

INTERVENTION[®]



Mental Health

Why People Don't Seek Help





Language Used By University Wellbeing Services

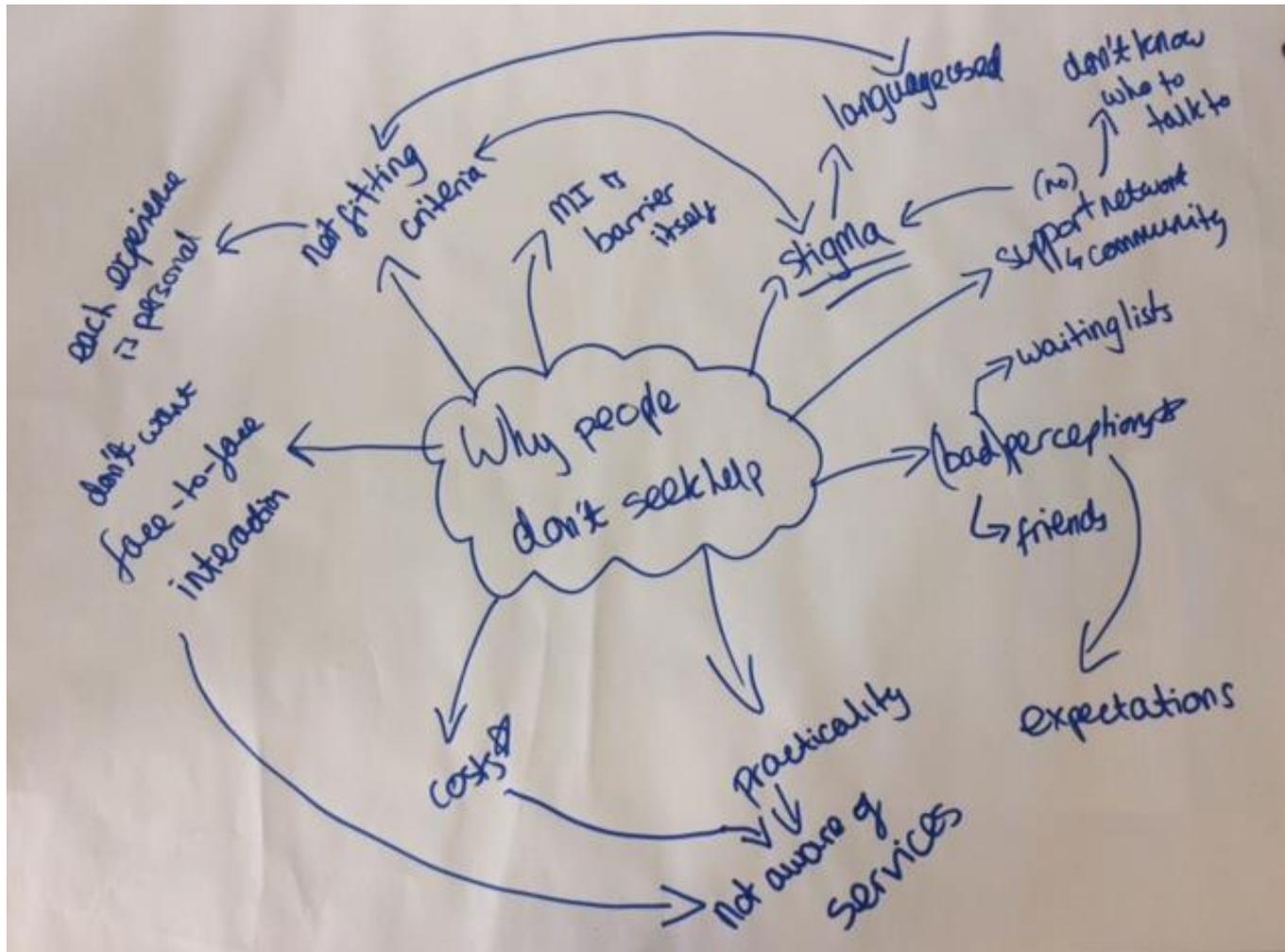


**GRAND
CHALLENGES**

Background



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Previous Research

- Vandiver (2009) found that perceptions of mental health services were improved when clinicians talked about the person **first** and separated them from their illness
- e.g. ‘people *living with* bipolar’ instead of ‘a bipolar person’
- This suggests that the link between language and people’s engagement with mental health services could be an area of further research.

Lived Experiences

- Member of Lived Experiences Group:
- Accessed Online CBT System
- Capitalisation of certain words, e.g. „Worry“, caused anxiety
- Shows relevance to service users!

Theories

- Althusser's Theory of ideology
 - Language is part of the apparatus through which ideology is generated
- Sapir-Whorf Hypothesis
 - Language determines a person's perception of the world
- Wittgenstein's "Language Games"

Our Research

- Looked at Wellbeing Service Website
- Noticed areas that could be changed
- *“Intervention”* – sounds intimidating, scary
- *“Time – limited”*, triggers thoughts like I’m just using up their time
- Changed these to more welcoming language

Example

- The counselling we offer is *time-limited* (**negative, triggers “I’m just taking up their time”**) so you would see the same counsellor for about an hour at the same time each week for up to six sessions. If you require longer-term *therapeutic work* (**scary word**) we can support you to find another agency (**daunting**) that may be able to offer this.

