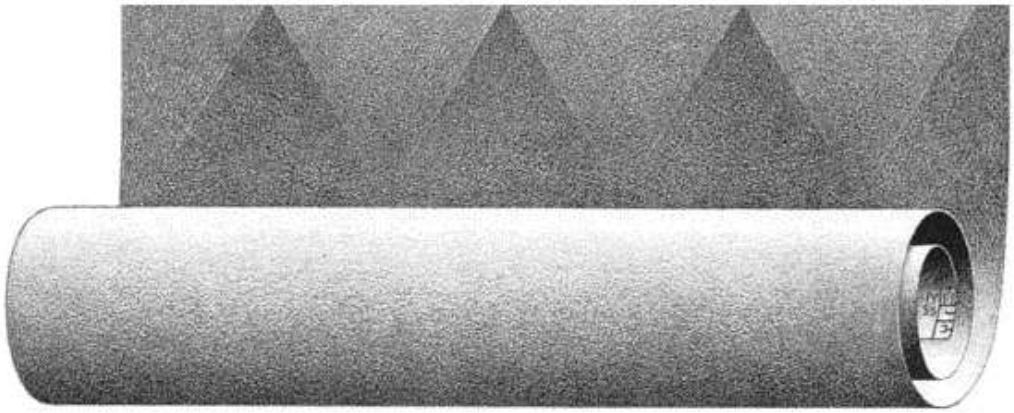
Chapter One

Setting the scene: Personal and practice-based experiences



In Chapter One I begin to identify the different threads that are to be unfolded and revealed throughout the course of my dissertation. At this stage the complexities of each thread are hidden.

Voice of the developing researcher:
Locating myself as an outsider within the landscape of education, from a pupil through to a teacher of those experiencing mental health problems, I talk about my own experiences within the context of my teaching practice and how my views at the start of this study have been influenced by my autobiography.

Young people's perspectives:
I draw attention to my role of re-integrating young people back into mainstream education after a period of in-patient psychiatric treatment. I introduce the idea of how my role has led me to have particular views with respect to pupils' experiences on return to a mainstream school, after receiving education provision within mental health services. However, I acknowledge that these initial views may be simplistic with respect to their mainstream peers' perceptions of mental health issues.

Research process:
I introduce the idea of developing and unfolding a 'between-methods' approach to a research process that enables me to start opening up and coming to an understanding of mainstream pupils' perceptions of mental health issues.

My research project is in the field of mental health issues within the mainstream educational system. It is based on facilitating the improvement of the transition process for young people from education within the mental health sector back into mainstream education; focusing on whether the understanding and perceptions mainstream pupils have of mental health issues might lead to stigmatising attitudes. During my fifteen years of teaching in an education centre attached to an adolescent psychiatric unit I had come to believe that on return to education within the community some pupils might experience acts of stigmatisation as a result of having received in-patient psychiatric treatment. However, it was not clear whether their experiences were those of purely public-stigma from their peers or a complex combination involving all or any of public, self and perceived stigma (Green et al 2003). This submission seeks to explore these issues around the stigma of mental health.

Throughout my dissertation I reference websites with a single bracketed number, for example (4), and I sign post the reader to a specicfic section in the dissertation text by referencing the chapter and section number in brackets, for example (8.2.3).

1.1 An overview

In order to gain a greater understanding of young people's experiences on returning to a mainstream school or college after in-patient psychiatric treatment, I recognised the need to carry out research that would explore the attitudes, held by mainstream pupils, towards mental health issues. In this dissertation I show how, in order to research mainstream pupils' perspectives of mental health problems, I developed a theoretical perspective encompassing the ideas of social constructionism (Burr 2003), symbolic interactionism (Blumer 1969), a linguistic category model (Semin and Fiedler 1988) and adopted a 'between-methods' approach (Brannen 1992: 11) using methods from both quantitative and qualitative paradigms. As my understanding unfolded I realised that no one method served to reveal the complexities around the nature of perceptions of, and attitudes towards, mental health problems, but that each provided a specific partial understanding.

I tell the story of how it became clear that language is context-based and that the inherent complexities that I experienced in inferring attitudes were to do with the understanding of cultural contexts. I also show how I developed some understanding of young people's perceptions of mental health problems and of stigmatising attitudes which I believed would better equip me and my colleagues to help prepare our pupils for their return to a mainstream school. Throughout my dissertation I consider issues I found in relation to identifying reliable approaches to collecting, analysing and presenting my data. I also consider how and why I chose these approaches in relation to coming to an understanding of mainstream pupils' perceptions of mental health problems.

As a preliminary study I carried out a linguistically based project in which I looked into whether other teachers, working with those experiencing mental health problems, would share my initial views. In Chapter Three I describe how this small-scale project did go part way to show that there is some evidence to support the view that stigma towards those experiencing mental health problems is present in some mainstream schools. This study also provided indications that stereotypic beliefs leading to stigmatisation may be manifested and maintained through the use of language.

Then, in Chapters Five and Six I explain how I went on to research, with reference to intergroup contexts (Maass et al 1989) and linguistic categories (Semin and Fiedler 1988), the attitudes of mainstream pupils towards mental health. In these chapters I discuss how I presented a questionnaire in comic booklet form to Year 10 pupils at three mainstream schools within socially diverse communities. The questionnaire included such techniques as vignettes with cartoons and familiarity and social distance scales.

