

Praxis

Mental Health Teaching to UK Psychology Undergraduates: Report of a Survey[†]

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ABSTRACT

One of the limitations on developing more progressive applied psychology training is the teaching received by students at undergraduate level. In this study, we focus on the provision of teaching about mental health or its equivalents (e.g. abnormal psychology and clinical psychology) on UK undergraduate psychology programmes. Most students who go on to train as clinical psychologists will have received teaching on modules like these. A survey questionnaire was sent to 109 university departments which might offer a module in mental health mental health module and 348 individuals who might be involved in such modules. The majority of programmes responding offered a mental health module, which was available each year as an optional subject. A number of findings on the content and delivery of the modules are reported and a number of recommendations are made including more involvement from practitioners and service users. Copyright © 2007 John Wiley & Sons, Ltd.

Despite their obvious interconnections, social and clinical psychology are often seen as relatively distinct and separate fields—a separation that, for many psychologists, begins with their undergraduate training. This separation reproduces the culturally normative dualisms between individual and society and mind and body, which organise the fracturing of psychology into relatively autonomous subdisciplines. Thus, in the undergraduate curriculum social and biological psychology are typically clearly distinguished from each other, and both are frequently organised separately from most teaching about mental health and illness. Yet, the structuring of the curriculum in such ways does not only reflect cultural commonplaces about what it is to be human, it also reflects the material separation of interests into independently constituted fields, each with their own favoured theories, methods, funding bodies, conferences and journals. Whilst this subdisciplinary

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specialisation has yielded undoubted benefits in terms of targeting of resources, focusing of research questions, the development of technical and substantive expertise and the organisation of professional training and accreditation, it has also generated costs. For example, community psychology takes seriously the social dimension of distress and attempts to formulate appropriate social interventions, but its minority status by comparison to the clinical mainstream might stem at least in part from its cross- or inter-disciplinary orientation. And similarly, the hierarchical distinctions between pure and applied research rest at least in part upon notions of disciplinary purity that eschew the necessary contaminations of applied study. It is for such reasons that the undergraduate teaching of issues such as mental health and illness—which cut across the boundaries between social and clinical, pure and applied psychology—might be of particular relevance to readers of this journal.

Clinical psychology, like other applied psychology disciplines, has come under sustained critique over recent years (e.g. Clegg, 1998; Hare-Mustin & Maracek, 1997). For example Prilleltensky and Nelson (2002) see 'clinical and counselling psychology, as traditionally practised, as firmly supporting the societal *status quo*' (p. 85). In part, this is due to the dominance of simplistic bio-medical psychiatric models (Bentall, 2004; Boyle, 2002; Bracken & Thomas, 2005; Johnstone, 2000; Newnes, Holmes, & Dunn, 1999, 2001; Parker et al., 1995). However, whilst some attention has been given to bringing change in applied psychology training (e.g. Harper, 2004; Newnes, 1997; Newnes & MacLachlan, 1996; Patel et al., 2000; Prilleltensky & Nelson, 2002), there has been relatively little study of how the applied psychology teaching students receive as undergraduates prepares them for more progressive work as applied psychologists.

Prilleltensky and Nelson (2002) note that a focus on undergraduate education is important as 'it reaches a large number of students who pursue a number of different work and career options including work in human services and education), as well as providing a foundation for graduate education for a smaller, more select group of students' (p. 34). In a more diffuse fashion, undergraduates are also amongst the primary conduits whereby 'official' psychological knowledge gets informally disseminated and, through everyday social interaction, enters into and helps to constitute everyday 'lay' discourse concerning mental health. Whilst lay understandings are of course also constituted from many other sources, it is nevertheless unsurprising that studies frequently show them to contain similar patterns of dualistic understanding to those conveyed by the typical organisation of the undergraduate curriculum (e.g. Furnham & Bower, 1992).

