Q13: Are strategies aimed at improving community attitudes towards mental, neurological and substance use conditions (e.g. anti-stigma campaigns) feasible and effective?

Background

People with mental, neurological and substance use conditions suffer from discriminatory attitudes which largely contribute to their social and economic exclusion and severely prevent them from living a normal life. Psychiatric stigma and negative stereotypes underlying such discriminatory attitudes have been challenged by interventions, either targeting the general population or specific groups (e.g. students and teachers, health professionals, journalists, police officers). These interventions are rarely evaluated but, if proved effective, they could facilitate respect for the human rights, rehabilitation, and social inclusion of people with these severe mental disorders.

A clear recommendation on interventions which aim at improving community attitudes towards people with mental, neurological and substance use conditions is necessary for service planning.

Population/Intervention(s)/Comparator/Outcome(s) (PICO)

Population: people with mental, neurological and substance use conditions

Interventions: interventions which aim at improving community attitudes towards people with mental, neurological and substance use conditions

Comparisons: care as usual

Outcomes: general public attitudes towards people with these conditions

health workers attitudes towards people with these conditions

List of the systematic reviews identified by the search process

There is no systematic review or meta-analysis on this intervention and for the specific outcomes selected.

PICO Table

Serial no.	Intervention/Comparison	Outcomes	Systematic reviews	Explanation
	Improving community attitudes towards psychotic disorders (including schizophrenia) and bipolar disorders/No intervention	General public attitudes towards people with psychotic disorders (including schizophrenia) and bipolar disorders Health workers attitudes towards people with psychotic disorders (including schizophrenia) and bipolar disorders	None	

Relevant information from the review of literature

WHO (1996). Psychosocial rehabilitation – a consensus statement. Geneva: World Health Organization.
Guidelines
"Improvement of public opinion and attitudes related to mental disorders. The stigma attached to mental disorders touches not only people with mental disorders, but also their carers, both family members and health workers. Stigma and discrimination are based on negative attitudes and beliefs (usually erroneous ones) about mental disorders; such attitudes and beliefs are sometimes found even among mental health workers. While the modification of attitudes related to mental disorders may take a long time, interventions through legislation can produce much faster results" (p.9).

WHO (2003). Advocacy for mental health. (Mental Health Policy and Service Guidance Package). Geneva, World Health Organization, 2003.
Guidelines
"8 measures to combat stigma
1. Community education on mental disorders (prevalence, causes, symptoms, treatment, myths and prejudices)
2. Anti-stigma training for teachers and health workers
3. Psychoeducation for consumers and families on how to live with persons who have mental disorders
4. Empowerment of consumer and family organizations (as described in this module)
5. Improvement of mental health services (quality, access, deinstitutionalization, community care)

6. Legislation on the rights of persons with mental disorders
7. Education of persons working in the mass media, aimed at changing stereotypes and misconceptions about mental disorders
8. Development of demonstration areas with community care and social integration for persons with mental disorders" (p.11)
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WHO (2005). WHO Resource Book on mental health, human rights and legislation. Geneva, World Health Organization.
Guidelines
"Mobilizing public opinion is crucially important for encouraging legislators to debate and pass proposed mental health legislation. Obtaining the support of public opinion should be initiated as early as possible – ideally during the consultation process in the previous step. Consultation provides an opportunity to raise public awareness about the topics included in the proposed legislation, and should therefore be continued during this stage. Media strategies can be useful for this purpose, and the professionals in charge of mental health at the ministry of health can provide journalists with material for news, reports and interviews. Workshops and seminars for key groups and organizations should be organized, where main components of the new legislation can be explained and discussed.
Mental health advocacy groups can play an active role in these activities. The development of a new law is a valuable opportunity to empower organizations in their fight against marginalization and stigmatization of people with mental disorders. Thus a mental health law, which aims to provide people with mental disorders with a normal life within the community, could well become a vehicle to educate, influence social attitudes and facilitate social change" (page 105).

"Disseminating information about mental health, including information about the rights provided in new legislation, can help to change public attitudes towards people with mental disorders. Public awareness programmes need to highlight special provisions in legislation and provide explanations for their inclusion, such as why sections regarding access to mental health care and for protecting the human rights of persons with mental disorders have been included. The media can play a useful role in this process. They can highlight the importance of respecting human rights of persons with mental disorders and assist in educating the public about advances in the treatment of mental disorders, especially the effectiveness of community-based rehabilitation programmes" (p. 108).