Then, in Chapters Eight and Nine, I give details of how I carried out individual and group semi-structured interviews, with a sub-set of pupils who had participated in the questionnaire research, in order to explore their responses in greater depth. I also explain how I applied a narrative approach to the presentation of the qualitative data obtained from carrying out these interviews.

I remind the reader that all the way through this submission I simultaneously weave and unfold three threads. The two threads, how I explored a methodology and how I constructed my own ideas around stigmatising attitudes, held different positions at different times in my research, each thread moved to and from the fore position. The third thread, the story of my own personal development as a teacher and researcher within a multidisciplinary team, unfolds as I reveal my development of an understanding of my methodolgical approach and the views of young people around mental health and being different.

In order to identify the perspectives I brought to my research I start my dissertation by providing a reflexive background to my own practice and my own educational experiences. These perspectives both influenced the way I developed the research and were in turn changed by the research process.

1.2 My own practice within the Unit School

I teach in an education centre attached to an in-patient adolescent psychiatric unit that is a tier 4 Child and Adolescent Mental Health Service (CAMHS) provision, supporting a small number of young people aged 12 to 18 with complex mental health needs. Whilst the CAMHS Outreach Team is able to support many young people experiencing mental health problems within the community, there are some who are unable to manage their everyday lives and require specialist in-patient assessment and treatment. The education centre, referred to by staff and pupils as the Unit School and which is how I shall refer to it throughout this dissertation, provides an educational programme for the young people whilst they are receiving medical therapeutic treatment. Both the medical and educational elements of the Adolescent Unit aim to facilitate the young people in their care to be able to adapt their own development in order that they may be able to live in the community and, where appropriate, re-integrate into a local school or college. This is an issue I return to, in Chapter Eleven, when I consider young people changing and reorganising their personal 'construct system' (Pope and Denicolo 2001: 31). The Adolescent Unit is a relatively short stay resource of normally between a few weeks and one year, which results in a constantly changing pupil group and ongoing issues of re-integration back into the community.

In the Unit School pupils are provided with a secondary education that adheres as closely as possible to the National Curriculum within small mixed ability, age and gender classes. Although many of the young people do not necessarily have specific learning difficulties or a statement of special educational needs (SEN), because of the level of their psychological,

social and emotional needs (Warnock 2005), they do however require highly individualised and personalised educational programmes. On entry to the Unit School many of the young people will exhibit very little self-confidence and will have often become involved with a downward spiral of lack of success. Such low self-esteem may also result in either noticeable disruptive behaviours or in the young person becoming quiet and withdrawn. However, while attending the Unit School many appear to experience their first effective engagement within a learning environment and develop the confidence, on discharge, to continue their education and either re-integrate back into a mainstream school or some other educational setting.

> *'... I always wanted to know what it was like to enjoy school; now I know ...'*
> *(Quotation from a young person who attended the Unit School)*

The School staff team is small, with only three full time teachers, which means that my own roles are many and varied. They include co-ordinating and teaching three curriculum subjects, being Leader of Access, Participation and Inclusion (formerly known as Pastoral Manager) and an integral member of the Adolescent Unit multidisciplinary team that brings together both medical and educational needs. Together, all of these roles mean that I am accountable for providing a holistic approach to the care and education of every young person attending the Unit School. This involves writing individual education plans (IEPs), supporting pupils making the transition back into the community, attending reviews and case conferences and establishing links between pupils, parents, mainstream schools and other relevant agencies.

During the course of my research I have also been involved in a pilot scheme that has trialled an integrated model of support for a small group of young people working with the Education Support Team for Medical Absence (ESTMA), (formerly Hospital and Home Education (HHE)), and the CAMHS Adolescent Outreach Team. Early indications suggest that this approach may be able to bring benefits to a small group of young people by supporting more flexible programmes and earlier intervention, resulting in them making successful re-integrations into their community schools without the intervention of in-patient treatment (Appendix 1a, (10.3.2)).

These combined responsibilities give me access into the apparent distress experienced by some young people when working towards returning to the community. One of my main concerns has been that the young people who experience mental health problems and in-patient psychiatric treatment appear to struggle with stigmatising attitudes shown towards them by their mainstream peers. At the onset of this research project I had believed that, despite showing no overt signals of being different, many young people, who have experienced mental health problems, considered that as ex-psychiatric patients they belong to a stigmatised group. So although I believed that the transition process could be difficult for any young person having experienced a long absence from school, for whatever reason, I held the idea that the success of those labelled as ex-mental health patients could be more difficult as it might depend upon the reaction, or what might be perceived as the reaction, of their mainstream peers towards them. Therefore, in order to make sense of these perceived reactions shown towards them and to improve their chances of making a successful re-integration, I believed that the young people returning to the mainstream education system would need to have a better understanding of their mainstream peers' views and beliefs around mental health issues.

It was this recognition of needing to explore mainstream school pupils' attitudes towards those experiencing mental health problems that led to the development of my research aims and questions, which I shall discuss in more detail later in this chapter (1.8) and throughout the dissertation.

Although being a practitioner in the field of education within the mental health sector does give me an insight into the fears of young people who have experience of mental health problems and who are struggling to return to a 'normal' lifestyle, ethical issues limit me from being able to discuss my practice knowledge in detail within this dissertation. Teaching within the National Health Service (NHS) Foundation Trust I need to be aware of maintaining confidentiality of medical information gained by myself during the course of my work. It is for these reasons that the insights I do put forward will be of a generic and educational nature.

Through sharing my research findings with young people preparing to return to mainstream education I aim to help them explore their own constructs and perhaps develop new meanings around their interactions with their mainstream peers in order to improve their ability to make a successful re-integration.

