

## Chapter Eight

### Individual interviews: Pupils talk about differences



#### **Young people's perspectives:**

In Chapter Eight I concentrate on hearing the individual meanings and understandings young people attach to mental health problems. I reveal how mainstream pupils do not appear to attach meaning to only one pole of the construct 'normal mainstream pupil-stigmatised mental health patient'. Instead, often influenced by their own experiences, they seem to recognise differences along the continuum.

#### **Voice of the developing researcher:**

Although in this chapter my voice as a researcher is not the focus, I take the reader through each interview and signal important points in respect to my research questions. I acknowledge that in order to present the participants' perspectives I impose a meaning on the data and therefore effectively make a first order construct. The meanings I make depend on my own personal belief values, which I construe from a unique position of experiences, gained from working with young people living with mental health problems at the severest levels.

#### **Research process:**

By carrying out the interview research process I am able to acknowledge the complexity and individuality of perceptions in addition to those believed to be representative of the whole group.

## 8.1 Individual Interviews

In Chapter Eight I present narrative accounts of the individual interviews carried out with a sub-sample of participants who had taken part in the questionnaire survey.

I carried out eleven individual interviews although one had to be terminated as the respondent became extremely upset. She had not lived in this country very long and English was her second language (11.1.2). It appeared however, from the brief time that I did speak with her, that she believed, that unlike her sisters who also attended the school, no one liked her and that she had no friends. Concerned that the questions I was asking had led her to become in touch with her own feelings of being stigmatised for being different I terminated the interview and called on the named member of staff in the school for support.

Although I had invited ten pupils to interview from each school, I carried out ten (Table 8.1) interviews in total. However I did find that, having already completed the questionnaire, the young people appeared willing and open to discuss their understanding of mental health problems. Although the questionnaire had offered an initial insight into young people's perceptions of mental health issues it had not allowed for an understanding of how they construct such beliefs, which I believed to be based mainly on their own experiences. The interviews allowed for the young people to explore their own understandings of mental health and the language they and their peers might use to describe different mental health problems.

School	1	2	3	Total
No of girls	0	2	3	5
No of boys	1	4	0	5
Total	1	6	3	10

Table 8.1 Distribution of interview sub-sample

I carried out the interviews in a variety of locations; a walk-in cupboard off a busy school library, a room in the special needs centre and a large classroom in the main throng of the school. Whilst carrying out some of the interviews I experienced what noisy places mainstream schools could be as pupils and teachers carried out their everyday business. In fact in some instances the noise level was such that I was concerned that I would not be able to make out the participants' responses on the audiotape (Krueger 1994) and therefore made brief notes straight after each interview and produced a transcription as soon as possible so that if necessary I would be able to trust my own memory of what was said.

## 8.2 Making sense of the interview data

Having completed all transcripts of the field data I reached the analysis stage in the individual interview research process. First I pulled out extracts, from the interview data, in which the young people explained their reasons for how and why they had completed the questionnaire. I believed this would help me make sense of their thinking with respect to completing the questionnaire and contribute to piecing together young people's attitudes towards mental health (Chapter Seven). I present these extracts in section (8.2) and the ten young people's questionnaire responses in Appendix 8a.

Second, from each individual transcript, I extracted sections of talk, which provided an insight into the following questions:

- What do the young people understand by experiencing a:  
    mental health problem?  
    psychotic breakdown?  
    specific learning difficulty?
- Are they able to recognise someone experiencing a mental health problem?
- What language do young people use to describe those experiencing mental health problems?

I present these extracts as narrative accounts in section (8.3).

However, the answers to some of these questions did not seem to come at what I thought as the most relevant time in the interviews, often appearing to come when the young people had become more comfortable or not under pressure as they thought that they were talking about something different and which they considered less threatening. In Appendix 8b I show how I annotated and marked a transcript to highlight where I believed the participant had acknowledged the above questions. I believe that by showing my method of analysis I have been highly transparent in this stage of my research process and as such allow the reader to make his or her own evaluation of my work.

As the main aim of my analysis was to embrace the words of each young person and also the multiplicity of views, beliefs and experiences of young people I present the interview transcripts as narrative accounts. I believe that such accounts can be regarded as knowledge in themselves and as such require little interpretation by the reader (Etherington 2004). However, as an introduction to each narrative account, I offer a brief introduction as to what I believe are the most significant points from which I am able to build an insight into each young person's life and individual attitudes. I acknowledge that by doing this I am imposing a meaning on the data that depends on my own personal experiences and belief values and am therefore effectively making a first order construct. To be able to present accounts, that are comparable with each other, it has been necessary to re-order some of the interview transcripts, because as I explained earlier the interviews did not always follow the same sequence. Also, to make the sense of some of the young people's talk clearer to my reader I add to the text (enclosed in square brackets) words and phrases, my own spoken questions and reference to questionnaire responses. In some instances, where I believe they add an understanding of the participants' thinking processes and attitudes, I also include, what I earlier referred to as unimportant noise, 'ums' and 'yeahs' and 'ers'. I also indicate by three dots ... where I omit any 'talk' that I believe did not add to the information communicated or where I have been unable to accurately decipher the words from the audio recording.

I have not given the participants the opportunity to read these narrative accounts. I was concerned that, as talk has temporality (7.3.1) and because the young people often appeared unsure as to whether they gave the right or socially acceptable responses, they may have wished to change or even withdraw their responses altogether. Instead, I claim that in order to be able to infer each young person's beliefs and values, I had a need to take each young person's responses as being their 'truth' at the time and in the context they were imparted.

I conclude this chapter by acknowledging the main issues that the young people brought to the fore around mental health problems and in Chapter Eleven I discuss the commonalities

and anomalies in the young people's understandings, views and beliefs. I also consider what the young people did not speak about; for example, through my own experiences I consider self-harm and suicidal idealization as very much part of the presentation of young people experiencing mental health problems, but yet these issues were not spoken about in the individual interviews.

Before presenting the young participants' accounts I remind the reader of the three characters Aay, Bee and Cee introduced to the young people in the questionnaire. First the young people met Aay who had been in their class for the last three years and then they met Bee who had just returned to their class after a long absence. Before rejoining the class their teacher had told them that Bee had been in a special school for young people experiencing mental health problems and that although he or she was feeling much better and able to cope in school had reduced the number of GCSEs for which they would study. Finally they met Cee who had just returned to their class after having spent a long time in hospital. They were told that Cee had been in hospital for a very grave illness called leukaemia, a form of cancer, and that because they had also missed so much school they had decided to reduce the number of GCSEs for which they would study. Later, the participants learnt that on admission to the adolescent psychiatric unit, Bee had been diagnosed as experiencing a psychotic breakdown. In Figure 8.1 I remind the reader of the six cartoons presented in the questionnaire.

