

Research Article

An experience of medical students promoting mental health issues to the public and their peers in Taiwan

Yin-Chih Chen*, Wan-Tai Wu, Fang-Yu Syu, Mu-Yin Hsu, Yi-De Lee, Yu Ming Ru, Yueh-Chien Wu, Chung-Fu Li, and Te-Hsin Tseng

School of Medicine, National Yang-Ming University, Taipei, Taiwan

Abstract

A group of medical students from National Yang-Ming University in Taiwan has launched a series of events during this year at three different places in Taiwan. They aimed to promote mental health not only to the public but also to medical students in order to create a better medical environment for people with mental problems. The two concepts they tried to convey is firstly understanding the feelings of individuals struggling with mental illness. Secondly, equip people with a proper knowing about some major mental illness and understand that these people are not useless. In fact, they still own most of their abilities! After holding the events, feedbacks were mostly positive for learning medical knowledge of mental illness. However, participants paid more attention on the medical knowledge than the experiences of these people. We are concerned that people over focus on the disease itself may ignore what people with mental problems need. This will deprive the right of the individuals with mental illness. As they stay in hospitals for medication, their rights to participate in the society and their interest will be taken away, and this might end up leaving the people struggling with mental illness in a dull life. This is not what we called "healthy." Creating a mentally healthy society needs both prevention and creating a friendly environment. We wish to draw attention to the possible stigmatization through spreading the medical knowledge of mental disorders and the possibility of setting up barriers for people with mental problems.

Introduction

The importance of mental health has grown in these days. However, many things in this field remain unknown, leading to the stigmatization of mental disorders. This creates many obstacles for people with mental problems to go through the recovery. Not only the general publics did not receive the proper knowledge of mental health but also we have discovered that medical students did not have the chance to understand the situation of a people with mental illness might face, either. This built a great resistance for the future caregivers to understand people who seek for mental support. Consequently, we started this program in order to let the general public and also medical students to understand more about mental health. We set up four goals. Firstly, promote mental health knowledge to the major public. Secondly, let the participants thoroughly understand the situation people who suffer from mental health may face. Thirdly, hope that participants can keep on promoting mental health issues to the others. Fourthly, hope that people can accommodate others.

In this article we will introduce activities we have done in our project and review the benefits of all the activities we have done. The discussion was also made to find possible improvement for promoting mental health.

Method

Under the belief that human's attitude and behavior may be influenced by their concept, our methods to promote mental health issues was by educating them and hoping that this could improve the stigmatization on mental disorders and build a friendly environment for people facing mental problems. The whole project was composed of two parts, including an exhibition (Figure 1) and a workshop (Figure 2).

The main purpose of the exhibition was to convey the feeling when a person was suffering from mental problems and strengthen people's understanding through sharing the knowledge of some common mental disorders. We introduced two different mental disorders. One is depression, the most common mental disorders in present society. The other is schizophrenia, a serious mental disorder that needs early



Figure 1. The exhibition is located in the aisle of the school where many people will stop by and look at the exhibition.

Correspondence to: Yin-Chih Chen, School of Medicine, National Yang-Ming University, Taipei, Taiwan; E-mail: ericire06@gmail.com

Key words: mental health, promotion, education

Received: December 23, 2016; **Accepted:** January 24, 2017; **Published:** January 27, 2017

treatment to prevent further dysfunction. This exhibition was launched at the aisles of three different medical schools which was easily access by students and passers-by. Every mental disorder we introduced was presented with a story at the middle and medical knowledge surrounded it. The story allowed visitors to know the situation that most people who struggle with mental problems are facing and how they thought and felt about these. The knowledge around the story presented the etiology, clinical manifestation, treatment, and prevention of the mental disorder in order to let visitors have a deeper understand of the disorder and could show empathy for others.

Through the workshop, we hoped to let the participants experienced the feeling of being labeled and even more being stigmatized. Discussions about possible solutions were then be held and we reviewed the advantages and shortcomings of the present ways. The activities held in the workshop included acting, basic mental disorder teaching, movies, drawing game and discussions (Figure 2). We tried to convey the concepts of empathy through different ways in order to let the participants have an overall comprehend.

Results

After the exhibition and workshop, we had done questionnaires to understand the effectiveness of our activities. The questionnaire includes two parts. In the first part, we asked if participants have learned anything through the activity. In the second part, we tried to understand changes of people's attitude and knowledge for two specific

mental disorders, depression and schizophrenia prior and after the activities.

In the first part of the questionnaire, 89 percent of 37 samples claimed that they have learned some things through our activities (Figure 3). We then came to the question about what have participants gained through the activities. The second part of the questionnaire was a list of question which is listed on Table 1 and Table 2. These questions helped us understand how people see people with mental illness and it gave us clue that these activities may not have great influence on people's concept of mental disorders. Through Table 1 and Table 2 we can see participants did not have many changes after attending our activities on their thoughts on depression and schizophrenia respectively (P-value>0.05).