Even though psychiatric frameworks inform postgraduate applied training in educational, forensic, occupational and counselling psychology, practitioners may fail to recognise recent developments within the discipline, which have yielded more social and critical psychiatric perspectives (e.g. Double, 2002). Additionally, a further legacy of outdated undergraduate psychology teaching might be that some practitioners could remain unaware of the recent development of effective *psychological* alternatives to psychiatric approaches, and hence might be largely ignorant of current innovations in theory, practice and policy. Rendered effectively complacent by the long-standing and apparently authoritative acquired presumption that psychiatric categories and treatments are the bedrock of any appropriate theorisation or intervention, practitioners might simply fail to see any need to reconsider their approach.

Moreover, it should be remembered that one in four of us will experience mental health problems at some point in our lives (Mental Health Foundation, 2003). This raises two issues of concern for undergraduate teaching that is presented as being about 'abnormality'

and based around a fundamentally medical model of deficit and dysfunction. First, that such teaching itself may carry problematic implications for students who have either experienced, or been close to others who have experienced, distress in their own lives. As Connor-Greene (2001) reports in this regard: 'Almost every student reported knowing someone with a disorder, and the average number of relationships was surprisingly high. Furthermore, most students reported having a family member with a disorder. Given this real-world context, a course in abnormal psychology is not simply an abstract academic exercise; it is a potential source of knowledge and skills that could have a significant impact on students, families and friends'. (Connor-Greene, 2001, p. 211). And second, another legacy of undergraduate teaching may be that we will possess a restricted set of conceptual frameworks when we, or the people we know and care about, encounter mental health problems.

The last 10–15 years have seen considerable developments in psychological theory and practice in relation to mental health (e.g. NICE, 2002). In the UK the British Psychological Society's (BPS, 2000) consensus report on psychosis has argued for a move away from diagnostic-based models towards a formulation-driven approach and also stressed the importance of placing the experiences and perspectives of service users at the heart of a psychological understanding. This has been matched by a range of policy initiatives (e.g. Department of Health, 1999) and a much greater emphasis on involving service users in applied training (Tew et al., 2004).

One important factor in the provision of more progressive undergraduate teaching on applied disciplines like clinical psychology is the range of textbooks available. Most, if not all, abnormal psychology textbooks are based on the American Psychiatric Association's Diagnostic and Statistical Manual for Mental Disorders, rather than a more psychological framework (Harper et al., in press). Moreover, in their survey of introductory and abnormal psychology textbooks in the United States, Halter et al. (1992) reported that, although community rehabilitation approaches were mentioned, they received much less coverage than drug and hospital treatment, with community rehabilitation receiving no more coverage than lobotomy. Moreover, textbooks gave a dated presentation of mental health services.

It is unclear, however, what influence these textbooks have on the provision of undergraduate mental health teaching. Nor is it evident whether any of the recent developments in theory and practice are reflected in the curricula of modules on mental health, abnormal psychology or clinical psychology, since no published surveys are available. For these reasons an investigation seemed timely and so we aimed to survey the provision of mental health teaching to undergraduate psychologists at UK universities.

METHOD

Questionnaire

We designed a questionnaire which could be completed online or returned by post. It was piloted on three convenors of mental health modules and subsequently modified in the light of detailed feedback. It included questions about: the context of the undergraduate psychology programme; the extent of mental health teaching on the programme; the content and delivery of the module; and views concerning mental health teaching in psychology generally. Most questions were forced choice, but there were a small number of

open-ended questions asking about the perceived strengths of the module, the nature of any changes module convenors would like to make, barriers which might hinder the improvement of teaching, and an invitation to reflect on the general state of mental health teaching in undergraduate psychology.

Procedure

A search on the World Wide Web identified 109 university departments which might offer a module in mental health to UK psychology undergraduates and 348 individuals who might be involved in delivering such modules. Questionnaires were sent to all of these potential respondents in September 2004 and followed up with a series of postal and email reminders over the subsequent weeks.