Changing public attitudes and reducing stigma and discrimination is an important component in ensuring the success of a mental health legislation that can protect and promote the human rights of people with mental disorders.

WPA guidelines (referenced in the Resource Book):
"**Psychiatrists Addressing the Media:** The media has a key role in shaping the perceptions and attitudes of the community. In all contacts with the media psychiatrists shall ensure that people with mental illness are presented in a manner which preserves their dignity and pride, and which reduces stigma and discrimination against them. An important role of psychiatrists is to advocate for those people who suffer from mental disorders. As the public perception of psychiatrists and psychiatry reflects on patients, psychiatrists shall ensure that in their contacts with the media they represent the profession of psychiatry with dignity. Psychiatrists shall not make announcements to the
media about presumed psychopathology on any individuals. In presenting research findings to the media, psychiatrists shall ensure the scientific integrity of the information given and be mindful of the potential impact of their statements on the public perception of mental illness and on the welfare of people with mental disorders" (p. 168).

McDaid D (2008). Countering the stigmatisation and discrimination of people with mental health problems in Europe. Luxembourg: European Commission.
Report
Poor mental health has substantial personal and economic impacts across the European Union. Stigma and discrimination exacerbate these impacts. Consistently, the evidence points towards strongly negative attitudes towards people with mental health problems: in particular there is an inaccurate view that they represent a danger to the community, a view strongly reinforced in the media. Negative attitudes are not only found among the general public and media, but even among mental health professionals. These and other elements of stigma increase social distance and lead to social exclusion: they, for instance, reduce the likelihood of an individual becoming employed or accessing health care services.
It is important that strategies to counter stigma are evidence-based. To date evidence on both their effectiveness and cost effectiveness is highly limited. Anti-stigma campaigns are difficult to evaluate but the limited evidence available suggests that campaigns targeted at specific population groups such as the police or school children may be more effective than those for the general population. Other measures to consider include investment in schemes to help individuals reintegrate into employment, schemes to increase the empowerment of people with mental health needs to choose the services that best meet their needs, and better enforcement and exchange of information on the use of legal instruments to tackle discrimination.

Rose D et al (2007), 250 labels used to stigmatise people with mental illness. BMC Health Services Research, 7:97.
Observational study
The objective of this study was to investigate the extent of stigma in relation to treatment avoidance in 14 year-old school students in England in relation to how they refer to people with mental illness. This is a qualitative, cross-sectional study. The data were gathered as part of the baseline assessment for an intervention study intended to reduce stigma among 14 year old school students. 472 participating students. Findings suggest the hypothesis that help-seeking by mentally ill young people may be improved by interventions that address both their lack of factual information about mental illness, and those which reduce their strong negative emotional reactions towards people with mental illness.

Corrigan P, Gelb B (2006). Three programs that use mass approaches to challenge the stigma of mental illness. Psychiatric Services, 57:393-8.
Non-systematic review
Stigma impedes the life opportunities of people with mental illness.
Research suggests that stigma may be reduced by three approaches: protest, education, and contact. Three programs that adapt these approaches for mass audiences are described: StigmaBusters, which is a form of protest; Elimination of Barriers Initiative, which involves education or social marketing; and In Our Own Voice, which relies on direct contact between people with mental illness and the public. The authors review preliminary research that offers initial support for the feasibility and impact of these programs, with a particular focus on how the components of social marketing (problem identification, description of target audiences, development of the change technology, and process and outcome evaluation) can be adapted to antistigma campaigns.

Corrigan PW et al (2001). Three strategies for changing attributions about severe mental illness. Schizophrenia Bulletin, 27:187-95.
RCT
The effects of three strategies for changing stigmatizing attitudes-education (which replaces myths about mental illness with accurate conceptions), contact (which challenges public attitudes about mental illness through direct interactions with persons who have these disorders), and protest (which seeks to

suppress stigmatizing attitudes about mental illness)-were examined on attributions about schizophrenia and other severe mental illnesses. One hundred and fifty-two students at a community college were randomly assigned to one of the three strategies or a control condition. They completed a questionnaire about attributions toward six groups-depression, psychosis, cocaine addiction, mental retardation, cancer, and AIDS-prior to and after completing the assigned condition. As expected, results showed that education had no effect on attributions about physical disabilities but led to improved attributions in all four psychiatric groups. Contact produced positive changes that exceeded education effects in attributions about targeted psychiatric disabilities: depression and psychosis. Protest yielded no significant changes in attributions about any group. This study also examined the effects of these strategies on processing information about mental illness.

