Digitalised Lived Experience as an Educational Tool in Higher Education

— A Qualitative Approach

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INTRODUCTION

Lived Experience in Higher Education could alleviate issues such as:

- Difficulties of understanding the diversity and individual experiences of mental health challenges
- Difficulties in navigating terms and symptoms
- Difficulties in classroom engagement

However, doing so could be expensive and time consuming. Video and digital media are used in Higher Education to:

- Increase engagement, reflection, and development of clinical skills
- Provide context to theoretical knowledge

However, there is limited knowledge concerning the combination of these two modalities in the education of psychology students.

What is Lived Experience?

Knowledge acquired by an individual based on their personal experiences with mental health challenges, use of mental health services and recovery processes.

What is Digitalised Lived Experience?

Personal descriptions of mental health challenges and recovery processes made available via digital platforms in formats such as interviews, films, or documentaries.

Access The Life Experience Library, available at thehumanaspect.com

AIM

To explore the experiences and perceptions of psychology undergraduate students concerning using digitalised lived experience in an introductory course in mental health disorders and treatments.

METHODS

Design:

A qualitative exploratory approach – two focus groups (FG) and two follow up in depth interview (ID).

Participants:

Eleven 2nd year undergraduate students, eight females and three males, attending the program “Applied Psychology” at Kristiania University College (KUC).

Material:

A semi-structured interview guide, revised after conducting a pilot study with two students.

Questions example:

What do you think about the use of interviews from The Human Aspect in teaching about mental health?

Procedure:

The interviews were conducted in the KUC campus by a research assistant and a KUC lecturer as a note taker. Focus groups and in-depth interviews lasted approximately 30 minutes.

Data analysis:

The data were analysed using inductive thematic analysis.

FINDINGS

The first theme covers the classroom experience whereas the second the perceived learning outcomes.

Theme 1.
Digitalised Lived Experience and teaching

Subtheme 1: Digitalised Lived Experience vs. textbook

“it was a really good resource for, eeh, the lectures. Because you always have both a discussion starter or sort of like after discussion for what we think this is.”

”…it gives you a different perspective. Eh because we are learning very textbook symptoms, how it is in DSM5, and stuff like that, how you classify it, and then, when you hear people having been through it, it is more like the experience of it is very different from the symptoms.”

“It is more the feeling they get when they speak about it that you will not get from reading the book from the curriculum.”

Theme 2.
Learning supported by Digitalised Lived Experience

Subtheme 1.
Understanding individual differences

“I feel that I have become more open to hear and to understand.”

“There are so many different (disorders) and there are severe levels and mild levels, aimed more towards this and aimed more towards that. So, to understand that it is not the same for everyone, and you have to understand that... that it, you can't treat everyone eh in the same way rather because there are different challenges to it.”

“The way they have tried to get through it, that coping or something, so yeah and what worked for one didn't work for another. Then you always see like from the outside that illness affects people in different ways.”

CONCLUSION

The findings suggest that Digitalised Lived Experience was positively received by students, and it could produce similar outcomes to Lived Experience when used in Higher Education. This could be translated as a potential avenue for bridging the gap between theory and practice while offering an affordable tool compared to introducing Lived Experience in the curriculum.

Future research could focus on its potential impact on the development of clinical skills, especially in hybrid environments post Covid-19.

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Exploring well-being, help-seeking and stigmatising attitudes and the role of sex among Norwegian Adolescents

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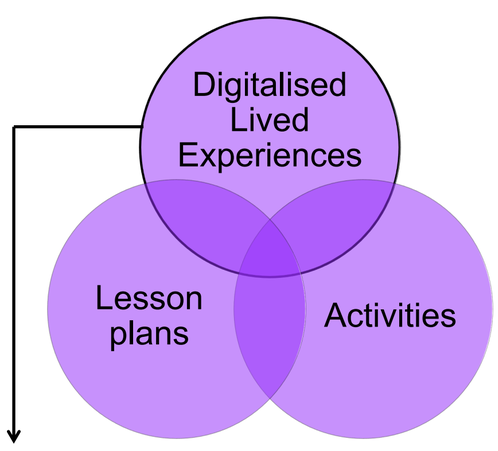
INTRODUCTION

- An upward trend in Norwegian young individuals over the past decade in self-reported mental health difficulties. However, with a recent stagnation since 2021.
- Females report lower well-being both in Norway and internationally.
- Important to develop prevention strategies like mental health literacy (MHL) programs.

