Evidence Profile

Authors & year	Design	Intervention (I), Comparison (C), & Group (G)	Intervention Delivery methods, frequency, duration	Country	Population delivered to	Primary Outcome domain (Measure(s))	Characteristics of sample	Participants	
								I/G	C
STIGMA TYPE: Public stigma (Intervention Directed at Reducing Public Stigma)									
Education Based Interventions									
Abraham, Easow, Ravichandren, Mushtaq, Butterworth, & Luty, 2010	Pre-post	I: Educational campaign C: N/A	"Time to Change" campaign delivered via mail to households (postcard, leaflet and bookmark) Frequency: 1 Duration: NR	UK	Society (general public)	-Change in attitude -Change in knowledge (AMIQ)	n=196 78% completion rate) Mean age: 50 SD: NR 32% Male	n= 196	N/A
Summary Author Reported Main Findings: Single exposure to No stat. sig. difference from AMIQ scores from 3 years previously. Campaign logo was recognised by 23% of participants. 17% stated that they had ever heard of the Time to Change campaign. 20% correctly reported key message when presented with five alternative responses. 24% correctly identified 'discrimination against mental illness' as aim of cause. 57% endorsed 'Don't know/None of the above,' and 20% endorsed 'The Liberal Party'. 42% had contact with a mentally ill person but familiarity with mental illness had no significant effect on the AMIQ stigma scores or familiarity with the campaign. The 45 participants who recognised the campaign logo had a significantly increased chance of correctly identifying the objective of the campaign but they had a reduced chance of identifying the '1 in 4' catchphrase									
Dietrich, Mergl, Freudenberg, Althaus, & Hegerl, 2010	Prospective experimental, follow-up (10 & 22 months)	I: Educational campaign with 3 independent samples measured at different years G1; C1: 2000 G2; C2: 2001 G3; C3: 2002 C: N/A	Information regarding depression, how to get help for depression and ways to help those with depression, delivered via a range of mediums (pamphlets, leaflets, posters, online) Duration: 2 years Frequency: N/A	Germany	Society (general public)	-Change in attitude - Change in knowledge - Change in behaviour (non-validated measures) -Awareness of campaign	Mean age: NR SD: NR	G1: n=1,426 mean age: 48 SD: 18.7 G2: n= 1,507 mean age: 49 SD: 18.2 G3: n= 1,423 mean age: 49 SD: 18.8 Roughly half male	C1: n = 710mean age: 48 SD: 19.4 C2: n = 750mean age: 49 SD: 19.3 C3: n = 707mean age: 49 SD: 19.2
Summary Author Reported Main Findings: Successful in creating awareness of campaign (NAD) after implementation. Not successful at any time with those greater than or equal to 60 years of age. Successful at 1 year, lost at 2 years except in those who had experience with depression (loved one or friend with depression) or were aware of the campaign For persons who reported experience with depression and persons aware of the NAD: more awareness of depression and the NAD, more positive attitudes towards medication treatment and antidepressants developed and also 'lack of self-discipline' declined as causal explanation as did the notion 'pull yourself together' as treatment option. The campaign induced relevant changes mainly in persons aware of the NAD and persons who reported having experience with depression.									
