Chapter Five

Developing the questionnaire

Research process:
In Chapter Five I describe the development of an innovative combination of techniques in a quantitative questionnaire research tool. I show how the development of the questionnaire, which is presented in comic booklet format to young people in three mainstream schools, is however seen to be far more complex and involved than it first appears.

Voice of the developing researcher:
Although I am central to the research process, I am continually changing. At this stage in my journey, my position has changed from being a teacher disconnected and outside the research to engaging with the literature, participants, methodology and reflexivity as well as developing the role of researcher. I am now able to put these two roles together and as a teacher/researcher or researcher/teacher, depending on context, engage within my research field with a voice of authority. However there are times when I feel quite vulnerable and exposed to criticism as I reveal my questionnaire to those in mainstream schools; like the birds that begin to be revealed as individuals rather than being hidden and protected within a group.

Young people's perspectives:
In developing my research tools I listen to the participants' voices in the pilot group and, in accordance with their critique, change elements within the questionnaire. In order to create a multi-choice format I select the young people's initial perceptions with respect to understanding mental health problems in their peers.

Believing that one of the important dimensions of originality in my work lay in the development of the questionnaire research data-gathering tools, I recognise the importance of providing the reader with a full account of the processes involved. In this chapter I give a detailed account of how I developed the questionnaire presented to pupils in three mainstream schools. I also return to the literature to provide justification for embracing the work of previous researchers, integrating those from both the quantitative and qualitative paradigms. I explain how I adapted previously used techniques to provide the tools that I believed would answer my research questions and how I integrated each of them into a questionnaire in comic book format. Although designing the questionnaire proved to be complex, with respect to asking the right questions in order to answer my main research questions, I believe that it does offer a new and innovative tool for exploring sensitive issues such as mental health with young people in a mainstream school setting. In this chapter I discuss the ethical issues that I considered in designing such a research tool and then, in Chapters Six and Seven I reflect on the broader issues of using 'questionnaire research on pupils in schools' (Denscombe and Aubrook 1992). In Appendix 5a I present the final draft of the questionnaire as used in one of the three participating schools.

In Chapter Three I explained how I had proposed to use the questionnaire to explore the views and beliefs surrounding mental health problems of Year 10 mainstream pupils within the education system. Although I had recognised that this method might not be able to reach below the surface to a level of emotional motivation and in-depth experiences of the young people I believed that it would provide, relatively quickly, sufficient data to have the potential, through the study of language, to uncover stereotypic and stigmatising beliefs and thoughts about those experiencing mental health problems. I also anticipated that it could act as a precursor to the in-depth interviews by providing a self-identifying sample and a focus on which to base the interview questions.

5.1 The questionnaire: 'Kids in your class'

5.1.1 An overview

After having introduced myself and explained the purpose of the questionnaire to the participating pupils I used short vignettes to introduce three fictitious characters; Aay who had been a member of the participants' class for the last three years, that is since Year 7, Bee who had just returned after having attended a special school for young people experiencing mental health problems and Cee who had also just returned to their class after a long period of treatment in hospital for leukaemia (Corrigan et al 2005). I then used a 6 x 3 matrix format, formed from six behaviours (non-objectionable to mild through to severe-objectionable) by three levels of labelling ('normal' mainstream pupil to mental hospitalisation to physical hospitalisation) (Link et al 1987) to introduce 18 cartoons. Although the behaviours were not gender specific (Maass et al 1989) I did produce separate questionnaires for both the girl and boy participants. I then provided the participants with four response alternatives for each cartoon from which they were asked to select the one that, they believed, best described the depicted behaviour.

Next, I asked participants to complete a social distance scale consisting of a three-point scale of 'yes', 'no' and 'don't know' for six items for Aay and Bee. I then manipulated the levels of information and labelling, with respect to Bee, by developing the vignette through

additional specific information regarding his or her problems and introducing the word 'psychotic' (2.3.2). Immediately after presenting the extended vignette I asked the participants to complete the same social distance scale in order to measure the impact the new information given for Bee had made on them. I acknowledge that the strategy I devised had a tendency to lead the participants to say something new, an issue I address in section (5.1.2). I also asked the participants to consider a revised four-situation, three-scale familiarity scale to assess their familiarity with mental health problems. Lastly I asked for words or phrases that they or other pupils might use to describe someone like Bee, who had experienced living with a mental health problem.

