Adolescents' beliefs about the fairness of exclusion of peers with mental health problems

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Abstract

Stigma research suggests that exclusion of peers with mental health problems is acceptable, however, no research has explored young people’s beliefs about the fairness of exclusion. Group interviews with 148 adolescents explored judgements about the fairness of excluding peers with ADHD or depression from dyads and groups. Young people evaluated exclusion of peers with ADHD or depression from dyads and groups, with the exception of group exclusion of the peer with ADHD, as mostly unfair. Beliefs about the fairness of exclusion were influenced by the attributions that they applied to the target peer’s behaviour, social obligations and loyalty within friendships and concerns about the adverse psychological effects of exclusion. Furthermore, their evaluations were influenced by personal beliefs about the social and personal costs of including the target peer. Evaluations of exclusion highlight novel avenues for to develop knowledge on the stigma of mental health problems.

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Young people with mental health problems are some of the most chronically excluded individuals in school playgrounds (Chen & Li, 2000; Hoza et al., 2005). The adverse peer relationships experienced by these young people are well documented (Elkington et al., 2012; Moses, 2010) and marked by themes of the loss of friendships following the onset of symptoms, teasing and harassment by peers, and experiences of isolation and loneliness. These persistent findings imply that exclusion or rejection of young people with mental health problems is socially acceptable to their peers. The consequences of exclusion are alarming; especially when one considers research that suggests that peer acceptance is protective for maintaining good mental health (Warren, Jackson, & Sifers, 2009) and promotes recovery from mental health problems (Meadows, Brown, & Elder, 2006). This literature highlights the importance of developing effective anti-stigma interventions.

Stigma is a multi-dimensional construct that incorporates derogatory cognitive (stereotypes), affective (prejudices) and behavioural (discrimination) responses towards people with mental health problems. In adolescence, discrimination manifests as exclusion from activities and social groups, friendship rejection or avoidance (Brown & Bigler, 2005). Traditionally, stigma is explored by assessing pre-defined stereotypes, prejudices and discrimination towards vignettes that describe labels, or more commonly behavioural descriptions, of hypothetical peers with mental health disorders. Inherent in this methodological approach is the assumption that the symptoms and labels of mental illness evoke negative cognitive and affective responses that justify rejection. While there is evidence to support the theory that the symptoms and labels underpin stigma

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Method

Participants

The sample consisted of seventy-two 10–11 year olds ($M = 10.77$ years; $SD = 0.46$ years: 34 boys and 38 girls) and seventy-six 15–16 year olds ($M = 15.5$ years; $SD = 0.46$ years: 34 boys and 42 girls). Participants were white and their socio-economic status, as determined by the highest educational level achieved by the consenting adult, was 42% low (second-level completion only), 28% medium (post-second level diploma or certificate), and 29% high (bachelor’s degree or higher). All participants verbally assented to take part and had written parental consent.

Data collection

Data were collected during class time in three randomly selected rural primary and secondary schools in the western region of the Republic of Ireland. There were 37 same-sex self-selected groups in total, which were facilitated by the lead author. Each group consisted of between 3 and 5 participants; there were three groups with 3 participants, 31 groups with 4 participants, and three groups with 5 participants. Group interviews were deemed suitable, as the group context is a familiar setting for most young people (Hennessy & Heary, 2004). We anticipated that replicating a group environment would help participants draw on the peer context and potentially enhance the ecological validity of their responses. Furthermore, given that our aim was to qualitatively explore themes and not quantify responses, the group context was considered an appropriate setting to collect data.
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