Evans-Lacko, London, Little, Henderson, Thornicroft, 2010	Pre-post, assessment during and post-test	I: Educational campaign **G1:** Tested at T1 **G2:** Tested at T2 **G3:** Tested at T3 (Note: independent sample) C: N/A	A range of mediums (radio, newspaper, street art) Frequency: N/A Duration: 4 weeks	UK	Society (general public)	-Change in attitude -Change in knowledge -Change in behaviour (RIBS; MAKS; CAMI)	G1: n= 92 47% male G2: n= 198 52% male G3: n= 120 55% male Mean age: NR SD: NR	G1: n= 92 47% male G2: n= 198 52% male G3: n= 120 55% male Mean age: NR SD: NR	N/A
Summary Author Reported Main Findings: Low to moderate awareness; peak week 1 at 23%; week 2 dropped to 6% - same as pre-campaign level (5%). Knowledge : 2/6 shifts significant for knowledge; not evident on MAKS. Shifts: increased: friend with MI problems know how to advise to get professional help increased 24% (from 58% pre to 82% post); Medication effective treatment increased 10% (74% to 84%); maintained when									

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social contact controlled for. No effect on the MAKS, CAMI or RIBS measurements									
Henderson et al., 2012	Prospective experimental	I:Educational campaign G1: sampled in 2008 G2: sampled in 2009 (note: independent samples) C: N/A	Public campaign "Time to Change" aimed to reduce public stigma delivered via the Internet and print media Duration: NR Frequency: NR	UK	Society (individuals with anxiety, depression, bipolar disorder, schizophrenic disorders, personality disorders, eating disorders, SUDs, multiple diagnoses)	-Self stigma -Frequency of experienced discrimination (DISC) -Awareness of campaign	n= 1,584 Mean age: NR SD: NR	G1: n= 537 Mean age: 46 SD: 11 35% male G2: n= 1,047 Mean age: 46 SD: 11 37% male	N/A
Summary Author Reported Main Findings: Decrease frequency of experience of discrimination; decreased number of areas in life where discrimination experienced; median negative discrimination score decreased; being shunned by those aware of diagnosis decreased; decreased discrimination from friends and family; decrease not pursuing a close personal relationship; increase in friends made out of service. Not successful in decreasing the proportion of respondents reporting discrimination in life domains; no change in being treated unfairly by mental health staff; no change discrimination from GP; awareness of TTC campaign had no effect on discrimination score; no change in concealing mental health illness from others (independent samples assessed in 2008 and 2009)									
Kim & Stout (2010)	Pre-post, control	I: Educational campaign with high interactivity C: Educational campaign with low interactivity	Delivered online via website consisting of a life story of a sufferer of schizophrenia, I1: able to manipulate website and decide on topics to view Duration: NR Frequency: 1 I2: not able to choose topics and viewed website in random order Duration: NR Frequency: 1	NR	Targeted group (undergraduate students)	-Change in attitude -Change in knowledge -Social distance (non-validated measures)	n= 113 Mean age: 20 SD: NR 38% male	Mean age: 20 SD: NR	N/A
Summary Author Reported Main Findings: Interactivity led to significant desirable effects for all 3 attitude dimensions: perception of dangerousness, social distance, perception of severity. Not successful in moderating effect of interactivity on perception of danger or perception of severity.									
Kiropoulos, Griffiths, & Blashki, 2011	RCT (1 week)	I: Educational campaign C: Control	I: Delivered via website with 30 minutes explanation/interview time Duration: 1.5 hour Frequency: 1 C: Depression interview Duration: 1.5 hour Frequency: 1	Australia	Targeted group (non-English speaking background)	-Change in attitude -Change in knowledge -Change in beliefs (non-validated measures)	n= 202 Mean age: 65 SD: 8.6	n= 110 Mean age: 66 SD: 8.1 46% male	n= 92 Mean age: 65 SD: 9.0 54% male
Summary Author Reported Main Findings: Made stigma worse in regard to "perceived stigma", operationally defined as what the individual believes others in the community believe about mental illness, worse beliefs endorsed. Success maintained at follow up. Increased depression literacy; significantly larger decrease in mean personal stigma scores vs. those in control. Not successful with perceived stigma or level of depression									
Knifton et al.,	Pre-post	I: Educational	Delivered via community	NR	Targeted group	-Change in attitude	n= 246	**G1**: n= 103	N/A

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2010		campaign **G1**: Chinese **G2:** Indian **G3:** Pakistani	workshop Frequency: 1 Duration: 90 min		(ethnic minorities)	-Change in knowledge -Change in behaviour (non-validated measures)	96% completion rate Mean age: NR SD: NR 27% male	33% male **G2:** n= 75 32% male **G3:** n= 68 12% male No age reported	