I now discuss, in added detail, the reasons for including each of the individual techniques incorporated within the questionnaire.

5.1.2 Vignettes

The applicability of vignettes, described by Finch (1987: 105) as 'short stories about hypothetical characters in specified circumstances, to whose situation the … [research participant] is invited to respond,' in the study of topics that may be sensitive to respondents, such as mental health and cancer and which might otherwise be difficult to discuss, has been well documented (Corrigan et al 2005, Wilks 2004, Barter and Renold 2000, Link et al 1987 and Finch 1987). Link et al who had carried out a review of articles, that had sought to measure stigma of mental illness and published between 1995 and 2003, reported that the vignette was in fact the 'most common methodological approach employed in the study of the stigma of mental illness' (2004: 527), but of course, just because it is commonly used does not mean to say that it is effective and reliable. However, the vignette technique, which has been used in both quantitative and qualitative research, has been shown to have the potential to be non-personal and a method that can evoke multiple interpretations to behaviours and events, to allow young people more control over what and when to disclose personal experiences, to draw out perceptions, opinions, beliefs and attitudes, and to explore participants' ethical frameworks and moral codes (11). It has also been successful as a complementary technique alongside other data collection methods, to offer the possibility of examining different groups' interpretations of a 'uniform' situation, (Barter and Renold 2000, Maass et al 1989 and (11)) and achieve a good level of external validity (Link et al 2004).

The literature suggested that vignettes used in such research studies should:

- appear realistic and plausible
- remain relatively mundane avoiding unusual characters and events
- mirror issues that occur with some frequency in respondents' lives
- be age and ability appropriate
- provide enough contextual information for respondents to clearly understand the situation being portrayed
- be ambiguous enough to ensure that multiple solutions exist
- be carefully worded to avoid influencing the respondents' answers.

(Barter and Renold 2000, (11))

The technique of using vignettes may be considered to compensate for lack of personal experience (Barter and Renold 2000) although this was not my primary intention in this

research. The vignettes, which I presented, were influenced by the work of Corrigan et al (2005), Alexander and Link (2003) and Link et al (1987). Corrigan et al's study was based on how adolescents perceive the stigma of mental health issues and alcohol abuse in which they presented four vignettes, each describing a different young person. The vignettes were relatively 'brief to better represent the respondent's reaction' (2005: 545) to the language used to label mental health issues rather than additional information. Link et al who explored the influences of a label on the social rejection of former, adult, mental health patients replicated the work of other researchers 'by experimentally manipulating behavior [sic] and labeling [sic] … through the employment of six vignettes formed by … three levels of behavior … and two levels of labeling …' (1987: 1476). However unlike the vignettes used by Corrigan et al those of Link et al included additional information regarding behaviour and ambitions. They believed if labelling were to be shown to have an effect then it would be more convincing if more information about a specific individual were known.

In my own study, which concentrated mainly on beliefs and values associated with labels and discourses available to young people (Burr 1995) belonging to different social groups as part of understanding stigmatising attitudes, I integrated both these ideas. In order to explore what differences, if any, additional information made to the participants' responses, I initially presented relatively short vignettes, describing three different characters and then increased the amount of information known regarding the young person who had experienced mental health problems. Initially I introduced Aay as the young person who had experienced leukaemia, Bee who had experienced a mental health problem and Cee 'who has been a member of your class since Year 7 when you all transferred from your primary schools' (Research questionnaire). I now show how I incorporated the additional information into the vignette.

Initially I presented the young person who had experienced mental health problems as:

> 'Now meet Bee who has just returned to your class after a long absence. Before rejoining your class your teacher told you that Bee had been in a special school for young people experiencing mental health problems. Although Bee is feeling much better and able to cope in school she has reduced the number of GCSEs she will study.' (Research questionnaire for girls)

I then developed the vignette further to include the potential label of 'psychotic' and re-presented as:

> 'Now think about Bee. You learn that she has been through a difficult time. She was not managing at school. She was finding it difficult to concentrate in class, her marks were gradually becoming worse and she had appeared to stop trying. She had very little self-confidence and sometimes seemed frustrated with herself and her friends. She had found things so difficult that she had begun to miss school and hide away in her bedroom. She had eventually been admitted to an adolescent psychiatric unit where she was diagnosed as experiencing a psychotic breakdown. Whilst at the Unit she had received specialist treatment and had attended a special school. With help Bee had gradually put her life back in order and was now able to return to mainstream school.' (Research questionnaire)

Although I had acknowledged in section (5.1.1) that this strategy, of giving the young people additional information, would have a tendency to lead them to say something new, I

emphasise that this was deliberate. I wanted to invite the young people to be able to disclose whether additional information regarding the nature of Bee's diagnosis and mental health label would influence their attitude towards him or her.

