

What do Adolescents Know about Mental Health Illnesses?

A Case Study based on Learning and Service in a Secondary School

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Abstract

The aim of this study is to show how the perceptions and attitudes of secondary school students towards mental health issues changed over the course of a Learning and Service project. The Learning and Service project was carried out by 58 students, together with the residents of a mental health institution during three months. Both students and residents shared several activities to bring them closer. Secondary school students did not have any previous experience with mental health residents before. The analysis took place during the course of the process, with the students responding to four questionnaires, each one after having done an activity together. The study demonstrates that through this Learning and Service project most of the students' perspectives changed for the better, some even viewed radical change while others were positive and finally few students only experienced neutral

evolution of their ideas with respect to people with mental health disorders.

Keywords: Secondary education, Mental health illness, Learning and service project

1. Introduction

We find ourselves in a period of change - many social, economic, demographic, technological, work-related changes (Raventós, 2005), changes which affect every aspect of society, including education. Wherever the conception and transmission of knowledge has changed, information is accessible, and the quantity of it is in fact overwhelming (Subirats, 2015). In the face of this reality, educational institutions could be said to have entered a process of transformation. The contents of the curricula, technological advances and globalisation on the one hand, and the need for permanent education and the importance of significant learning on the other, make it indispensable to rethink education in the actual territorial context which makes it motivating for students, and where it would receive support from different areas of society. The Learning and Service Projects should be seen with this intention in mind, in that they make it possible to apply what is learned in the form of community action and, therefore, to enhance the learning environment and make the learning significant (Bosch & López, 2008).

Given the premise that the Learning and Service Project is a pedagogical strategy which increases the motivation of the students, and allows for a better understanding of the academic learning process through the development of citizen competencies, to their own benefit and to that of the community (Bosch & Lopez, 2008), how does the change of attitude which this requires come about? To begin with, it must be acknowledged that there is a shortage of research on this area, and still a great deal of work to be done. For this reason, the present paper will set out to analyse *how the work done through the LSP improves the acquisition of knowledge and positive attitudes of teenagers regarding mental health issues in a particular case study, a Learning and Service project in a secondary school*. The objectives of this project are the following: 1) *To identify and analyse the knowledge and learning on the part of the teenagers taking part in the Learning and Service Project with the residents of the mental health centre and*, 2) *To identify and analyse the change in the attitudes regarding learning difficulties through work*.

2. Theoretical Framework

The Learning and Service Project (henceforth LSP) is a complex activity which it is not easy to define, since there are many possible stances, while at the same time it has its origins in mainstream pedagogical tradition during the course of the 20th century. In fact, there is no single way to define LSP. We can find definitions like that of Puig et al. (2006): *the LSP is an educational proposal which combines processes of learning and service in the community in a single, coherent project in which the participants are trained as they work on real needs that they find in their environment with a view to improving it*; or that of Martínez (2014): *The Learning and Service Project could be understood as a socio-educational intervention associated with inclusive education, and as a contribution to creating a cohesive and fair society*. According to Bosch and López (2008), the LSP began in the USA, but it spread to Mexico and Latin American countries like Argentina, Chile, where it is called by different

names. There have also been studies in the UK, Belgium, Holland and Germany, among other places. The LSP, as a pedagogical practice, has been implemented globally since the 70s (Mayor & Rodríguez Martínez, 2016).

With reference to the antecedents of this study, Billing and Waterman (2008) acknowledge that, despite the fact that there have been studies dealing with learning and service for decades, most people would agree that research into learning and service is still in its infancy. Although the practice of it is increasing, there is little contemporary research dealing with it. In fact, most of the existing research focuses exclusively on third-level education. A research paper which focuses on earlier stages could be that of Folgueiras, et al. (2010), who conducted a study to evaluate the degree of satisfaction with the LSP projects carried out with students in all the educational stages: Nursery School, Primary School, Secondary School and University. In their study, they show that the LSP contributes to a high degree of satisfaction, as it enables significant contextualised learning, it makes it possible to work with collaborative methods, and it fosters the development of the students' social sensitivity, the empowerment of the students and mutual enrichment between the students and the members of the entities and associations involved. The study also highlights the need for further research concerning the LSP, especially bearing in mind the line of investigation adopted in the present study: the impact of the LSP on the students' knowledge and attitudes towards mental health issues.