Summary Author Reported Main Findings: Less stigma post-workshop overall (significant improvement on 6/11 questions). Intervention not successful on 4/11 questions, older age. Stigma worsened on1/11 questions . Younger age and Chinese viewed change more positively. Chinese community showed less positive change on protection. Females showed more positive change regarding marry . Chinese community and males showed less positive change on questions of contribution. Pakistani and Islamic community showed less positive change regarding recovery. Younger age responded less positively to questions surrounding disclosure									
Seo & Kim, 2010	Pre-post with follow-up (2 months)	I: Educational campaign + Video C: Control	Online video, 1 topic per session (e.g. topic: understanding of anxiety and mood disorders) Frequency: 8 Duration 15-20 mins	Korea	Targeted group (undergraduate students)	-Change in attitude -Change in knowledge -Social distance (SDS; CAMI; non-validated measures)	n= 143 90% completion rate Mean age: NR SD: NR 13% male	n= 69 Mean age: NR SD: NR 16% male	n= 74 Mean age: NR SD: NR 11% male
Summary Author Reported Main Findings: No change: social distance, knowledge, authoritarianism, community mental health ideology, social restriction . Increased benevolence in experimental group									
Contact Based Intervention									
Evans-Lacko et al., 2012	Pre-post follow-up (4-6 weeks)	I: Educational campaign with contact intervention G1: Had mental health problems G2: Had no mental health problems C: N/A	"Time to Change" delivered via various electronic and print mediums and in-person via a roadshow in major locations staffed by individuals with direct MI experience Duration: 21 Sept- 17 Oct, 2009 Frequency: N12 events	UK	Society and group (general public)	-Change in behaviour -Willingness to disclose mental health problem (RIBS; non-validated measures) -Awareness of campaign	T1: n= 403 T2: n= 83 Mean age: 38 SD: NR	G1: n= 53 Mean age: 38 SD: 13 G2: n= 30 Mean age: 37 SD: 14	N/A
Summary Author Reported Main Findings: Campaign events facilitated meaningful intergroup social contact between individuals with and without mental health problems. Presence of facilitating conditions predicted improved stigma-related behavioural intentions and subsequent campaign engagement 4–6 weeks following social contact. Contact, however, was not predictive of future willingness to disclose mental health problems. Success not maintained at follow-up									
Nguyen , Chen, & O'Reilly, 2012	Pre-post	I: Educational campaign with direct contact intervention (C): Educational campaign with indirect contact intervention	I: Delivered via workshop with mental health consumer/educated Frequency: 4 Duration: 2 hours C: Delivered via film of mental health consumer/educated Frequency: 4 Duration: during 90 minutes	Australia	Targeted group (pharmacy students)	-Change in attitude -Social distance (experimental use of validated measures SDS; AQ)	n= 349 76% completion rate Mean age: NR SD: NR	I: n=136 Mean age: 21 SD: 0.2 38.5% male	C: n= 213 Mean age: 22 SD: 0.2 36.9% male

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Summary Author Reported Main Findings: Direct: significant improvement on 37/39 stigma questions. Indirect: significant improvement on 27/39 stigma questions. Both resulted in a significant decreased mean SDS individual item and total scores; but not difference by intervention type (equivalent success). Direct: stronger improvement on reducing negative attitudes fir 5 questions; no difference between interventions for 6 negative attitude questions. No effect: 2 questions in the Direct intervention no effect 12 questions in the Indirect intervention									
Multi-Modal Interventions									
Anderson & Jehannine, 2012	Pre-post, follow-up (1 month)	I: Educational campaign + Film C: N/A	Delivered via film (documentary "Cracking Up" on sufferers of MI learning stand-up comedy) Frequency: 1 Duration:45 minutes	NR	Targeted group (genetic counsellors and students)	-Social distance (Social distance scale) - Stereo-typing (Stereotype endorsement scale)	T1: n= 87 T2: n= 57 (66% completion rate) Mean age: NR SD: NR 7% male	n= 87	N/A
Summary Author Reported Main Findings: At T2, 34.5%felt more comfortable to ask about a family history of mental illness with their patients. Those who were uncomfortable/ambivalent at T1 (n = 31, 36.9%) were significantly more likely to report rarely or never asking patients about family history of mental illness in clinical practice, significantly more likely to report increased comfort to ask about a family history mental illness as a result of watching the film at T2. Significant decrease in the degree to which genetic counsellors and students endorsed negative stereotype about individuals with mental illness; rated as more healthy, reasonable and less bedraggled. No sig diff mean stereotype endorsement for those with personal experience w/ mental illness and those without. No sig diff btw groups on stereotype endorsement. Significant decrease social distance; More willing to introduce someone w mental illness for a job and introduce to a friend as a relationship partner. No difference social distance for those w/ personal experience of mental illness. Those who were uncomfortable at T1 sig decrease in social distance at T2; No change in those who were comfortable w/ mental illness.									
