Attitudes of students towards people with mental ill health and impact on learning and well-being

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Key words: Mental disorders, prejudice, stereotypes, discrimination, education, learning, well-being.

This study, which was conducted within a college of further education in London, explored students’ attitudes towards people with mental ill health, and examined whether these impact on the learning and well-being of students with mental illness. The study was carried out in response to complaints about negativity about mental illness within the college. A combination of quantitative and qualitative methods were employed, which consisted of semantic differential surveys and semi-structured interviews. Analysis of the results of the latter revealed the presence of stereotypes and prejudice, which had the potential to impact negatively upon learners with mental disorders. The article makes a number of recommendations for future teaching practice, which includes a need to raise awareness of mental health issues, and challenge stereotypes and negative attitudes relating to mental illness, within the classroom.

Introduction
Awareness of mental illness has grown significantly over the last two decades. This is reflected in legislation and policies, such as the Equality Act (2010), and in the media, where popular soaps and serials are increasingly including story lines relating to mental health disorders. For example, in 2009, Eastenders won the ‘Mind Mental Health Media Making a Difference Award’ for its sensitive portrayal of bipolar disorder (BDRN, 2009). Other soaps shortlisted included Hollyoaks, which has incorporated story lines relating to bulimia and obsessive–compulsive disorder.

In 1992, ‘World Mental Health Day’ was set up by the World Federation of Mental Health. This aims to increase knowledge and understanding of mental health issues around the world (WFMH, 2010). In 1998, The Royal College of Psychiatrists carried out an anti-stigma campaign to address prejudice towards people with mental illness in different sectors of society (Crisp, Cowan and Hart, 2004), and in 2009, Time to Change initiated a campaign to end mental ill health discrimination and prejudice across England. Mind (2010) has always and continues to challenge discrimination and promote the rights of people with mental illness.

However, despite these initiatives, many people continue to lack knowledge about mental illness and hold misconceptions and stereotypes about it (Arvaniti, Samakouri and Kalamara et al. 2009; Vera, 2009; Verhaeghe, Bracke and Christiaens, 2010). These include ideas that people with mental health disorders are violent, strange, unreliable, incapable and incompetent (Aggarwal, 2008; Townsend, 2004; Wahl and Arostcy-Cohen, 2010). External and internal stigma (the former involving unjust treatment from others, and the latter, feelings of shame, low self-esteem, and guilt) can have a detrimental effect on quality of life. They can impact on employment, relationships, health services, accommodation and education; in fact, they can impinge on all areas of life (Aggarwal, Vass and Minardi et al., 2003; Alonso, Buron and Rojas-Farreras et al., 2009; Coffey, 2009; Lipczynska, 2005; McNutt, 2010).

A study by Aggarwal, Vass and Minardi et al. (2003), which explored quality of care for people with dementia, found that service users were disempowered by health professionals, as they were often considered to be incompetent and unable to make their own choices and decisions. Another investigation, which explored student nurses’ attitudes towards psychiatric/mental health nursing as a career, found that students were negative about the prospect of working in this area. The authors (Happell and Gough, 2007) concluded that this was a direct result of negative attitudes towards mental health service users. Research carried out by Baldwin and Marcus (2007) revealed inexplicable differences in employment and wages between people with mental illness and those without. Corrigan and Shapiro (2010) and McNutt (2010) highlight the stigma, which continues to prevail within work settings.

This particular study was carried out within education, where there is a need for more research, in relation to stigma and mental illness. The study specifically aimed to explore how peer attitudes and beliefs about mental illness could impact on student learning and well-being, and if appropriate, identify interventions to combat any prejudice.
The study aimed to add to the existing body of knowledge in the field; as to date, there is no research in this specific area. The study examined the following questions.

**Research questions**

- What kinds of beliefs and attitudes do students have towards people with health disorders?
- How do these impact on students who have mental health disorders?
- What can teachers and organisations do to support students with mental health disorders further?

**Rationale**

In the process of conducting one-to-one tutorials and subject reviews with students, two learners who experience mental illness expressed frustration at the attitudes of their peers, who sometimes made negative statements about people with mental ill health, which were derogatory and upsetting.