1.3 Teacher-researcher in the small Unit School

Although I did not plan to research into the practice of the Unit School per se I was, at the beginning of my research, aware that by being a researcher/practitioner in such a small specialist school I could inadvertently create tensions within the staff group. I was unsure whether the other staff would be prepared, or even be able, to support one-third of the team taking time away from teaching. I also considered whether my research would cause professional jealousy or even be perceived as posing a threat to the way in which each member of the staff group carried out their individual roles. I needed to take into consideration the fact that the staff team works intimately with a very vulnerable group of young people who appear considerably sensitive to staff issues and often mirror staff dynamics within their own adolescent group. I knew from experience that within such small staff and pupil groups any differences or tensions could quickly become sufficiently intense that they may have a paralysing effect on all its members. Furthermore, I was unsure as to how the pupils would react if my research took me out of the classroom and at times away from the Unit School to work with other young people. I believed that these were issues that if left unattended to could result in ongoing detrimental effects on everyone in the Unit School. Although many of these tensions exist for other teacher researchers, whatever the setting, I believed that they were more significant in a small school where all staff and pupils work closely with each other at all times.

At the onset of my research I decided that it did not seem necessary to inform my pupils, at the time, of my intentions; they belonged to a transient group and would not necessarily be affected by my research. However, I have shared with some young people the nature of my study with the University and my research in mainstream schools as I believed it was important for them to realise that teachers, even in a small school, engage in continuing professional development and have connections with the mainstream system.

With regards to the staff group I thought it important to deal, at the onset of my research, with what I envisaged as being potentially difficult issues. I called a staff meeting to address

my concerns in relation to my research plans and the support I might need in order to complete my practice-based project. By calling on my teaching colleagues' vast experience and invaluable perceptions and beliefs, regarding young people experiencing mental health problems, I intended to make them feel involved and valued. Although I initially felt that perhaps they appeared ambivalent towards my proposals they did support me in having time away from school, in pilot testing my data-gathering tools and by showing an interest in my findings.

There have also been times when I needed to consider the relationship between education and health within both my practice and my research. I have often felt marginalized within the multidisciplinary team in the decision-making around young people's care. However, perhaps this should not have surprised me, as there appears to have been a long-standing controversy between medical and educational professionals regarding the welfare of young people particularly in relation to special educational needs. For example Kerr, who as a medical officer in the last decade of the 19th century and who played an important part in the foundation of the School Medical Service, had a low opinion of teachers thinking that they were 'all bound up in the idea of standards and codes' (Pritchard 1963: 129). Shuttleworth (Medical Superintendent at the Royal Albert Asylum) was also

> '… in no doubt that the opinion of a doctor with experience of the work was more important than that of a teacher, although he would be glad to know the opinion of the teacher …' (Pritchard 1963: 138)

1.4 Being an outsider within education

The young people who receive treatment as in-patients of an adolescent psychiatric unit may be considered as different, and even different enough to be removed from their community, as an 'outcast', either for their own or others' well-being. At their mainstream schools 'they [may have] suffer[ed] all the pains of the permanent outsider' (Warnock 2005: 41), and then even within the hospital I believe that ethical issues of confidentiality may continue to endorse and highlight these feelings of difference. I return to this issue of being different in Chapters Eight and Nine.

In order to position myself within my research I now present a brief autobiography in which I draw attention to my own experiences of being different within the mainstream education system. I consider how my autobiography influences the way I interpret new experiences and is highly relevant to the ways in which I have approached both my teaching practice and my research.

1.4.1 My educational autobiography

In many aspects of my life I would probably say that I am classed as being one of the majority, an insider and a member of the in-group. I consider myself as middle-class, middle-aged and educated. I am female, white, a parent, partner and a teacher. Yet within certain contexts and particularly within that of education I have often been aware of myself, as a pupil and as a professional, of feeling like an outsider and being a member of the out-group.

I spent my early years living on a farm, an intimate community on the outskirts of a rural, coastal village. This had meant that even at primary school, I had experienced the feelings of being an outsider. Due to my geographical isolation I was unable to play with friends who lived in the village after school or at weekends. Then, after failing the Eleven-Plus I attended a local secondary modern where I perceived myself as marginalized for working hard and being top of the class, and where I have no memories of my peers. Fortunately after only one unhappy year I sat and passed the Thirteen-Plus, an exam for the late developers. This meant I was able to attend the High School that was twenty miles away, but again I found myself unable to stay for after school activities or socialise with friends in the evenings or at weekends. On starting at the High School I had to retake the first year (Year 7) and so, as well as struggling to keep up with the work, was considerably older than my peers.

At the end of the fifth year (Year 11) I was quite inexplicably presented with a progress prize for gaining passes in all my 10 O-Levels; perhaps I had not been expected to pass them. On the basis of this unexpected success I was then encouraged to stay on at school and take A-Levels in mathematics, physics and chemistry rather than take up the unconditional place offered to me by the local art college. The pressures made by the school on my parents led me to a further two-year struggle and mediocre A-Level passes. On several occasions my Dad had suggested writing to the High School to say that the combination of work and travel was all too much for me and that perhaps I should leave; the letters were never written.

Schooling had taken me almost up to my 20th birthday and the decision not to take up a place at Loughborough University to read horticulture. Instead I took up employment with the Ministry of Agriculture Fisheries and Food (MAFF), now the Department for Environmental, Food and Rural Affairs (Defra), where for a time I lost the feelings of being different and successfully continued with my education, gaining a further two A-Levels and a Higher National Certificate in mathematics, statistics and computing.