Clement et al., 2012	RCT, follow-up (4 months)	I: Educational campaign delivered via film (DVD) C: Educational campaign delivered in person C: Controls (Lecture only)	I: Film "Combating Stigma", duration 60 minutes followed by discussion Duration (total): 71 minutes Frequency: 1 C_1: Presentation of "Social Contract" model covering similar topics to I1, followed by discussion Duration (total(: 85 minutes; Frequency: 1 C_2: Lecture presented by individual with no knowledge of stigma Duration (total): 60 minute Frequency: 1	NR	Targeted group (nursing students)	-Change in attitude -Change in knowledge -Change in behaviour -Social distance (MICA; RIBS) - Emotional Reactions to Mental Illness Scale (ERMIS)	T1: n= 216 T2: n= 193 89% follow-up rate	I: Mean age:24 SD: 6.9 13% male	C_1Mean age:24 SD:6.2 11% male C_2: Mean age: 25 SD: 7.7 15% male
Summary Author Reported Main Findings: There were no differences between the DVD and live groups on MICA, ERMIS or RIBS scores. The DVD group had higher SCILO (knowledge) scores. The combined social contact group (DVD/live) had better MICA and RIBS scores than the lecture group, the latter difference maintained at 4 months. The DVD was the most cost effective of the interventions, and the live session the most popular.									
Corrigan et al., 2010	Pre-post	I: Educational campaign with facilitator (short version) C_1: Educational film with facilitator (long version)	I: "In Our Own Voice", program facilitated by one individual recovering from serious MI, including film, with discussion Duration 30 minutes Frequency: 1	USA	Targeted group (undergraduate students)	-Memory for positive or negative facts (non-validated measures)	n= 200 Mean age: 20 SD: 2.9 33% male	I: n= 67 Mean age:20 SD: 2.5 40% male	C_1: n= 66 Mean age: 20 SD: 2.2 29% male C_2n= 67 Mean age:

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		C_2: Educational campaign (live presentation)	C_1: "In Our Own Voice", program facilitated by two individuals recovering from serious MI, including film, with discussion Duration 90 minutes Frequency: 1 C_2: Live presentation on the misunderstanding of MI and facts with discussion Duration 30 minutes Frequency: 1						20 SD: 3.4 30% male
Summary Author Reported Main Findings: Both IOOV conditions had significantly better ratios than education. These findings suggest the 30 min version of IOOV is as effective as the 90 min standard.									
Economou, Peppou, Louki & Stefanis, 2012	Pre-post	I: Educational campaign with contact intervention C: N/A	Lecture and psychiatry placements (observations & clinical cases) Duration: 4 weeks Frequency: NR	Greece	Targeted group (medical students)	-Change in attitude -Change in beliefs -Social distance (non-validated measures)	n = 155 97% response rate Mean age: 22 SD: NR 50% male	n = 155	N/A
Summary Author Reported Main Findings: Decreased beliefs regarding poor parenting as the cause of MHI, split personality and unpredictability. Increased belief in treatment in community. Not successful in changing belief that people with schizophrenia are seen in public talking to themselves, that they are a public nuisance or to social distance. Worsened stigma regarding inability to recover, have no insight, cannot make reasonable decisions, cannot work in regular jobs and are dangerous to the public									
Galletly & Burton, 2011	Pre-post	I: Educational, Contact, Experiential + Film	Delivered via film, followed by simulated auditory hallucinations Duration: 85 minutes Frequency: 1	Australia	Targeted group (medical students)	-Change in attitude -Change in behaviour (AMIQ)	n= 87 Mean age: NR SD: NR 34% male	n= 87	N/A