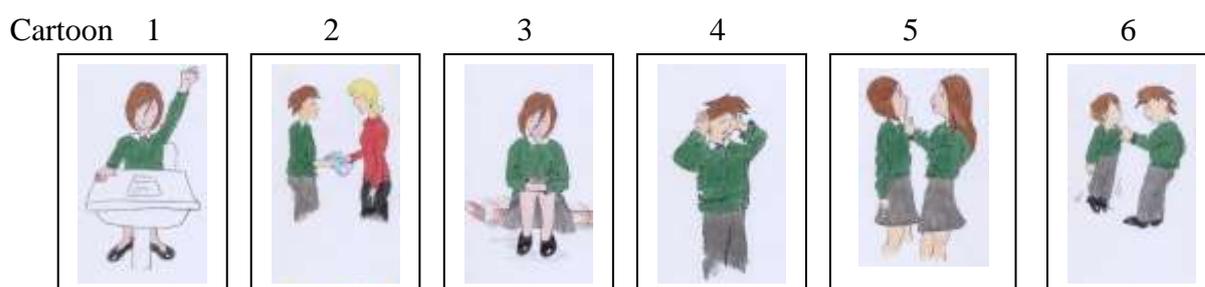


Figure 8.1 The six questionnaire cartoons

I now present the results of the data analysis. To preserve anonymity I introduce each young person by a fictitious name.

### 8.2.1 Cartoon captions

The following responses show how the young people differed in their approaches to selecting what they believed to be the most appropriate caption to each cartoon. Some gave purely descriptive responses such as:

*'You don't really know if they are putting their hand up to ask a question or whether ... you just know what you see in the picture.'* Ellen

Others attempted to interpret the behaviours depicted with reference to what they knew about each of the characters' experiences. They went beyond a descriptive response (2.3.2) and indicated having recognised differences in the characters:

*'In this cartoon [cartoon 3] I said that 'Aay and Cee are depressed', and 'Bee has no friends' cos people might get scared of her and don't know if she's going to lose it when she has had mental health problems. So they might be scared and they might get away from her or something like that. Aay and Cee are depressed cos they are lonely, just not being happy about stuff, I don't know.'* Donna

*'In these last two pictures I have put they are threatening. I thought that if he [Bee] has had mental health problems then it might lead to threatening behaviour cos sometimes, people that have problems like that [mental health] are quite aggressive and umm that's why I have said that.'* Ben

*'I said that Aay was putting her hand up but that Bee and Cee might both be asking for help because they have experienced ... problems and maybe they feel that they need the help; I don't know ... For this second cartoon I put 'Aay is handing in her homework' and that Bee and Cee 'are getting extra work' because they haven't been in school to do the studying and so they would need to catch up ... I changed the caption for each cartoon because I think that it is the situation that they had been in, that it influenced me. It makes you think about the situation that they are in and ... what they are doing means something different ... Aay is different from Bee. Everyone is different.'* Cindy

*'I chose different captions for the three different characters because, although the pictures looked the same I thought maybe that Aay, Bee and Cee would have different characteristics if you get what I'm trying to say. So, umm, I thought I'd put one or the other caption. I wouldn't treat everyone the same, it depends on what problems they have, knowing about a person influenced the caption I chose.'* Chris

Others appeared not to be influenced by a label of medical diagnoses and selected the same response for all three characters:

*'I chose the same caption for each cartoon regardless of whether it was Aay, Bee or Cee because each person was doing the same things.'* Ellen

*'I put the same caption for all of them [apart from the last one] cos what I knew about Aay, Bee and Cee didn't make any difference, they are all doing the same thing. That's what I thought I just looked at the picture and circled the one I thought it was ... I thought that they were all depressed in this cartoon cos they were all sitting alone with their heads down and arms folded. To me being depressed means being upset and stuff, alone, having no friends and upset that's all.'*

Dave

No young person conveyed consistent stigmatising attitudes towards Bee, although some did admit that they had found completing this section of the questionnaire quite difficult:

*'I did try to understand from the pictures, but it was quite hard. I used the same caption for most of the cartoons cos they were ... the same pictures ... I changed the captions for the next picture although they were just the same but cos the different circumstances [the characters] were in affected my opinion ... that's why I changed them. I thought that because Cee would have a different look on life now ... if I had just came back from hospital for something I wouldn't be so angry and stuff,*

*[especially] if they were just recovering from something like that [leukaemia]. You would feel lucky. Umm I know that it can kill you. I think it is something about the lungs, I don't know, but I know that it is very serious.'* Ben

*'Although all the characters looked the same I tried to change my answers, umm, but it was hard to change them because they all looked similar. Knowing something about them didn't really make much difference.'* Eddie

Some said that if they were in fact asked to repeat the task then that they might respond in a different way, while others couldn't remember why they had answered as they did, demonstrating the temporality of thoughts and 'talk' (7.3.1):

*'I don't know why I did those differently ... I think that I would probably put them all as just 'covering up their ears', because well Aay for all I know they could be playing a game its because I don't know the particular situation ... well they're threatening I don't know I think that I could have probably of put any for Aay but with Bee and Cee I mean because people would know the situation people, you know, could be pointing at them because of the situation that they had been in.'* Cindy

### 8.2.2 'How would you feel?'

I now consider the young people's comments, made during the interviews, regarding their thoughts and reasons for their responses to the 'How would you feel?' questions (Appendix 8a). Several of the young people commented that they would be unsure as to how someone who had experienced a mental health problem might behave and as such found it difficult to say how much social contact they would be prepared to have:

*'I said that I wouldn't be prepared to have Aay as my best friend. I don't know enough about her but I think that if I knew that person personally I probably would, but it depends, I don't know anything about her. I think I would be prepared to have Bee ... I don't know um ... I think that it would have to be the um certain situation that I am in. I know about Bee but obviously I don't know her personally so it's hard to tell. I don't know. It must be hard, it would be hard to come back from that [being a psychiatric in-patient] and have people not being nice to you or something so I'd just try to be nice.'* Cindy

*'All my answers to the 'would I be prepared questions' stayed the same; I'd sit next to anyone because I'd treat Aay and Bee the same. I don't know if I'd go home with them ... to be quite honest, but I'd be prepared to have them as a friend. [If I knew someone who had gone to a mental health hospital] I don't know [how I would feel towards them], can't really say cos it depends on the circumstances ... I'd treat them the same but people do make mistakes and I don't know to be honest.'* Ben

*'As I learnt more about Bee, that he had had a psychotic breakdown, I said that I didn't know if I'd go home with him or take [him] to my home cos you don't know him altogether if you get what I mean, so it depends ... I probably would of but because I didn't know, I wasn't sure. Cos I don't know what it [psychotic breakdown] is type of thing, I don't know what he would be like. It may affect me*