It was considered that this was an area that warranted further attention, particularly as in education, issues such as inclusivity and equal opportunities are extremely important (Loreman, Deppeler and Harvey, 2005). It is crucial that:

> 'all students feel that they are positively and equally valued and accepted (by staff and students), and that their efforts to learn are recognised and judged without bias.' (Petty, 2004, p. 81)

It is unacceptable and unethical for students to feel bad or excluded because of a mental or physical illness they may have (Wallace, 2007). Legislation such as the Equality Act (2010) and Lifelong Learning UK ([LLUK] 2006) requires a commitment to providing an inclusive and supportive learning environment and is intolerant of any form of prejudice irrespective of whether this is deliberate or not, implicit or explicit. It is part of the role of teachers and educational organisations to ensure that inclusive practice is implemented in order to uphold and maximise the self-esteem and potential of students.

**Methods**

**Data collection techniques**

A combination of quantitative and qualitative data collection techniques were employed to elicit the required information for this study. A survey that aimed to elicit feelings about people with mental ill health, was completed by 76 mature students, enrolled on an Access to Health Studies Diploma Course, within a further education college in South London. This consisted of a variety of sub-courses, including Access to Nursing, Occupational Therapy, Paramedic Studies, Radiography and Midwifery. Students were of a range of ages between 19 and 45 years, and from a diverse range of cultural and economic backgrounds. A survey method was selected, as this has the ability to extract information from a large number of people quickly, and it was considered that it would be helpful to be able to obtain as many responses as possible.

An adaptation of a Semantic Differential Survey, developed by Osgood, Suci and Tannenbaum (1957), was utilised. A Semantic Differential Survey has the potential to extract people’s attitudes about virtually any issue or subject: in this instance people with mental ill health. A five-point polar adjectival scale was used which consisted of 10 pairs of words. Ten of the words reflected stereotypical, negative attitudes about people with mental illness, and each was paired with a polar adjective, for example, ‘hostile’ and ‘friendly’. Participants in the study were asked to select their position on a scale from 1 to 5: ‘1’ indicated that they felt that people with mental ill health were very hostile and ‘5’ indicated that they thought they were very friendly. Other pairs of words included ‘incompetent’ and ‘able’, ‘weak’ and ‘strong’, ‘run’ and ‘stay’, and so on. Students obtained a score between 10, indicating very negative attitudes towards people with mental illness, and 50, reflecting a very positive approach.

In addition, semi-structured interviews were carried out with five individuals with mental disorders on the same course. These students were diagnosed with the following conditions:

1. schizophrenia;
2. post-traumatic stress disorder and depression;
3. obsessive–compulsive disorder;
4. bipolar disorder; and
5. attention-deficit hyperactivity disorder.

The interviews, which, with consent, were tape-recorded, aimed to extract information relating to disclosure of diagnosis to other students and subsequent reactions from peers; for example:

> ‘How comfortable do you feel disclosing your diagnosis to other students?’

> ‘Can you describe what kind of reactions you got upon disclosure?’

They intended to ascertain if and how any responses or behaviours had affected participants, particularly their learning and well-being; for example:

> ‘How did these impact upon you? (prompts such as self-confidence, learning environment, relationships with peers, learning and achievement were used).’

The questions attempted to determine whether students felt that their peers had understanding and knowledge about mental ill health issues; for example:

> ‘How do you feel about the levels of awareness of mental ill health within the college?’
Each interview lasted a maximum of 45 minutes. It was considered that an interview technique would be most appropriate. Five interviews would be manageable within the time available, and interviews have the potential to elicit rich, descriptive data about people’s feelings and experiences.

Analysis
In line with the data collection techniques, analysis was both quantitative and qualitative (surveys were analysed quantitatively, and interviews qualitatively). Each of the 76 students who completed the survey obtained a score out of 50, which reflected their beliefs and feelings towards people with mental illness. A mean score was calculated to reflect overall attitudes of the sample group towards people with mental ill health. The survey data were then further analysed to examine whether there were any particular stereotypes, or positive or negative attitudes in relation to the different adjectival pairs of words.

Interviews were transcribed and transcripts analysed. Themes and patterns were extracted and noted.