However, after having spent the next few years in the 'domestic arts' looking after a home and two small children, the experiences of being 'other' re-emerged with my change in career and unusual route into the teaching profession. I joined the staff team of a small hospital school attached to an adolescent psychiatric unit as a classroom assistant where I was given the opportunity to work as an unqualified teacher whilst studying for an honours degree in mathematics with the Open University. I eventually went on to gain Qualified Teaching Status, within the Secondary Graduate Teacher Programme, by working in a local secondary mainstream school for one term.

Since qualifying as a teacher I have always taught in schools attached to adolescent psychiatric units, schools that do not fit into the recognised categories of educational establishments. But, with respect to my own education and personal development, by studying for a Doctorate in Education I feel that I now have a sense of belonging and, am only different because of my past not my present.

1.5 Being an insider-outsider within practice-based research

Within my dissertation I consider how different positions, with respect to being on the inside and/or the outside of different situations and cultures, influence the development of my

research and relationships with my research participants and professional colleagues. But first I discuss my understanding of the insider-outsider concept.

Rather than thinking of the two positions of being an insider or an outsider as opposing poles and being fixed at one point on the continuum I consider that I '… can slide along more than one insider-outsider continuum, and in both directions, during the research process' (Hellawell 2006: 489) and as such can simultaneously be a member of one group but not of another and on the fringe of many more (Merton 1972).

The principle of the insider claims a monopoly of knowledge (Merton 1972) that perhaps suggests that adolescents alone are capable of understanding adolescents, just as only those experiencing mental health problems can understand their fellow 'sufferers'. In view of this, I consider how mainstream pupils, although of a similar age, can understand adolescents who have been in a psychiatric unit, and what possible chance do I have, an adult and a teacher, of understanding the complexity of being an adolescent in the 21st century? I need to acknowledge that none of us have shared the same experiences; we do not know what it feels like to be 'them'.

According to Hammersley (1993: 217) 'while closeness to and involvement with the phenomena being investigated can be of value, the epistemological assumption that seems to underly [sic] this argument … is unsound' and perhaps that understanding may in fact need a phenomenon to be seen in its wider context from a distance, a perspective an insider cannot always provide. I believe that my individual, unique combination of insider-outsider positions informs the way I construct my beliefs and values of the world and make up my personal 'real' and 'truth', within the culture of the Unit School and my position in the fields of education and mental health. I use the words 'real' and 'truth' as just one possible perspective of a multiplicity of alternative realities and truths. I return to the subject of 'real' and 'truth', throughout my dissertation, as I consider young people's individual perspectives.

Throughout my own research I have focused on being mindful of my different kinds of status with respect to the insider-outsider phenomenon and the 'real' and 'truths' of others. I believed that only through listening and relating to many different perspectives would I add value and worth to my thesis. As an outsider with respect to mainstream schools, I did not have a full understanding of the stigma that the returning pupils appeared to perceive as being directed towards them. However, I believed that I would be able to develop a better understanding of the young people's experiences on returning to mainstream education through exploring the perceptions of mainstream pupils around mental health issues. I also acknowledge that, as an outsider with respect to the individual and the very personal experiences of the group of young people that I work with, the questions I intended to pose within my research project might only be relevant to my own values and interests (Merton 1972). However, I was confident that through the experiences I had shared with the young people attending the Unit School I would be asking questions that would support their re-integration into mainstream education.

Throughout this dissertation I consider what I believe to be the advantages and disadvantages, for myself as the researcher, in different contexts with respect to the insider-outsider continuum. However it is in the very small Unit School in which I have taught throughout the duration of my research and where staff and pupils spend a lot of time together, that I feel a complete insider and have a long-term contact with the nature of its culture.

I now consider, within the guidelines of confidentiality discussed in section (1.2), the ideas of practice-based knowledge through relating my experiences of working within the culture of the Unit School and Adolescent Unit.

1.6 'Knowing' within practice

I believe that I am active in constructing knowledge and that I continually develop and create new personal constructs (Burr 2003, Pope and Denicolo 2001, Kelly 1955) that I test and modify in order to make sense of my lived experiences. I do not however create this knowledge in isolation but through dialogue and interaction with my colleagues and the young people I teach, all of who share experiences, understandings, practices, and a language within the life of the Adolescent Unit. I return to the idea of constructs in Chapter Four when I consider the ideas of constructivism, constructionism and Kelly's theory of Personal Construct Psychology.

1.6.1 Experiences shared with young people

I have long-term experience of working with young people living with mental health problems, each of whom comes to the Unit School with a whole set of experiences, beliefs, attitudes and perspectives that make up their personal worlds. I have noticed that for many pupils their time at the Unit School is enjoyable and as they develop socially and emotionally as a member of a small group they are able to engage or re-engage with learning. It is a place where I believe they feel safe and able to share their own understandings of their experiences with staff and peers without fear of being judged and of discrimination (Weiner 1995).