Discussion

Based on the result of our questionnaire, we could conclude that our activities do have an influence on the participants. However, when we look deep into the changes of attitude in the participants we found no difference in people's attitude toward mental illness after attending our activities from the result of the second part of our questionnaire, which shows that we did not meet our goal. This result pointed out the activities we held strengthens the general public's knowledge of mental disorders and could help the prevention of mental disorders. However, this could not change people's attitude toward people with mental illness, which makes no difference in the stigmatization in mental disorders.

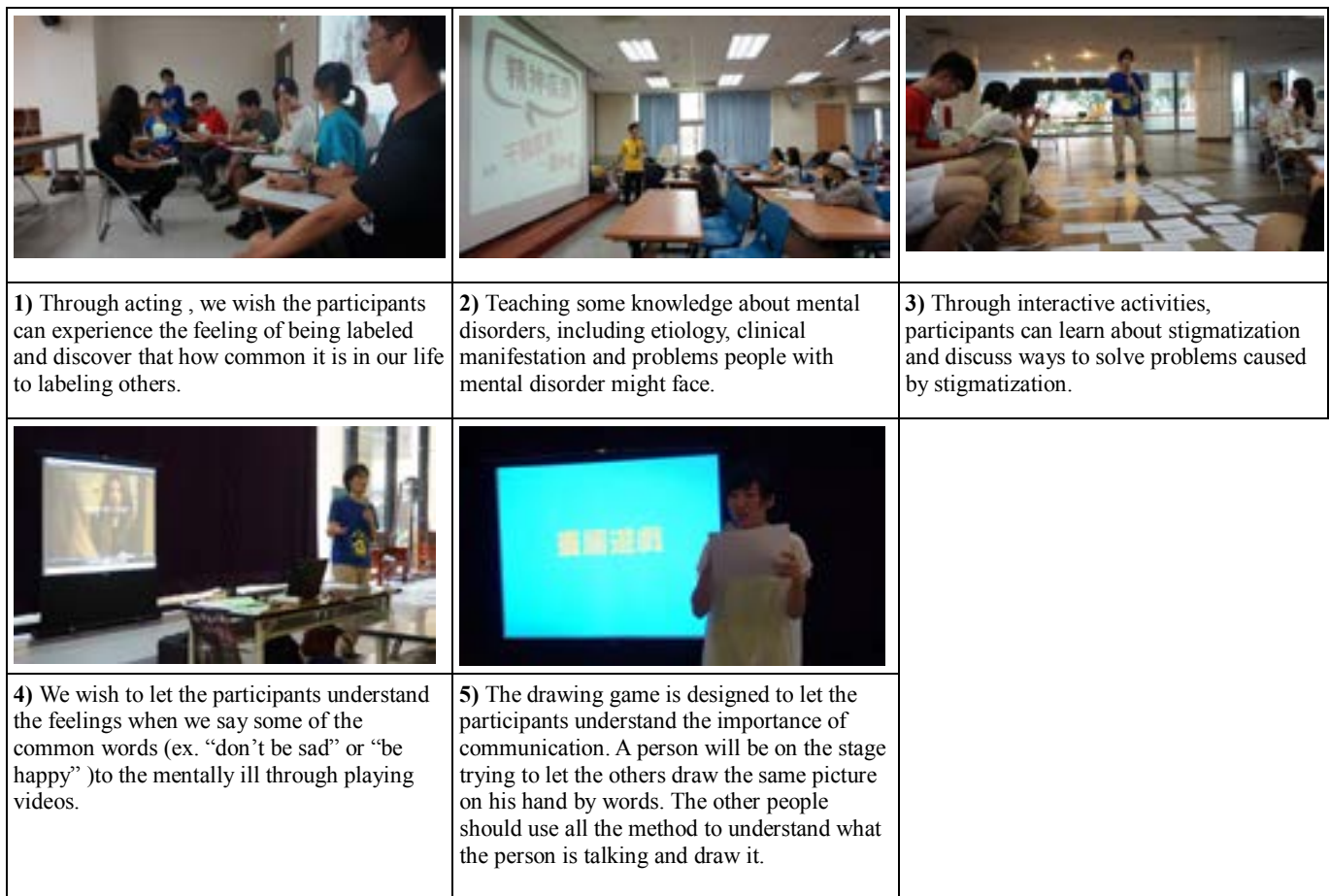


Figure 2. Different activities held in the workshop in order to let the participants to have an overall understanding about mental health issues.

We were interested in the possible reasons that contribute to the result of not changing people's attitude toward mental illness. According to the Knowledge-Attitude-Behavior Model, participants should change their knowledge after they received the knowledge. We divided the possible contributive factors into two categories,

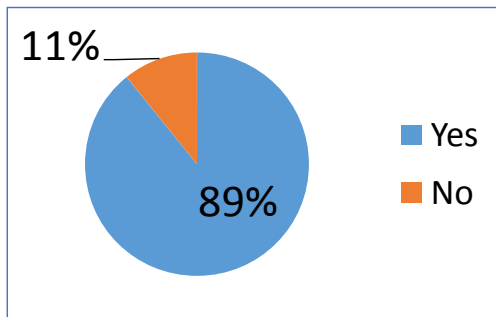


Figure 3. Answer for asking participants if they have learned anything from our activities. (n=37).

measurement error and other possible factors that affect the results.

