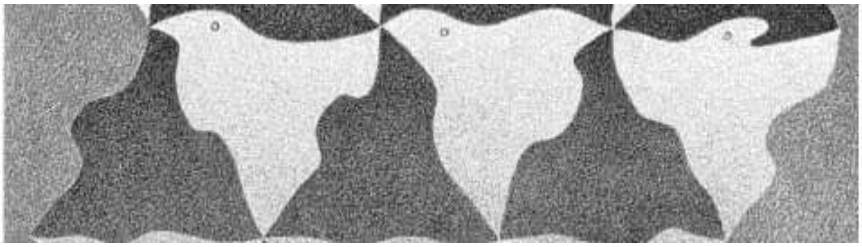
Chapter Three

Small-scale project: Language used in mainstream schools



Research process:
Although I show the early stages of this small-scale project to be influenced by an educational background of science and mathematics, I begin to consider alternative interpretive approaches. I begin to identify my own approach within the field of research into stigma.

Voice of the developing researcher:
I present myself to colleagues as a researcher in the field of the concept of stigma of mental health in mainstream education. Recognising how my own experiences and beliefs influence my research approach I acknowledge the need for the development of the personal and professional parts of myself in order to grow as a researcher. The idea of the development of originality within the researcher is shown by the triangles beginning to metamorphose into individual birds.

Young people's perspectives:
Although I am still thinking of young people as belonging to homogenous groups, I consider how within these groups they may use and be influenced by the use of language with respect to mental health problems. But at this stage of my research I am considering young people's attitudes as perceived by adults.

In Chapter Two I developed a theoretical framework around the enactment of stigmatising attitudes, through language, shown towards those carrying a mental health label. I now give a detailed account of my exploratory study of the language other teachers in psychiatric units believe to be used by mainstream pupils to describe those having experienced mental health problems. In this study I considered how language could be used in the manifestation and maintenance of stigma towards young people returning to mainstream education after in-patient treatment in an adolescent psychiatric unit. Although through my own experiences I held the idea that young people on return to the mainstream education system experienced stigmatising attitudes from their peers, I wanted to find out if colleagues teaching in other units nationwide shared these views.

Although I present this small-scale study as a stand-a-lone project I will indicate how it served as a preliminary study to my main research enquiry and, in my concluding chapters, I refer to its relevance in my overall findings.

3.1 Aims of small-scale project

At this early stage in my research, the role of language in the maintenance and transmission of stereotypes within mainstream schools through its contribution to intergroup biases (Maass et al 1989) and persistence of social stereotypes seemed unclear. I developed this small-scale enquiry to be the initial stage into the exploration of the power of language used in referring to young people who experience mental health problems and, how peers and professionals may reflect stigma of mental health in the language used. In this study I aimed to explore the views of other professionals regarding the language they believed to be used in mainstream schools to describe young people who had experience of mental health problems. I also aimed to begin to uncover how language might be used to make stigmatising attitudes towards those regarded as being different and to understand the stigma believed to be experienced by young people returning to the community and making the transition back into mainstream education.

In these early stages of my research the work of Maass et al (1989) and of Semin and Fiedler (1988), as described in Chapter Two, were key to the development of my approach.

3.2 Research approach

3.2.1 Young people communicate the Linguistic Intergroup Bias

Maass et al (1989) suggested that the study of language might provide a less obtrusive, alternative method for intergroup contexts in which the overt expression of prejudice is normatively unacceptable. Therefore, in order to explore how stereotypes leading to stigmatisation of those who have experienced in-patient psychiatric treatment may develop and be maintained I, like Maass et al, applied a linguistic analysis approach based on the linguistic category model devised by Semin and Fiedler (1988). I based my own approach on the idea that an intergroup bias may exist in mainstream schools in which stereotypes are developed and maintained through differential beliefs about in-groups and out-groups and different levels of language used to describe others seen as having differences. I regarded the young people returning to mainstream education after receiving in-patient psychiatric

treatment as members of the 'stigmatised' out-group, and their peers who had experienced continuous education within the mainstream system as members of the 'normal' in-group. In this study I explored how other professionals, within the specialist education system of those experiencing mental health problems, believed that the 'normal' in-group would refer to the 'stigmatised' out-group within a mainstream school context.

