

The Effect of Jigsaw Intervention on Help-seeking, Attitudes to Mental Health, and Social Distance.

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ABSTRACT

As the focus on mental health in schools has increased so too has the number of agencies providing services, talks and activities to support mental health promotion. While there is evidence to suggest that supporting community mental health through schools is beneficial there is little empirical evidence for many of the interventions on offer (Kelly, 2007). This study examined the effect of Jigsaw's school intervention on attitudes to mental health, help-seeking and social distance in a secondary school in North Dublin. A questionnaire was completed over three time points. The intervention resulted in more positive attitudes to mental health and an increased awareness in sources of help. No effect was found on barriers to help seeking. There were mixed findings on social distance. Limitations of the current study and areas for research are discussed.

INTRODUCTION

One of the tools used by Jigsaw to educate on mental health is the **'It's Time to Start Talking'** presentation which is delivered to young people in secondary schools. There is dearth of research on the effectiveness of such interventions in general

Young people are at particular risk of poor mental health. Difficulties often begin in adolescence (Kessler et al 2007) and can be linked to the development of comorbid disorders, and correlate with greater severity and resistance to treatment (Chisholm, 2012).

Therefore adolescence is a key time for mental health education as positive attitude towards mental health and help seeking are likely to result in better outcomes for young people. **Appropriate help seeking** is considered a protective factor in developing mental illness in young people (Wilson, Deane, Marshall, Dalley 2008).

Social distance in young people towards peers who present with mental health difficulties may have an influence on the outcomes for those young people. Stigma is both a barrier to help seeking and manifests itself through social interaction in adolescents.

HYPOTHESES

- It was hypothesised that participants would demonstrate the following changes post-intervention, with this being maintained in a two week follow up.
 - a more positive attitude towards people experiencing mental health difficulties
 - a reduction in perceived barriers to help-seeking
 - a decrease in social distance of people who are experiencing mental health difficulties
- It was further hypothesised that a difference would be found between the delivery of the intervention in a **'Small group talk'** condition and the **'Large group talk'** condition with regard to
 - positive attitude to mental health.
 - perceived barriers to help seeking.
 - social distance.

METHODS

A quasi-experimental design was used. Participants from a second level school completed a questionnaire containing a vignette depicting a young person suffering from depression, sourced from the *'National Survey of Mental Health Literacy and Stigma'* (Reavley & Jorm, 2011), *The Barriers to Adolescent Seeking Help (BASH) scale* (Kule et al., 1997) and the *Multidimensional Scale of Perceived Social Support* (Zimet, Dahlem, Zimet & Farley, 1988). The questionnaires were completed two weeks prior to the intervention, immediately post and two weeks post intervention.

The sample was split to form a small group control and large group control to receive the intervention. Participants were assigned codes which assisted in tracking results and anonymity. The presentation was delivered by Jigsaw's community Support worker.

RESULTS

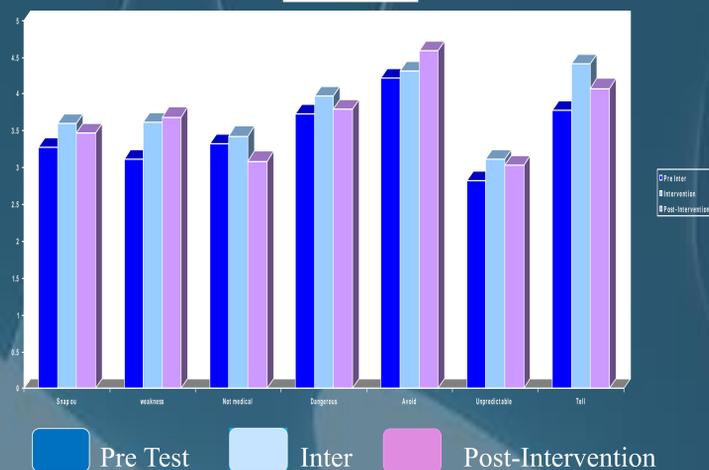


Figure 1. Attitudes to Mental Illness Results

A Friedman's test revealed significant differences between pre intervention and intervention on a number of Vignette items, such as item 1 'John could snap out of it' ($\chi^2(2) = 6.78, p = .034$) and item 3 'John's problem is not a real medical illness' showed significant difference overall ($\chi^2(2) = 7.42, p = .013$). There were no significant changes in attitude between intervention and two week post-intervention (See Figure 1)

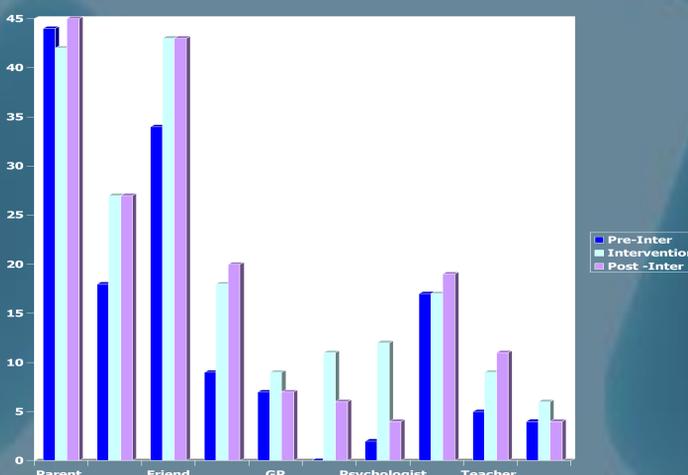


Figure 2. Sources of Help

RESULTS CONTINUED

Differences were found between the three conditions on **Sources of help seeking**. ($F(2, 108) = 8.51, p = .001, \eta^2 = .13$), with pairwise comparisons identifying differences between pre-intervention and intervention (mean diff = .66, $p = .006$).

No significant differences were observed between each of the three time points on **Analysis of social distance**. But gender differences were observed between males ($M = 33.75$) and females (23.55) at the pre-intervention phase ($Z = -2.36, p = .018$).

Differences were observed between the 'small group' condition and the 'large group' condition for **Analysis of social distance** at pre-intervention ($Z = -2.29, p = .022$) and post-intervention ($Z = -2.5, p = .012$).

Analysis of perceived report also differed significantly ($F(2, 100) = 5.61, p = .005, \eta^2 = .1$). However, further analysis revealed that this had decreased between intervention and two week post-intervention phase (mean diff = 5.43, $p = .003, CI(95\%) -9.24 - -1.63$)

No differences were observed across the three time points for **External barriers towards help-seeking**.



DISCUSSION

The Jigsaw intervention resulted in an improvement in attitudes to mental illness (H1), with participants reporting a willingness to speak to more sources of help, both formal and informal. Participants were also equally happy to speak to a parent or a friend, contrary to some recent research (Wilson et al. 2008). Social support in adolescents was unlikely to change during the intervention. It is therefore suggested that changes in social support was influenced by the Jigsaw intervention. All of these changes were sustained for at least two weeks post-intervention. Results showed no support for H2 (decrease in barriers to help seeking) or H3 (decrease in social distance). While some positive trends were observed, these did not reach significance.

Future research is needed to determine the internal validity of these results, where the introduction of a control group would give more confidence in the efficacy of the intervention.

In conclusion, Jigsaw's 'It's Time to Talk' presentation for schools seemed to have a positive effect on mental health attitudes and help-seeking behaviour, with this being maintained post-intervention. Jigsaw can be confident that this intervention can make a positive contribution to improving youth mental health in communities.

REFERENCES AVAILABLE UPON REQUEST