

MedMinds: A Mental Health Education Programme delivered by voluntary Medical Students from the University of Birmingham to local school students.

by Helena Wells

Introduction

MedMinds was founded in 2013 at the University of Birmingham Medical School by Maria Spears, with support from Helena Wells and David Morris. The main objective of MedMinds is to bring a better understanding of various mental health and wellbeing topics to local secondary school students. Medical students volunteering in their free time attended a series of lectures delivered by Psychiatrists, and were then able to visit local schools to deliver lessons on a variety of mental health topics. In the first year of MedMinds, over 450 school students accessed MedMinds teaching.

Research shows that up to 1 in 10 children between the ages of 5 and 16 years will suffer from a diagnosable mental health disorder.<sup>1</sup> There are a variety of theories surrounding this high prevalence, including the increased pressures to achieve that are placed on young people, and the influence of social media.<sup>2</sup> It is well documented regarding first episodes of psychosis, that early intervention improves outcomes by reducing relapse rates and inpatient care.<sup>3</sup> It is suggested that early intervention also improves outcomes in more common mental health complaints such as anxiety and depression.<sup>4</sup> When looking retrospectively, over half of the adults who are diagnosed with a mental health disorder initially presented in childhood,<sup>5</sup> and perhaps by identifying and treating these individuals earlier, the outcomes for them can be improved.

There is still considerable societal stigma associated with mental health conditions.<sup>6</sup> Although recent research suggests that this is improving, there are still many barriers to break down. For example, 43% of people claim they would feel uncomfortable discussing their mental health condition with their employer, and 34% with a friend or family member.<sup>7</sup>

Negative and stigmatising attitudes towards mental health can develop from an early age, with attitudes describing those with a mental health condition as being “lazy and unwell” often being commonplace.<sup>8</sup> Stigma results in reduced outcomes for those with mental health conditions, with worse access to healthcare, work, and housing.<sup>9</sup> Self-stigma can then result, with the individual losing confidence and starting to believe the negative attitudes; this leads to even worse outcomes for the future,<sup>10</sup> perpetuating feelings of anger, embarrassment and depression in the individual.<sup>11</sup> This spiral needs to be broken and tackled, and is best targeted at an early stage when stigmatising attitudes are just emerging.

In the UK it is recognised that there is a shortage of Psychiatry trainees, with one in five core training posts remaining unfilled in 2011.<sup>12</sup> It is reported that 26% of medical students admit they would feel uncomfortable sitting next to a Psychiatrist at a party, and only 6.3% thought a Psychiatrist's role could include treating dementia.<sup>13</sup> Clearly, there are many misconceptions amongst medical students about what a career in Psychiatry entails. Perhaps, by exposing medical students earlier to Psychiatry through a scheme such as MedMinds, interest in the speciality could be increased.

From personal experience, mental health education was minimal in school. Perhaps, as I attended a comprehensive school, the quality of education surrounding mental health was poorer; but talking

to peers demonstrates that it is consistently ignored, even in private education. Topics such as sex education, drug awareness and life skills were all frequently debated, but mental health was always overlooked, despite numerous calls for it to be addressed.<sup>14</sup> That did not mean that I did not encounter people who were suffering from mental health conditions, and I was very aware of other school students with difficulties. In my school, teachers preferred to pretend these problems did not exist and turned a blind eye, leaving students to build their own prejudices, thus reinforcing the unacceptability of openly discussing mental health.

A month after arriving at University, I received a telephone call to inform me that a classmate and friend had committed suicide. This sudden and devastating news ultimately led me to question what had been underlying this, and whether or not support had been sought and given to him beforehand. This again led me to question the mental health education provided in schools and, if it had been addressed in the curriculum, would it have encouraged my friend to seek help sooner, thus averting such a tragedy?

I became involved in a society at University which visited local schools with the aims of promoting Medicine to students from lower socioeconomic backgrounds, and I began to wonder whether a similar scheme would work with providing mental health education in schools. When the opportunity arose to set up a society delivering mental health education in secondary schools, based on a model running at UCL, I embraced it! Together with another two medical students, we established the MedMinds Society, which is now in its second year of running at the University of Birmingham.

### Aims

We began by formulating clear aims for the MedMinds Society affiliated to our Medical School. They were:

- To raise awareness and reduce the stigma arising from ignorance surrounding mental health.
- To educate young peoples' attitudes towards mental health.
- To increase help-seeking behaviour for mental health problems amongst secondary school pupils, and direct them to sources of help and support.
- To raise awareness and reduce the stigma surrounding mental health in medical students.
- To promote Psychiatry as a speciality early on in the Medical School curriculum, before clinical experience has been encountered.