Summary Author Reported Main Findings: There was a significant improvement in mean AMIQ scores after participating in the workshop. Students with more negative attitudes before the workshop showed the most signifi - cant improvement, whilst there was little change for students who held more positive attitudes									
Kassam, Glozier, Leese, Loughran, & Thornicroft, 2011	Cluster RCT	I:Educational campaign with contact intervention C_1:Educational campaign with contact intervention and role-play with feedback C_2: Control	I: Presentation to groups of 8-10 on MI-related stigma and personal testimonies from sufferers and carers, Duration: 1 hour Frequency: 1 C_1: Same as I1, with addition of role-playing session and feedback Duration: 1.5 hour Frequency: 1	UK	Targeted group (medical students)	-Change in attitude -Change in knowledge -Change in behaviour (MICA; non-validated measures)	n= 110 Mean age: NR SD: NR	**I:** n= 87 Mean age: 22 SD: 2.5 27% male **C:** n= 87 Mean age: 23 SD: 4.4 8% male	n= 87 Mean age: 23 SD: 3.3 36% male

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Summary Author Reported Main Findings: Improved knowledge. No change in attitudes or behaviour									
O'Reilly, Bell, & Chen, 2010	Pre-post with follow-up (T1: 6 weeks; T2: 12 months)	I: Educational campaign with contact intervention C: N/A	Delivered via lectures, weekly placements and tutorials with mental health educators in classes with approximately 25 students Duration: 1 week Frequency: 10	Australia	Targeted group (pharmacy students)	-Change in attitude -Change in knowledge -Change in beliefs (non-validated measures)	n = 258 total n= 225 baseline 87% participation rate Mean age: 21 SD: NR 33% male	T1: n= 230 T2: n= 228	N/A
Summary Author Reported Main Findings: Significant decrease in stigma on 75% of items (depression & schizophrenia); significant improvement service delivery all items except options regarding change (no effect). Not successful in changing opinions regarding change; schizophrenia consistently rated as more unpredictable and less likely to recover vs. depression. 25% of items no change for ratings of schizophrenia or depression. Made stigma worse: belief that people with depression had themselves to blame at baseline and 12 months. Successes maintained at follow up									
O'Reilly, Bell, Kelly, & Chen, 2011	Pre-post (post-assessment at 6 weeks)	I: Educational campaign + Film C: Control	I: Program to teach skills to recognise signs of MI and how to provide help, delivered via workshop and film Duration: 12 hours Frequency: 1 C: Standard education program Duration: 1 hour lecture and 2 hour tutorial on MI Frequency: 7	Australia	Targeted group (pharmacy students)	-Change in attitude -Change in knowledge -Change in behaviour -Social distance (non-validated measures)	n= 272 Mean age: 21 SD: 1.9 36% male	n= 60 Mean age: 21 SD: 2.4 23% male	n= 212 Mean age: 21 SD: 1.9 40% male
Summary Author Reported Main Findings : Significant decreases in social distance and knowledge: able to correctly identify mental illness; improved ability to recognize helpful interventions; significant increased agreement with health professional consensus about helpfulness of interventions in depression; increased knowledge about worsening without treatment, increased confidence providing medication counselling and identifying drug-related problems. Not successful in improving agreement with health professional consensus for helpfulness of intervention for schizophrenia; ability to recognize specific mental illness (e.g. depression, schizophrenia); greater confidence and comfort behaviour providing medication, counselling and identifying drug related problems in those with cardiovascular disease vs. mental illness.									