As regards the studies relating to the teenagers' general perception of learning difficulties, there are very few that explore this in depth. In this regard, the present study breaks new ground. Most studies focus entirely on the students who suffer from some form of mental health illness, but there are few of them that deal with the attitudes and knowledge of young people concerning such mental health issues. Young people, in most of the studies analysed (Segura, 2015; Moreno et al., 2014; Portero et al., 2002; Thompson et al., 2002), display mainly isolating behaviour. Among young people aged between 14 and 25 illnesses associated with psychological perspective do arouse considerable interest, even though they also induce a certain amount of fear and a sense of danger, and people under the age of 35 possess less knowledge about mental health than older people.

3. Methodology

The research has been carried out in accordance with the qualitative phenomenological paradigm, though, on the basis of the opinions expressed by the students, quantitative conclusions were also drawn from the analysis. A case study was developed (Stake, 1999), as it is our intention to carry out an in-depth examination of the context of the study, namely the students and the evolution of their perception of the residents undergoing treatment for mental health issues.

3.1 Participants

The school selected for the study was not a random choice, so it should be seen as a non-probabilistic sample. The reason for this has to do with the fact that the school in question has been working with the LSP for several years and, what is more, this year it initiated a new project based on the same philosophy as our study. Furthermore, it was possible to take part in all the activities of the project.

The total sample was made up of n=58 students of Secondary Education in an educational centre whose pedagogical Project is carried out against a background where the families' socio-economic realities can only be described as *extremely problematic*. As regards the mental health centre, also situated in Barcelona, with a total of 26 residents.

3.2 Instruments

2 instruments were used to collect the data:

1) Observation: A field research participant observation was carried out. This took place at the same time and in the same context in which the LSP project was being conducted. The observation data were collected by means of field notes, a non-systematised record, which were taken during the project sessions and immediately afterwards. The LSP objectives were taken into account, as well as the development of the activities, the involvement of the students, the type of conversations they gave rise to and the level of mutual cooperation.

2) Questionnaires: Four questionnaires were generated for the students - annex 1 is a table with the questions and their relation to the study. 1) With the aim of determining their initial knowledge and perceptions; 2) and 3) after each of the activities the students carried out with the residents of the centre; and 4) at the end, to obtain a final evaluation and summary of the entire process. The purpose of these questionnaires was to find out the opinions of the students during the course of the whole process, and to analyse the ways in which their thinking changed with regard to people in vulnerable situations. For this reason, the questions were open, with a view to encouraging them to think through the subjects in question. In order to guarantee the validity of the questions, the questionnaires were sent to two experts to make sure that they served to reflect the evolution of the students' perceptions as intended. The experts suggested some changes, and several questions were reformulated.

4. Results

The aim behind the first questionnaire was to determine the initial perspectives and opinions of the students before the project got under way, and in this way to come up with an evaluation which could be taken into account during the process, and to see how, in retrospect, these perceptions would change overtime.

In the first question students were asked what they thought of people with mental health illness such as psychosis and schizophrenia, as these were the most frequent conditions at the centre. Most of the students had some idea of what they were, and answers were provided by 93% of them. The most common answer, formulated in different ways, was that psychosis and schizophrenia are mental illnesses, or disorders which affect the brain (67% of the answers). It can be observed that there are students for whom people with these mental health issues have a negative stigma, and who define the condition as dangerous and aggressive: *"illnesses which alter the senses of the sufferers and make them do things they don't want to do." This behaviour is normally aggressive, and they hear voices and imagine things* (student 21). But this is a small percentage, 6% of the students.

1: How would you define mental illnesses such as psychosis or schizophrenia?