Although Link et al (2004) had suggested that vignettes could achieve a good level of external validity, Wilks (2004) had seen that perhaps the biggest methodological question regarding the use of vignettes in research was in fact the issue of validity. This then raised such questions as:

- Does the situation I depict in the vignettes genuinely represent the phenomenon I am exploring?
- Will the participants provide socially desirable responses (Greig and Taylor 1999) and only during the interviews reveal how they would truly respond to a situation (11)?
- Does what the young people believe they would do in a given situation truthfully represent how they would actually behave (Barter and Renold 2000) referred to in Brewer and Hunter (2006: 47) as "attitude versus action"?

In answer to these questions I believed that, drawing on my experiences, I had depicted realistic situations and that through carrying out follow-up interviews I would be able to gauge the reliability and also face validity of the responses in the questionnaire research. Link et al (2004: 527) claimed that 'although vignettes have drawbacks we believe that the best approach to developing future knowledge in this area will be built on information derived from multiple methodological approaches with different strengths and weaknesses [and that] vignette-based research can be one important component of such a multi-method approach.'

5.1.3 Cartoons

Although there appeared to be less literature available with reference to the use of cartoons and comic strips being used in research studies, they have again been documented as having been adapted and used as a research approach into sensitive topics. Both have been used as visual illustrations, of specific concepts in social contexts, with the drawings serving as graphic illustrations of characters' dress, gestures and expressed emotions in specific situations (Werkman et al 1999, Snyder 1997, Maass et al 1989 and (12)). Behaviours presented in this visual form allow all variants except for the character's label to be kept constant and being language-free help reduce potential bias of participants' responses. For this reason cartoons have been employed to investigate communication of the Linguistic Intergroup Bias with adults (Maass et al 1989) and, with children and adolescents (Werkman et al 1999). I acknowledge that in my own research the vignettes were employed to influence a change in the characters' labels.

In the early stages of my exploration of a research methodology, that I believed could reveal stigma experienced by young people returning to school as ex-mental health patients, I decided to investigate if mainstream pupils would in fact communicate the Linguistic Intergroup Bias through the introduction of cartoons. Having based my ideas of including cartoons from the work of Maass et al (1989) with adult groups and Werkman et al (1999) with children, in my own questionnaire I needed to make the cartoons apposite to 14 and 15 year old adolescents of both genders in order to engage them in the task. I decided to present

the questionnaire in comic book format and therefore as a starting point purchased several comics and magazines targeted at the younger end of the adolescent market and I also looked at cartoon characters on the Internet. Having chosen my characters I then needed to decide what behaviours I wanted to portray as non-objectionable to mild through to severely-objectionable, but yet those that would be considered as part of and therefore representative of life within a mainstream school. In Appendix 5b I give examples of cartoons from which I developed my own characters and behaviours.

I had considered having just one questionnaire, portraying the image of a boy, with each of the three characters described in the vignettes being recognisable through having different hair colour. However, further development of the questionnaire and having only one gender represented, eventually proved limiting as to the questions I would be able to ask; they had the potential of having very different meanings from the one I had intended. This became particularly pertinent in the latter stages of the development of the questionnaire, which I discuss further when I explain how I designed the social distance and familiarity scales (5.1.4). Having selected the characters on which I would base my cartoons I began to adapt them to represent a Year 10 pupil in a mainstream school. However, limitations of budget meant that I needed to draw the cartoons myself. I quite readily managed to depict a Year 10 girl but my first attempt at a boy's caricature appeared far too young and after several attempts I eventually chose the same face for the depiction of both a girl and boy but with different hairstyles. I also believed that my initial idea of having the different characters with different hair colour could potentially put a pupil within the participants' peer group in the unfortunate position of being teased or even ridiculed and bullied if they had the same hair colour as one of the characters in the cartoons.