### Method

UCL had been running a similar society at their Medical School as a compulsory module for students, which is examined. Initially this model was used as a basis for our society, although we had to make a number of adaptations. We wanted MedMinds to be run on a voluntary basis, where medical students attended in their free time as an extra-curricular activity. A similar scheme has also run at Cambridge, which reported positive results in reducing stigma from their school sessions.<sup>15</sup> As far as we were aware, however, we were the first Medical School to run as a voluntary society.

A committee for MedMinds was formed and we began to advertise for volunteers. Our introductory event attracted 70 students and we were unable to fit everyone in the room! 60 students completed

the course, and 36 were able to teach in schools. Unfortunately, there were not enough school sessions arranged for everybody to have the opportunity to teach, as we had not predicted the popularity of the society.

### Medical Student training

Medical students completed a series of lectures on topics highlighted as being important for local schools. These were delivered by Psychiatrists and a General Practitioner with a special interest. The topics included mood disorders, eating disorders, anxiety, substance misuse, self-harm and suicide, and psychosis. Lectures were delivered during an hour long session, and then the group worked together to formulate teaching activities for the chosen topic, which would be appropriate for delivery in schools. We also offered a session on safe-guarding and teacher training.

Two local schools were contacted and agreed to allow us to deliver our sessions; both were single sex girls' schools, although one combined with the boys' school for Sixth Form.

The volunteer programme was originally intended to be just for medical students, but following a huge amount of interest from Dentists, Nurses and Physiotherapists we decided to open it up to all medical specialities at the Medical School, although the majority of volunteers remain medical students.

### The lessons

In our first year we had multiple meetings with schools to tailor the lessons to their requests. Both schools were keen for us to do a single session with each class entitled "An Introduction to Mental Health". We delivered this session to Year 9, 11, and Sixth Form pupils. It was then requested that we do another session in one of the schools on the topic of self-harm and suicide. I devised both lesson plans using suggestions from the medical students and inspiration from the 'Young Minds' website.<sup>16</sup> A member of the committee confident in delivering the lesson plan was present in each teaching session alongside two volunteers. A teacher was always asked to stay in the lesson to manage any problems with discipline.

### Introduction to Mental Health

The 'Introduction to Mental Health' lesson was the first lesson plan I developed. This was limited to an hour, and consequently difficult to condense all the topics we wanted to cover into this time frame. We started the lesson with a quiz, where students moved around the room to answer each question. Students were asked what they felt to be the most common mental health problem experienced by young people - I was very surprised that a number of students thought that the answer to this was "coughs, colds and feeling sick". This really demonstrated early on the misconceptions around mental health which had already formed in these children, and the huge variability in their baseline knowledge of mental health conditions. Other activities in the lesson included discussing the 'Stand Up Kid'<sup>17</sup> - a really moving advertisement where a young male stands up and discloses his depression to his class. The silence that followed the film was really tangible in the classroom, as the children clearly identified with the child. On discussing the film, students expressed how brave they thought he had been to disclose his mental health problem in front of others, and how they hadn't really realised mental health problems can affect "normal" people.

Another common misconception that kept coming out in these teaching sessions was the idea that Schizophrenia was a “split-personality”.

### Self-harm and well-being

We decided to fulfil the schools request for a teaching session on self-harm and wellbeing, despite much apprehension due to the sensitive nature of the topic, and the possibility that we may encourage self-harming. After much deliberation however it was decided we would deliver the session, as schools repeatedly flagged this as their biggest problem. Research estimates about 1 in 12 children are known to deliberately self-harm.<sup>18</sup> It is debated whether teaching about self-harm is useful or not (there are opinions that it could encourage it) but research shows 97% of young people believe self-harm should be addressed in schools.<sup>19</sup> Because of the stigma surrounding self-harm, many children do not know how, or where, to seek help, and turn to the internet which can have far more damaging guidance. It was decided that we should address self-harm in a teaching lesson, as school students were already very aware of self-harm, and very aware it was a problem amongst their peers. I took the view that as self-harm is already prevalent in young people, MedMinds should give the opportunity to talk about alternative ways of coping with pressure and stress, sources of support, how to help friends who are self-harming and how to look after yourself. Research demonstrates the importance of friends and family in maintaining wellbeing and also aiding recovery from mental health conditions, and how it improves outcomes.<sup>20</sup> Lastly by talking openly about mental health, we also hoped we could tackle the stigma associated with self-harming. The teachers reviewed the content of the session before delivering it in schools to deem it appropriate.

We very briefly explained self-harm to the students, but didn't feel it was necessary to go into any detail. Below is the explanation we gave:

*“People can be under lots of different types of pressure in lots of different ways. Lots of people may cope with stress in healthy ways, by going for a walk, talking to friends and getting support from family. Sometimes people who find things difficult might resort to self-harm and there are much healthier ways to manage their feelings”.*

We then covered coping mechanisms for stress with the children, and held a series of interactive activities about how to support friends and where they can seek help. We ended the session with a video of “laughter yoga” with two BBC Radio One DJs. The children did the yoga with the videos direction. My original intention was for this to be an activity simply to lighten the mood and make them all giggle at the end of a difficult topic, but I was very surprised at how competitive and seriously the children took it!