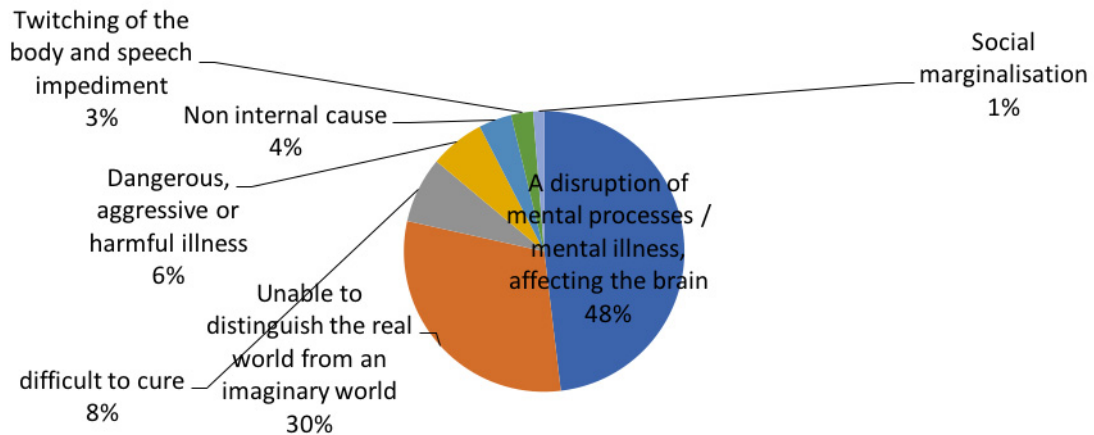


Figure 1. How would you define mental illnesses such as psychosis or schizophrenia

The answers to the other questions show that 83% of the students do not know anyone with this kind of condition, and 66% of the students are uncertain about what these conditions are, and stress their importance of knowing what they are, and whether it is possible for people who suffer from them to lead a normal life.

The aim behind the second questionnaire was to find out their opinion about how they felt during the first day of the project, and in what way their opinions have begun to change with regard to people with learning difficulties. Some commented that, at the beginning, they felt a little *inhibited/nervous/anxious*" because they did not know how to approach them, but they added "*we began to talk to them and we felt totally at ease*" (student 13). These feelings were expressed by 36% of the students, and 4% of them were frightened. Even so, during and at the end of the project 98% of the students felt comfortable. They were also encouraged to reflect on what they had thought a person with learning difficulties were capable of doing before the project, compared with now that it had started. As can be seen in the following pie chart, most of the students were surprised once they started talking to the residents, because there was a whole range of things that they imagined that they would not be able to do: that they were unable to have a fluent conversation (26% of the students), lead a normal life or perform everyday tasks (31% of them), etc.

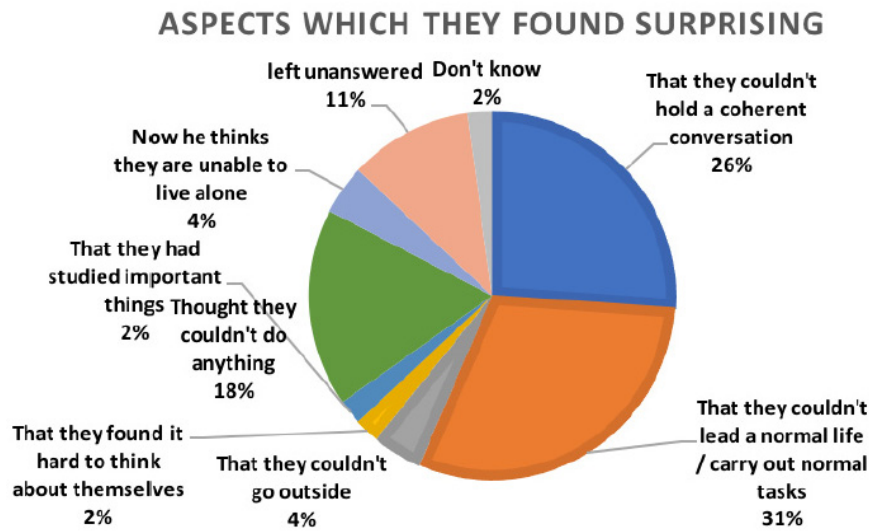


Figure 2. Aspects which the students found surprising

The third questionnaire was completed after the students had done a workshop with roses together with the residents at the centre. This time the setting for the activity was not the school, but the mental health centre, in the dining-room to be precise. In this questionnaire, not a single student felt ill at ease, and most said that they had fully engaged with the activity and with the residents (81% of the students). Furthermore, as can be seen in the pie chart, most of the students believe that the workshop was useful to them, that they had learnt a lot from it (92% of the students) - the remaining 8% being students who gave no answer or said that they had learnt nothing. What is more, their learning is very significant, because the fact that they themselves were involved in the experiment enabled them to learn this for themselves in a very active way. At the same time, the questionnaire gave them the opportunity to reflect on how useful the activity was. As regards what they learnt, it is worth highlighting the following examples: to be empathic and altruistic, 25% of the answers; to share life-experiences, 17%; and that the residents are normal people, just like the rest of us, 14%.