As Maass et al (1989) had shown evidence of the Linguistic Intergroup Bias (section 2.3.2) within adults I believe that it is essential to also mention the work of Werkman et al (1999) who researched whether young people also have the ability to communicate such an intergroup bias. Their study provided support for the idea that children are able to use language strategically and that they are sensitive to the types of grammar that might be drawn on to state something about a person. Werkman et al's findings supported the type of analysis I employed in this preliminary study in which I categorised the language young people are believed to use as derogatory and therefore as potentially stigmatising.

I return to the issue of young people's expression of the Linguistic Intergroup Bias in Chapter Five where I look at '… how biased are children's spontaneous expressions of desirable and undesirable in- and out-group behaviours when communicating with their peers' (Werkman et al 1999: 103) in relation to their responses to questionnaire and interview questions.

3.2.2 Data collection

I collected data by means of questionnaires (Appendix 3b) sent to eleven teachers who were either working in adolescent units or with ESTMA and all of whom were experienced in working with young people with mental health problems and supporting them in their transition into mainstream education. All teachers selected were known to me professionally and had shown an interest in my area of research. The questionnaire, mainly composed of structured questions, focused on the language used to describe young people experiencing mental health problems. I asked the respondents to suggest words or phrases, through their own beliefs and experiences, that they thought:

- mainstream pupils and teachers might use to describe a young person with mental health problems
- a young person experiencing mental health problems might use to describe themselves
- they themselves might use, to another professional, to describe a young person with mental health problems.

A more open type question was also asked, regarding language as an issue in any aspect of working with young people experiencing mental health problems. I employed this question in order to open up possible perspectives within the context of the power of language that could enhance my own and any future research.

I piloted the data collection method with the support of the teaching staff within my own Unit School. They had agreed to take part in the pilot study and, as they did not suggest any changes to the questionnaire I included the pilot testing data in the analysis.

3.2.3 Ethics

Before undertaking this small-scale study I acquired permission from the teacher in charge of the Unit School as part of the Senior Multi-Disciplinary Management Team of the Adolescent Unit. Throughout the study I also agreed data collection methods, as appropriate, by the University of Hertfordshire Ethics Committee.

As this study was of a very sensitive nature in that I believed it could lead to the promotion of stigma (Green et al 2003) and reveal a member of the teaching profession in a bad light, I realised that I was under an obligation to make sure guarantees of confidentiality and/or anonymity were ensured to all participants. I had in fact guaranteed all participants anonymity by the omission of all identifiers in the reporting of my study.

However, during my small-scale research I found myself constantly struggling with, should I be promising confidentiality or anonymity and what was the difference? Could I just withhold names and claim the guarantee of anonymity? Definitions for anonymity such as, not named, secret and the state of anonymity and for confidentiality, written in confidence, in secrecy, the state of being secret did not help and I needed to look further. According to Cohen (2000) one should only claim confidentiality when the researcher knows who has provided the information but is able to ensure that in no way the connection can be made known publicly in the reporting of their research and that anonymity could only be promised when the participant's identity is withheld because it is genuinely unknown by the researcher.

The cover letter, sent with the questionnaire, explaining the aim of the research and assuring anonymity, in order to encourage replies, should only have promised confidentiality. I knew all the participants and although some did choose to omit names and addresses, the sample was very small and I was able to identify all respondents. However although I had wrongly guaranteed anonymity in the cover letter (Appendix 3a), and participants would be able to identify their own responses to the more open type question, in the writing up of my research I deleted all identifiers and within the body of the text presented the questionnaire data as from a general rather than a specific participant.

3.2.4 Data analysis

I analysed the data collected from the questionnaires by applying a quantitative, linguistic approach to make sense of, and highlight, the differences in responses given by the participants. First I categorised the descriptions of a young person experiencing mental health problem with reference to a three-level classification model (Table 3.1) distinguishing between verbs, adjectives and nouns with reference to Rasinski et al (2005), Semin and Fiedler (1988) and Pugliese (1988). Second I carried out an analysis by applying a four-level classification model (Table 3.2). This time I classified the responses into negative/derogatory remarks (Pilgrim 2005), medical terms, and those responses, which actually acknowledged the words 'mental health'. I discussed and agreed the development of categories and interpretations applied in the analysis process with my teaching colleagues at the Unit School.

Category	Comments
Verbs e.g. he/she has….	Avoids the reduction of a person to their affliction.
Adjectives e.g. he/she is….	Describe highly abstract person dispositions with no object reference or situation: highly interpretive: detached from specific behaviours. Such abstract remarks maintain the many stereotypic beliefs.
Nouns e.g. he/she is a ….	A label with no reference to situation and detached from any particular behaviours. Reduces a person to their affliction.