> *'People here understand me, I can be myself …'*
>
> *(Quotation from a young person who attended the Unit School)*

Through my role of supporting young people return to the mainstream education system I have an awareness of how difficult it is for many of them to return either to their home (feeder school) or an alternative mainstream school. Preparing to leave the Unit School can preoccupy them for several weeks prior to the event. It can appear to become a time of great stress for the young person who will often regress, and start to demonstrate behaviours that he or she had not exhibited for sometime. In addition they may become unable to maintain their recently achieved higher levels of functioning and communication (Lole 2003). As their re-integration becomes a reality young people may also begin to focus on their last experiences of mainstream, which for many of them had not been successful. So, while they appear to want to access the opportunities offered by mainstream, it also seems that they do not want to repeat their past ordeals nor do they want to experience new ones caused by disclosing that they have been patients in a psychiatric unit. This they believe will evoke stigmatising attitudes from their mainstream peers. I have heard young people, working towards their re-integration back into a mainstream setting, say:

> *'They'll think I'm weird,'*
>
> *'They'll think I'm mental.'*

They seem concerned that their mainstream peers will not accept them back into school and that *'... they'll want to know where I've been'*.

Jarvis & Iantaffi (2006) suggested that many young people with special educational needs require the support and understanding of the mainstream school staff and pupils although they do not want to draw attention to themselves as being different. In relation to pupils experiencing mental health problems, many may seem too frightened to divulge that they have been in an adolescent psychiatric unit for fear of being stigmatised and of discrimination. Therefore rather than telling the truth they resort to fabricated stories of having been in hospital with severe cases of physical illnesses or having recently moved to the area (Goffman 1963). These shared experiences give me an insight into the fears of young people, who experience mental health problems, struggling to return to a 'normal' life style.

Through exploring mainstream pupils' reactions towards mental health issues I aimed to be able to help those who experience in-patient treatment understand the attitudes of their peers. This, I believed, would equip them deal with any stigma they believe they encounter on return to the community as they work towards growing beyond the unfortunate effects of mental illness (2). Having an understanding of the ways in which their peers might view them could help them to prepare themselves for their transition. But the ways in which I would be equipped to promote such a development would very much depend upon my research findings.

I had also believed that modern media, as powerful communicators, not only reflect society's attitudes but also influence them. As such they influence the ways in which mental health issues are negatively portrayed and, as a result, how young people construct their own perceptions (Wahl 2002). I return to the subject of the media with respect to television soap operas in Chapters Five (5.2.3) and Seven (7.2.1).

So, although at the beginning of my research I understood that perhaps stigmatising attitudes could have severe consequences, I was concerned to explore the responses mental health problems evoke in mainstream pupils, and whether those returning to a mainstream educational setting are in reality perceived by their peers as belonging to an homogenous, stigmatised group and, if so, what form the stigma may take (Green et al 2003).

1.6.2 Experiences shared with a multidisciplinary team

I recognise that the way in which I carry out my practice shapes the social context in which I work and that this in turn influences the way I think about my social context (Savin-Baden 2004, Feldman 1997). As an insider to my own thoughts and feelings I believe that I have a deep understanding of my own behaviour. But it is important to consider that I could in fact be wrong about my intentions and motives (Hammersley 1993), and that on their own my experiences might not be sufficient to facilitate change in my internalised attitudes and perspectives. I demonstrate in Figure 1.1 how constructing such an enclosed cycle could lead to me becoming insular and impervious to the ideas and knowledge of others.

To stimulate and facilitate reflexivity within my own practice I recognise the need to engage in dialogue with my colleagues. Otherwise I may be left only with my own views and beliefs and this could prove to be extremely limiting with respect to being outward looking

and open-minded to change and my own continuing personal and professional development. Without others' perspectives I believe that I would not have the tools for meaningful reflexivity of my own practice and research and therefore I need to appreciate that there are not only different ways of experiencing and seeing the world but also the importance of grounding these ways in relation to my own understanding and knowing.

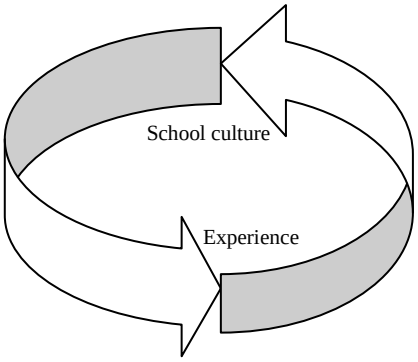


Figure 1.1 How relying on my own experience may limit reflexivity

Multidisciplinary team meetings, formal and informal within my work place, give me the opportunities to hear others' perspectives and attitudes and to gain some understanding of the theories that underpin the thinking and practice within the other disciplines working in the Unit. As practitioners we discuss, argue and learn about young people's cases and care approach. 'Each party of the conversation must deal with his or her own way of understanding … as well as the other's way of understanding' (Schwandt 2005: 323), as we define and redefine our aims in order to come to a common way of knowing and doing.

However, I acknowledge that to come to terms with significantly different perspectives from my own, I may also need to go beyond the interaction with colleagues, operating within the same culture as myself and who in contrast to complete 'outsiders' to the world of psychiatric care within an in-patient setting may think in a similar way to myself.

In Figure 1.2 I show the different perspectives from which I am able to broaden my experiences and ways of knowing and as a result enhance my practice-based reflexivity.