Quinn, Shulman, Knifton & Byrne, 2011	**Pre-post**	I: Other1 C: N/A	Film festival focusing on mental health including exhibitions, debates, feature films, documentaries, community events, concerts, plays, workshops Duration: 2 weeks Frequency: N/A	Scotland	Society (general public)	-Change in attitude -Change in behaviour -Change in beliefs (non-validated measures)	n= 196 Mean age: NR SD: NR	n= 196 Mean age: NR SD: NR	N/A
Summary Author Reported Main Findings: Significant decrease in stigma regarding return to work. Not successful in changing attitude and behaviour on 6/8 questions. Made stigma regarding dangerousness worse									
Imagined Exposure/Imagined Contact Based Interventions									
Birtel & Crisp, 2012	Pre-post (randomized)	I: Imagined exposure imagining two successive	Delivered online, imagining an interaction with an adult with schizophrenia followed by a free recall period directly after	NR	Targeted group (undergraduate psychology students)	- Intergroup anxiety (Intergroup anxiety scale)	n= 29 (n per group NR) Mean age: 21	NR	NR

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		positive encounters C: Imagined exposure imagining first a negative encounter followed by a positive encounter	to write-down the imagined encounter Frequency: 1 Duration NR				SD: 4.96 14% male		
Summary Author Reported Main Findings: Anxiety w significantly lower at Time 2 than Time 1. Imagining a negative encounter at T1 produced higher anxiety compared with imagining a positive encounter. Time 2, despite participants in both conditions imagining a positive encounter, subsequent anxiety was lower after first imagining a negative encounter at Time 1 compared with first imagining a positive encounter at T1. Imagining a positive encounter after imagining a negative encounter resulted in lower anxiety compared with imagining a single positive encounter at T1									
Stathi, Tsantila, & Crisp, 2012	Pre-post	I: Imagined exposure C: Control	Imagined exposure of an interaction with a sufferer of schizophrenia that was relaxed, positive and comfortable Duration: 1 min Frequency: 1 C: Imagined walking outside Duration: 1 min Frequency: 1	UK	Targeted group (undergraduate students)	-Stereotyping -Inter-group anxiety (non-validated measures)	n= 57 Mean age: 23 SD: 4.9 37% male	n= NR Mean age: NR SD: NR	n= NR Mean age: NR SD: NR
Summary Author Reported Main Findings: Participants who imagined a positive encounter with a schizophrenic person reported weakened stereotypes and formed stronger intentions to engage in future social interactions with persons with schizophrenia in general. Reduced feelings of anxiety about future interactions.									
Meta-Analysis									
Corrigan, Morris, Michaels, Ranfacz, Rusch (2012)	Meta-analysis	--	Public Stigma	14 countries represented in data set	--	Public Stigma	72 articles Search terms: stigma, mental illness (such as schizophrenia and depression) and change program (including contact and education) Search limited to October 2010	n = 38, 364 total all studies combined	--
Summary Author Reported Main Findings: Education and contact had positive effects on reducing stigma for adults and adolescents with mental illness. Contact is better than education at reducing stigma for adults. Education more effective than contact for adolescents. Overall, face-to-face contact is more effective than contact by video									
STIGMA TYPE: Self stigma									

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Therapy Based Interventions									
Sibitz, Provaznikova, Lipp, Lakeman, & Amering, 2013	Pre-post (randomization)	I: Therapy C: Control	Group therapy emphasising empowerment and recovery, 9 people per group Duration: 2 months Frequency: 5 days a week Control: waitlist Duration: NA Frequency: NA	Germany	Targeted group (individuals with schizophrenia)	-Self stigma (ISMI)	n= 97 57% completion rate Mean age: NR SD: NR	n= 40 Mean age: 32 SD:11.3 55% male	n= 40 Mean age: 32 SD:9.6 60% male
Summary Author Reported Main Findings: Intervention successful in reducing stigma, decreased stigma especially subscale assessing alienation at 5 weeks post-intervention (post-intervention assessment).									
SYSTEMATIC REVIEW SELF-STIGMA REDUCTION									
Mittal, Sullivan, Chekuri, Allee, Corrigan (2012)	Systematic Review / Critical Review	--	--	Half the studies conducted in the united states	n = 8 studies persons with schizophrenia or serious mental illness n = 3 studies persons with substance use disorders n = 2 groups at risk to develop a mental disorder (college students with symptoms of depression or anxiety and veterans in post deployment transition	Self-Stigma Reduction	n = 14 studies met inclusion criteria Search between January 2000 and August 2011 n = 12 studies conducted in outpatient clinical settings	In general studies sample size were small; n = 6 studies sample size n = 50 or smaller; n = 4 had sample size between 50-100 and n = 4 studies with an n >100	
Summary Author Reported Main Findings: Predominantly samples with either schizophrenia or depression. Two major approaches to self-stigma reduction: (1) alter stigmatizing beliefs and attitudes in the individual (2) enhance skills for coping with self-stigma through improvements in self-esteem, empowerment and help-seeking behaviour. Six self-stigma reduction strategies identified. Psychoeducation most frequently tested intervention. High degree of variability between self-stigma definitions, measurements and conceptual frameworks, with some studies lacking a theoretical framework. Six different scales used across studies to measure self-stigma									