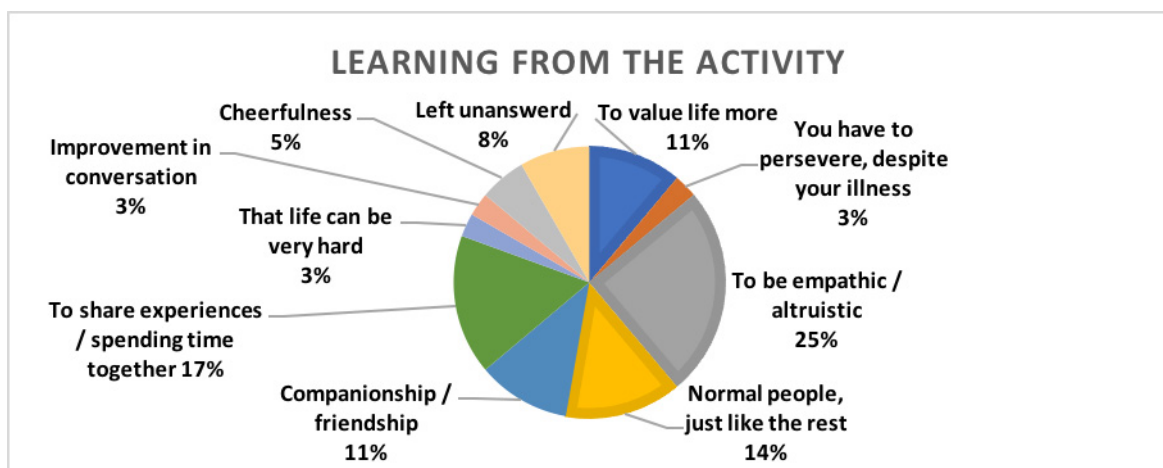


Figure 3. Learning from the activity

The fourth questionnaire was the last one given to the students, so it was possible to observe the evolution of the students' attitudes and opinions concerning people with learning difficulties throughout the project. The question that produced the most interesting answers was the one that concerned how their perceptions towards people with learning difficulties had changed: 30% of the students said no, 66% said yes and 4% said they didn't know or left the answer blank. Therefore, most of the students agreed that their perceptions had changed. And with reference to the ways in which the process changed them, we can observe the following:

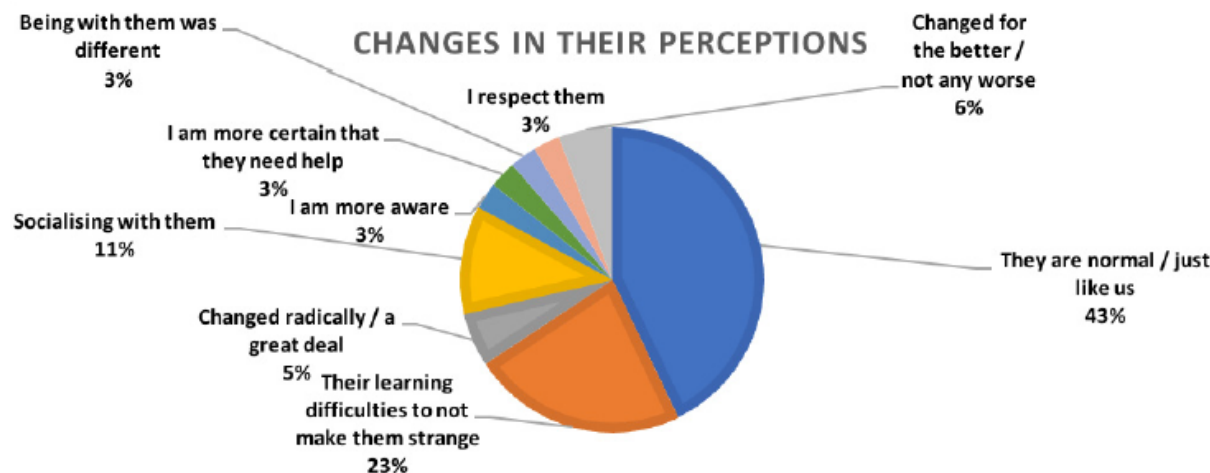


Figure 4. Changes in their perceptions

5. Discussion

5.1 Overall Discussion

Starting from the overriding aim to *show how the work carried out through the LSP methodology enables learning and changes in attitudes towards the community on the part of the students involved*, we propose to show the general evolution in the students' perspectives during the course of the project.