Results, analysis and discussion
Results of surveys – students’ attitudes towards people with mental ill health
In view of current research and literature in the area (Arvaniti et al., 2009; Verhaeghe et al., 2010), the scores obtained from the surveys were a little higher than expected. Although results varied from individual to individual, the mean score was 29.98 out of 50, which, as a percentage, works out as 59.96%: almost 60%. However, given that the minimum score obtainable was 10 (not zero) and the highest score 50, this score reflects an overall positive or negative attitude of 50% towards people with mental illness.

Further breakdown and analysis of the results revealed that although there were a variety of scores elicited from individuals, ranging from 1 to 5, for each adjectival pair of words, on average, none of these educed extremely negative or positive attitudes, although some scores were higher than others. For example, in relation to the characteristic ‘intelligence,’ where 1 equated to unintelligent and 5 to intelligent, the mean score was 3.6, that is, 60%. A score of 3.4, which is equivalent to a percentage of 56.7, was calculated for ‘friendliness’, where 1 was associated with individuals with mental illness being very unfriendly and 5, very friendly. In addition, when asked whether participants would reject or welcome individuals with mental illness, or run or stay, average scores of 3 and 2.9 (on a scale of 1–5) were obtained, respectively, which is approximately 50%. However, some scores reflected attitudes that were less positive, and these related to issues such as competence, where a score of 2.5 was obtained on a scale of 1 (incompetent) to 5 (competent), that is, 41.7%. Reliability educed a score of 2.6 (43%), weakness, 2.5 (41.7%), levels of dependency, 2 (33%) and strangeness, 2.5 (41.7%).

It should be mentioned here that the attitudes elicited in this study may be more positive than those of the general population, as all students completing the surveys were health students, some of whom were interested in working within mental health. They may therefore have had greater awareness of mental health issues than the general public. Interestingly, a study by Nearney, Beezhold and Nordt et al. (2010) revealed that attitudes of health-care students towards people with mental illness were more positive than those of English and law students.

In addition, it is not possible to rule out the presence of ‘demand characteristics’. Although all surveys were confidential, in that students were not required to divulge their name or any other personal characteristics, they may have responded with answers which they thought would please the researcher and which they considered were ‘politically correct’. It has been suggested that people may attempt to disguise their prejudices towards people with disabilities and other stigmatised groups (Ismail, 2008; Myers, 2005), and that discrimination may often be expressed in an implicit rather than explicit manner (Quillian, 2006). Unfortunately, demand characteristics have the potential to arise in virtually all attitudinal studies regardless of the type of questionnaire, or indeed interview used, especially when sensitive issues of this nature are being explored. They are not specific to semantic differential surveys or any other survey, and unfortunately, we cannot always control for them, but nevertheless it is important to be aware of them when conducting research of this nature.

Despite the possibility of bias, the results still indicate room for improvement, as the overall mean score was approximately 50%. Although none of the characteristics described above elicited particularly positive scores, the analysis suggests there may be a particular need to address issues that relate to beliefs that individuals with mental illness are weak, dependent, incompetent and unreliable, as scores for these characteristics were particularly low.

Results from interviews – disclosure of diagnosis and reactions from others
Three informants expressed concerns about disclosing information to others; for example, Rita, a 27-year-old paramedic studies student, commented:

‘I haven’t disclosed my diagnosis... it’s just the way people are, isn’t it... I guess I’m afraid they would treat me differently... think I’m a bit odd.’

The results of the surveys support Rita’s feelings that people may perceive individuals with mental illness to be odd, as when asked whether they considered people with mental illness to be strange, an average score of 2.5 (42%) was generated on a scale of 1 (strange) to 5 (normal). Rita felt that other students may not understand her illness and therefore respond to her in a negative way, and perhaps even discriminate against or socially exclude her. In the surveys, when participants were asked whether they would reject or welcome an individual with mental illness, or stay or run away, approximate scores of 3 (50%) were obtained in both instances, which suggests that a degree of rejection may
well occur. It has been suggested that people with mental illness are among the most marginalised in society (Lloyd and Waghorn, 2005). Exclusion may generate feelings of low self-esteem and isolation, and therefore it is not surprising that there may be a reluctance to disclose the diagnosis.

‘I want to be treated as a person, not as an “obsessive compulsive”... OCD is often ridiculed, when actually it can be a really distressing illness... I think there needs to be a lot more awareness.’