Next, I considered having all the characters with the same hair colour so that they would not be distinguished by appearance but by the letters A, B, and C. However recognising this as being a very impersonal approach and that the participants might not respond or interact with the characters I eventually made the choice to portray characters of both a girl and boy all with light brown hair and known by the names Aay, Bee and Cee. I also made the decision that the characters would wear the uniform of the school in which the questionnaire was to be presented (Figure 5.1).

Figure 5.1. Examples of the characters representing the three participating schools

I believed that this would give the pupils participating in the research process ownership and create empathy towards the characters in order that they might interact with situations in which they were portrayed. However, this meant creating six individual characters resulting in 36 cartoons (6 characters x 3 schools x 2 genders). Initially I had also incorporated the relevant school badge on the front page and used a font in the school colours to make the questionnaire more personal to the participants.

With the characters created I then needed to come to a decision regarding the six behaviours (Figure 5.2), which I considered would enable my young participants to communicate the Linguistic Intergroup Bias, and as such demonstrate a contribution to the perpetuation of existing stereotypic beliefs towards those carrying the label 'ex-mental health patient'.

Figure 5.2 Cartoons of non-objectionable to severely-objectionable behaviours used in the pilot

I considered that intergroup biases would be more likely to emerge with behaviours typically observed within the culture of a mainstream school. They would be directly relevant to the participants who according to the ideas of Maass et al (1989) would be expected to describe desirable in-group behaviours and undesirable out-group behaviours more abstractedly (Semin and Fiedler 1988) than undesirable in-group and desirable out-group behaviours. I

chose six behaviours from non-objectionable to severe-objectionable with half the acts involving the sole character and half showing involvement with either another pupil or a teacher.

However after running the first pilot in which the participants were asked to write captions describing each of the six cartoons for all three characters, I made changes to some of the cartoons. I explain the reasoning behind the changes later in this chapter (5.2.2). Throughout the developmental stage of the questionnaire I had regular discussions with my supervisory team and research cohort in which the categorisation of behaviours depicted in the cartoons were agreed. I also had frequent informal conversations with work colleagues regarding the development of my research tools.

5.1.4 Social distance and familiarity scales

I was aware that 'research on beliefs about illness in the general population has generally used one of five methodologies' (Hayward and Bright 1997: 346) which include attitude scales involving ratings of agreement or disagreement with statements about the mentally ill. I also considered that structured questionnaires, using scales, could be a valid way to elicit stigmatising attitudes and reactions of others (Bagley and King 2005). Therefore I decided to include both a social distance scale (Bagley and King 2005, Link et al 1987) and a familiarity scale (Corrigan et al 2005), both adapted from scales used with adults, in order to measure participants' reactions towards the individuals described in the vignettes and to assess familiarity with mental health issues. With regard to the social distance scale I asked a series of questions about the level of social closeness the mainstream pupils would be willing to have with the young person who had been in their class since Year 7. I then asked the same set of questions with respect to the pupil who had returned to their school after having received in-patient psychiatric treatment and then again when they heard that this young person had in fact experienced a psychotic breakdown.

Initially I had employed a four-point scale based on a Likert format in which the participants would indicate their level of agreement (definitely unwilling, probably unwilling, probably willing and definitely willing) with the levels of social closeness. Similar to Link et al (1987) I had intended to score the responses from definitely willing = 0 to definitely unwilling = 3 (Figure 5.3), but after pilot testing I changed to what I believed to be a more straightforward format. I explain my reasoning for making the changes in the next section. It was at this point that I believed I would need to produce separate questionnaires for boys and girls as questions such as 'How would you feel about having Aay as your best friend?' would have very distinct connotations for the two genders.

The familiarity scale I had intended to employ was my own revised version (Figure 5.4) of the scale originated by Corrigan et al (2005), who in their own study had adapted the Level of Contact Report, originally used to assess adults' familiarity with mental health problems. They had made the scale relevant for use with adolescents with situations such as, 'I have a person in my class with mental illness'. Initially I included four situations and asked pupils to say if they agreed or disagreed with each (Figure 5.4).

I had designed both scales to enable participants to rate a particular response, making them suitable techniques to be employed in the predominantly quantitative part of my research study.