Table 3.1 Three-level classification model with reference to Rasinski et al (2005), Semin and Fiedler (1988) and Pugliese (1988)

Category	Comments
Negative/Derogatory	Remarks, which could be regarded as 'implying alienation'.
Medical terms	The use of medical terms as an explanation for rather than a description of behaviours or appearance (can lead to labelling).
'Mental health'	Acknowledging mental health problems at the risk of being labelled a [ex] psychiatric patient.
Other	For any comment unable to fit in the previous three categories.

Table 3.2 Four-level classification model with reference to Pilgrim (2005)

3.3 Results of data analysis

Ten of the eleven questionnaires were returned with nine participants agreeing to take part in further research, with only one participant withholding their identity.

The results of using the three-level classification model showed that the specialist teachers believed that mainstream pupils are more likely to use nouns and adjectives when describing a young person with mental health problems and as such reducing them to their problems (Tables 3.3, 3.4, Graph 3.1). In so doing this could perhaps reduce young people to their affliction and as such may help maintain many stereotypic beliefs that could then lead to stigmatisation and discrimination (2.3). The results also showed that the respondents, to whom I refer as 'specialist teachers', indicated that they themselves were more likely to use verbs and as such perhaps tend to avoid the reduction of a person to their affliction and considered less effective in manifesting and maintaining stereotypic beliefs. However, although respondents believed that all the other groups would use a higher proportion of nouns than they themselves would use, they indicated that mainstream pupils would use the greatest percentage (Table 3.4).

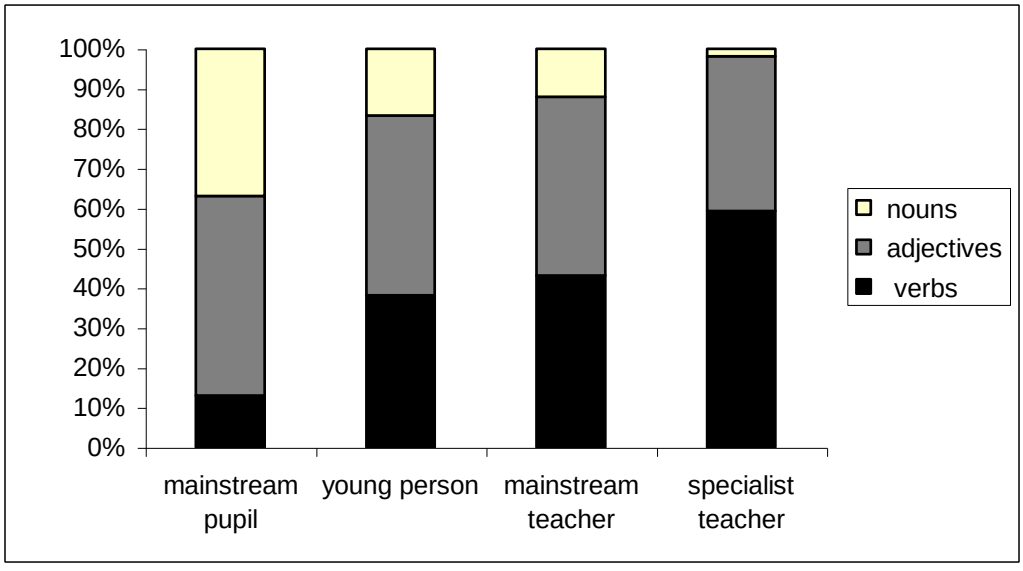
Category	**Examples from data**
Verbs	He/she has behaviour problems He/she has mental health problems He/she lacks confidence
Adjectives	He/she is depressed He/she is withdrawn He/she is mental
Nouns	He/she is a weirdo He/she is a nutter He/she is a psycho He/she is a mental health patient

Table 3.3 Examples of words/phrases in each category of the three-level classification model

These results suggested that mainstream pupils might regard themselves as the in-group and those having received in-patient psychiatric treatment as the out-group. This supported the idea that mainstream pupils may communicate the Linguistic Intergroup Bias; a hypothesis also supported by the results of using the second analysis (Table 3.2), in which over 80% of the responses, expected from mainstream pupils, were regarded as negative, derogatory remarks (Pilgrim 2005). I acknowledge a high percentage of responses in the 'other' category, which I decided not to subdivide, as my main aim was to recognise distribution and frequency of the use of derogatory language.