Rita was also understandably reluctant to be put in a box labelled ‘obsessive–compulsive’ but expressed a need to be valued for the person that she was; there were many more aspects to her than her illness. As results of the survey and the literature suggest, people often unconsciously subscribe to stereotypes and labelling, which may be a result of ignorance or a lack of awareness. Attributing negative qualities to a group of people may also result in feelings of superiority over the stigmatised group, and thus increased self-esteem, a common feature of in-group bias (Aberson, 2000; Golec de Zavala, Cichocka and Bilewicz, 2011). These negative attitudes and labels may be internalised by people with mental health disorders, which can result in feelings of shame, depression, and low self-esteem (Moses, 2009), and also impact on willingness to disclose.

Ali, a nursing student with schizophrenia, also indicated a need for more awareness of mental ill health issues in the college; however, unlike other participants, he was more forthcoming about his diagnosis:

‘I don’t come out with it straight away, but maybe after a few weeks when I’m feeling more comfortable... I’m quite open about my diagnosis, but I think that’s because I have come to terms with it and am fine with it myself and able to stand up for myself. When I tell other students they think: ‘oh my god, shouldn’t he be in hospital or something?’ But I explain things to them and am able to clear up any misconceptions... it helps me because people...understand me better and understand why I might be acting in the ways I am sometimes and I can tell people what I need from them, because they don’t always know what to do or they feel uncomfortable.’

Ali had obviously made a decision to be open about his illness and clearly felt very confident about addressing any negativity or prejudice. His comments suggest that providing people with accurate information can help to reduce stigma by increasing awareness, which is positive. The importance of providing education to combat prejudice is increasingly being recognised (Marušič, 2004; Time to Change, 2009; WFMH, 2010).

Impact on learning and well-being
Participants generally felt upset about ‘ignorant’ comments made by other students about people with mental health disorders:

‘I get quite frustrated sometimes, because of people’s ignorance... the other day, in one of the groups, someone said: people with mental disorders shouldn’t work with other people with mental disorders, but it’s so individual... and I think it’s not always true. You can have a mental ill health problem, but be stable. We have more empathy with people with mental disorders – we don’t just get things out of text books! We know what it’s really like.’

Claudine, a midwifery student with bipolar disorder, felt angry and resentful towards her peers. The attitudes of Claudine’s peers relayed above are consistent with the data obtained from the semantic differential surveys, which suggests that people with mental ill health are more likely to be perceived as weak, incompetent, and unreliable and therefore perhaps unsuitable to work in demanding jobs. Experiences such as that described above may result in a reluctance to participate in groups and classes, which will invariably impact upon learning and also well-being. Claudine, for instance, conveyed that remarks such as these resulted in her feeling upset and angry. She did not feel good about coming to classes and interacting with her peers when such comments were being made:

‘I go through highs and lows and when you’re feeling low, it just takes something very small to get you down for days and into a downward spiral... it exacerbates the whole situation. There definitely needs to be more awareness.’

Here, Claudine is referring to her depression, which she explained could be aggravated in such situations. Symptoms of depression include lack of motivation and low self-esteem, which, as suggested in Claudine’s case, are likely to impinge on learning and well-being. The relationship between depression and decreased well-being are well documented. For example, in a study by Nierenberg, Rapaport and Schettler et al. (2010), 93 participants with minor depression were assessed on factors such as enjoyment, satisfaction and psychological well-being. Results of the study indicated that their well-being was significantly (nearly two standard deviations) below that of the community norm. Other individuals also expressed concerns about negative comments about people with mental illness; for example, Fatima, an occupational therapy student, stated:

‘There is just so much ignorance around, here in the college and outside... it’s not the same as having a physical illness. People hear the words mental health disorder and want to run. They make the link between mental ill health and axe murderers. It’s just so frustrating.’

As mentioned, although a score of 3.4 (57%) was elicited in relation to levels of friendliness, an average score of 3 (50%) on a scale of 1 (run) to 5 (stay) was obtained from analysis of the surveys, suggesting that this comment may reflect attitudes of a number of students within the college. Stereotypical and prejudiced comments from other students...
were clearly upsetting for students with mental ill health disorders, and they are likely to have affected learning in the sense that these students may not always have felt that their learning environment and peers were supportive. Again, this may result in a reluctance to interact with peers and come to classes.