How would you feel about	definitely willing	probably willing	probably unwilling	definitely unwilling
1. sitting next to Aay in class?	0	1	2	3
2. lending Aay a C.D.?	0	1	2	3
3. going home with Aay?	0	1	2	3
4. having Aay in your group of friends?	0	1	2	3
5. having Aay as your best friend?	0	1	2	3
6. inviting Aay to your home?	0	1	2	3

Figure 5.3 The social distance items

	Agree	Disagree
I understand what is meant by mental health problems		
I know the difference between experiencing mental health problems and learning difficulties		
I have watched a T.V. programme that included someone experiencing mental health problems		
I know/knew someone who is/was experiencing mental health problems		

Figure 5.4 Familiarity scale items

I also included two further questions that were more open in nature. I intended to explore words or phrases that the participants themselves might use to describe someone like Bee, who had returned to school after having experienced mental health problems, and also the words or phrases they might expect to hear other pupils in their school use to describe someone like Bee.

Finally I invited pupils to indicate whether or not they would be prepared to meet with me to discuss their responses to the questionnaire in more detail. Only then did I need them to give me their name.

5.2 Development of techniques

5.2.1 The Pilot

I presented the questionnaire to 13 Year 10 pupils in one of the mainstream schools in which I also planned to carry out the main research project. The pilot group comprised five girls

and eight boys belonging to the Prince's Trust, a UK charity which helps young people to overcome barriers and to get their lives back on track, and who follow a vocational route through school.

I had no prior knowledge of the young people's experiences of mental health issues or of their academic ability and on meeting the group I learnt that some members had specific learning difficulties and might need a reader. This was something I would need to address when carrying out the main data gathering sessions. I knew that in a large mixed ability sample such young people could be represented and would need to be able to feel confident and not threatened by the research process. I believed that the responses and views of this group were important in order to provide an unbiased sample.

Some pupils had difficulty reading and understanding what was being asked of them and also writing, as in spelling, their responses. Although I had decided before hand that help would not be given, during the pilot session I felt that this was inappropriate and readers could provide direct meanings of words and spellings but not influence the written responses. Although some of the group did seem to find completing the questionnaire quite difficult and needed to ask for help, none appeared overwhelmed by the experience and all participants provided very useful feedback. The task took between 15 and 25 minutes.

As this group were piloting my data-gathering tool I was as interested in their ability to tackle the task and their thoughts on the questionnaire as in their actual responses and once the participants had completed the questionnaire I asked them what they had thought of the task. Some pupils were very open to discussion and willing to voice their opinions, others remained silent. The comments were mostly on particular aspects of the questionnaire and I believed that 'the spirit of such comments seem[ed] best interpreted as one of supportive, constructive criticism without suggesting that they disliked the whole thing' (Denscombe and Aubrook 1992: 116). I did not audiotape the discussion due to the group's own code of confidentiality. Some of the points raised were:

- It was difficult to remember the stories about the three characters.
- Having been told about three different characters, in the cartoons they all looked the same and this was confusing.
- The cartoons looked like 'primary kids' (even after my attempts at making them age appropriate).
- It was difficult to know what was happening in the cartoons. This ambiguity did however lead to captions that although they had not been what I had expected or even intended demonstrated that we can all see things differently and highlighted how easy it can be to fall into the trap of expectation.
- Pupils had not noticed that the cartoon characters were in their own school uniform although they had noticed the school logo on the front cover. Some thought that other pupils would probably appreciate the school uniform detail.
- The four-point scale was difficult to use, particularly with what appeared to be a contradictory measure of 'definitely willing' being given a value of 0 and 'definitely unwilling' a value of 3.
- Pupils did not want to respond to the task in which they were asked to say what they would call someone experiencing mental health problems, as they thought that I would not like what they had to say. They did however appear more open when writing words they thought others might use.

I now present the captions written by the participants and discuss how they influenced the format of the final draft of the questionnaire. The captions were extremely varied and did range from such concrete statements as *'He's putting his hand up'* to the more abstract one of *'[Cee is] confused'.* As I discussed in Chapter Two (2.3.2), this later caption may imply that Cee could and probably would behave similarly in different situations and perhaps could even be expected to show other related behaviours such as being disorganised, muddled and unable to cope with his or her school work (Semin and Fiedler 1988). However the captions did not consistently confirm individual young people's communication of linguistic categories (Semin and Fiedler 1988), the Linguistic Intergroup Bias (Maass et al 1989) or that of labelling through the use of nouns. In fact, the only uses of obviously negative or derogatory remarks were those made about Bee when the character was depicted covering up his or her ears. Participants had said:

'*Going mad in the head.'*

'She is going mad.'