Question	Total no. of responses to question	% verbs	% adjectives	% nouns
1. Words or phrases that you think pupils in a mainstream school might use to describe a young person experiencing mental health problems.	46	13.0	50.0	37.0
2. Words or phrases that you think a young person experiencing mental health problems might use to describe themselves.	42	38.1	45.2	16.7
3. Words or phrases that you think mainstream teachers might use to describe a young person experiencing mental health problems.	58	43.1	44.8	12.1
4. Words or phrases that you might use, to another professional, to describe a young person experiencing mental health problems.	54	59.2	38.9	1.9

Table 3.4 Distribution of responses in each category of three-level classification model



Graph 3.1 Distribution of responses in each category of three-level classification model

The results did however suggest that a young person experiencing in-patient treatment may feel less negative towards him or her self and may include medical labels when describing themselves, although not using specific reference to mental health (Tables 3.5, 3.6, Graph 3.2).

In Appendix 3c I also include an exhaustive list of responses to question 5, which support the view of the importance of language in the collaborative work around mental health issues involving the cultures of both special and mainstream schools. They also demonstrate the diverse ways in which language is important when working with extremely sensitive issues and reiterate many of the key issues I raised in Chapter Two, such as labelling, the question of disclosing or 'passing' on returning to the community and the misconceptions regarding mental health and learning difficulties. For example:

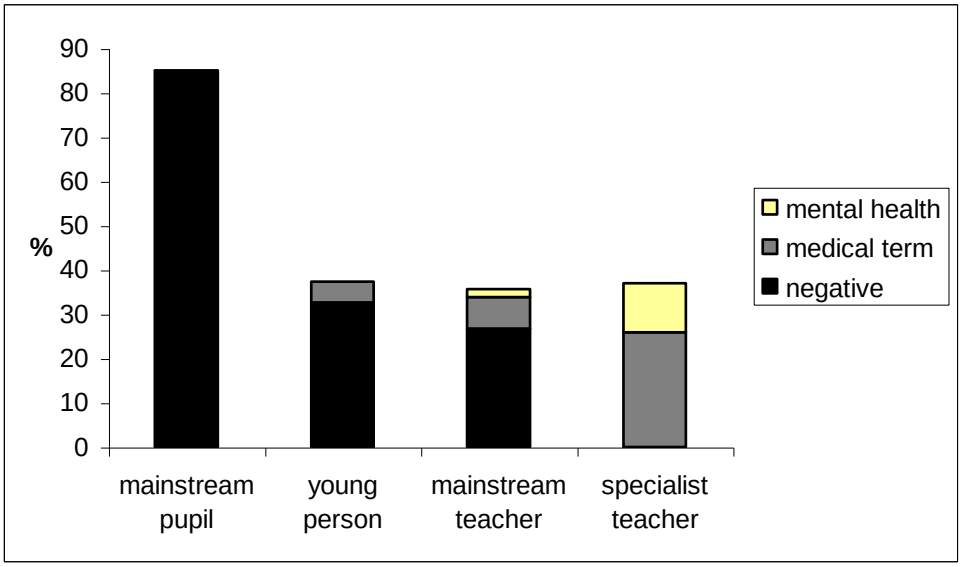
> '*A school wanted to know the diagnosis before a young person returned.'*
>
> *'Young people do raise as a concern the language to use to explain their period of time at our unit.'*
>
> *'Many outsiders coming to school expect our pupils to have learning difficulties, behavioural problems (violence)…'* *(Questionnaire responses)*

Category	**Examples from data**
Negative/Derogatory	nutter loony mad weirdo freak
Medical terms	ADHD Schizophrenic Psychotic Bulimic Depression
Use of words 'mental health'	Mental health issues [is working through] mental health problems [has] mental health problems
Other	Has some emotional problems Has been in hospital Has problems with boundaries lonely ill stressed unhappy

Table 3.5 Examples of words/phrases in each category of the four-level classification model

Question	% Negative/ Derogatory Response	% Medical terms	% Response Mentioning Mental Health	% 'Other'
1. Words or phrases that you think pupils in a mainstream school might use to describe a young person experiencing mental health problems.	85.1	0.0	0.0	14.9
2. Words or phrases that you think a young person experiencing mental health problems might use to describe themselves.	32.6	4.7	0.0	62.7
3. Words or phrases that you think mainstream teachers might use to describe a young person experiencing mental health problems.	26.8	7.1	1.8	64.3
4. Words or phrases that you might use, to another professional, to describe a young person experiencing mental health problems.	0.0	25.9	11.1	63.0