RESULTS

Participants

Seventy-two responses were received, and after duplicates were eliminated, there were 66 psychology programmes in the survey. Comparing this number with the Association of Heads of Psychology Departments list of undergraduate programmes (www.psyc.leeds.ac.uk/ahpd/), membership of which suggests that the programme's primary affiliation is to psychology, this represents a response rate of 60%.

Sixty-two of the 66 programmes sampled were accredited with the BPS to provide the Graduate Basis for Registration (GBR). A comparison of institutions on the BPS list of currently accredited programmes with a list of UK institutions providing psychology degrees compiled by Bangor University (<http://www.psychology.bangor.ac.uk/school%20and%20people/links/BI%20psychology%20departments/index.php>) suggests that approximately 66% of UK institutions offering psychology programmes have one or more of them accredited for GBR, so it would appear that our sample is more representative of institutions in receipt of GBR.

Specific modules on mental health issues

Fifty-seven (86%) of programmes in the survey had a specific module where most of the teaching of mental health and related issues took place. Module titles varied: 18 (31% of those with a specific module) contained the word 'clinical'; 16 (28%) contained the word 'abnormal'; seven (12%) 'psychopathology'; and four (7%) the phrase 'individual differences'. Fifty-two (91%) of these modules were available each year; 42 (74%) were at Level 3 (or in Scotland where degrees take 4 years, Level 4); and 37 (65%) were optional rather than compulsory. Student numbers taking these modules ranged from 15 to 400, with a median of 90. Except one outlier of 200, the number of hours teaching contact ranged from 2 to 48, with a median of 24.

The frameworks or models of mental health referred to in module sessions were reported to be: cognitive-behavioural (82% of modules); psychiatric (82%); psychosocial (73%); diathesis-stress (69%); socio-cultural (66%); Freudian (59%); humanistic (45%); and family systems theory (32%). As these percentages suggest, the majority of modules

referred to two or more models, with only 12 (18%) favouring a single model. Of these 12, seven were cognitive behavioural, three were psychiatric and there were two others.

Forty-three (75%) of modules included reference to critiques of the psychiatric model. The most common authors referred to were Thomas Szasz, whose work was mentioned on 64% of those modules that included any critique; Ronald Laing (62%); Richard Bentall (45%); Mary Boyle (26%); and Michel Foucault (21%). Nine modules (21%) referred to a range of other critiques, most frequently Ian Parker's work.

The questionnaire asked for details of the textbooks used in teaching. Results showed that 52 of the texts recommended for students had the word 'abnormal' in the title. The most frequently adopted text, used by 30 (52%) of the modules, was one or other edition of Davison and Neale's 'Abnormal Psychology'. Bentall's 'Madness Explained' was mentioned by six respondents, as was Frude's 'Understanding Abnormal Psychology'.

Twenty-five (44%) of the modules received teaching from outside speakers as well as staff in their own department or institution. In 23 cases some or all of this teaching was provided by clinical psychologists, with very small contributions from psychiatrists, social workers and, in just two cases, mental health service users.

Twenty respondents (30%) said that they would like to improve their mental health teaching, however 10 of these said that they would have difficulty finding time to revise the curriculum. Nine of these 20 respondents cited either lack of relevant expertise, lack of relevant contacts or lack of appropriate resources as barriers to making any improvements.

Mental health teaching generally

All of the respondents to the survey were asked to consider how mental health teaching in psychology generally might be improved. Thirty-three (50% of respondents) said that more input from users of mental health services would be valuable; 26 (39%) wanted more input from clinical psychology; 18 (27%) wanted more input from philosophy; 17 (26%) more input from counselling (i.e. both counsellors and counselling psychologists); 14 (21%) wanted more input from either psychiatry or sociology (21%); and 11 (15%) more input from cognitive science.

Content analyses of responses to the open ended questions in the survey were conducted. Numbers of participants responding to these questions ranged from 49 to 17, and a minimum limit of 10% of all respondents was set for inclusion of a theme. Two of the authors separately coded the themes, and kappas were calculated to assess reliability.