'*He goes mad.'*

However, they did not demonstrate consistent expressions of desirable or undesirable in-group and out-group behaviours in the captions they offered. But instead the participants often appeared to go beyond language giving reasons for the behaviours depicted in the cartoons, for example:

'*Aay is answering a question because he has missed lots of school.'*

'*She is taking her GCSEs but needs help.'*

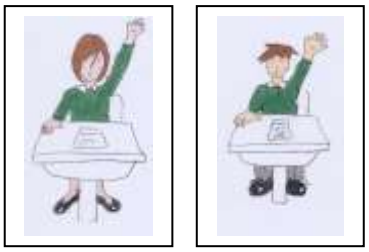
It appeared that they may have in fact interpreted the scenarios in the light of what they knew about each character and what they believed they understood about mental health problems, in the sense of what constructs were available to them and what I believe they were prepared to commit to paper. This wide diversity of responses by a small pilot group suggested that I could be faced with overwhelming problems at the stage of analysis and interpretation if a much larger sample of participants were invited to write spontaneous captions to each cartoon. I therefore decided to select four of the captions, influenced by the responses of the young people in the pilot group, for each cartoon, to create a multi-choice format. In this way the captions would be expressions congruent with a young person's vocabulary and linguistic competence. In Figure 5.5 I give the captions selected to create the multi-choice format, which I believed would allow for the stigmatisation of an out-group of young people to be uncovered and made visible.

5.2.2 Changes to the questionnaire

Although I had drawn on the methods of Semin and Fiedler (1988) and Maass et al (1989) to develop my own data-gathering techniques, the responses given by the participants did not overtly communicate the Linguistic Intergroup Bias. I decided that, although I would not attempt to confirm either author's work, I would use the pilot group responses to give a multi-choice format that I believed would have the potential to reveal any existing stigma towards those experiencing mental health problems.

Figure 5.5 Cartoon captions

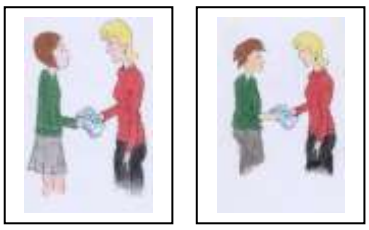
Cartoon 1



Selected captions:

- … is asking for help
- … is putting his/her hand up
- … is answering a question
- … is working for her/his GCSEs

Cartoon 2



Selected captions:

- … is handing in her/his maths homework
- the teacher is giving ... a maths book
- … is getting extra maths work to help her/him catch up
- … is talking to her/his maths teacher

Cartoon 3

Selected captions:

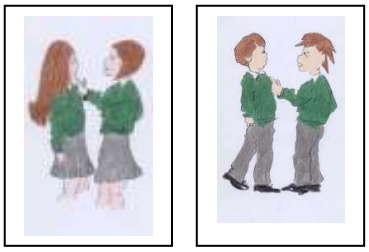
- … is sitting down by her/himself
- … is lonely as she/he has no friends
- … is waiting for her/his friend
- … is depressed

Cartoon 4

Selected captions:

- … is covering her/his ears up
- … is not listening
- … is going mad
- … is playing a game

Cartoon 5



Selected captions:

- … is pointing at a girl/boy
- … is arguing with a girl/boy
- … is threatening a girl/boy
- … is picking on a girl/boy

Cartoon 6

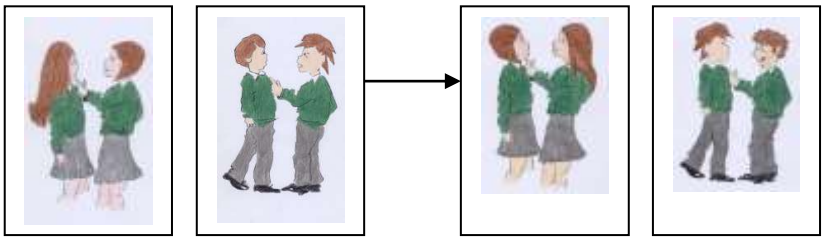
Selected captions:

- … is messing around
- … is bullying a girl/boy
- … is threatening a girl/boy
- … is picking a girl/boy up

In Appendix 5c I present a full list of captions given by the pilot group.