Table 3.6. Distribution of responses in each category of four-level classification model



Graph 3.2 Distribution of responses in each category of four-level classification model

3.4 Reflection on the enquiry

As a starting point I had brought to my research my own experiences, beliefs and values and what it was that I wanted to understand regarding young people belonging to the stigmatised group of those having experienced mental health problems. Although I had not been expecting to reveal an ultimate truth with regard to making sense of what young people may experience on their return to mainstream education after a period of in-patient psychiatric treatment, I had been able to confirm through the beliefs of other teachers within similar practice-based positions as myself, the importance of language in reflecting stigmatising attitudes.

I do however need to acknowledge that this study had been based on the beliefs of professionals who, like myself, would be looked upon as outsiders with respect to the mainstream school culture. They had presented their views looking in from the outside. But, as discussed earlier, understanding may need a phenomenon to be seen in its wider context from a distance, a perspective an insider cannot always provide.

3.4.1 Findings and emerging issues

My analysis of the data collected from the questionnaires indicated that other professionals, working within similar contexts as myself, did believe that stigmatisation exists, and showed that it may be realised through language, that is, it is language that is effectively the stigmatising process. However, I had recognised a need to acknowledge that language is a two-way link between the deliverer and the recipient, and that the same words, although heard as spoken, may not have the same meanings for both participants and in fact two recipients may not even 'receive' the same meaning. Mainstream pupils, who will have learnt the language they use from their environment, might not be able to speak about mental health in a neutral non-evaluative way.

But I also considered that anything said, with respect to these young people experiencing mental health problems, could be construed as a categorisation of a condition, by the fact that it must select one aspect that is then used as a descriptor for the whole situation. Yet I also held the belief that the young person having experienced psychiatric treatment would also have learnt their language from their environment but may have adopted a more institutionalised medical language. They might use language used by the professionals in the field of mental health, and so appear to have a less negative attitude towards him or herself.

So although I recognised that cultural stigma of mental illness may be reflected in language, and that 'this is one of the reasons as to why there is a push to do away with popular labels for people with an illness such as "disabled" or "handicapped" in favour of the expressions "person with a disability" or "person with a handicap",' (Rasinski et al 2005: 56), I suggested that popular lay labels such as 'freak', 'weirdo', 'nutter', 'psycho' are even more hurtful and potentially harmful in encouraging stereotypic beliefs. I had thought that perhaps I would check out the meanings some of the words suggested in the data had for the group of pupils at the Unit School. But after consideration I felt that this was not a very sensitive approach and could cause a great deal of stress as it might bring up bad memories or even influence my pupils to think that words they had previously thought acceptable were in fact negative towards them.

Using a linguistic approach and conceptual frameworks derived from the work of Rasinski et al (2005), Pilgrim (2005), Maass et al (1989) and Semin and Fiedler (1988), this exploratory study did go some way to support the claim that stigmatisation of ex-mental health patients exists in some mainstream schools. I realised having completed this preliminary study that in my main study I would need to establish what form such stigmatisation might take, how it manifests itself and how it is maintained so that I would be able to equip myself and other professionals to support young people in dealing with potential stigmatisation on return to mainstream education. However, I did raise the question whether this study indicated a lack of ownership or an unconscious denial of owning stigmatising attitudes towards those with a mental health label. By this I mean that the responding professionals were shown to use a 'softer' language than they believed mainstream pupils and teachers would use. They used a language that did not have the potential to transmit and maintain the persistence of social stereotypes. It maybe that, as they all worked with those experiencing mental health problems on a daily basis, they had become very aware of the effect certain words could have and had therefore become guarded in their use of certain language in the public arena.

I return to many of the issues raised above in the concluding chapters.