*myself ... I might get upset and down because you know it's them and feel sorry for them type thing.'*

Chris

*'I said that I was not sure whether I would invite Bee home when I knew that he had experienced a psychotic breakdown. That sounds really bad because you are like ruling someone out for [something] like that is not their fault or something like that. Umm, I said this though because I don't know how they act ... or something like that. Yeah, I think I would have to see how they act ... if they were good friends. But, umm, I don't think they will act strange really.'*

Eddie

But rather than have a negative influence on their decision-making, the potential label of 'psychotic' did in some instances induce feelings of sympathy and suggestions of being willing to have more social contact:

*'We don't know Bee but we have the most information about Bee, and I felt a bit closer to her.'*

Beth

*'Most of my responses were the same for the three characters, except when I knew that Bee had experienced a psychotic breakdown. I then said that I would sit next to her in class but I didn't know if I'd sit next to Aay or Bee when I didn't know what she'd had. I'm not sure why I said this but I think I'd probably feel sorry for her ... if it were a person in that situation I would want to kind of look after them a bit more. They are still the same, just if they are a little bit umm, just because someone has had problems they are still the same as you. You shouldn't like think that you shouldn't hang around with them because they have had different things.'*

Ellen

There were also suggestions that there would be a need to get to know someone again who had been away for a long time:

*'... you need to get to know them as well after they come back cos they may have changed; you would need to get to know them again.'*

Donna

A period of six months to a year is a large proportion of time in a 15 year old's life, especially when adolescence is a time of many changes (Chapter Two).

### **8.2.3 Familiarity scale and language used**

#### **'What do you know about mental health problems?'**

Many of the young people had indicated that they understood what experiencing a mental health problem meant, understood the difference between mental health problems and specific learning difficulties, had recognised someone in a television programme and personally knew someone who was experiencing mental health problems (Appendix 8b). The interviews however revealed an extremely diverse understanding and a complex and often confused picture, which appeared to emulate what I had presented in Chapter Two and within my own professional experiences. The young people spoke about differences but often seemed unsure as to the nature of this difference with respect to its aetiology, nomenclature and social consequences. I demonstrate these diverse understandings in section (8.3) when I present narrative accounts of the individual interviews. Several of the

young people also mentioned the word ‘depression’ in their accounts of a mental health problem. I return to this issue in section (11.1.5)

### **Language used to describe those experiencing mental health problems**

In their responses to the questionnaire question asking what words they would use to describe someone like Bee all the participants, apart from Andy, either gave what I believe they thought were socially acceptable responses or declined to respond at all. They gave words such as ‘lonely’, ‘normal’, ‘no-different’, ‘different’ or ‘don’t know’ (Appendix 8b). However most said that they thought their peers would use words or phrases that I had earlier described as derogatory (Chapter Three) and as such socially unacceptable and potentially stigmatising, for example ‘crazy’, ‘nutter’, ‘weirdo’. During the interviews some young people appeared to need to turn to language they had not used in the questionnaire to be able to describe their understating of mental health. I return to the issue of language in Chapter Eleven.

### **8.3 Differences: Individual narrative accounts**

I now present the individual narrative accounts in which the pupils’ voices are being allowed to speak for themselves. I begin each young person’s account with a brief synopsis of what I construe to be the salient points when considering his or her attitudes towards a peer experiencing mental health problems. The accounts add a deeper layer of understanding to that gained from the questionnaire data with each methodology providing a partial understanding. However each is needed to build a clearer picture of the complex and diverse thoughts and feelings a young person may have around mental health problems. Throughout this next section I signpost the reader to the relevant place in my dissertation where I discuss each important point raised and make significant linkages to the research question.

#### **Cindy: ‘*It makes them different*’**

Cindy who said that she had not known anyone with a mental health problem did recognise anorexia and depression (11.1.5) as mental health issues and then explained how experiencing such problems could make people different. She talked about how it can be difficult for peers to know how to behave around someone experiencing a mental health problem and her concerns in using a certain language in their presence. Cindy recognised the way in which the media stereotypes those with mental health problems as being angry and possibly violent (2.2.1). She also considered how language could have different ‘meanings’ in different contexts (10.2.2 and 11.1.3).

*[I said in the questionnaire that I understood what is meant by mental health problems.] Ugh to me it means that ... something is not right which causes them maybe to have breakdowns or there’s nothing special but it makes them different and they find it harder to do certain things and [with] certain aspects of [their] life. It would be very hard to recognise someone experiencing a mental health problem because it’s not physical changes or problems ... but umm maybe if er it was in a certain situation and they weren’t handling it very well, something out of the ordinary like ... well maybe if they had screamed and wanted to be left alone or*

kicked up a fuss in a way that to me [meant] they're getting angry ... but I don't think that I would look at someone and straight away think 'oh they've got a mental illness' ... To me it is someone who can't always cope with everything, likes to be alone, can't cope with certain situations umm maybe can't be with large groups of people, certain types of people, ... I don't know [but Bee might] have lost her self-confidence... It must be hard to lose your self-confidence and this means she may have pushed friends away or find it hard to accept things people say to her. I don't know anyone personally who has or is experiencing mental health problems although in the questionnaire I said that I did know someone.

There are different types [of mental health problems] ... depression and breakdowns, things like that. I would class anorexia as a mental health problem - yeah. I know that it does actually affect the mind and it kind of takes over and it is a, you know, a psychological thing and... what's going on in, in their head has something to do with what's going on in their body. I [also] think [that paranoia] is [a mental health problem] but I don't class it as a really [bad] one. But every health problem is to be treated just as well as another one so if someone has paranoia, paranoid to a very large degree then yeah, but everyone you know; everyone can be paranoid about something.

To me [experiencing a psychotic breakdown] would mean that they found it very difficult to cope maybe with ... family problems or certain things in their life ... and they had too much of it and they basically gave up on themselves. [They] breakdown, [they] couldn't cope with work, couldn't cope with life anymore [and] they just stopped. They may just shut themselves away from people or just change the way they are, their personality will change, and I think they might find it hard to trust people or difficult being in certain situations. Well I don't [know] anyone personally but I do know, I don't know I've heard stuff, I've read about situations people might have been in and I don't know I've just kind of learned from people ...

I have never really thought of [experiencing a mental health problem] as a bad thing, that they're weird or whatever. But it has definitely made me er take more care in what I do because I know that it can affect people and because I don't know what every single person has gone through or anything like that. So it's made me be more careful about just the way I am around people and I know that things can potentially start off a series of events by saying something or doing something. Like if you called someone er if you like insult someone's family and then they are having family problems that can knock off anything then they could get paranoid about it and then it can maybe lead to a breakdown about it or something.