Mental Health Literacy

- **Understanding how to obtain and maintain positive mental health**
- **Knowledge of mental health challenges and treatments**
- **Reducing stigma related to mental health challenges**
- **Improving help-seeking efficacy**

The Human Aspect's MHL program - Overview



Personal accounts of mental health challenges and recovery processes shared via digital media (e.g., interviews, films, documentaries).

Access The Life Experience Library, available at thehumanaspect.com

AIM

To examine the baseline profiles of Norwegian high school students concerning help-seeking and stigmatising attitudes, and their well-being, while exploring for sex differences.

METHODS

Design:

Online survey

Participants:

195 high-school students, from 6 different schools in Norway. Recruitment was based on teachers' willingness to follow a MHL program.

Material:

Indicators of MHL:

General Help Seeking Questionnaire (α = .88),

Personal/Perceived Stigma Subscales from the Perceived Stigma and Barriers to Care for Psychological Problems scale (α = .94 and α = .88, respectively),

Day's Mental Health Stigma Scale (α = .87).

Well-being:

Warwick-Edinburgh Mental Wellbeing Scale (α = .90).

Procedure:

The survey was completed on the premises of the participating schools (*M* response time: 17:42 min), with a teacher and a research assistant from The Human Aspect present.

Ethical approval:

Granted by the Norwegian Center for Research Data (NSD-SIKT) (Ref.no 19981).

Data analyses:

Data were analysed using independent sample t-tests.

RESULTS

Statistically significant difference between male and female adolescents in all stigma measures, with males reporting higher stigma.

$t(174.96) = 2.61$, $p = .001$ - Perceived Stigma,
$t(159.23) = 5.65$, $p = .001$ - Personal Stigma,
$t(182.99) = 2.47$, $p = .024$ - Day's Mental Health Stigma Scale.

Figure 1
Mean Perceived Stigma Grouped by Gender

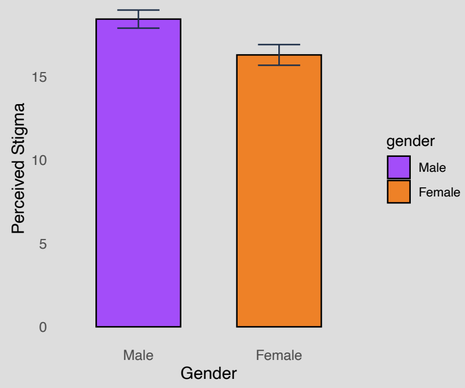


Figure 2
Mean Personal Stigma Grouped by Gender

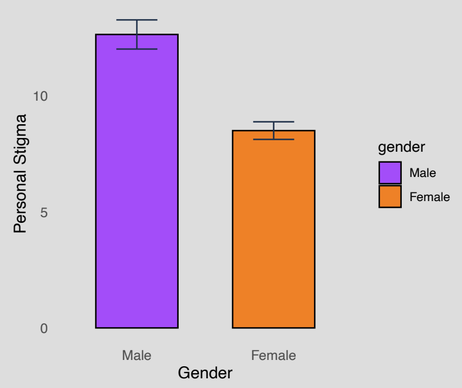
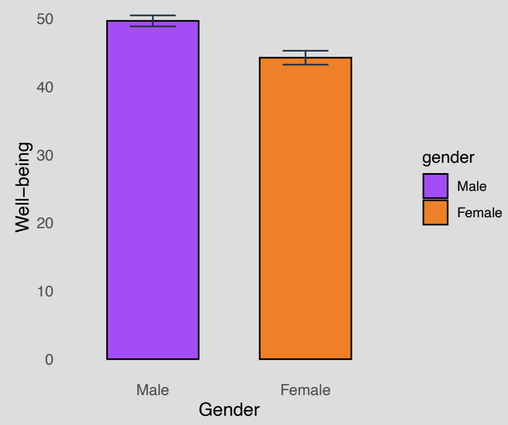


Figure 3
Mean Mental Health Stigma Grouped by Gender

Statistically significant difference with adolescent females reporting lower well-being than adolescent males.

$t(166.32) = 4.17$, $p = .01$.

Figure 4
Mean Well–being Grouped by Gender



No statistically significant difference between sexes were found in help-seeking intentions.

CONCLUSION

Adolescent males reported higher stigma scores across all three stigma measures. In line with previous findings, adolescent females reported lower mental well-being.

The absence of a difference in help-seeking intentions contradicts previous findings and underscores the importance of addressing the complexity of help-seeking when designing and evaluating MHL programs (e.g., intention to seek help vs. awareness of help services).

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