In response to the pupils' comments regarding the user friendliness of the questionnaire I incorporated each vignette within the cartoons so that participants did not need to hold in their minds too much information at one time. I changed two of the cartoons and their corresponding captions in an attempt to make them less ambiguous (Figure 5.6) and I introduced Aay as the 'normal' comparator rather than Cee.

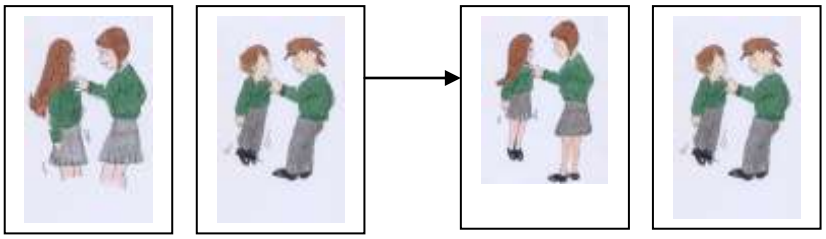
Cartoon 5



Aay is pointing at a girl/boy
Aay is arguing with a girl/boy
Aay is threatening a girl/boy
Aay is picking on a girl/boy

A girl/boy is threatening Aay.
A girl/boy is arguing with Aay.
A girl/boy is pointing at Aay.
A girl/boy is picking on Aay.

Cartoon 6



Aay is pointing at a girl/boy
Aay is arguing with a girl/boy
Aay is threatening a girl/boy
Aay is picking on a girl/boy

Aay is messing around.
Aay is bullying a girl/boy.
Aay is threatening a girl/boy.
Aay is picking a girl/boy up.

Figure 5.6 Changes to cartoons

I also adapted the social distance scale to 'yes', 'no' and 'don't know'. The wording for the social distance scale was also changed to fit the new classification (Figure 5.7). However at this point I was still intending to score responses (Corrigan et al 2005, Alexander and Link 2003, Link et al 1987), which I believed would enable me to interpret participants' attitudes as either stigmatising or non-stigmatising towards those experiencing mental health problems. For example with 'yes' = 0, 'don't know' = 1 and 'no' = 2 the greater the distance the pupil would want from the character Aay or Bee the higher the score apportioned.

Aay has been in your class since Year 7 when you all transferred from your primary schools.

Would you

1. sit next to Aay in class?	Yes	No	Don't know
2. lend Aay a C.D.?	Yes	No	Don't know
3. go home with Aay?	Yes	No	Don't know
4. have Aay in your group of friends?	Yes	No	Don't know
5. have Aay as your best friend?	Yes	No	Don't know
6. invite Aay to your home?	Yes	No	Don't know

Figure 5.7 Revised social distance scale

5.2.3 Talking about soap operas and mental health issues

I then presented the revised questionnaire to the same group of young people. They appeared to find the second draft more manageable although after looking at the responses I decided to make further minor changes to clarify the vignettes and questions being asked. I omitted the reference to Year 7, as I thought that this seemed to confuse pupils as to the age of the characters depicted in the vignettes and cartoons. I also clarified the wording in the familiarity scale by changing the item 'I have watched a T.V. programme that included someone experiencing mental health problems' to 'I have watched a T.V. programme (documentary, soap, film etc) that included someone experiencing mental health problems'. I believed that from the responses given in the pilot testing that some pupils had only responded positively to the above item if they had seen a documentary on mental health issues. However, it was my intention not only to establish whether they had an awareness and understanding of mental health issues through non-fictional documentaries but also those programs that depicted the everyday lives of fictional characters.

I specifically mentioned 'soaps' in my research design as my experiences of working with young people is that most of them do watch the popular weekly soap operas. Such programmes have been shown to be a 'popular television genre that invites young people to become involved and identify with the characters by filling in the gaps and making relevant their own experiences' (Livingstone 1990: 72). Social changes attributable to television drama programmes have already been well documented (Singhal and Obregon 1999) and my own experiences had led me to believe that soap operas appear to have a great deal of influence over the young people's beliefs and values, and as a direct consequence in the development of their personal constructs and attitudes. Given the large and established proportion of young viewers, soap operas provide an ideal platform to show a variety of life-problems and as such have been used effectively to encourage discussion of sensitive issues (Falk-Kessler and Froschauer 1978). I now include details of relevant story lines of three

soap operas that, in Chapter Eight, will be shown to be important in my own research processes and findings.