[In the questionnaire I said that I know the difference between mental health problems and specific learning difficulties], I don't know, it would be hard. But I think if I was in that situation I would probably just realise the difference if that makes sense. It's strange but something would just make me think whether that was just a specific learning difficulty or a mental health problem. Well maybe specific learning difficulties would be some people finding it hard to be in a certain classroom experience ... I think that they would act similarly but one would be on one scale and one would be bigger, I don't know. It would be hard to tell though [long pause].

*[I said in the questionnaire that I would describe someone experiencing a mental health problem as having a mental illness and mental disability]. I don't know if there is any difference between them. To me they are, I mean, I don't know because I find the words disability; you can be disabled [if] you can't walk anymore, but I don't know. [I also said that other people might use the words crazy, nutter, mad or mental]. I think everyone is not as understanding maybe or care as much because I personally don't like hearing people called horrible names. I don't like being called horrible names so if I know that someone has got a mental illness or has had a mental illness I wouldn't call them names that I personally thought were offensive. I think other people may because they wouldn't be understanding and wouldn't think that much before they say it. Yes [sometimes I hear these words used when people are messing about]. It's a slightly different context for that so I wouldn't think of it as offensive although I would think 'why are they calling them that?' I wouldn't see the point really. There could be someone in the room who has had mental health problems but you never know unless you are told about situations people are in and so I feel that I have to be careful about what I say otherwise it could start things off.*

*I think that the media blows things up out of proportion so ... I wouldn't pay attention to it ... If I see the headlines of someone with a mental health problem I wouldn't [be influenced to] think a certain way because I don't know them so I can't judge them. I can't remember the exact article but I'm sure I've read somewhere where they have been quite harsh, not insulting it but kind of saying 'oh they've got mental health problems ...' They are assuming that that's the type of person they've always been or that the way they act, they'll always act like that. Like er well if they get angry, they're always gong to get angry, lash out or ... I have watched a television programme about anorexia, which I would class as a mental health problem. I know that it does actually affect the mind and it kind of takes over and it is a, you know, a psychological thing and ...er what's going on in, in their head has something to do with what's going on in their body.'*

### **Ben: 'They would act differently'**

Ben, who had been influenced by his mother's work, seemed to be describing a mental health problem as something that I would define as a developmental problem (1.8). But like Cindy he also uses the term 'differently' to describe the way those experiencing mental health problems would act. He described how he had recognised a character in one of the soaps as experiencing mental health problems and how he believed this person would not be accepted back into the community after a period of being away in a 'place', by which I assumed he was referring to a psychiatric hospital (7.2.1 and 11.1.5). Ben seemed to be describing two very different types of problem as mental health problems (2.1.2 and 11.1.5).

*'[I said that I understand what is meant by mental health problems]. My mum works in a mental health place so I've learnt a lot about it. [It's sometimes when] people think that they are three but actually they're really older. But they are fully grown adults. If you have people like their brain doesn't develop properly and things like that ... [You would be able to recognise some of the people my mum works with as having mental health problems] cos of the way they act, some of them do stupid things like start screaming and stuff, just they don't act normally, I won't say normally cos what's normally? They would act differently. [Is] psychosis [a mental*

*health problem] maybe or is that a learning difficulty? Although there is a fine line [between mental health problems and specific learning difficulties] I do know the difference. The people that my mum works with they have mental health problems. They [also] have learning difficulties cos their brains have been affected.*

*[I know people with mental health problems]. I know the people at mum's work. I sometimes go in and see them. There's a guy there called John, he's all right. I talk to him when I go down and stuff, he's just got some problems. I have been influenced cos of my personal experiences. Cos I sometimes go in and see people at mum's work and the way that I've been brought up, common sense and stuff you use. I think that everyone should be treated as a human being and given a chance.*

*I have watched Hollyoaks that has recently had somebody experiencing mental health problems in it, cos they thought [this guy] was sick cos he was looking at that [girl] when she was getting changed in her room. He was watching and following her and giving her drugs and stuff. Well, he acted [normal] sometimes but what he was really doing was a bit sick. He hasn't come out of the place [hospital?] yet umm but, they [the other characters] are all sickened by what he did cos I don't know if they know he's got mental health or not. I think when he comes back that they'll treat him differently and I think that they'll push him out.*

*[In the questionnaire I said that I would describe someone like Bee as special, a human being and possibly a friend. I also said that I thought that some people would treat him as if he was different; some would understand and try to help and talk to him but that others would stay away. I have heard other people use] horrible words umm, I don't like to say them but some people call them 'spazes' and stuff like that and different [things] but that's the one I know. I don't like to say it cos it's not just people with mental health problems it's people with spinal bifida and my aunt's got that ... spaz doesn't mean that though does it? You should be really careful as to what you call people.'*

**Donna: '... she just goes crazy'**

Donna, whose brother suffers with Tourette's syndrome (2.1.3) and whose father teaches in a special needs school, seemed to be quite unsure as to how to explain her understanding of mental health problems. Although, in her explanation, Donna appeared to need to resort to a language that I had earlier categorised as derogatory (6.3.4) she also explained that she was not judgemental towards those experiencing mental health problems. She also said that although others might find it difficult to be friends with Bee she would be prepared to have close social contact. Donna talked about how although her mother had been diagnosed with cancer but '*isn't going to die*' that she would not want to make a close friendship with someone who had experienced cancer as she would be scared that they might die and that she would lose a close friend (6.3.1). She also said that she would avoid people who were experiencing anything that might be contagious. Although Donna appeared to have personal experiences of both mental health and physical problems she was prepared to have more contact with someone experiencing a mental health problem than she was with someone with a physical illness.

*'[I actually said in the questionnaire that I didn't know if I understood what was meant by mental health problems. I think that it's] like mental issues, Bee can't learn properly or like she can't [keep] everything in her head and she sometimes acts mad or mental ... like she just goes crazy ... like banging her head on the wall or something like that ... They would show [they were experiencing a mental health problem cos they would] just not interact with other people. My brother has got Tourette's. It's like mentally and physically. It's not mental health ... yeah it is kind of mental and physically as well. [I think experiencing a psychotic breakdown means] ... bit mental in your head. I think the difference between having had mental health problems and a psychotic breakdown is cos I think psychotic breakdown is they have it and usually calm down back to normal. I don't know. I said that I know the difference between experiencing mental health problems and specific learning difficulties. Er like learning difficulties is when you can't do what's asked of you. You are a bit slower than everyone else cos you can't get [things] in your head ... sick a lot or you got problems or something like that.*