In the first questionnaire, aimed at obtaining an initial evaluation of the thoughts and learning of the students towards people with learning difficulties, there were several answers which reflected negative prejudice on the part of some students towards mental health residents. The answers that stand out are those of five students who stated the opinion that it was a dangerous, aggressive or harmful illness - 6% of the answers. There were also answers to the effect that these conditions entailed social marginalisation, body-twitching and speech difficulties. The remaining answers could be said to reflect the general definition of mental illness.

And though all the students offered a definition of mental illnesses, at the same time most of them - 66% of the students - before the beginning of the project expressed serious doubts concerning mental health issues. Thus, although they offered a definition, they appeared not to very sure whether what they knew was right, or if they needed to learn more. So, the project began with a certain amount of baggage on the part of the students, with explicit prejudice in a few cases, but with a desire to learn more. Most were positively predisposed, and also highly motivated to begin the project.

In the second project, we can see the possible consequences of the doubts the students had regarding people with mental health issues. Having doubts, given such ignorance concerning people with learning difficulties, and the negative opinions expressed by some, can create uneasiness when it comes to sharing impressions in conversations together. It can even generate *fear* in this case. And this was in fact the case with 36% of the students, which, when added to the 4% who expressed fear at the beginning, brings the percentage to 40%. Despite their uneasiness and fear, all the students except for one, felt comfortable with the project at the end.

Even in the first activity of the project, the students showed that in most cases their opinions had changed, though it has not been easy to summarise all these changes, as there were so many of them. Each student's experience of the project was very different, as each one brought their own particular profile to it. The attitude change was very positive, with 50% saying that the residents were normal people, though it would be worth asking what they meant by normal and not normal. But considering that it was the first activity of the project, it could be seen as a significant achievement. Nevertheless, 4% of the students did not change for the better, as they stated clearly that they needed help. As is mentioned in the analysis of the results, maybe this was due to comments from the residents themselves.

What is more, this change of attitude, especially with regard to their learning, is highlighted in the fourth question as, while in the first question 35% of the students said that their opinion regarding learning difficulties had not changed, quite a few said that certain things had surprised them, and the percentage of students who were not surprised at all fell to 18%. This question also reflected the fact that the students' initial prejudices disappeared as a result of the experience, and because of spending time with the residents. The most frequent prejudices were that they could not lead a normal life or hold a fluent conversation. Despite this, even though their opinions can be seen to have changed with regard to people with learning difficulties, when it comes to applying these lessons in everyday life, a great deal of work still needs to be done, as most students still have poor preconceived ideas about mental health issues.

In the third questionnaire, the attitudes of the students can be seen to have changed significantly. This questionnaire is the one that was used after the second activity, which the students carried out together with the residents of the centre. It was clear that 96% of the students felt comfortable with the activity, with no one saying that at the beginning they felt uneasy or frightened. Therefore, an atmosphere of confidence was created once again. Besides, by and large the students considered being with the residents a significant experience for them (92%), and most of them threw themselves into the activity - 81%. This is also reflected by the fact that only 2% of the students said they had learnt nothing from the activity. Even so, four students admitted that they would have engaged more. They would have participated more fully had certain improvements been made, as 68% of the answers relating to possible improvements made specific suggestions for changes.

In the fourth questionnaire, just as in the third, all the students except for one were comfortable with the activity, and expressed very positive opinions about it. As regards changes in attitude towards people with mental health issues, 30% of the students still said that nothing had changed. Even so, this percentage is 5% lower than for the first ice-breaking

activity, after which 35% of the students said their attitude had not changed. For this reason, during the activities the students' awareness had been growing, with some variation from student to student, with some students saying that their opinion had changed radically or significantly, or that they no longer felt any fear in relating to such people.