3.4.2 Evaluation of data-gathering techniques

Through the questionnaire I had aimed to explore the views of mainstream pupils and teachers towards those experiencing mental health problems. I had presented the questionnaire to a small opportunity sample of professionals whom I already knew and who had verbally agreed to take part in my research. All eleven participating teachers had worked in similar unit schools to myself or had long-term experience of working with young people with mental health problems. I had chosen a questionnaire as my data-gathering tool in order that colleagues in different institutions, geographically some distance apart, could participate; time constraints on this small-scale research study had not allowed time for setting up focus groups or travel time to carry out interviews. Aware that I was asking opinions on an extremely sensitive issue I worded and ordered the questions with great care as to avoid causing any offence or anxiety and also to leave what I considered the most difficult question until last. However I realised that I had no control over the order in which the participants would approach the questions or whether they would answer any or all of the questions and if their responses would truly represent only their own experiences and beliefs.

At the time of sending out the questionnaire I was satisfied that all the questions were worded in such a way as to give the required information but, on their return, I realised that despite all my efforts I could still have been less ambiguous in what I was asking. When I had asked, what words or phrases the respondents might use to describe a young person experiencing mental health problems to another professional, I had not stated whether the professionals were working within the same or different institutions or even within the same discipline. The responses depended on how the question had been interpreted by the respondents.

I had piloted the questionnaire with support of my teaching colleagues who had not suggested any changes. I think however that this was perhaps because through informal conversations that had previously taken place in staff meetings they were already aware of my research intentions and so perhaps knew what I had meant by my questions. All results gained from piloting were included in my final data.

3.4.3 Evaluation of analysis of data

Although I had coded the data from the questionnaires using a quantitative approach in accordance with analytical frameworks developed from the literature (Rasinski et al 2005, Pilgrim 2005, Semin and Fiedler 1988 and Pugliese 1988) I was aware that my involvement with young people experiencing mental health problems and the influence of others' beliefs and values could have resulted in my interpretations of the data being subjective and biased towards those which I considered at the time as the injured party, the out-group of ex-mental health patients. Later in my research it became clearer, that this approach of relying on adults' understanding of the meaning and intentions of words was perhaps too simplistic.

3.4.4 Validity and reliability

Although, this stage in my inquiry had not involved complex testing and measuring, the question of validity was still important and I felt it necessary to concern myself with the issues of validity for both qualitative and quantitative approaches. Rasinski et al (2005) stated that research projects can only claim internal validity if they can make assertions regarding causal mechanisms and responses to stigmatisation. They added that external validity is satisfied only if generalisations can be made beyond the research participants and which, in the area of stigma and mental illness, is crucial because of the real world consequences attached to stigmatisation. But arguably, without internal validity then external validity could be considered as not being reliable. With respect to internal validity I had aimed to explore how stigma of mental health may be reflected in language by considering the views of other teachers working with pupils experiencing mental health problems. This preliminary project did also satisfy the claims for external validity by making generalisations, based on the general agreement of the questionnaire responses, that potentially stigmatising language may exist in some mainstream schools from some pupils and some staff. The study also supported the view that teachers working in adolescent units believe that language can be a barrier to helping young people make the transition back into mainstream schools.

> *'They are given advice on how to explain their absence from mainstream school in general terms and that they should avoid specifics. Young people are usually very reluctant to talk about 'mental health' and are usually discouraged from speaking in these terms with their peers.'* *(Questionnaire response)*

Knowing that exclusive reliance on one method or set of respondents could bias or distort my research, by providing only a limited view of the complexity of human behaviour and of situations, I had employed limited participant triangulation by using respondents from adolescent units nationwide. Although in this small-scale exploratory project I had tackled the validation process through only very limited aspects of triangulation, in my main study I refer to crystallisation (Richardson 2000) rather than triangulation, as a means of cross checking different perspectives in order to allow for the potential to make generalisations (4.3.3). However, I do recognise that differing perspectives do not automatically give permission to make generalisations but that it can signal and reveal complexity of the topic being investigated.

3.4.5 Research positions

I had come to my small-scale research project with preconceived ideas of how I wished my readers and colleagues to view me; an empathetic researcher able to hear and understand all views and to believe in a multiplicity of truths, and as such had already decided to reject the positivist approach, as I did not deem it fit to deal with the complexities and uniqueness of human nature. However, as my background was in the field of science and mathematics and to which I had been drawn in my research so far, I realised that total rejection of the positivist approach would involve a great deal of personal development.

Working through my small-scale inquiry I realised that by shutting the doors to certain research approaches I would in fact be in danger of putting myself in a box and limiting the openness and at the same time the depth of my research project as well as my personal experiences and growth. Whilst having preferences as to my research approach, in my main study I would need to remain accessible to all research positions, allowing my preconceptions of the 'ideal researcher' to be challenged and transformed. It would be essential that I should use the 'best' and pragmatic approach to enable me to find the answers to my questions and I would therefore need to come to grips with the strengths and weaknesses of the main types of research approaches.