Survey

- Recruited participants online
- Accessible to anyone, regardless of previous MH diagnosis, background, age
- Offered two options – one original, other adapted
- Had to state which one would be more likely to access
- Changed two paragraphs – one change more specific, other more general

Paragraph 1 – Specific changes

- Time-limited → short-term counselling
- Longer-term therapeutic work → longer-term support
- Single Session Interventions (SSI) → Single Strategy
Session

Paragraph 2 – General changes

Option A:

CBT is an evidence based structured approach that focuses on your goals and aims. Your therapist will assist you to overcome difficulties through interventions that help change patterns of thinking, feeling and behaviour. We also provide a popular web-based support package which may suit some people better.

Option B:

CBT can be used to treat people with a wide range of mental health difficulties. CBT is based on the idea that how we think (cognition), how we feel (emotion) and how we act (behaviour), all link. So for example, our thoughts determine our feelings and our behaviour. We also have an online programme you can use at your own pace if you would prefer not to talk to someone in person.



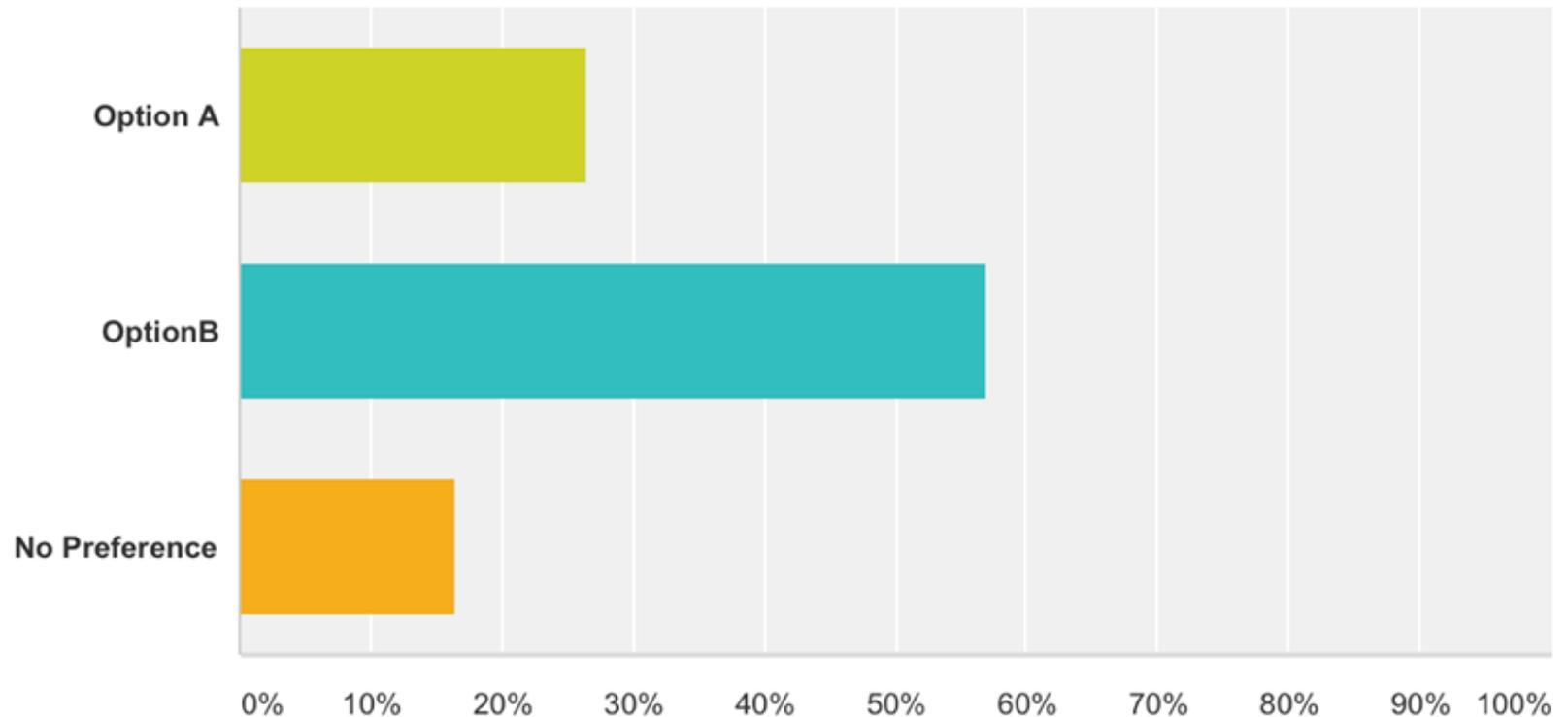
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Results

Paragraph 1

From the texts, which service would you be more likely to use, should you need to?