In this final questionnaire, the changes of perspective, or in learning, are also very diverse, as was the case in the second questionnaire, when they were asked about how their opinion had changed. The percentage of those saying that they needed help was very similar to the reply to question four in the second questionnaire. In the case of the question in the final questionnaire, their perspective has simply not changed. While in the case of the second questionnaire it was thought that this was because of the particular residents that

they had interacted with, it can now be assumed, as they were interacting with different residents, that their opinion with regard to mental health issues remains the same. There was also a small percentage of students (3%) whose attitudes have not changed, because they feel that being with the residents of the centre is different; if they feel that it is different, this means that they do not consider the residents to be just the same as them. Even so, it could also be the case that they simply see the communicative act to be different from communication with their habitual classmates.

Finally, the percentage of students who feel that they would not make any improvements to the last activity increased by 9%, to 42% of the students, as compared to the equivalent question in the third questionnaire. Nevertheless, this means that more than half of the students stated that the organisation of the activities should be improved.

5.2 Individual Cases Discussion

13 individual cases of students were selected, with a view to observing the individual evolution of both knowledge and attitude evolution. 8 cases were examined in more detail.

As regards the evolution of their learning, there can be seen to be cases where the students' perspective has changed (positive) radically, such as student 18, who went from saying that people with learning difficulties do bad things to thinking that despite their mental health issues they are good people. In other words, this student changed from having negative prejudices, that they were bad people, and being afraid of them, before having any direct contact with the residents of the centre, even if that contact was for a short while. Or take the case of student 20, who in the second questionnaire had said that they were more "paranormal", and who later reflected on the fact that his perspective had changed and he himself had become a better person knowing more about mental health issues.

In other cases, although the learning of the students had evolved positively, the change had not been so positively radical, as in the case of student 15. Initially, this student thought that people with learning difficulties were not normal people. In the second questionnaire, he referred to things he had thought they were not able to do and which they were doing, but at the end he said that his opinion had not changed. This shows that this student still thinks that people with these issues are not people just like him, but what he says at the end is very important: "*Now, we don't make fun of them*". Thus he has acquired and also applied the value of respect.

Despite this, there are some students who have experienced very minimal change, in other

words they still have the same attitudes as at the beginning of the project, as is the case with student 21. He said very clearly that his opinion had not changed, even though what he said at the end was very different from what he had said at the start; at the end, he agreed they were normal people while in the first questionnaire he had said that people with mental illness behaved aggressively.

Thus, while there are students among those selected whose opinion, and therefore whose learning, has not changed at all, when we look at their answers in detail we see that there have been changes, but the students in question have not managed to carry out a profound self-analysis, as is also the case with student 28. This student states that her perspective has not changed. Nevertheless, in her answers in the fourth questionnaire she says that at the beginning of the encounter she was afraid, but that at the end she felt comfortable and saw that the residents were people who were "*just like us*".

As regards the way in which the students' attitudes had changed, all of them answered the questions which had been chosen to analyse changes in attitude, and these changes were shown to have been positive. By way of example, we could point to the particular cases of three students: student 32, 22 and 31. Student 32 stated that in the very first encounter with the residents, he discovered that people with learning difficulties could become just like the rest of us, thanks to medication. Hence, he stopped making a distinction between "us" and "those with learning difficulties", but considered them people just like the rest of us. In the case of student 22, his initial attitude was *exaggerated*, as he himself admitted, but his perspective changed, even though there is still room for improvement in the future. That said it was also clear that he had changed in his answer to question 3, after having worked with the residents of the centre, and he remarked that they had given him good moments of sharing together.

Finally, student 31 underwent a significant change in the first encounter as regards their perception of people with learning difficulties, in that now he thinks they are not aggressive and can interact normally with others and lead a normal life, which was not the opinion he expressed before the first meeting. Even so, this student admitted that in the second activity they had not been very engaged, but they did not explain how they could have been more involved, or what the reason for this might have been.

Table 1. Students individual evolution in the learning process.