*[I said I knew someone with mental health problems] cos my brother has Tourette's and I know other people from my stepfather's school because he works at a special school. He teaches everyone ... with mental problems ... deaf people, everyone that's got a problem. [I think it is difficult to separate mental health problems and specific learning difficulties] cos sometimes people with mental health problems ... while people that can't do work at school speak normally [but their] work is not good enough, things like that. Cos [of these experiences] I just have more understanding kind of thing and I don't judge people of how they are with mental health problems or anything they have but if it's contagious I just back off. Having a stepfather working in a special school and a brother with Tourette's has not influenced my thoughts on mental health problems really. I just have more understanding and I don't judge people of how they are with mental health problems or anything. [I think that other people get their ideas from] T.V. programmes, yeah that's it really.*

*[I didn't say in the questionnaire how I would describe someone like Bee who has experienced mental health problems. But I did say that I thought other people might describe her as mentally ill, dangerous.] I think that other people might think this cos they might think 'she'll stab me' ... or something like that.'*

**Anne: '... different things going on in her head ...'**

Anne again recognised people with mental health problems as being different and that the problems could be quite diverse. However, although Anne also mentioned depression as a mental health problem she seemed quite unaware of the potential complexities and the severity of consequences to a person's everyday life often associated with experiencing such problems (11.1.5). I also found it interesting that although Anne seemed to believe that she had a good understanding of mental health problems she had not recognised that EastEnders had recently tackled several issues around mental health (5.2.3). Anne explained how words, I had classed as derogatory towards those with mental health problems, were often used in schools in a playful, rather than a hurtful, way towards friends(6.3.4 and 10.2.2).

*'[In the questionnaire I said that I understood what is meant by mental health problems] ... it could mean many things ... there are more serious ones than others.*

*Being depressed and lonely in a way could be one because it's kind of mentally ... But then I imagine the problem could be caused by an accident or something so in a way there are two different ways ... or it could be by something you have always had. I don't think you'd see anything in them as a person but they may become more angry or they may have anger management classes or something. [They might be angry about] something that has happened through family or through friends or just created through stress. It [mental health problem] could change their personality ... in as much as they may not be as friendly, they may be more angry so they will not be as friendly towards you so, [having] different feelings [to what] they had before. [But] they are just them so you wouldn't notice any difference especially if you really knew them ...*

*[I can't really name any mental health problems. But] well umm I have had some close friends who have had depression, [they] have become very depressed. So my ideas about mental health problems have come from my close friends who have had depression and I also read quite a few things in girly magazines. I didn't know really anything about [mental health problems]; it never really crossed my mind at all. But now after seeing them ... and having to deal with it myself as well as having to help them its kind of given me the idea of the whole thing of how someone may experience difficulties.*

*I had to overcome it myself because I had to watch them feel depressed and really not pleased with themselves. But then I just think that's helped me in away ... quite a few people might have to go through that. I just stood by them and if they ever wanted any[one] to talk to about it they could talk about it whatever it was. I just made them feel comfortable around it er knowing that I wouldn't question them about anything unless they wanted to talk about it. I didn't pressure them. It was a bit of a shock at first because of what they were going through. I didn't know how to react so it took me a while to umm to discover what to say and how to react around them or what not to say but deal with it. It kind of hit me a few times and I was a bit upset and things but otherwise I just stood by them. [Before having had friends with depression] I would have said that [people experiencing mental health problems] were different and they were unstable, things like that, but now to me they are no different, they are normal, they are still as worthy as ever even if they do have their problems.*

*I [think that experiencing a psychotic breakdown] is a bit like the word psycho [and that's what] some people might call someone who came back into school with that problem. I don't think the person would be any different but they may just have different things going on in their head which effects the way they do things or they may just have different feelings about things, become angrier quickly or [have] different feelings over different instances.*

*[I said in the questionnaire that I didn't know if I knew the difference between mental health problems and specific learning difficulties. I think that perhaps] ... learning difficulties could be more to do with things like reading and writing while mental health is more to do with personality and feelings instead of learning like your maths and things like that.*

*[I have watched a T.V programme that included someone experiencing mental health problems, but] I can't remember what it was called. It was one about a child having*

*been depressed and having become angry about a deformity he had ... I watch soaps, I watch a lot of EastEnders but I can't think of anyone with a mental health problem. [But] I don't think [the media portrays mental health] very nicely because they may say so and so has got this problem, you know, and they have been called this and that at school and they have been kicked out. They kind of state the facts as if children may have been forced [to leave] ... school for different reasons but they then may never really kind of explain ... sort it out and help people deal with it. They may occasionally portray the facts fairly but sometimes they don't know the full story about the feelings and all the other things because umm they don't really know the person.*

*[I said in the questionnaire that I would use the words lonely, normal and no different to describe someone experiencing mental health problems and that other young people would use cyco [sic], weirdo, un-stable and odd. But] maybe [it's] because I don't really know anyone that's had these problems and if someone else does then people don't like to say. They keep it to themselves and their close friends. [I do hear these words used] if they're like messing around. [They] might say you're weird or you're just really odd or just if they did something um they would just use those words it wouldn't be strong like as in something to do with mental health problems.'*

**Beth: '... they would be different, not necessarily bad, just different'**

Beth appeared hesitant throughout the interview and offered quite a confused picture as to her understanding of mental health issues. She began by describing people experiencing mental health problems as 'different' and then went on to give, what she believed to be examples of mental health problems, but were in fact examples of, what I had described as, developmental disorders (Down's syndrome and cerebral palsy). However, she tentatively went on to describe characters from the soap operas Coronation Street and Hollyoaks who, because they had behaved abnormally, she believed had experienced mental health problems (5.2.3). Beth also thought that her peers would use a different language to herself to describe someone experiencing mental health problems, as she believed they would be judgemental with regards to the presentation of certain behaviours (2.3.2). Like Ben she refers to a 'mental place' and then an 'institute' but there is no mention of a psychiatric hospital.