At the end of both sessions we always distributed an information leaflet with advice for the children, detailing who they can talk to in the school, and also charities they can seek advice and support from.

### Feedback from the school students

Feedback forms were distributed at the end of each school session and were remarkably positive. I was amazed at the level of engagement in the sessions, with even the students at the back of the class actively participating in discussions. Sessions were described as fun, interactive, and engaging.

There were a huge number of feedback quotes to choose from, but these are the ones which I found to be the most powerful, albeit slightly cheesy:

*“There is always hope and help no matter what you go through”.*

*“There are ways to help people and you don’t have to face your problems alone”.*

*“It’s ok to have a problem- speak about it, embrace it, seek help”.*

Feedback from the teachers was also very positive, describing the sessions as professional and well-prepared:

*“It was really useful for the pupils to gain an insight from young professional”.*

*“They had a really patient attitude with the girls”.*

*“They answered questions like they had been running these sessions for year”.*

#### Feedback from medical students

Feedback was also collected from the medical students who taught in schools. Interestingly, the majority of students who took part were females. Of those surveyed who taught in school, 85% reported that the MedMinds course had increased their own interest in Psychiatry. Comments from medical students on their learning included:

*“I learnt that we all, including myself, have some level of prejudice. I think that the younger the children we target, the easier it would be to change perceptions as they wouldn’t be as influenced by society/media”.*

*“MedMinds just emphasised to me the importance of educating people about mental health in order to reduce stigma”.*

Regarding what they had learnt about Psychiatry as a career, students commented:

*“A broad specialty, interesting as it relies so much on your consultation with patients rather than other tests/investigations based on the physical science”.*

*“I find it to be an interesting field but one that people classify as completely different to physical illness. The more people understand about it, the easier it will be for everybody to open up about it and it to be viewed in a less negative way”.*

*“Much more interesting and varied than I realised”.*

#### Conclusions

850,000 young people in the UK below the age of 16 are known to be suffering from a mental disorder.<sup>21</sup> Our sessions were delivered to over 450 students in the first year of running MedMinds, and we are hoping to expand the programme to encompass more schools in the local area. Other Medical Schools, such as Manchester, are also taking an interest in developing the programme. Although we cannot aim to fully eliminate stigma, we can begin to encourage children to talk about mental health more openly, and help to change some of the prejudices they have towards mental

health. We can also help them to identify problems earlier, and seek appropriate help before their mental health problems escalate. By providing them with coping strategies to look after their mental health it is hoped that they will be better prepared to cope with increasing pressures in their lives.

NICE guidance exists on promoting social and emotional wellbeing in schools.<sup>22</sup> Programmes such as ours can signpost children in the right direction to obtain further information on mental health from reputable sources, rather than dubious sites on the internet. As these sessions are delivered by students not much older than the school pupils themselves, they are likely to identify with them and respect their advice more so than they would an older person. Lastly we can inspire medical students to consider Psychiatry as a career, by providing interesting lectures, an enjoyable experience, and demonstrating the breadth of the speciality.

In future years we are hoping to deliver ongoing lessons to the same class, in order to develop their thinking and knowledge over a number of weeks. We have also developed other lesson plans covering other mental health topics, and will be trialling them this year in schools.

Interestingly, both schools where the lessons were delivered were girls' schools, as no boys' schools replied to advertisements. It is documented that women are more likely than men to have a common mental disorder<sup>23</sup>, so perhaps the girls' schools are more aware of mental health problems and therefore more receptive to projects trying to educate about the matter. However, this does not mean that males do not also suffer from mental health problems. It has been found that 37% of suicide cases had not seen their GP within the previous year, and these patients were more likely to be male and young.<sup>24</sup> Conclusions can be drawn from this research that males are less likely to seek help regarding mental illness, and are subsequently less likely to receive appropriate interventions. This can tragically lead to suicide, this being the leading causes of death in young males.<sup>25</sup> Perhaps MedMinds should now focus more on also providing education in boys' and co-educational schools, as it is just as much a problem amongst males, and probably addressed far less, than in their female counterparts.

MedMinds was a hugely successful and rewarding experience, both for myself and the hard working committee and volunteers who took part in the scheme. I hope it will continue to expand and develop forward as future enthusiastic committees take over. One piece of feedback we hope to improve on in the future would be: *"Well done to the team, they were quite impressive and very informative"*. I am pleased that we came across as 'quite' impressive, and hope in the future we can make that 'very' impressive!

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