Angela, a nursing student with post-traumatic stress disorder, was upset that her peers had labelled some people with mental ill health problems as being weak:

‘Some of my class were talking about someone’s dad who has got bipolar, but copes with it without any treatment . . . they think it’s because he’s strong; but it’s so individual and it’s not about being weak or strong . . . if someone had diabetes and treatment for that, you wouldn’t say they were weak would you? I haven’t told the other students about my illness and I wouldn’t . . . not if they’re going to be looking at me thinking things like that.’

As mentioned, and in support of Angela’s comments, results of the surveys show that the characteristic weak/strong scored only 47%. Again, statements such as these may sever or strain relationships with peers, and stereotypical attitudes might be internalised (Corrigan, Larson and Shapiro, 2010), resulting in feelings of low self-esteem and depression, which are likely to impact upon learning and most certainly upon well-being.

Summary of survey and interview data analysis
In relation to attitudes towards people with mental illness, analysis of both the semantic differential surveys and interview data suggest that there is room for improvement in attitudes towards people with mental illness. Despite the fact that the results of the semantic differential surveys may have been biased, reflecting more positive attitudes towards people with mental illness, because of the nature of the sample, which consisted of health students, and the possibility of demand characteristics, a result of only 50% was obtained. Although higher (than 50%) scores were obtained for characteristics such as intelligence and friendliness, other attributes such as levels of dependency, reliability, strength, and competence generated lower (than 50%) scores. The interview data are supportive of the survey results, in that students with mental illness described negativity and prejudice towards individuals with mental ill health in a number of areas. Interviewees, for example, felt that other students perceived people with mental illness to be weak, strange, and incompetent and that they wished to keep a distance. This generated feelings of upset and anger, which had the potential to exacerbate the illness and result in a reluctance to interact with peers and even come to classes. Prejudice and discrimination had the potential to impact significantly on well-being and learning. The results are supported by the literature, which suggests that stigma towards people with mental illness still prevails and that it can impact negatively on individuals with mental illness (Alonso et al., 2009; McNutt, 2010; Nierenberg et al., 2010). In a review of the book Shunned: Discrimination towards People with Mental Illness by Graham Thornicroft, Coffey (2009) has stressed the huge amount of work still required to combat discrimination towards people with mental illness. The review highlights the negative repercussions of labelling and stigma for people with mental ill health.

The results suggest that steps need to be taken to address discrimination within educational settings, and in relation to this, a number of suggestions were put forward by interviewees, which have implications for future teaching practice.

Future teaching practice
All five informants expressed the need for more awareness of mental ill health within the college; for example, Ali commented:

‘If more people were educated about mental health disorders in the college, then they wouldn’t have the attitudes that they do.’

It was suggested that there could be class discussions about mental illness: to find out what people think, educate students, clear up misconceptions and ultimately reduce prejudice.

Providing an inclusive, supportive learning environment for students, including those with mental illness, is essential (Institute for Learning, 2010; LLUK, 2006), and in line with students’ suggestions and comments, raising awareness of mental health issues through providing educational sessions, and time for discussion, would almost certainly facilitate this by helping to combat discrimination, and potentially enhance the well-being and learning of students with mental illness. It may be possible to carry out sessions such as these within tutorials or relevant subject areas, for example, psychology. Discussions would elicit more in-depth information than a survey and help to shed light on students’ knowledge and perceptions, which could be discussed and challenged, and provide opportunities for reflection. Claudine commented:

‘We could talk about mental health issues in class . . . I think that would be really helpful . . . not just for us, but there might be people in college who have a mental illness and don’t realise it; or maybe they’ve been afraid to come forward and it might encourage them to get help.’

This is also a very valuable point, as the stigma attached to mental illness may sometimes prevent individuals from seeking the support they need. More education about mental illnesses and the services available may encourage learners to access help early on. A study conducted by Chandra and Minkovitz (2007) explored factors which might influence the willingness of teenage students to address mental health concerns. Results suggest that reducing stigma through providing mental health education is a crucial issue. The importance of early intervention for
people with mental ill health disorders has been emphasised by many (Blyler, 2003; Reid, Littlefield and Hammond, 2008). Diagnosis during the early phase of the illness can help to minimise distress and disruption to the lives of individuals and their families (Rethink, 2010).