*'[My understanding of mental health problems is that] umm problems may be making them slower or a bit behind with issues and ... different ... they would be different, not necessarily bad just different. [But] I don't think that the person kind of changes even if they have been in a mental hospital. Er [pause] ... cerebral palsy is that [a mental health problem]? [I said in the questionnaire that I was not sure if I knew somebody with mental health because] my family has got er Down syndrome. I think I would class Down's syndrome [as a mental health problem. It] makes them different and [they] may need help a lot of [the] time but it doesn't change them as a person. [I think that experiencing a psychotic breakdown would mean] that she'd got to the stage that ... everything got to her and just being mentally unstable. [I have also been influenced by] seeing people about. You see people on the streets that kind of need help and err you see people in school who are maybe not as um ... what's the word ... err not as ... progressive, I can't think of the word. Not as high achieving maybe and so need a lot of help.*

*[I think that I would recognise someone experiencing a mental health problem] by er ... appearances ... or the way they come across or if they were with somebody the way they interacted with the other person. Umm they might be a bit more stubborn or arguing with the other person. No [I don't think that you would be able to tell that someone had a mental health problem from their appearance] that could kind of suggest say like Down syndrome person say had through their appearance you know kind of information of Down's syndrome.*

*[I do know the difference between experiencing mental health problems and specific learning difficulties.] Umm mental health problems can be quite general, like over everything but specific learning difficulties er they could ... be slower in one, specific area.*

*[I have watched T.V programmes that have included someone with a mental health problem.] Um [long pause] there have been documentaries about umm ... [long pause]. Umm I watch every soap er [long pause]. My favourites are Neighbours and Hollyoaks. I also watch EastEnders and Coronation Street ... I think they may include someone with ... umm oh umm psychos but I don't know ... Richard when he tried to kill Gale by gassing her and everything but that was just ... umm in the magazines and, T.V. guides they called him a psycho and um people in the street [Coronation] were just calling him a psycho and weirdo. [They were calling him a psycho] because [they see him] as psychologically unstable and ... not the same as everyone else. I don't know [but] I don't [think they are saying he has mental health problems] ... because we don't know if he's been in a mental health place, but because his actions weren't normal. But I suppose I would say he has mental health problems because it would be quite abnormal to do things like that. There's another mental health problem in Hollyoaks, he was filming her for ages and then he was arrested and put in a mental health institute because his actions weren't normal ... he was doing lots of weird things but ... everyone was pretty horrible about it and they weren't nice about him at all because everything he had done had been bad.*

*[I said that I would use such words as different, behind, special attention is needed with this person to describe somebody with mental health problems but I think that other people in school might use loner, weirdo and freak. I think that they might use these words because] maybe they don't know enough information and just judge people ... [by their] appearance or the way they act and they don't understand everything about the person. They just want to look big in front of people umm so they just want to make themselves look bigger so they just call people those names because they're not necessarily as good as them or they don't know enough information about ... If someone is slightly different then they are seen as weird or different from one person to another but yeah each person is different.'*

**Ellen: 'Umm [she was] quite, I don't know, quite crazy; a bit different ...'**

Ellen also came across as being confused as to her understanding of what is meant by mental health problems, and although she had recognised a character in Hollyoaks as experiencing problems had not recognised anyone in EastEnders (5.2.3). I believed that one of Ellen's main contributions to helping my understanding of young people's perceptions was her recognition of how young people can use words that they are not sure of their meaning and

which she considered as having potentially detrimental effects on the recipient (2.3.4, 2.4, and 11.1). She also referred to language as having different meanings in certain contexts (10.2.2 and 11.1.3).

*[Although I said in the questionnaire] that I understood what was meant by a mental health problem] I am not sure [if I do. People experiencing a mental health problem] are not always the same as you, like they have had things happen um I don't really know to be honest ... if people have got a problem because there is mental health or there is a family situation. If I did the questionnaire again I'd put 'no' [I don't understand]. But I think that someone experiencing a mental health problem um might be like naughty, disruptive, or just really quiet. If I didn't know that someone had mental health problems I wouldn't know unless they told me because I think they all look the same ... [I think some people with mental health problems] might be angry, depends what it is I suppose.*

*[I can't name any mental health problems] off the top of my head. [But], umm ... like if you've got a mental health problem you could get quite depressed. Is [depression] one? Is ADHD one? Is it a mental health problem? I think it's a learning difficulty if you are young because there are like a couple of people in school with it. I said that I didn't know anyone with mental health problems but I have a boy with ADHD in my class so I suppose I do then. But I don't know if that's mental health or just a learning difficulty. I don't [really] know the difference between specific learning difficulties and experiencing mental health problems [although] I think that the difference might be that learning difficulties is probably like reading and writing ... I'm not sure. But I think it could be like some people don't like working with other people. Umm they find that hard, could be that, I'm not sure.*

*I [suppose that I] have got my ideas about mental health problems from T.V. and stuff. I watch Hollyoaks and EastEnders. Hollyoaks has someone in it who is experiencing mental health problems. It was a boy but I can't remember his name. I think that he thought that everyone was against him so he went a bit crazy. [He was] quite loud and sometimes [he was] angry. Umm [he was] quite, I don't know, quite crazy; a bit different but sometimes loud or ... But I can't think of anyone now umm in EastEnders.*

*I didn't know the answer [to the question about how others or I would describe someone like Bee. Here talking to you] I've used mad, angry, crazy um, yeah I think that it just depends on what they have got. Um I think that you think of more things as you go along. I think some of the words that other pupils in the school might use are weird, different, um ... [long pause] I don't know. I've heard people use the word freak, [but] I don't like that word, [in fact] I hate that word. Because it's like ... it's a nasty word I think it's a nasty word saying 'different' but if you say 'oh you are a freak' I think it hurts. We were reading this book in English a while ago; I can't really remember what it was about. [I think it was] about a boy who is really tall or something and so everyone calls him a freak, because they thought he was different but it's a nasty word to use [and] probably upsets people. If you say it to someone you probably think that they won't get upset but they do. I think that you can use some words like weirdo maybe to be quite hurtful but also in a jokey way with your friends. Depends how you say it. If you said, I don't know, like 'shut up you crazy person' um if you said it as a joke to one of your friends it would be OK. It*

*depends how they take it and what context it is used in. um ... and how you say it. But since we read that book in English nobody uses 'freak' anymore. Um ... I think that when you hear or read about something like that it kind of makes you think that there are some words that you say in a jokey way might hurt people more than you think, different people can act differently like. I also think that young people sometimes use words that they don't actually know the meaning of. Um ... probably like swear words and stuff. I can't think of any but all the class had realised that the word 'freak' could be taken as an insult. Because we didn't really know what it meant we got told because our English teacher told us how nasty the word was and the book was called 'Freak ...' something. They made a film apparently and they had to change the word because they weren't allowed to use it because it upsets people. [Thinking about the words mad and crazy which I have used], if someone was going through a hard time or experiencing a mental health problem and you called them crazy then maybe it could make them worse, make them quite upset. Mad, I'm not sure about mad.'*

**Andy: 'Just ... thinking differently, but then everyone thinks differently'**

Andy provides a good example of anomalies between the questionnaire and interview data sets (7.1.1). Although Andy had said in the questionnaire that he understood what was meant by a mental health problem he seemed unsure as to how to describe his understanding. In fact, apart from believing that it would have an effect on the way people behaved, he realised during the interview that he didn't feel as if he had much of an understanding around mental health issues at all. He was, however, the only young person to suggest that he would use words that he described as 'wrong' to talk about people who he believed had problems. But, he did also say that he would use the same language about his friends if he thought that they were acting strangely. From what he had said about his peer group, it did seem that although Andy would use what I had categorised as derogatory language; he would be prepared to be friendly towards a young person experiencing a problem. This however, had not been apparent from his questionnaire responses.