Schulze B et al (2003). Crazy? So what! Effects of a school project on students' attitudes towards people with schizophrenia. Acta Psychiatrica Scandinavaca, 107:142-50.
Observational study
Objective: Aiming at promoting young people's mental health and reducing stigma towards people with schizophrenia, project weeks were carried out with secondary school students aged 14–18 years (n ¼ 90). Key to the project week is meeting a (young) person with schizophrenia.
Method: Students' attitudes and behavioural intentions towards people with schizophrenia were assessed before and after the project. Parallelly, a control group of students were questioned (n ¼ 60). Assessment was repeated after 1 month. Results: Despite expected ceiling effects, the project led to a significant reduction of negative stereotypes. For social distance, a positive trend could be observed. These developments were not present with the controls. Attitude changes were still evident at the 1-month follow-up.
Conclusion: Results support the hypothesis that young people's attitudes about schizophrenia are susceptible to change. Antistigma projects at school level could thus be a promising approach to improving public attitudes and to preventing stereotypes from becoming reinforced.

Altindag A et al (2006). Effects of an antistigma program on medical students' attitudes towards people with schizophrenia. Psychiatry and Clinical Neurosciences, 60:283-8.
Observational study
People with schizophrenia are amongst the most stigmatized of those with mental illnesses. The purpose of this study was to examine whether an antistigma program which consists of education, contact, and viewing a film that depicts an individual with schizophrenia, can change attitudes towards people with schizophrenia. The antistigma program was carried out with first-year medical students (n =25). Students' attitudes towards people with schizophrenia were assessed before and after the program. In parallel, a control group of first-year medical students were questioned (*n*=35). Assessment was repeated after 1 month. Favorable attitudinal changes were observed in terms of 'belief about the etiology of schizophrenia', 'social distance to people with schizophrenia', and 'care and management of people with schizophrenia'. In contrast, no significant change was observed in the control group. Attitude changes tended to decrease at the 1-month follow up. These results suggest that attitudes towards schizophrenia could be changed favorably with this program.
To sustain changed attitudes towards people with schizophrenia, antistigma programs should be offered on a regular basis.

Chiu MYL, Chan KKL (2007). Community Attitudes Towards Discriminatory Practice Against People with Severe Mental Illness in Hong Kong. International Journal of Social Psychiatry, 53:159-74.
Observational study

[Strategies aimed at improving community attitudes](#)

This article undertakes to examine the community's level of tolerance towards discriminatory practice against people with SMI in three domains: family relations, employment and health care. Structured interviews with a representative sample of 507 citizens were carried out using the computer-assisted telephone interview system (CATI).

This survey reveals some expected common misunderstandings about mental illness, with the older age group showing the greatest toleration towards discrimination. However, respondents showed a strong objection to discriminatory behaviour which people with SMI commonly face in health care and employment, whereas greater toleration towards discrimination was found in the family domain.

The coexistence of misunderstandings about mental illness and public rejection of discriminatory practice against people with SMI suggests that community attitudes are multi-dimensional and more amendable than expected. The findings of this study call for target-specific educational strategies for community education, as well as accompanying policy initiatives to end discriminatory practice, if people with SMI are to be truly taken as our fellow citizens.

Gaebel W, Baumann AE (2003). Interventions to Reduce the Stigma Associated With Severe Mental Illness: Experiences From the Open the Doors Program in Germany. Canadian Journal of Psychiatry, 48:657-62. url: https://ww1.cpa-apc.org/Publications/Archives/CJP/2003/november/gaebel.asp
Non-systematic review

Stigma associated with mental illness and psychiatric treatment and the discrimination toward people with mental illnesses that frequently results from this are main obstacles preventing early and successful treatment. To reduce such stigma and discrimination, especially toward people with schizophrenia, the World Psychiatric Association antistigma program Open the Doors is currently being implemented in 27 countries. Since August 1999, the campaign has been executed in 7 project centres in Germany, targeting different groups: students and teachers, police, health professionals, journalists, and the general public. Public information programs and educative measures aimed at selected target groups should improve the public's knowledge regarding symptomatology, causes, and treatment options for schizophrenia and schizophreniform disorders. Improved knowledge should in turn abolish prejudice and negative perceptions and facilitate the social reintegration of those suffering from mental illness.