I develop the ideas of adopting a pragmatic approach to my research in Chapter Four. However, whichever eclectic approach (Ely et al 1997) I would eventually decide to adopt, ultimately I wanted to come to an understanding of if and how the young ex-mental health patients may suffer from social inequality. By taking this position I planned to make a marginalized group the focus of my study with the idea of empowering them to manage in the community. I consider this line of reasoning throughout my dissertation as I embrace the ideas of social constructionism and personal constructs.

In the next stages of my research I planned to facilitate and encourage mainstream pupils in getting their voices heard regarding mental health issues and believed like Corrigan et al (2005) I would find stigmatising attitudes present in mainstream schools that did not diminish on prolonged contact. I would need to decide if I could justify telling a few young people's stories, or if I needed to verify the very existence of stigma through a scientific quantitative approach before attempting to understand what it looked like for different people through a qualitative approach.

I also believed that I would need to incorporate a narrative element into my research to allow me to tell my own and others' personal and multifaceted stories in such a way as to highlight that events and individuals are unique and that there are multiple interpretations of, and perspectives on, single events and situations and that reality is multi-layered and complex (Cohen 2000). I believed a narrative approach would enable me to highlight the processes and impact of stigmatisation experienced by this specific group of young people, while enhancing data collected and analysed using various research approaches (Bell 1999).

At this stage on my research journey I had been able to make the distinction between quantitative and qualitative research methods, but was still unable to satisfactorily define the many different research approaches, which I could not categorise easily within this split and therefore to decide where my own position would finally fit and which combination of methodologies would make my research unique to me (Cohen 2000). I return to these considerations in the following chapter.

3.4.6 Learning within the early stages of the research process

Not only had I learnt what young people may experience when they return to mainstream education and the beliefs of other professionals working within a similar context as myself, but I had also been made aware that to be a successful and respected researcher I needed to be willing to accept that I might be wrong. I would need to be open to changing my own ideas, and to adapt to circumstances as they arose but yet at the same time remain focused on my research questions as:

> '… you cannot find out what a man means by simply studying his spoken or written statements … in order to find out his meaning you must also know what the question was (a question in his own mind, and presumed by him to be in yours) to which the thing he has said or written was meant as an answer.' (Collingwood 1939: 31)

I believed that as I continued on my research journey I would develop my ideas and my research questions. It is this story of the development of the question that is part of the reliability and trustworthiness of the thesis within this dissertation and one that I shall tell my reader. I also believed that as I learnt through carrying out my research I would improve in personal practice, which would in turn provide the potential for peers to also improve theirs as 'if we are to help all young people develop 'a positive sense of well-being and an underlying belief in [their] own and others' dignity and worth' (HEA, 1997: 7) there will be both personal and professional challenges ahead' (Warwick et al 2000: 143).

My aim would be not to change people, peers or young people through my research, but to give them the opportunity, through dialogue, to question what they were doing, evaluate it and then to change themselves which could in turn contribute to social improvement (McNiff et al 2003, Gaskell 2000). In later chapters I acknowledge how young people may change the way in which they construct their meanings within their worlds rather than change themselves (Butt and Burr 2004, Pope and Denicolo 2001, Kelly 1955). I also trusted that as my research project progressed the research methodology and informal dialogue would prove to be a learning process for all participants.

3.5 Where to next?

Having established the fact that other professionals believed that stigma does exist in some mainstream schools through language used, in the next stage of my research, in which I aimed to contribute to the promotion of a successful re-integration process, I would ask the questions:

- 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-in to the transition process to help combat stigma and discrimination experienced during and after the transition process?

I proposed for my continued research to be guided by these questions and by others' previous research in the fields of stigma, mental health and language. I planned to hear the

views of mainstream pupils themselves, which would either confirm or refute these early findings. I would also need to clarify whether public, self or perceived stigma is the greatest barrier to a successful re-integration process before appropriate support could be given to help those young people returning to a mainstream setting deal with any stigma they might experience.

3.6 Summary

Within the boundaries of this small-scale project I had provided some evidence to support the view that stigma towards those experiencing mental health problems is present in some mainstream schools. I had also shown indications that stereotypic beliefs leading to stigmatisation may be manifested and maintained through the use of language.