Student#	Questionnaire 1 Question 1	Questionnaire 2 Question 4	Questionnaire 2 Question 2	Questionnaire 3 Question 3	Questionnaire 4 Question 2
32	"Illnesses which require psychological treatment"	"That they had so much freedom"	"Well, as the resident we were talking to said, the medication is good for them and	"Enthusiastically and cheerfully. I should have been more helpful. They really helped	"I have really changed. I have learnt that with medication they are just the same as

			means that they can be well, just like us”.	me.	anyone else”.
22	“Schizophrenia is an illness which makes you hear things and see things that aren’t there, things that are all in your head”.	“I thought that it would be difficult to have a conversation with them, but there was no problem”. In question 1 this student answered: “At the start I was nervous and when they put us into groups we all felt a bit uncomfortable but little by little we opened up and it was a very enjoyable hour”.	I think that my opinion used to be exaggerated as far as people like these are concerned. Now I have a different opinion.”	“Well, no, if I helped them they also helped me”. Answer to question 2: “I have learnt to get on with everyone, they gave me a sense of solidarity and very enjoyable moments.”	This student did not change much. To question 3 he answered: “To some extent. That they are good people”
31	“Sociologically they have problems; wanting to be happy and being afraid of not being able to be.”	“No, they spend a lot of time with their families and can’t go outside on their own.”	“That they are not aggressive and can interact with other people, and that they can get on with their lives just like anyone else.”	“Not much”	“Nothing at all”. Though in question 3 his answer was: “How hard life is and yet by making an effort you can cope with anything”.

Table 2. Students evolution towards attitude change.

Student #	Questionnaire 1 Question 1	Questionnaire 2 Question 4	Questionnaire 2 Question 2	Questionnaire 3 Question 3	Questionnaire 4 Question 2
20	“They are illnesses which affect the brain of the people who suffer from them and which make it hard for them to do certain things, especially with other people”.	“I already knew people with mental illness so I wasn’t surprised by anything”. Answer to question 1: “Very comfortable” and “they aren’t so paranormal”.	“They aren’t so paranormal”.	“Better today than there, as the space ... there were more things you could do. I helped them”.	“I have really changed a lot. I’m a better person now”.
15	“I think that psychosis and schizophrenia are mental illnesses which prevent people from being normal because of the movements and thoughts that they cause.”	“They could answer well, and their movements were good.”	“That they are not in such a bad way as I had thought”.	“Helping them and listening to them, empathising ...”	“My opinion hasn’t changed about all mental illnesses, yes in the sense that I don’t make fun of them.”
31	“Illnesses which alter the senses of the people who have them”	No answer was given	“He was very direct and tried to be open and give space, to listen to others.”	No answer given	“I’ve always thought the same, they are people with illnesses but they are just like the rest of us”.

5. Conclusions

This study has arisen out of a Learning Service experiment carried out in a school which, though it has been using this methodology for a number of years, had never before conducted this particular project with Secondary Education students. Therefore, the students had no reference, before participating in the project, of other fellow students from previous years. Besides, in school they had never focused any attention, before the project, on the nature of mental health issues, nor had they ever before interacted with people with these conditions. And as regards their own personal prior experience, most of the students (83%) knew no one with learning difficulties.

On that basis, a project was conducted over three sessions - apart from the preparation sessions between the students and the residents of the centre - in which the students and people with learning difficulties living in a mental health centre were able to share experiences and learn together. The changes in attitude and the acquisition of learning during the course of these sessions was evaluated continuously so as to fulfil the overall aim of the project: namely, *to show how working through the LSP methodology enables learning and changes in attitude towards the community to take place on the part of the students involved*. The identification and analysis of the evolution in students' perspectives was carried out by means of questionnaires, which the students answered during the course of the process, with the researcher constantly incorporating field-notes about the activities. As regards the changes occurring in learning acquisition, the key ideas resulting from the project are as follows:

- ✓ In the initial evaluation it was observed that most of the students were able to offer a definition of a mental illness, albeit with certain negative stigmas. At the same time, they expressed a lot of doubts concerning this particular type of illness.
- ✓ It was observed and noted that the prejudices of the students towards people with learning difficulties disappeared through the experience of spending time together and 66% of them stated that their point of view had changed and they had learnt a great deal through the activities. In particular, 43% of them stated that they now considered these people to be normal and / or just like them.
- ✓ The students found that the activities they had done together meant a lot to them - this was the opinion of 92% of the students about the activity involving making roses.
- ✓ In the more in-depth analysis of the answers given by 13 students in particular, it was observed that the evolution in the students' learning was positive. That said, not all the students said that their opinion had changed, but their specific answers nevertheless showed a positive evolution. In certain cases, the change was radical, from thinking that people with learning difficulties do bad things to thinking that they are good and nice people.