1.6.3 Working with young people

In this section I acknowledge the work of Schwandt (2005) who offered a framework within the practical knowledge tradition that linked practice, inquiry and learning. In this model knowledge is regarded as fundamentally tacit yet capable of being expressed in formulas and words when necessary (Molander 2002). Keeping within this practical knowledge tradition, while the aim of my practice is to support a young person re-integrate back into a mainstream school, the goal is often realised differently for each young person. I do not work in the classroom or help young people re-integrate into mainstream schools by using a formulaic list of strategies, but instead I continually develop my own set of skills that I believe are meaningful and relevant to working in the Unit School. I prefer to work with every pupil's individual needs and abilities rather than with the pressure of performance targets and assessments. Yet, I attempt to balance needs and abilities against the opportunity for continuity of education (Department for Education and Skills (DfES) 2001a), to give all

pupils the chance to return to mainstream education after in-patient treatment, as for many there is no other choice (1.7). I could in fact be letting the young people down if I did not teach them in such a way that they are able to slot back into the mainstream education system where performance and league tables are all too often the main criteria (Jarvis & Iantaffi 2006).

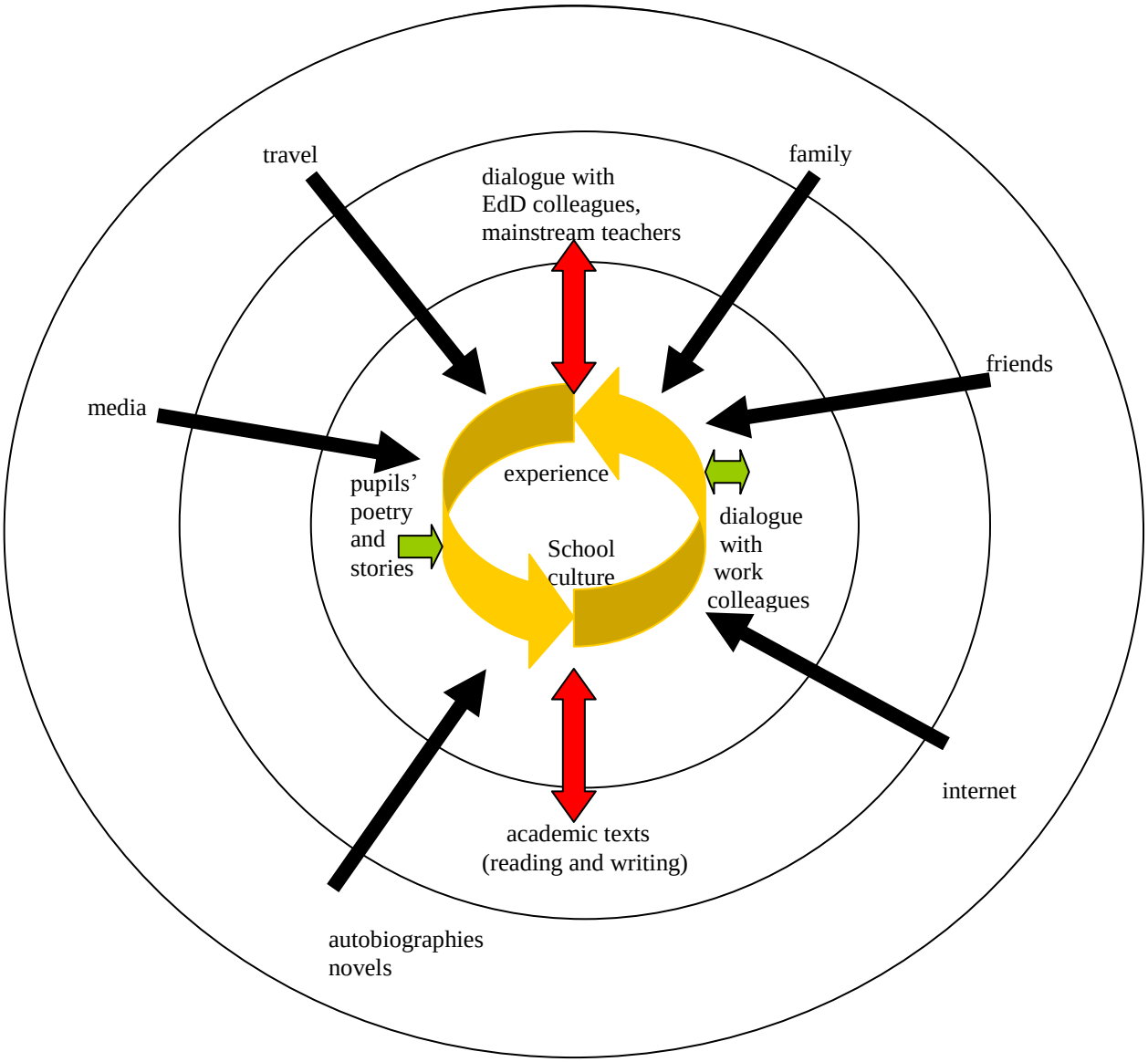


Figure 1.2 Recognising influences that enhance my reflexivity

I support pupils preparing to leave the Unit School by trusting in my expertise developed through being in this particular education system for fifteen years and what Feldman (1997) referred to as 'wisdom-in-practice'. By having come to an understanding of the pupils I work with, I recognise that best practice for working with one young person may not serve me so well when I am faced with understanding the complex needs of another. For example a Year 9 boy, who has experienced a severe psychotic episode returning to his mainstream school, and a Year 10 girl, who experienced depression and self-harmed integrating into a new school, will both have very different aims and unique needs. As such, I give attention to each young person's specific needs. In an attempt, where appropriate, to empower the young

people and their families to take some control of their own lives and futures I discuss with them how they would like their re-integration programme to be planned.

