic’ and therefore considered as showing greater stigmatisation. However, there were also signs of some young people being more prepared to have additional social contact with Bee when they knew that he or she had experienced a psychotic breakdown in comparison to when they had limited information regarding his or her experiences of a mental health problem.

Aay			Bee (limited information)			Bee (psychosis)		
yes	no	don't know	yes	no	don't know	yes	no	don't know
I would sit next to Aay/Bee in class								
75	4	8	66	5	16	72	5	10
I would lend Aay/Bee a CD								
38	21	28	28	28	31	37	24	26
I would go home with Aay /Bee								
37	15	35	22	24	41	36	16	35
I would have Aay /Bee in my group of friends								
63	6	18	51	11	25	62	7	18
I would have Aay /Bee as my best friend								
24	22	41	15	22	50	21	21	45
I would invite Aay /Bee to my home								
31	12	44	23	21	43	29	14	44

Table 6.5 Social distance scale responses

Before presenting Table 6.6 I explain my reasoning for labelling responses as either showing potential stigma or, a positive or negative influence of a psychotic label. If, for example, a young person said that they would sit next to Aay but not next to Bee (or they didn't know if they would sit next to Bee), knowing both limited and additional information, I believed that this would reveal stigmatisation towards those experiencing a mental health problem. However, if the participant changed their response with respect to the information he or she had regarding the nature of Bee's problems, I then considered that this could have been due to the influence of the word psychosis and the potential label of 'psychotic'. Therefore, if a young person would sit next to both Aay and Bee, knowing limited information about Bee, but not next to Bee having been given the information that he or she had experienced a psychotic breakdown then I believed that this showed a potential negative influence of a 'psychotic' label. On the other hand, a response of 'no' or 'don't know' with respect to sitting next to Aay or Bee with a response of 'yes' when knowing that Bee has experienced a psychotic breakdown showed a potentially positive influence of a 'psychotic' label.

Key: n - No, dk - don't know, y – yes

potential stigma potential negative influence of 'psychotic' label

potential positive influence of 'psychotic' label

statement response	I would sit next to Aay /Bee in class	I would lend Aay /Bee a CD	I would go home with Aay /Bee	I would have Aay /Bee in my group of friends	I would have Aay /Bee as my best friend	I would invite Aay /Bee to my home
yyy	57	23	16	39	10	15
yyn	1	0	0	1	0	0
yny	2	3	0	2	0	1
ynn	1	2	4	1	2	2
yydk	2	1	1	5	2	4
ydkdk	3	2	5	5	4	5
ydky	8	4	8	11	5	3
yndk	1	2	2	0	1	1
ydkn	0	1	1	0	0	0
	75 yes Aay 60 yes Bee1 67 yes Bee2 4 no Bee1 2 no Bee2 11 dk Bee1 6 dk Bee2	38 yes Aay 24 yes Bee1 30 yes Bee2 7 no Bee1 3 no Bee2 7 dk Bee1 5 dk Bee2	37 yes Aay 17 yes Bee1 24 yes Bee2 6 no Bee1 5 no Bee2 14 dk Bee1 8 dk Bee2	64 yes Aay 45 yes Bee1 52 yes Bee2 3 no Bee1 2 no Bee2 16 dk bee1 10 dk Bee2	24 yes Aay 12 yes Bee1 15 yes Bee2 3 no Bee1 2 no Bee2 9 dk Bee1 7 dk Bee2	31 yes Aay 19 yes Bee1 19 yes Bee2 4 no Bee1 2 no Bee2 8 dk Bee1 10 dk Bee2
nnn	1	15	5	4	13	8
nny	0	0	2	2	1	1
nyn	1	1	2	0	0	0
nyy	1	0	1	0	2	1
ndkn	1	0	1	0	0	0
ndkdk	0	4	0	0	3	0
nddk	0	1	4	0	3	1
ndky	0	0	0	0	0	1
nydk	0	0	0	0	0	0
	4 no Aay 1 no Bee1 3 no Bee2 2 yes Bee1 1 yes Bee2 1 dk Bee1 0 dk Bee2	21 no Aay 16 no Bee1 16 no Bee2 1 yes Bee1 0 yes Bee2 4 dk Bee1 5 dk Bee 2	15 no Aay 11 no Bee1 8 no Bee2 3 yes Bee1 3 yes Bee2 1 dk Bee1 4 dk Bee2	6 no Aay 6 no Bee1 4 no Bee2 0 yes Bee1 2 yes Bee2 0 dk Bee1 o dk Bee2	22 no Aay 17 no Bee1 13 no Bee2 2 yes Bee1 3 yes Bee2 3 dk Bee1 6 dk Bee2	12 no Aay 10 no Bee1 8 no Bee2 1 yes Bee1 3 yes Bee2 1 dk Bee1 1 dk Bee2
dkdkdk	3	13	18	7	32	29
dkyy	3	2	2	5	1	2
dkdky	1	5	7	3	2	4
dkydk	1	1	0	1	0	0
dkdkn	0	2	1	1	4	1
dknn	0	3	2	0	1	2
dkny	0	0	0	0	0	1
dkndk	0	2	5	1	1	4
dkyn	0	0	0	0	0	1
	8 dk Aay 4 dk Bee1 4 dk Bee2 4 yes Bee1 4 yes Bee2 0 no Bee1 0 no Bee2	28 dk Aay 20 dk Bee1 16 dk Bee2 3 yes Bee1 7 yes Bee2 5 no Bee1 5 no Bee2	35 dk Aay 26 dk Bee1 23 dk Bee2 2 yes Bee1 9 yes Bee2 7 no Bee1 3 no Bee2	18 dk Aay 11 dk Bee1 9 dk Bee2 6 yes Bee1 8 yes Bee2 1 no Bee1 1 no Bee2	41 dk Aay 38 dk Bee1 33 dk Bee2 1 yes Bee1 3 yes Bee2 2 no Bee1 5 no Bee2	44 dk Aay 34 dk Bee1 33 dk Bee2 2 yes Bee1 7 yes Bee2 7 no Bee1 4 no Bee2