First, I look at the soap opera EastEnders, one that I am quite familiar with and I often use as a medium for communicating with the young people in the Unit School on a social and educational level. It depicts storylines examining the domestic and professional lives of the working-class people who live and work in a Victorian square of terraced houses, a pub, a street market and various small businesses in the East End of London and has covered such issues as homosexuality, rape, mental health including schizophrenia, childhood sexual abuse, suicide, racial prejudice and the stigma and silence that surround such sensitive issues. It has tackled the issue of mental health and carers of people who have mental health conditions and in fact this storyline won a Mental Health Media Award in September 2006 (13). EastEnders has also covered the issue of Down's syndrome when in 2006 a couple's baby was born with the condition and in 2007 we saw Stella, a lawyer and who was portrayed as being mentally unstable, psychologically and physically abuse a young boy who only after several months of bullying was able to speak out.

I needed however to resort to the internet (14) for details of Coronation Street and Hollyoaks, two other popular soap operas which I was aware of young people watching and which had also dealt with mental health issues. Coronation Street focuses on the experiences of the residents in a street in a fictional town in Salford, Greater Manchester. It examines families and individuals within the community who are of different ages, classes, and social structures. One storyline, relevant to my research, saw a young female character sectioned for mental health issues under the Mental Health Act after developing post natal depression and making an attempt to kill her newborn son. The storyline continued with the character, apparently due to her previous mental illness, being suspected of and arrested for the crime of starting a fire but who was later released without charge. It was later revealed that the character was in fact being stalked by one of the male characters.

Hollyoaks is set in and around the fictional Chester suburb of Hollyoaks and is centred around a local higher education college called Hollyoaks Community College with the characters generally being in their late teens or early twenties. It has also dealt with a number of storylines based upon serious issues such as suicide, rape, anorexia/bullemia, bullying, schizophrenia and Obsessive Compulsive Disorder (OCD). Hoping to communicate with young people Hollyoaks has shown how for one teenage character, experiencing mental health problems, real life can be frightening and confusing. The character was shown to be having his first experience of a psychotic episode when he might experience hallucinations, illusions or delusions. The media team of the mental health charity Rethink (15) advised the programme makers on the storyline that saw the character developing schizophrenia. Hollyoaks has also been the first soap opera to highlight the deadly risks of anorexia when depicting two teenage girls becoming involved in a game of competitive dieting and which tragically resulted in a death.

However it is important to hold in mind that, although soap operas can provide a forum for encouraging the discussion and exploration of mental health issues, there is a tendency to show users of mental health services in a negative light (Byrne 2003) and that correlations between viewing habits and pro-social behaviours are weaker than those with anti-social behaviours (Breen 2007). In fact Reveley (1997), a professional adviser to the National Schizophrenia Fellowship and who advised the EastEnders' team on a storyline with a character experiencing schizophrenia, entreated for the storyline to include a good response

and return to normal life after the prescription of an anti-psychotic medication. Believing that stigma is a key issue that needs to be aired, she also requested that after receiving successful treatment the character was then portrayed as experiencing stigma. I return to the ideas of how young people may interpret a soap opera storyline and narrative in Chapters Eight and Nine.

With the questionnaire complete I was almost ready to begin the data-gathering stage of my research journey. This next phase began by presenting the questionnaire to the head teachers of the three participating mainstream schools. Two of the schools gave approval but one asked for the school badge to be removed from the front page. I decided to remove all school badges to give complete anonymity to each participating school.

I presented each participant of the pilot-testing group with a certificate as evidence of their involvement and as part of their accreditation for the Prince's Trust award. I was not able to use the data from this group in the main survey study, they knew too much about my research project, which could have consciously or unconsciously influenced their responses.

5.3 Summary

In Chapter Five I have presented an account of the development of a questionnaire that combines several techniques such as vignettes with cartoons and familiarity and social distance scales. I have shown how, within a comic book format, I began the exploration of reliable techniques for researching into the sensitive topic of stigma and mental health. I have described how initially I explored, with reference to intergroup contexts (Maass et al 1989), the way in which the stigma of mental health problems may be reflected in the language used (Semin and Fiedler 1988). I have also shown how through pilot testing with young people I developed the questionnaire so that it was appropriate for use with a wide range of abilities with Year 10 pupils in mainstream schools.