Pinfold V et al (2003a). Reducing psychiatric stigma and discrimination: Evaluation of educational interventions in UK secondary schools. British Journal of Psychiatry, 182:342-6.
Observational study

This study aimed to assess the effectiveness of an Intervention with young people aimed at increasing mental health literacy and challenging negative stereotypes associated with severe mental illness. A total of 472 secondary school students attended two mental health awareness workshops and completed pre- and post-questionnaires detailing knowledge, attitudes and behavioural intentions. Changes were most marked for female students and those reporting personal contact with people with mental illness.

The study concludes that short educational workshops can produce positive changes in participants' reported attitudes towards people with mental health problems.

Pinfold V et al (2003b). Reducing psychiatric stigma and discrimination: Evaluating an educational intervention with the police force in England. Social Psychiatry and Psychiatric Epidemiology, 38:337-344.
Observational study

This paper evaluates the effectiveness of a mental health training intervention with the police force in England. A total of 109 police officers attended training workshops and completed pre- and post-questionnaires detailing knowledge, attitudes and behavioural interventions. Mean attitude scores fell from 2.4 at baseline to 2.3 at follow-up (p < 0.0001) using a 5-point Likert scale. Five key message statements were assessed - 70 % of cases successfully reported more messages at follow-up as compared to baseline; however, the stereotype linking people with mental health problems with violent behaviour overall was not successfully challenged. Positive impacts on police work, particularly improvements in communication between officers and subjects, were reported by a third of cases. The study concludes that short educational interventions can produce changes in participants' reported attitudes towards people with mental health problems, and can leave police officers feeling more informed and more confident to support people in mental distress.

Thornicroft G et al (2008). Reducing stigma and discrimination: candidate interventions. International Journal of Mental Health Systems, 2:3.
Non-systematic review
This paper identifies, from a literature review, a series of candidate interventions which may be effective in reducing stigmatisation and discrimination at the following levels: individuals with mental illness and their family members; the workplace; and local, national and international. The strongest evidence for effective interventions at present is for (i) direct social contact with people with mental illness at the individual level, and (ii) social marketing at the population level.

Pinfold V (2004). Reducing stigma and discrimination: What works? Showcasing examples of best practice of anti-discrimination projects in mental health.
url: www.rethink.org/research
Non-systematic review
Targeted educational programmes to reduce discrimination do have an impact on an audience's 'attitudes' towards people with mental health problems and participants' ability to work with individuals in distress (see Pinfold et al 2003). These are particularly successful where mental health service users are an integral part of the training team.
The Institute of Psychiatry and Rethink partnership stress that a culture change within the research community is needed to ensure that service users were more involved in promoting the user perspective in research.

Jacoby A, Snape D, Baker G A (2005). Epilepsy and social identity: the stigma of a chronic neurological disorder. Lancet Neurology, 4:171-78.
Review
(page 176)"Efforts to reduce stigma need to focus both on those contributing to and those perceiving stigma in epilepsy. This must include educating people with epilepsy and their families to address the relation between knowledge, stigma, and adjustment as well as targeting the general public and the various organisations with which people with epilepsy connect. The role of the media in perpetrating misconceptions about epilepsy among the different perceiver groups must be addressed, perhaps with the help of health professionals. Parallel operation of public education and comprehensive treatment programmes in an African community successfully changed attitudes to epilepsy: traditional beliefs about epilepsy were weakened, fears about epilepsy were diminished, and community acceptance of people with epilepsy increased. Similarly, in the Netherlands positive outcomes were reported for both knowledge and attitudes from three different educational methods: written material, visual presentation, and participation in group discussion. Disappointingly, the attitudinal changes were not sustained long-term, highlighting that stigma reduction is a highly complex process".

Strategies aimed at improving community attitudes

Reference List

Altindag A et al (2006). Effects of an antistigma program on medical students' attitudes towards people with schizophrenia. *Psychiatry and Clinical Neurosciences*, 60:283-8.

Chiu MYL, Chan KKL (2007). Community Attitudes Towards Discriminatory Practice Against People with Severe Mental Illness in Hong Kong. *International Journal of Social Psychiatry*, 53:159-74.

Corrigan P, Gelb B (2006). Three programs that use mass approaches to challenge the stigma of mental illness. *Psychiatric Services*, 57:393-8.

Corrigan PW et al (2001). Three strategies for changing attributions about severe mental illness. *Schizophrenia Bulletin*, 27:187-95.