Table 6.6 Comparing responses given for Aay with those for Bee

Again drawing inferences from the data proved difficult and I have used the word potential as I considered that I would need to understand each young person's reasons for giving their respective responses in order to make a more conclusive judgement as to the nature of their attitudes towards mental health problems.

6.3.3 Responses to familiarity items

I also counted the responses to the familiarity scale (Table 6.7). The results showed that the majority of participants believed that: (i) they did understand what was meant by a mental health problem, (ii) they knew the difference between experiencing a mental health problem and a specific learning difficulty, (iii) they had watched a T.V. programme (documentary, soaps, films etc.) that had included someone experiencing mental health problems and, (iv) believed that they knew or had known someone experiencing a mental health problem.

Question Response	I understand what is meant by mental health problems	I know the difference between experiencing mental health problems and specific learning difficulties	I have watched a T.V. programme (documentary, soaps, films etc.) that has included someone experiencing mental health problems	I know /knew someone who is/was experiencing mental health problems
Yes	75	56	63	51
No	1	7	16	30
Don't know	11	24	8	6

Table 6.7 Responses to the familiarity scale

However, as I explained earlier, I had begun to have concerns regarding the pupils' deeper understanding of mental health problems and as such the reliability of their responses. But, at the same time I needed to hold the idea that, although their understandings may not agree with the derivations I had read in the literature or my own definition (Chapters One and Two), they were making their responses in the light of their individual beliefs and truths (Secker et al 1999), and linguistic competence. In a sense, whether any notions I may have held about their deeper understanding being accurate or not, the fact remained that I had to take their responses at face value. If I had not done so then I would have undermined the integrity of the method I had chosen to follow.

6.3.4 Language used

In Table 6.8 I give a sample of the words, with original spellings, that the young people said that they themselves would use to describe someone like Bee, who had experienced a psychotic episode, and those they thought that their peers might use.

I include a full list of words and phrases in Appendix 6b. As in my small-scale project I categorised the words into what I considered as carrying a ‘derogatory’ connotation from those that did not and which on this occasion I labelled as ‘others’. Again I had detailed discussions with colleagues as a means of cross checking my categorisations and interpretations of the young people’s words and phrases used to describe a peer experiencing mental health problems. In total 53 participants said that their peers would use derogatory language whereas only eight of them said that they themselves would use a similar language to describe someone like Bee. More young people left this part of the questionnaire uncompleted than any other. I questioned whether this was because they simply ran out of time as it was the last question or, what I believed more likely to be the case, that they were unprepared to commit the words to paper that they truly believed they themselves and others would use in describing someone like Bee as I might think badly of them. But then I also considered whether some did not perhaps have the literacy competence (Greig and Taylor 1999) to offer words to describe Bee.

Frequency of derogatory words participants thought that their peers would use (total 129)	Frequency of ‘other’ words participants thought that their peers would use (total 44)	Frequency of derogatory words that the participants themselves thought that they would use (total 27)	Frequency of ‘other words’ that the participants themselves thought that they would use (total 119)
Idiot retard spaz mad freak strange thug abnormal odd nutter crazy mental psycho retard weird strange looser larry	upset sad unfortunate strong brave ill poor her lonely depressed	crazy nutty strange weird mental loser retard loony psycho	Feeling lost Under achieving Isolated Lonely Tired Depressed Unfortunate Upset Sad

Table 6.8 Examples of the vocabulary used to describe Bee
(I use the spellings given by the young people)

As in Pinfold et al’s study (2003) the young people were shown to have and be able to use an extensive vocabulary of terms to describe those experiencing mental health problems. The most common derogatory words that the participants thought that their peers would use were (frequency in brackets): retard (12), weird (9), weirdo (8), psycho (11), mental (7), spaz (7) and mong (5).

