

A decorative graphic on the left side of the slide consists of a network of light blue lines and small circles, resembling a circuit board or a neural network. The lines are vertical and horizontal, with some diagonal connections, and the circles are placed at various points along these lines.

REDUCING MENTAL ILLNESS STIGMA IN HEALTH CARE STUDENTS AND PROFESSIONALS: A REVIEW OF THE LITERATURE

STUBBS (2014)

CONTACT STUDIES EXPLORED:

- Pattern et al. (2012) Randomised controlled trial with Pharmacy students – direct contact with the patient and carer. Results immediately and 1 month later. Measured Social distance, disclosure, self-stigma, prejudice, social responsibility.
- Clement et al. (2012) RCT with nursing students. Direct contact OR indirect filmed contact compared to a traditional lecture about stigma. Results - Immediate and follow up 4 months later. Measures were Knowledge, attitude, behaviour, acceptability and process.
- **These two studies showed the strongest evidence for direct contact interventions as a means for stigma reduction as a result of the intervention.**

- Kerby et al. (2008) RCT with medical students. Indirect filmed contact compared to ordinary film. Results – immediately and 2 months. Measures taken were Social distance, perceived dangerousness, attitude, & attitude to psychiatry.
- **Kerby reported no statistically significant differences between indirect filmed contact and control. In contrast, Clement et al. demonstrated that indirect filmed contact was as effective as direct contact at reducing stigma overall and more effective at improving knowledge.**
- Schmetzer et al. (2008) pre-post study with medical students. Direct contact with carers. Results – immediately. Measures were attitudes and knowledge.
- Buhler & Karimi (2008) Pre-post study with Pharmacy students. Direct contact with patients. Results immediately. Measures were Social distance and knowledge.

EDUCATION STUDIES EXPLORED:

- Roberts et al. (2008) RCT with Medical students. Education and role play. Results – after one week. Measures were Social distance, attitude, perceived stigma.
- O`Reilly et al (2010). Non-RCT with pharmacy students. Mental Health first aid training. Results after 6 weeks. Measures were Social distance, mental health literacy, service delivery.
- Ucok et al (2006) Pre-post study with General Practitioners. One hour education programme, Anti-stigma education session and distribution of related documents. Results – 3 months. Measures were attitudes and knowledge.
- **Of the education intervention studies, all showed a reduction in stigma after the intervention, with the exception of Roberts et al., which demonstrated RCT level evidence that a single role-play session had no statistically significant effect on stigma.**

- **O'Reilly et al. demonstrated that mental health first aid training improved mental health literacy and social distance and Ucock showed that lecture style interventions improved attitudes and these were sustained three months later.**

MIXED STUDIES EXPLORED:

- Kassam et al. (2011) non-RCT with medical students. Lecture & direct contact with patient/carer OR Lecture & direct contact with patient/ carer & role play. Results after one week. Measures were knowledge, attitudes and behaviour.
- Altindag et al. (2006) non-RCT with medical students. Lecture & direct contact with patient & film ('A Beautiful Mind') compared to unrelated lecture and film. Results immediately and one month. Measures were attitudes and social distance.
- Friedrich et al. (2013) pre-post with medical students. Lecture & contact with patient/carer & role play. Results immediately and 6 months. Measures were Knowledge, attitudes (CAMI), behaviour, empathy.

- **Six studies combined education and contact elements to create mixed interventions of various types, all of which demonstrated positive effects. The combination of a lecture and direct contact was found to reduce stigma in two non-RCTs and two pre-post studies.**
- **The addition of role-play to the lecture and direct contact in the experimental group of Kassam et al. did not result in further improvement.**
- **This concurs with Roberts et al., which found role play to be ineffective at reducing stigma.**
- **The two studies with follow-up components, Altindag et al. and Friedrich et al. both found that benefits from the interventions were lost over time.**

CONCLUSIONS...

- **The evidence suggests that interventions featuring direct contact, indirect filmed contact or educational email effectively reduce stigma in healthcare students and professionals; however, this effect is lost over time. Role play is the only intervention shown to be ineffective.**
- **Unless stigma reduction can be sustained over time, the cost of implementing an intervention will outweigh the benefits. All RCTs with substantial follow-up periods showed that any benefit from the intervention diminished over time.**