*'[I said in the questionnaire that I understood what was meant by mental health problems. I think it means it's] difficult to put in to words [long pause] something a bit wrong up here [taps his head], ill in the head. [I] can't say thinking wrongly because it's everyone's point of view. Would depression be one? Is there a dictionary term for it, because it's a lot of things? It's when your mind doesn't work properly, not one hundred percent. That's how I would put it. [You would know if someone had a mental health problem because they would] behave odd and [you can] generally, you can sort of pick it out. They're odd. I assume that [experiencing a psychotic breakdown] means it's psychological, I'm not really sure.*

*I don't know [the names of any mental health problems]. I know a few people with insomnia. Insomnia would that be one? [It's when] people can't sleep, so it's a physical thing. Is ADHD one? ADHD is when you can't concentrate properly, [so] it probably is a mental health problem. [There are] not lots but quite a few people in my year with mental health problems [but] I don't know what they have. [One boy] seems obsessed on killing and war, he's always talking about weapons and doesn't like a lot of people. I think in fact he might have a learning disability. I'm not sure.*

*We usually get on all right. I'd sit next to them although he sometimes gets a bit weird and annoying.*

*[As I have said] there are quite a few people in my year with mental health problems. I don't know what they have. I think you've shown that I'm a bit ignorant to [mental health problems] because I can't really [say] what a mental health problem is, I can't remember any documentaries and I can't name any of them. You just don't know how to deal with it although I think you learn over time. You just pick up things from other people. I guess if you see your friends treat a person the way he's being treated you are likely to do the same ...*

*[I do know the difference between experiencing mental health problems and specific learning difficulties], specific learning difficulties are like dyslexia. I have dyslexia, just slow.*

*I've watched discovery channel programmes ... on insomnia, wasn't [sure] what it was at the time ... Insomnia [is when] people who can't sleep ... it's a physical thing. Well a physical thing [is] like if you hurt your arm or something. [But then I also said that I knew someone experiencing mental health problems] and said that there were a few people in my class, a few people with insomnia.*

*Most people are going to lie but I thought I'd be honest in the questionnaire and that I would say bit crazy and nut job to describe someone with a mental health problem. There are others but it depends on what sort of problems they had. I don't say it to them ... I say it behind their [referring to the pupil mentioned earlier] backs, we know it's wrong. I guess ... I call my friends that if they are being strange. [But I'd be] using it as a nickname. [I said that I also thought other young people would use quite harsh things], but it gets better as we get older. When we were in years 7 and 8 ... it gets better as we mature ... Anyway that's not the point it wouldn't stop me from being their friend.'*

**Chris: 'Some walk funny ... and some have difficulty writing and saying their words'**

Chris also appeared to confuse a mental health problem with a developmental disorder. Although Chris had experienced a relative becoming mentally unwell, it seemed as if his family were unable to talk about the illness. Whether this was because they were in fear of the illness itself or of the embarrassment and shame it could bring on the family (2.2.1), or they didn't talk about illness of any kind was unclear (11.2.2). He demonstrated sympathy, but also recognised that it could be difficult to know how to be, towards those with problems. Like other participants, Chris acknowledged that other young people may not be so tolerant of differences and that language can be used to mean different things in different contexts and cultures (2.3.1, 11.1.3).

*[I understand what experiencing mental health problems means.] It's like someone can't cope properly like and needs special help for things like people who have Down's syndrome, things like that, and struggles. You can sort of tell somebody experiencing a mental health problem when they talk to you. Some walk funny type of thing [embarrassed laugh] and some have difficulty writing and saying their words. They sought of like lack confidence and they wouldn't be sure if to put their*

*hand up in class or anything just in case they're wrong cos people laugh at them cos they have difficulties. It's something like that. I think that Down's syndrome is a mental health problem but is cystic fibrosis one?*

*I don't know what [experiencing a psychotic breakdown] is type thing. It's a breakdown or something like that maybe, something goes wrong with the body, it breaks down and can't be controlled, I guess. I don't know what someone [experiencing a psychotic problem] would be like.*

*I have got friends at school who have got mental health problems but my uncle's dad has a mental health problem and he had to go in to a home because they couldn't control him. He'd get up at night and like walk out of the door and just walk around in the streets. He had something but I can't remember what it was called, but they actually had to put him in a home though. He just come down with it. He was living with them anyway because he lost his wife and they think that's what made him not cope as well and he was really snappy. I know it sounds cruel but if someone in your family is going to have something at sometime I'd rather not know about it ... not to look towards it if you know what I'm saying. We don't like to talk about it [in our family] just in case it actually happens to someone.*

*[My beliefs about mental health problems] have sort of made me feel sorry for them and make sure I help them more. But on the other hand you don't know what to say to them and you don't know what to do around them because you don't know how they would feel and if they might take offence to things and so you have to be like careful. But I'd help them and make sure that they are coping well, managing well.*

*[I said in the questionnaire that I don't know the difference between a mental health problem and a specific learning difficulty.] But er, I suppose specific learning difficulties are like needing help to read and with speech. Need help with their bodies they can't control themselves.*

*[I've watched a T.V. programme with someone with mental health problems but] I'm not sure, I can't remember what it was ... oh yeah I think in EastEnders. I usually watch EastEnders. I can't think whose kid it is but it was born with Down's syndrome or something. That's it, it struggles, it can't cry and it needs special help.*

*[I said in the questionnaire that I couldn't think of the word to describe Bee but that I'd make sure that 'he manages all right'. I said that others would probably bully him though.] But I do think that people would use words like retards, spastic, those types of words, you do hear them in school every now and again. Some people think they joke about it, but it's not exactly a joke is it? It's not a particularly nice thing to say. It's usually a mixture, some say it as a joke some people say it to their faces but some people say it behind people's backs as well.'*

**Dave: '... don't respond as quick as us'**

At first Dave also seemed to mistake mental health problems with learning difficulties, although he did appear to recognise that mental health problems can be caused by trying to deal with worries or difficulties by oneself. But then, although he described as mad a character in EastEnders who had been portrayed as being mentally unstable and who had

physically abused a young boy (5.2.3), he seemed unsure as to whether he would link her behaviours to signals of experiencing a mental health problem (2.2.1 and 11.1.1).