The results of my analysis clearly suggested that either the young people were more willing to acknowledge that their peers may use stigmatising language than they were to admit using it themselves or they really would not use a similar language. But at this point in my analysis I was openly questioning the ethics of making judgements regarding a young person’s attitudes towards those who had experienced mental health problems through the interpretation of the written word. The meaning of a word would partially depend on an individual’s experiences and also come from the way in which it was uttered. I shall show

how I developed these ideas further in Chapter Seven when I explore the ideas of interpretation and symbolic interactionism with respect to inferring attitudes.

6.4 Reflecting on questionnaire results

As all my respondents were self-identified, although some had given only ‘adequate consent’, I believed that the majority of responses were accurate within the limitations of respondents understanding and interpretation of the questions. But, although from my analysis of the questionnaire data I had found suggestions of young people recognising differences, I was not uncovering or finding the prevalent, overt public-stigma towards those experiencing or who had experienced mental health problems that I had been led to believe existed in mainstream schools (Chapter Three). Perhaps those with stigmatising attitudes were those who were unprepared to take part in my research inquiry, which on reflection in some schools did appear to be quite a large number of pupils. This idea was also supported by many of the participants suggesting that others in their school may use derogatory language that could lead to social stereotyping and stigmatising of those with mental health issues.

However, having acknowledged the work of Denscombe and Aubrook (1992), I did need to consider the possibility that although the majority of pupils who took part in the survey did complete the questionnaire they might have in fact refused to participate through many other means that I shall now consider. They may have given intentionally false answers to ‘screw-up’ (Denscombe and Aubrook 1992: 122) my research. They may have given highly imaginative answers that they perhaps wished to believe to be true or even those that they believed would shock and perhaps cause me discomfort (Chapter Eleven). There was also the possibility that, although I had tried to reassure the pupils that this was not a test, the format of the questionnaire perhaps did carry with it suggestions of a test. It was a series of questions, on printed sheets, handed out and which I expected them to complete in relative silence. In this sense it may have had associations with sitting examinations and tests and as such the pupils attempted to give what they believed to be the correct answers. Or perhaps they gave the answers that they thought I might want to hear or those they believed to be politically correct (Greig and Taylor 1999). Perhaps they just gave random answers all the way through the questionnaire with little thought of giving a true representation of their own beliefs and values. It was my intention that the follow-up interviews would give me an indication as to how reliable, deliberately or otherwise the young people’s responses had been. I shall acknowledge these considerations in the following chapters.

6.5 Looking forward

It was at this point in my research journey that I needed to make decisions regarding, either collecting additional questionnaire research data or, starting to carry out the proposed follow-up interviews. Having analysed the questionnaire data collected so far, I had uncovered what clearly appeared as emerging patterns and themes. I needed to consider that there was a chance that although further questionnaire data could help make these patterns clearer there was also the danger that they could result in me losing what I believed I had already found. I also considered that a larger sample of questionnaires would not be the most appropriate way to come to an understanding of stigma towards those living with mental health problems. As

well as finding difficulties in demonstrating and labelling stigmatisation within research terms, I was also struggling with my own professional sensitivity with respect to labelling mainstream pupils as being stigmatising towards those experiencing mental health problems. Through my own personal and professional experiences I appreciated how such acts of labelling could lead to prejudice and discrimination within in and out-groups.

I considered that the questionnaires could only provide partial understanding of the relationships between the mainstream pupils and their peers who had experience of mental health problems and therefore decided to rethink my research approach. Therefore rather than going further down the quantitative road and collecting more questionnaire data, I elected to turn my concentration to a more qualitative, narrative approach based on the employment of the planned interviews. I returned to the belief of there being a multiplicity of truths as a dominant element to my research. In Chapter Seven I discuss the modifications to my theoretical perspective that I made with respect to the changes in my approach to the analysis of the questionnaire data, and to how I would approach my analysis of the interview data.

As well as providing an initial representation of the attitudes towards and the understandings of young people in mainstream schools with respect to mental health issues the questionnaire enabled me to select, with a degree of self-identification, a sub-sample for the follow-up, in-depth interviews. I believed that the questionnaire research had not only served as a very useful introduction to the subject of mental health but would give the interviews a focus in providing the topics and issues for exploration.

6.6 Summary

I had become more aware of the interpretive processes the young people would have needed to use in making their responses to the questionnaire. They would have interacted with the visual representations and the language of the captions. This meant, that although I still counted how many, I had adopted a more interpretive analysis as I reflected on the responses of individual pupils. However, I was still unsure as to how the young people may have interpreted the survey research questions and their understanding of mental health problems. I had become concerned that, despite using a questionnaire embracing several different, yet what I had argued as compatible techniques, an understanding of the stigma towards those young people experiencing mental health problems could only be partially revealed and understood through carrying out a survey research approach.