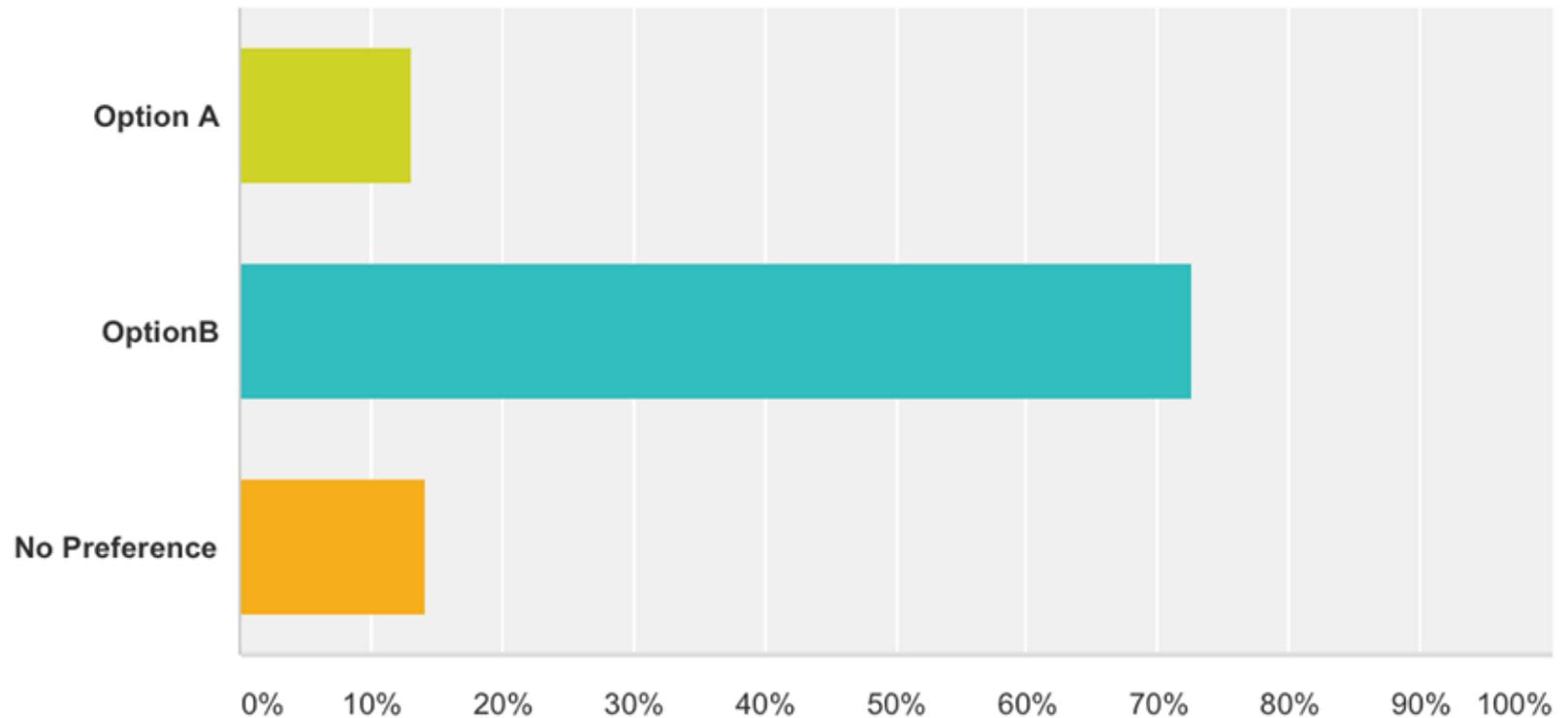
Answered: 79 Skipped: 21



Paragraph 2

From the texts, which service would you be more likely to use, should you need to?

Answered: 99 Skipped: 1



- Chi squared test used to see whether results are statistically significant
- Using the combined data from question one and question two, calculated chi squared value is greater than the critical value for $p = 0.01$.
- This means that there is a 99% chance that the difference in preference is in fact due to the change in language and not to chance



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Feedback Comments

“

Option B is much more personal and is written to make you feel in control, such as 'you are free to talk about whatever is bothering you' and 'you can use at your own pace'. Where as option A is a more intrusive approach

”

where it is done to you (e.g. 'interventions').

“

I find the phrases 'web based support package' and 'intervention' to be pretty cold and clinical, whereas the second option addresses the reader more like

”

a human being.

“

Option B felt less professional, and I'd want to be sure I was getting serious, professional help if I needed it, which

”

is the impression I get more from Option A.



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Conclusion



- Language affects people's perception of wellbeing services
- Even small change can make difference
- Did not impact everyone, but majority of people were affected



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Recommendations



- Language used to advertise services might be a patient-level barrier
- If this was changed, people might be more likely to seek help when they need it