I believe here that it is important to briefly explain the mental health recovery model that, although originates from the field of health, has considerable influence on the way I work within the field of education. The model advocates that although there are multiple outcomes associated with mental health problems many people will be able to make progress beyond a state of stability and live satisfying and contributing lives within the limitations of their 'illness' (Anthony 1993). I have witnessed the process of recovery as being an extremely personal and unique process with each young person developing new meaning and purpose in their lives as they grow beyond the catastrophic effects of mental illness and begin to want very different things for themselves. For some, in terms of education, this can be wanting to continue with mainstream schooling on discharge from the Unit. So, although a young person who has been a patient in an adolescent psychiatric unit may experience belonging to a stigmatised group (Goffman 1963), I believe that he or she may also receive something really valuable in this setting. Receiving a complex combination of therapeutic treatment and education can enable them to return to the community and mainstream education.

In my practice I aim to help these young people move from a position of being 'stuck' and unable to manage in the community to return to a mainstream school. But the interaction involved in this process often comes with a high degree of emotional reflexivity for both the young person involved and myself. In helping to move a young person forward I may need to continually change my own thinking as I develop new levels of understanding.

1.7 Ideologies

Although I aim within my practice to provide young people with the opportunity to regain a positive identity and a sense of purpose and worth so that they are able to continue with their education, suitable educational placements are not always readily available. However, before discussing inclusive education, I feel that it is important to reiterate that young people experiencing mental health problems do not necessarily exhibit specific learning difficulties but that they may be vulnerable on return to the community and require special educational need (SEN) support at an emotional level.

I work within the established organisational structures of education and health, which often present barriers and limitations to what I consider appropriate opportunities for pupils at the Unit School. Both have their own systems of ideals mainly imposed by the Government, which influence how I am able to carry out my daily tasks. I call these ideals 'social ideologies'. I do not refer to the ideas themselves as being ideological but rather the uses to which they are put and how they can serve '… to mask the contradiction in society between the exploitative relationships that it involves and the need for some kind of minimum consent from those who are disadvantaged' (Burr 2003: 83).

Although the Government's ideals may aim to standardise the education and treatment of all young people throughout the country, I do not feel that they are always supportive of my work with young people experiencing mental health problems admitted to the Adolescent Psychiatric Unit, or any other young person who may have unique needs that cannot be met by a mainstream setting.

I shall now show how the conflicts between certain social ideologies and my own personal ideologies led to a direct influence on the force that drove my research.

1.7.1 Government's perspective on inclusion

The Inclusion Charter first written in 1989 and then revised in 2002 discourages pupils from receiving education in special schools and states that 'We' the Government:

> '… fully support an end to all segregated education on the grounds of disability or learning difficulty, as a policy commitment and goal for this country … [and] believe that all students share equal value and status … [and] that the exclusion of students from the mainstream because of disability or learning difficulty is a devaluation and is discriminating ... ' (3)

With the introduction of the Inclusion Charter more young people have been included in mainstream schools resulting in a lack of suitable special educational settings for those young people who are unable to manage in large comprehensive schools. The Government has actually admitted that 9,000 special educational places have been lost since 1997 (Daily Telegraph 2007: 7) and that they may have even got it wrong. The combined consequences of the Charter and the decline in the number of special schools has resulted in many young people, experiencing a wide range of educational needs, being 'lumped together indiscriminately' (Warnock 2005: 37) and placed in mainstream schools, where for some it may be impossible for them to participate and where their differences may mean that they encounter stigma.

At the same time, the Government document Access to Education for Children and Young People with Medical Needs (DfES 2001a) sets out minimum national standards for the education of young people unable to attend mainstream school. This document recognises that some pupils may need a slow re-integration back into mainstream education and, in what appears as a contradiction to the Inclusion Charter, suggests that some may even need an 'alternative provision to allow them to cope with peer relationships and a school environment, before a gradual return to school is possible' (DfES 2001a: 27). Furthermore, one of the fundamental principles of the Special Educational Needs Code of Practice (DfES 2001b) is that the requirements of children with special educational needs should, where appropriate, be met in mainstream schools; giving parents of such children the opportunity to opt for provision within mainstream schools. This to me implies that places would be available for those wishing to opt for education at a special school, either on a short or long-term basis, but as Dyson (2001: 25) suggests, there appears to be a fundamental contradiction in our education system 'between an intention to treat all learners as essentially the same and an equal and opposite intention to treat them as different.'

1.7.2 A personal perspective on inclusion

Although I agree that everyone is entitled to be valued, to be treated with the same respect and to equal opportunities, young people are all different and it is important to acknowledge this. My own experiences have led me to believe that everyone is an individual with his or her own set of values, needs, inspirations, likes and dislikes and should be entitled to realistic opportunities and the right to being treated differently, in a positive way, if that is their wish.

'There are many … adolescents, identified as having special educational needs, who can never feel that they belong in a large mainstream school' (Warnock 2005: 38). In my own practice I have seen many young people who, because of mental health problems, have been out of a mainstream school for a long time and do not feel that they are able to return regardless of how much support is put in place. They believe that they will be unable to cope in large mainstream schools, either because of the anticipated pressures of the mainstream education system itself or of the reactions of their mainstream peers. They would prefer to have the opportunities to be placed where they can work in smaller groups and where they feel that they could engage with learning and make progress. In fact some, who have had no option but to return to the mainstream system, have found themselves struggling to cope which has led to a breakdown in their functioning in the community and the need to return to hospital for further treatment. 'They suffer all the pains of the permanent outsider. No political ideology should impose this on them' (Warnock 2005: 41). Therefore, rather than be 'inclusive' the term 'inclusion' seems to block the wishes of parents and young people who for various reasons feel unable to cope in mainstream schools.