In view of the changes in attitude, the conclusions we can draw are as follows:

- ✓ Many students felt insecure during the first encounter and some of them even expressed fear, meaning that in real life they would also have this attitude, even though, as one student pointed out, they felt safe because they were at school. This fact bears out the findings of the study by Portero et al. (2002), referred to in the theoretical framework. However, even in the first activity, this attitude changes, as at the end of it everyone said that they had felt comfortable. Thus, the attitude changed from insecurity to confidence. In the subsequent

activities, virtually 100% of the students felt comfortable, with no one saying that they had felt any fear.

✓ The evolution of the students' attitudes, in all the cases (13) which were analysed in detail, was positive, with people with mental health issues tending to be regarded as equal or normal.

This project has therefore shown that the LSP methodology enables students to understand the reality that they are immersed in, and to be co-protagonists in this complex reality (Martinez, 2014), with their knowledge schemata and attitudes toward people with mental health issues changing in the direction of being more pro-social and characteristic of good citizenship, and at the same time tending towards an increase in self-esteem. Therefore, when these students relate to people with the same type of learning difficulties they know that they are just like them: sensitive people.

Improvements and suggestions for further research

In the course of the research, when the questionnaires were distributed, the number of students participating was not always the same, as it was not always possible to devote a specific time-slot without having to complete some other school task. In educational centres, there are always numerous aspects to deal with at the same time, even though individual time spent in silence for quiet, personal, reflection, helps students to evaluate what they have learnt for themselves, to reflect on the meaning of what they are doing and on how they could improve it. Furthermore, in this case-study the evolution of the students' attitudes was explored, but not that of the residents of the centre, even though it was obvious from talking to them that they were also very happy with the project. It might be interesting, as the study conducted by Folgueiras et al. (2010) points out, to spend more time studying the impact of the LSP on the other centres involved.

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Appendix

Appendix 1. Questions posed to the students in the questionnaires

The following are the questions contained in each of the four questionnaires, in terms of whether they were aimed at determining prior learning or learning acquired throughout the process (LEA), or the students' attitudes (ATT). The questions in bold type are the ones that were selected for more in-depth study in the section relating to the interpretation of the results. These ones were selected because it was considered that these are the questions that enable the evolution of the students to be determined.

First questionnaire	Second questionnaire	Third questionnaire	Fourth questionnaire
<p>1- How would you define mental illnesses such as psychosis or schizophrenia? (LEA)</p> <p>2. Do you know anyone with one of these illnesses? What is your relationship with them? (ATT)</p> <p>3. What doubts do you have concerning these illnesses? (LEA)</p>	<p>1. How did you feel on the first day of the project? (ATT)</p> <p>2. How do you think your attitude has changed concerning a person with a mental health issue? (ATT)</p> <p>3. How would you recognise a person with a mental illness at first sight? Why? (LEA)</p> <p>4. What did you think a person with a mental illness was not able to do? Were you surprised? (LEA)</p>	<p>1. How did you feel during the workshop? (ATT) In what way(s) have you found doing this workshop with residents of the centre different from doing it among yourselves? (LEA). Explain why.</p> <p>2. What have you learnt through this activity, apart from being able to make roses? (LEA) How have you benefited from meeting the residents of the centre? (ATT) Explain why.</p> <p>3. How involved were you in the activities with the residents of the centre? How do you feel you could have been more involved? Did they help you in any way? (ATT)</p> <p>4. If you were going to repeat this kind of activity, what improvements would you make? (LEA)</p>	<p>1. What is your overall opinion of the theatre activities and the fraternal meal? Explain why. (ATT)</p> <p>2. How has your opinion of people with learning difficulties changed? If it has changed, what is the reason for the change? (LEA)</p> <p>3. How many residents were you able to talk to? What did you learn from the conversation? (LEA)</p> <p>4. What improvements could be made? Have you got any suggestions? (LEA)</p>

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