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Task one; selection of research topic (300 words)

Identification of the issue: mental health stigma remains a critical challenge within the UK health and social care sector. It refers to the negative attitudes, prejudice, and discrimination directed toward individuals with mental health conditions despite increased public awareness campaigns. Stigma persists often leading to social isolation and reluctance to seek professional help. In the UK, this issue is particularly prevalent among marginalized communities and younger populations where the fear of being labeled can prevent early intervention and exacerbate long-term health outcomes.

Who is affected and why it matters

This issue affects service users in their families and healthcare professionals. For service users, stigma creates a second illness of shame that can be more debilitating than the symptoms themselves for care organizations. It matters because it creates barriers to effective treatment and increases the long-term cost of care. If patients do not feel safe disclosing their struggles due to stigma, staff cannot provide person-centered care.

Furthermore, practitioners may fear the stigma of their own mental health struggles leading to burnout and decreased patient safety.

Addressing this is essential for creating an inclusive environment where recovery is supported rather than judged.

Reflected

I chose this topic because I am deeply interested in how social attitudes impact clinical outcomes. In my studies and personal experience, I have seen how much faster individuals recover when they feel supported by their community. This research links directly to my future career plans as a care professional where I aim to advocate for those who feel silenced by societal judgment. By learning how to identify and dismantle stigma, I can

develop my professional practice to be more inclusive and ensure that every service user I encounter feel respected and empowered in their journey toward mental wellbeing.

Task 2 evaluates information sources (500words)

(Mental health stigma)

1 NHS England (2024) NHS staff survey 2023 national results

Summary this is the largest workforce survey in the UK collecting data from over 600000 NHS employees it includes sections on health and wellbeing measuring whether staff feel their organization takes positive action on mental health and if they feel comfortable disclosing issues to manager.

Usefulness and support for topic;

This source is highly credible as it provides the official statistical baseline for the entire NHS. It supports the topic by revealing a significant disclosure gap while many trust have implemented wellbeing hubs the data shows that a large percentage of staff still do not feel comfortable discussing mental health with their line manager this quantitative evidence proves that stigma is a structural issue not just an individual one providing the necessary scale to justify further research into workplace culture.

Gaps in current research:

The primary gap is that this survey is a tick box exercise it identifies that staff feel uncomfortable, but it cannot explain the specific reason such as fear of being reported to the nursing and midwifery council NMC or the macho culture of certain departments that drive this stigma.

2. Beaumont, E., & Martin, C. J. (2023). 'I'm a nurse, not a patient': The impact of self-stigma on help-seeking. Journal of Advanced Nursing.

Summary: this academic peer reviewing study explores self-stigma among UK nursing staff.

It investigates the internal dialogue of nurses who view themselves as care providers and see becoming a care receiver as a sign of professional failure or weakness.

Usefulness and support for topic:

This source is vital for understanding psychological barriers it supports the topic by defining the hero narrative the idea that nurses must be invulnerable. It explains how this internalized stigma leads to presenteeism (working while unwell) which ultimately compromises patient safety this academic evidence allows the report to move beyond surface level issues to look at the deep-seated professional identity of nurses.

Gap in current research:

While this study focuses on internal stigma, there is a gap in research regarding how intersectional factors such as ethnic background or age influence the intensity of this self-stigma within the NHS workforce.

3 mental health foundation (2022) stigma and discrimination in the workplace; A UK healthcare perspective.

Summary

This report focuses on social stigma and discrimination. It highlights how healthcare workers often fear that a mental health diagnosis will prevent promotion or lead to being micromanaged by supervisors.

Usefulness and support topic: this source provides a practical real world perspective on the consequences of stigma. It supports the topic by showing that the fear of professional repercussions is a rational response to existing workplace cultures it highlights that stigma is often perpetuated by management styles that prioritized efficiency over humanity providing a clear link between organizational policy and individuals mental health outcome.

Gaps in current research: this report identifies that stigma exists but there is a lack of recent longitudinal research tracking whether anti stigma campaigns have resulted in long term behavioral changes on hospital wards or if they are merely superficial branding exercises.

Task 3 of 4 – Research Methodologies (about 250 words)

Definitions and Explanations

Quantitative Research: This methodology focuses on the collection and analysis of numerical data to identify patterns of averages and correlation. It is used to test theories by generating facts and statistical evidence.

Example: using a notional survey to identify high stigma regions in the UK (quantitative) and then conducting focus groups local culture drivers of that stigma (qualitative)

Chosen methodology and justification for my research on mental health stigma, I would choose a mixed method approach.

Justification: mental health stigma is a complex social issue that cannot be fully captured by numbers alone.

Quantitative data is necessary to provide a broad overview of how widespread stigma is across the UK population, providing the statistical evidence needed to influence policy.

However, stigma is also deeply rooted in personal experience and social interaction. By including qualitative methods I can capture the nuance of the lived experience; providing a voice to those affected this dual approach ensures the research is both statistically significant and humanly relevant offering a complete picture of the barriers to care.

Task 4 of 4 – Data Collection (about 250 words)

Difference between Primary and Secondary Data

Primary data: This refers to firsthand information collected directly by the researcher for their specific study. It is tailored to the research question and is collected through methods like surveys, interviews, or observation.

Secondary data: this is secondhand information that already exists it was collected by someone else (such as government agencies charities of previous researchers) for a different purpose but is re analyzed by current researchers. Examples include NHS statistical reports or peer reviewed journal articles.

Form of Data and Justification For my research on mental health stigma, I would use **Primary Data.**

Justification: stigma is a social attitude that changes rapidly based on current events and media trends.

By collecting primary data, I can ensure the finding reflects the current views of the specific UK population I am studying. Relying solely on secondary data might mean using information that is several years old and does not capture the impact of recent anti-stigma campaigns or modern social media influence.

Type of Data and Justification I would use a combination of **Discrete (Quantitative) and Textual (Qualitative) data.**

Justification: I will use discrete data such as social distance scale scores to numerically measure how comfortable participants feel interacting with individuals who have mental health conditions. This allows for clear statistical comparison. Alongside this, I will collect textual data from open-ended questions to allow participants to explain the reasons behind their attitudes. This is vital for understanding whether stigma is driven by fear of lack of knowledge or cultural myths, which is necessary for developing effective interventions in the care sector.