Teachers in mainstream schools are perhaps too preoccupied with meeting the criteria on which they are measured rather than having the time to do well by the harder to reach pupils, educationally or emotionally. These are harsh words but as an outsider I believe that some teachers in mainstream schools are frustrated and worn down by the expectations that exam results and league tables place on them. Within the local culture of the Unit School I have the opportunities to teach to the individual needs and abilities of the pupils and I believe that true inclusion should allow for such practice in all schools. Inclusive schools should mean a place where pupils feel that they belong. But I did wonder, at the onset of my research, if in fact mainstream schools could ever be geared up to provide for all cases of special needs which cover a wide spectrum of needs and complexities including the gifted and talented.

Although there has recently been a 'call to halt the closure of special needs schools' (Daily Telegraph 2007: 7) and the acknowledgement that 'there will always remain children for whom mainstream schools will not work' (Warnock 2005: 43), I still frequently find myself having to integrate young people into unsuitable placements or resort to offering them a few hours of tuition with ESTMA. But until more changes take place I believe that young people who, because of emotional and social difficulties, register a preference for a special school will not be able to be placed in appropriate educational settings. This means that I will need to continue supporting our young people who return to the mainstream educational system, to find strategies to help them cope.

I have now set the scene for my research and voiced the many problems young people who have experienced education within the mental health sector may face on returning to the mainstream system. My research focuses on developing an understanding of the reaction of mainstream pupils towards mental health issues and to those returning to school after receiving in-patient psychiatric treatment.

1.8 The 'best' questions to ask

I have acknowledged the necessity for my practice-based research project, the findings of which I believe will help young ex-mental health patients make sense of the stigma they may experience on return to mainstream schools. My original research aims and questions were based on what I perceived, within my own professional practice, as a need to facilitate the

improvement of the transition process from education within the mental health sector back into mainstream education.

In this section I outline the initial development of my research aims and questions to which I shall return throughout my dissertation as I take the reader on my research journey. Although in Chapter Two I present the key issues embedded within my research inquiry and the diverse ideas held regarding the nature of mental health problems, it is important that before stating these early research questions I articulate the way in which I use the terms mental health problems, learning disabilities and difficulties, and stigma within my study. I acknowledge that I draw on both an educational and medical language within my definitions demonstrating my construction of knowledge within an educational setting embedded in a multidisciplinary model.

Within my role I define mental health problems as involving a breakdown in the cognitive, perceptual or emotional functioning to such a degree that prevents people from being able to adequately manage their everyday lives. I distinguish mental health problems from learning disabilities in which I include developmental disorders, in that the latter are usually a lifelong condition, often involving different or delayed developmental pathways that are effectively irreversible (Campbell and Heginbotham 1991, (4)), unlike the former which may be temporary and for which treatment may alleviate symptoms or contribute to a cure. I use the term learning difficulties to describe any barrier to learning, other than that of experiencing a mental health problem or learning disability. I distinguish a specific learning difficulty to describe a particular difficulty in learning to read, write, spell or manipulate numbers so that a young person's performance in these areas is below their performance in other areas.

I articulate stigma as referring to a social disapproval and devaluation of those young people experiencing mental health problems by their peers and associated with unsympathetic undertones of moral judgements of responsibility, prejudice and discrimination (Weiner 1995).

In an early, initial precursory small-scale enquiry, which I shall present in full in Chapter Three, I explored the language believed to be used by mainstream pupils in referring to young people who have or are experiencing mental health problems. This project did go some way to support views that stigma towards those experiencing mental health problems is present in mainstream schools and that it is an issue faced by teachers in other adolescent psychiatric units. It also indicated that stereotypic beliefs leading to stigmatisation might be manifested and maintained through the use of language. However, it was evident that more research would be needed to confirm or refute these findings and clarify whether public, self or perceived stigma was the greatest barrier to a successful re-integration process before appropriate support could be given to young people to help them deal with feelings of any stigmatisation resulting from being an ex-mental health patient. I was confident that it would be important for me to listen to the voices of mainstream pupils in order to hear their attitudes towards mental health issues first-hand. Having completed my small-scale project, and recognising the importance of language in the conception of stigma, I entered the main phase of my research project with my research questions framed initially as:

- How does stigmatisation manifest itself within a mainstream setting?
- How is it maintained?

- What effect does belonging to a stigmatised group have on the young person returning to mainstream education?
- How can the findings be effectively built into the transition process to help combat stigma and discrimination experienced during and after the transition process?

However, although early in my inquiry I presented my research aims and questions as absolute I did develop them as I progressed on my research journey. I began to appreciate that in order to come to an understanding of attitudes towards those experiencing mental health problems I would need to explore the mainstream pupils' understanding of mental health issues. In Chapter Seven (7.1.2) I explain how and why I reformulated my research questions to:

- What are young people's understandings of mental health problems in their peers?
- To what extent, if any, can these understandings lead to stigmatising attitudes?
- How can concerned professionals effectively employ the findings within the transition process?

1.9 Summary

In this chapter I have shared with the reader an insight into my own experiences, as a pupil and a teacher, of the education system. I have disclosed feelings of being an outsider that I relate to those young people who, experiencing mental health problems, are expected to feel included within mainstream schools. I have also outlined the unfolding of my research in which my aims have been to gain an understanding which could enable those young people returning to a mainstream school, after receiving in-patient psychiatric treatment, have an awareness of their mainstream peers' beliefs and values around mental health issues.