Measurement error may come from the small sample we have collected which cannot significantly show the impact of our activities to the general public because there might be a sampling error from the narrow population of the participants we selected. What's more, because most of the participants majored in medical-related departments, they already have some experiences in the field of mental health. This may finally lead to the result of an insignificant change in the questionnaire.

Other factors that may affect the results may due to lack of personal experience. Compared to other mental health promotion activities held by other organizations in Taiwan, we observed that most organizations will invite lived experience to share their experience and have direct communication with participants. These opportunities may provide participants to have close contact with people with mental illness and have time to reflect their existing belief. Although in our exhibition we provided stories of the mental illness, however, the single direction of communicating may not provide an opportunity for people to confirm if their thought meets the reality. Consequently, we consider personal

Table 1. Results of a questionnaire about people's attitude and knowledge for depression. (n=13)
 People who chose "very much agree", "agree", "disagree", "very disagree" is scored 1, 2, 3, 4 points respectively.

Questions	Before	After	P-value
Basic mental health knowledge			
This mental disorder is common in our society.	1.23	1.38	1.00
This mental disorder is mainly caused by the deviation of their growth environment or encounter in bullying events.	1.77	1.69	1.00
Medication cannot totally cure mental disease. Consequently, patients should be hospitalized and sometimes isolated.	3.15	3.15	0.99
These patients cannot deal well with pressure, so we need to encourage them.	1.62	1.92	0.98
I cannot really understand why they don't have any emotion while doing an activity whether he/she likes it or not.	3.00	3.15	1.00
Cognition to patient's ability			
I believe people who suffer from this mental disorder can express their happiness, anger, and sadness to others.	2.08	2.00	0.69
I believe people who suffer from this mental disorder can think logically and successfully express their ideas to others.	2.15	2.23	1.00
I believe people who suffer from this mental disorder can understand the meaning of other people's behavior.	2.38	2.31	1.00
I believe people who suffer from this mental disorder can learn new knowledge and apply it.	1.77	1.77	1.00
I believe people who suffer from this mental disease can do any job.	1.54	1.62	1.00
How people see them			
I believe people who suffer from this mental disease may attack others.	3.15	3.15	0.97
I believe people who suffer from this mental disease may do something that makes others feel uncomfortable.	2.77	2.69	0.95
I believe people who suffer from this mental disease may hurt themselves.	1.85	2.23	0.99

Table 2. Results of a questionnaire about people's attitude and knowledge for schizophrenia. (n=10)
 People who chose "very much agree", "agree", "disagree", "very disagree" is scored 1, 2, 3, 4 points respectively.

Questions	Before	After	P-value
Basic mental health knowledge			
This mental disorder is common in our society.	2.1	2.1	1.00
This mental disorder is mainly caused by the deviation of their growth environment or encounter in bullying events.	2.30	2.20	0.99
Medication cannot totally cure mental disease. Consequently, patients should be hospitalized and sometimes isolated.	2.60	3.20	0.98
These patients cannot deal well with pressure, so we need to encourage them.	2.30	2.10	0.95
I cannot really understand why they don't have any emotion while doing an activity whether he/she likes it or not.	2.90	3.00	1.00
Cognition to patient's ability			
I believe people who suffer from this mental disorder can express their happiness, anger, and sadness to others.	2.10	2.10	1.00
I believe people who suffer from this mental disorder can think logically and successfully express their ideas to others.	2.20	1.80	0.98
I believe people who suffer from this mental disorder can understand the meaning of other people's behavior.	1.95	1.90	1.00
I believe people who suffer from this mental disorder can learn new knowledge and apply it.	1.70	1.60	1.00
I believe people who suffer from this mental disease can do any job.	1.90	1.80	0.95
How people see them			
I believe people who suffer from this mental disease may attack others.	2.80	3.00	1.00
I believe people who suffer from this mental disease may do something that makes others feel uncomfortable.	2.90	3.00	1.00
I believe people who suffer from this mental disease may hurt themselves.	2.50	2.50	1.00

experience an important factor to apply knowledge in their attitude and behavior. However, this is still a hypothesis which needs more observation to confirm.

Conclusion

We came to the conclusion that the activities we held were quite interesting that most people think they could learn from the activities, especially the knowledge of mental disorders which is a good way for the public to learn how to prevent and how to seek help when suffering from mental problem. However, the changes in people's attitude towards mental illness were not significant showing the activities may not have greatly contributed to destigmatization of mental illness. This

result may due to sampling errors or lack of personal experience which we mentioned in the "Discussion". By promoting our activities to more people and cooperating with other patients support organizations may be ways to solve the problem of small sample and lack of personal experience, respectively.

Acknowledgement

We would like to show our gratitude to the Federation of Medical Student of Taiwan for their great help and support in this project. Our grateful thanks are further extended to all the organizations and friends who encouraged our team to finish this project.