Gaebel **W**, Baumann **AE** (2003)**.** Interventions to Reduce the Stigma Associated With Severe Mental Illness: Experiences From the Open the Doors Program in Germany. *Can**adian** J**ournal of** Psychiatry***,** 48:657-62. url: https://ww1.cpa-apc.org/Publications/Archives/CJP/2003/november/gaebel.asp

Jacoby A, Snape D, Baker G A (2005). Epilepsy and social identity: the stigma of a chronic neurological disorder. *Lancet Neurology*, 4:171-78.

McDaid D (2008). Countering the stigmatisation and discrimination of people with mental health problems in Europe. Luxembourg: European Commission.

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Pinfold V et al (2003a). Reducing psychiatric stigma and discrimination: Evaluation of educational interventions in UK secondary schools. *British Journal of Psychiatry,* 182:342-6.

Pinfold V et al (2003b). Reducing psychiatric stigma and discrimination: Evaluating an educational intervention with the police force in England. *Social Psychiatry and Psychiatric Epidemiology,* 38:337-344.

Rose D et al (2007), 250 labels used to stigmatise people with mental illness. *BMC Health Services Research*, 7:97.

Schulze B et al (2003). Crazy? So what! Effects of a school project on students' attitudes towards people with schizophrenia. *Acta Psychiatrica Scandinavaca,* 107:142-50.

Thornicroft G et al (2008). Reducing stigma and discrimination: candidate interventions. *International Journal of Mental Health Systems,* 2:3.

Strategies aimed at improving community attitudes

WHO (1996). Psychosocial rehabilitation – a consensus statement. Geneva: World Health Organization.

WHO (2003). Advocacy for mental health. (Mental Health Policy and Service Guidance Package). Geneva, World Health Organization, 2003.

WHO (2005). WHO Resource Book on mental health, human rights and legislation. Geneva, World Health Organization.

From evidence to recommendations

Factor	Explanation
Narrative summary of the evidence base	There is no systematic review or meta-analysis on this intervention and for the specific outcomes selected. Observational studies, non-systematic reviews and guidelines indicate that : - Anti-stigma campaigns, targeting a range of populations (school students, teachers, medical students, health professionals, police, journalists, and general public), have a positive impact on attitudes towards persons with mental, neurological and/or substance abuse conditions. The strongest evidence for positive impact of such interventions is for direct social contact (better than education) at the individual level and social marketing at the population level. - Improvement in public attitudes towards persons with severe mental, neurological and/or substance abuse conditions is likely to improve their health seeking behaviour.
Summary of the quality of evidence	The quality of the evidence available is low or very low.
Balance of benefits versus harms	Improvement in public attitudes towards people with severe mental, neurological and/or substance abuse conditions is likely to be beneficial to them, by improving their health seeking behaviour, their satisfaction with care and overall quality of life (as well as their families' satisfaction with care and quality of life). No significant harm has been reported.
Values and preferences including any variability and human rights issues	Communities and the society value anti-stigma and advocacy interventions, which also prevent human rights violations.

Costs and resource use and any other relevant feasibility issues	The positive effect of anti-stigma campaigns on attitudes changes tend to decrease in the months following the intervention.

Recommendation(s)

Activities aimed at improving community attitudes towards people with mental, neurological and substance use conditions (e.g. anti-stigma campaigns) may be considered for implementation. These activities should be planned and implemented with the involvement of the service users, carers and the wider community. These activities should include direct and positive social contact with people with mental, neurological and substance use conditions.
Strength of recommendation: STANDARD

Any additional remarks

Generating more evidence on the efficacy and the long term sustainability/effects of anti-stigma campaigns (or any other interventions aiming at changing public attitudes towards people with mental, neurological and substance abuse conditions;
Research should also be developed on the mid and long term impact of human-rights oriented mental health legislation and policies on professionals and general public attitudes towards people with mental, neurological and substance abuse disorders, as well as on service utilization/use (by people with mental, neurological and substance abuse disorders), users' and families' satisfaction with care and quality of life.

Update of the literature search – June 2012

In June 2012 the literature search for this scoping question was updated. The following systematic review was found to be relevant without changing the recommendation:

Ando S, Clement S, Barley EA, Thornicroft G. The simulation of hallucinations to reduce the stigma of schizophrenia: A systematic review. Schizophrenia Research 133 (2011) 8–16