*'I don't know [if I understand what experiencing a mental health problem means]. [I think that] umm it means that like you don't respond as quick as us, like as in you forget stuff or something like that. I just think that Bee needs help like in remembering things and stuff. People can turn themselves mad [if, I] don't know, um, you don't tell anybody about it, you keep it in your head. [It] just makes you crack up. I think if you have a mental health problem you can have it from when you are younger, I'm not sure. I don't know the names of any mental health problems. I would think that if someone has experience of a psychotic breakdown then they have gone mental, mad mental I guess I'm not too sure.*

*[Although I said in the questionnaire that I didn't know if I knew anyone who has a mental health problem] I think I might do. One of my mates is like not all there, he forgets stuff like spelling and stuff. He can read quite good, but about his spelling and stuff, he can't write that well cos it is like really bad. I'm not sure if I know the difference between experiencing mental health problems and specific learning difficulties. I think that experiencing a mental health problem is not remembering things. I suppose if I knew someone with specific learning difficulties I would expect them to be like, umm they can't spell and stuff they might not be able to spell or read or something, something like that. Not too sure to be honest.*

*I don't know [if I've watched a TV programme that included someone experiencing mental health problems]. Umm I've watched Children's Hospital and stuff, or something like Holby. They might have had mental health problems, not too sure, I can't remember. But I do watch EastEnders and er that lady who was going out with Phil, I don't know her name, she might have had mental health problems, yeah [she was] a bit mad. I don't know [but] I just think she has gone mad cos she like keeps hurting the little boy and stuff for no reason. I think she's mad cos she picks on the boy and stuff and the way she pinches him and stuff. The other day she was pretending to be speaking to him when he had put the phone down on her. I don't know [if I connect being 'mad' with experiencing a mental health problem]. She's gone in the head as in like she's not all there, like she is a bit crazy.*

*[I said that I thought that Bee might be lonely and some people might pick on him and they might call him thick or dumb] it depends what he was in hospital for. But I would use mad, crazy or I would say psycho to describe someone like that woman in EastEnders who was doing mad things.'*

**Eddie: 'they are just like a normal person but they look different'**

Eddie, like Ben, had drawn on his experiences of his mother's work place to construe his perceptions of mental health issues (4.2 and 10.1.2). But, yet again I was left feeling that he was perhaps mistaking mental health with developmental disorders and learning difficulties. He did however name Tourette's, a neurobiological disorder, and attention deficit hyperactivity disorder (ADHD), which although I would not label as mental health problems

per se, I do acknowledge they can often lead to and become enmeshed with mental health problems (2.1.3).

*[In the questionnaire I said that I understood what experiencing a mental health problem means.] I do know but I don't know a lot, not that much really because I haven't had friends that have had mental health problems or anything, so I haven't really had any experience of people like that um. I know like I have got a cousin with mental health problems but its only Tourette's so um I don't see him as any different from a normal person. I think [experiencing a mental health problem] could change somebody's personality] in a way ... because my mum works in this home thingy and they like don't grow up properly or something. They are adults but they are like children still. I can't think what it's called, it begins with a 'd' I think. But like I used to go down there a lot and talk to them and they're fine, they are just like a normal person but they look different. [But] really change, I don't know they don't really change, they are still themselves. I think that Tourette's and ADHD are mental health problems but I don't really know much about them. I think they are I'm not sure.*

*[Experiencing a psychotic breakdown] doesn't mean anything [to me] really, um, not much really. But if someone had a breakdown in my school, one of my friends I would try my best to help them. You don't really learn about it in school.*

*My mum works with them [so] I know how they are. Their body [is] like kind of grown up but their brain isn't and I see that as mental health because their brains are still young and they are still fine to talk with and things like that. My step-cousin has Tourette's and my stepbrother he has ADHD, one is 16 and one is 11. So they have to take these tablets every morning. I don't really know much about them. [My step-brother] looks as a normal person looks ... he would have to tell you to know he had ADHD. But my cousin, the one with Tourette's, sometimes when you are walking down the street he gets nervous, he squeals when he panics. [Then] he panics about if he is going to squeal so ... he is scared he is going to squeal. So he squeals because he is scared and it really gets to him but, yeah, often people take fun out of him because he squeals because he has got Tourette's but I don't. But I can understand [why people down the street do], because they don't know he has got Tourette's. He doesn't go out very often ... he likes to stay in and do stuff in the back garden and stuff on his trampoline. I get on with him because he looks after his dog.*

*Just as I have grown up my experiences of knowing people at my mum's work with mental health problems have given me a bigger knowledge about mental health problems. I have got some [understanding of them] but of some more than others. Also like before I knew my cousin, my step-cousin [I would probably have been like the] people in the street really I know I would, but now I wouldn't because I know more about it.*

*[I do know the difference between experiencing mental health problems and specific learning difficulties.] Um, I see specific learning difficulties as in like dyslexia. My dad has got that and it doesn't really effect him much but he just can't spell right so. But I see mental health problems is more, it affects people more than dyslexia.*

*[I have watched a TV programme that included someone experiencing mental health problems] but umm, can't remember what it was. I think it was a documentary because my mum watches documentaries, but it must have been when I was down in Devon watching it. [I do watch EastEnders but] I don't recognise anyone in it as having a mental health problem.*

*[In the questionnaire I said that I didn't know how I would describe someone like Bee, but I thought others would use the words spaz, mong and retard]. I think that I have heard people say them to my cousin. Um people on the street are trying to find something to do. All they do is walk around and if they see something that is like strange, say [my cousin] squealing they will make like fun of them. But around the school, they are asking it of their mates. They don't really mean it, but if they are saying it to someone with mental health problems I can't say. I don't mind it when I am walking around the school if I hear someone saying it, that is fine, but if someone is with me I don't like it. It's kind of the tone really, like if someone is talking to their mates and they just give ... they are just joking around whereas someone in the street might just be shouting and more louder. I don't know [what these words mean], I don't know about them really. The middle one, I don't want to say it, it is different writing it to saying it, I just heard it at one time and I knew by the tone it was not a very nice word.'*

## **8.4 Summary**

Although I had been reluctant to reduce my data to themes, having presented the interview field data as short narrative accounts, I believe that it would be useful to acknowledge and summarise the main issues highlighted. First, it seems that the young people had developed their ideas around mental health on the bases of their personal constructs, which were strongly influenced by their individual experiences. Second, the behaviours rather than the label related to, or thought to relate to, mental health problems appear to prompt any stigmatising attitudes (Hinshaw 2007) by the pupils in a mainstream setting towards their peers. Third, many young people do recognise when words spoken carry a derogatory intention or when they are being used in a 'playful' way. However I question whether they understand the original and cultural meanings of the words used. Fourth, the narrative accounts raise the question as to what data to include as part of an attitude and what to reject as not belonging to an attitude. Like Blumer (1969) (7.1.2) I have come to the realisation that attitudes cannot be perceived directly but need to be pieced together through a process of inference.