Respondents who currently deliver a specific module addressing mental health issues were asked to identify its strengths. 49 responded, and of these 21 (42%) in some way emphasised the diverse or eclectic nature of the module's content. Another 14 (33%) cited the applied or 'real life' orientation of the module as one of its strengths.

A further question asked all respondents (not just those who taught a specific relevant module) how they thought mental health teaching generally in psychology could be improved. Seventeen responded, and of these, eight (47%, $K = 0.517$) were concerned to see teaching become more multi-disciplinary, diverse or eclectic, with suggestions ranging from the inclusion of spiritual and art therapy perspectives to neuroscience and critiques of psychiatry.

All of the respondents to the questionnaire were asked what barriers there were to improving mental health teaching in psychology. Forty-one responded, of whom 10 (25%),

$K = 1.0$) cited the difficulty of finding or recruiting clinicians to teach on undergraduate courses, or problems in making and maintaining teaching links with practitioners.

An additional theme emerged across the answers to the various open-ended questions. Forty-nine participants answered one or more of these questions, of whom eight (16%, $K = 0.933$) mentioned the perceived lack of appropriate resources, particularly textbooks.

DISCUSSION

The results of the survey suggest that most teaching about mental health to British psychology undergraduates refers to a range of other models in addition to a psychiatric one. Further investigation would be useful since it is unclear whether the formulation-based approach common in contemporary clinical psychology (Division of Clinical Psychology, 2000) is covered in any depth. It would also be useful to discover through more in-depth qualitative analysis precisely how the configuration of and relationships between the various models and frameworks are typically presented to students. Qualitative research into students' experiences of mental health teaching might also be valuable.

From the survey, it is unclear how much time is given to alternative psychological approaches in comparison with a psychiatric diagnostic model. Although it is apparent that psychological interventions frequently figure, it would be useful to know the extent to which they are presented within contexts where the psychiatric framework is simply already presumed. Similarly, it is noteworthy that many mental health modules acknowledged critiques of the psychiatric framework. However, much of the critical work referred to is very dated—the original writings of Laing and Szasz are now 40 years old—with contemporary authors (e.g. Bentall and Boyle) receiving much less coverage.

Despite the inclusion of such critiques and the apparently eclectic character of mental health modules, the vast majority of the textbooks recommended to students are based on a largely uncritical use of DSM or ICD psychiatric frameworks. Although there are no surveys of mental health teaching to psychology undergraduates in other countries with which to compare these results, it is possible that one reason for the apparently dated nature of many of the critiques of psychiatric models is related to the textbooks used (Halter et al., 1992). Again, this suggests that there may be a fundamental, if unintentional, psychiatric bias in psychology undergraduate mental health teaching.

The majority of teaching on mental health modules was provided by undergraduate programme staff with a small amount conducted by clinical psychologists and psychiatrists. In only 2 out of 66 modules were mental health service users involved in teaching. It is possible that the lack of input from service users, other mental health professionals and a reliance on textbooks written primarily for North American undergraduates limits the extent to which innovations in theory, practice and policy are filtering down to undergraduate teaching. It is crucial that mental health modules work more closely with service users and practitioners if teaching is to remain relevant and up-to-date, and very encouraging that 50% of respondents to the survey appear to be recognising this. The Mental Health in Higher Education project (http://www.psychology.heacademy.ac.uk/html/psy_network_mental_health.asp) provides a number of resources including contact details for British service users available to teach. Tew et al. (2004) give useful advice on involving service users.

There are a number of innovations and resources now available for applied psychology teachers wishing to provide more progressive teaching in mental health (Harper et al.,

in press). For example, written first person accounts of mental health problems may also be a helpful resource (Hornstein, 2005; Norcross, Sommer, & Clifford, 2001).

Future improvements in mental health teaching would benefit from the development of a range of teaching resources. Despite the popularity and ubiquity of these modules, there was considerable variability in their provision. It may be useful for organisations accrediting applied psychology modules to set minimum standards of provision for curricula. There is also a need to investigate the provision of undergraduate modules in other applied psychology disciplines.

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