Ali said he would be more than happy to give a talk to the class about his experiences to help raise awareness:

‘I’d be willing to get up and give a talk about my experiences, if that would help?’

Listening to first-hand experiences of mental illness could be extremely valuable to students. In addition, including individuals with mental disorders in the formulation and delivery of educational material could be empowering for them and potentially increase the effectiveness of courses or awareness sessions. For example, issues which people commonly have misconceptions about could be identified and addressed. A number of people have suggested that service user involvement in mental health education can be beneficial (Khoo, McVicar and Brandon, 2004; Stickley and Basset, 2007). For example, Khoo et al. (2004) carried out a retrospective study at a university, where mental health service users had been included in the delivery of mental health education to postgraduate students. Results of their follow-up questionnaire revealed that 87% of students considered that the involvement of individuals with mental illness had been helpful.

It would be important to cultivate and maintain a supportive environment while conducting class discussions, so that no one feels ‘distressed’ or ‘shamed’ in anyway. In many cases, prejudice may be a result of ignorance and not a deliberate attempt to hurt others. Therefore, any misconceptions would need to be challenged sensitively and gently. This is in line with legislation, which requires that a supportive and safe environment should be maintained at all times for all learners (LLUK, 2006).

The results of the study suggest a need to be vigilant in terms of picking up on stereotypical attitudes and beliefs expressed, which the study indicated had a negative impact on students with mental illness. Being attentive in lessons and keeping a close eye on individual groups and on what is being said, and challenging any prejudice, may help to resolve and reduce problems such as these. Employing measures to identify discrimination and address this are integral if we are to maintain the safety and well-being of students. The importance of the latter is stipulated in legislation such as the ‘Every Learner Matters’ policy, LLUK (2006) and in the professional code of conduct of the Institute for Learning (2010).

However, unfortunately, teachers cannot be everywhere at once, and therefore, it would also be beneficial to encourage individuals to approach tutors or other members of staff to discuss difficulties relating to their mental health or make a point of raising the issue in tutorials. If problems have been encountered in relation to prejudice or negative attitudes from other students, it would be important to offer support and reassure students that there is help available, so they do not feel that they need to deal with it alone. Again, the latter, that is, taking measures to maintain the well-being of all students, is a legislative requirement (Every Learner Matters, 2010). One-to-one tutorials provide a safe environment to talk about personal or sensitive issues.

In some instances and subject areas, staff training may be required, and it would be helpful for this to be advocated within the college, so that staff have the relevant knowledge to implement these practices. In addition, recognition of the value of changing attitudes and perceptions to promote equality and inclusion for people with mental illness is integral. NIACE (2010), the national organisation for adult learning, has identified that teachers often feel unequipped to meet the needs of people with mental illness. It emphasises the importance of teacher training in mental health and has produced a tool kit, which provides resources for staff education in this area. Disability training is within the College’s Equal Opportunities Scheme, so this would not fall outside the realm of college policies but actively support them.

Conclusions
Results of the study suggest that there is a need for improvement in relation to attitudes towards people with mental illness. Informants with mental ill health expressed concern about negative behaviours towards people with mental illness within the college, which were supported by the semantic differential surveys. The results of the study suggest that these attitudes did have the potential to impact upon learning and well-being. A need for student education about mental health disorders was identified, which may take the form of discussions, talks, and awareness sessions in class and tutorials. It was also considered important to challenge negative stereotypes and misconceptions about mental illness, as well as for teachers to be supportive, and help address individual issues and concerns in this area; however, in order for this to happen there may be a need for staff training.

Limitations of the study and suggestions for future research
As discussed, the sample group selected consisted of health studies students, who may have held more positive attitudes towards people with mental ill health than other learners. It would be useful to conduct similar research among students within other subject areas, within the college, and perhaps within other educational establishments to see if there are any similarities and/or differences in the results. In addition, demand characteristics may have biased the results of the study. These are difficult to control for; however, it may be worthwhile considering how these could be reduced in any future research.

Acknowledgments
I would like to express my gratitude to all individuals who participated in this study and so kindly shared their
experiences and thoughts with me. I would also like to acknowledge the support of my peers and the staff at the Institute of Education.

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