

SYSTEMATIC REVIEW OF INTERVENTIONS

Thornicroft et al. (2016)

SHORT-TERM EFFECTIVENESS OF INTERVENTIONS IN HIGH-INCOME COUNTRIES: EVIDENCE FROM SYSTEMATIC REVIEWS

- The data suggests that interventions are usually able to produce short to medium-term knowledge and, though less often, attitudinal improvements.
- Variation in the results might be due to differences in the intensity of interventions aiming to increase knowledge compared with those aiming for attitude change.
- It might also reflect the use of different methodological approaches.
- Interventions with social contact or first person narratives were more effective than others, by appearing to moderately disconfirm a pre-existing stereotype.

- Some interventions have the potential to cause harm such as an increase in stigma (eg., using a biological or genetic explanation of the cause of mental illness).
- The methodological quality of the included studies demonstrated the need for more randomised trials, robust methods, the use of validated measures, and for follow-up beyond the immediate post-intervention period.
- Some reviews highlighted the poor quality of the interventions and a lack of theoretical underpinning and developmental research.
- Key evidence gaps included studies from LMICs, paucity of evidence on discrimination outcomes, cost-effectiveness and the need for more research on multi-exposure, multi-component, and long-term interventions.

INTERVENTIONS TARGETED TO THE GENERAL PUBLIC

- Until recently these studies have assessed knowledge **or** attitude change, **or** both, but have not assessed the impact on **behaviour**.
- A meta-analysis by Corrigan and colleagues including 79 intervention studies addressing public stigma, demonstrated that both education and social contact were effective in reducing stigmatising attitudes and intended behaviour.
- Corrigan and colleagues concluded that live contact was superior to filmed contact, and, for adults contact was more effective than education.

THE ROYAL COLLEGE OF PSYCHIATRISTS AND OTHERS

- A broader campaign; 'Every Family in the Land' produced modest knowledge change in the general population but no attitudinal improvement.
- A series of important studies in Australia assessed the effects of mental health first aid delivered to whole populations.
- Overall, these studies showed a fairly consistent pattern of benefit for attitude change, and weaker evidence for knowledge improvement.
- A depression-specific initiative, 'beyondblue' produced positive changes in public attitudes and knowledge.

INTERVENTIONS FOR PEOPLE WITH MENTAL ILLNESS

- Interventions have also been developed and tested that aim to reduce self-stigma among people with mental illness.
- The evidence suggests that such interventions are effective. For example, Mittal and colleagues showed that of the 14 studies assessed, eight conferred benefits in terms of self-stigma reduction, usually with effect sizes in the range 0.2–0.5.
- Most self-stigma reduction strategies consist of group-level psychoeducational sessions some of which might include cognitive-behavioural elements.

INTERVENTIONS FOR STUDENTS

- Results from the meta-analysis by Corrigan and colleagues showed that although direct contact was the most effective approach for adults, this was not the case for adolescents and educational approaches were probably more beneficial for this group.
- Thornicroft et al. examined the pattern of findings in the primary studies with more than 4 weeks follow-up targeted at school students and found that this group favoured educational approaches over those including direct contact.
- None of these studies assessed behavioural outcomes.
- The studies that assessed knowledge change showed short term attitudinal improvements.
- However, in studies that conducted medium-term follow-up assessments, the benefit is often diminished or lost.
- A systematic review of anti-stigma interventions for college students, mainly in high-income countries, found that for both knowledge and attitudes, the benefits are sustained over the medium-term in only about half of the studies.

INTERVENTIONS WITH HEALTH-CARE STAFF

- Interventions to reduce stigmatisation among healthcare staff are uncommon. For example, Thornicroft et al. found only one published study that assessed changes in trainee practitioner behaviour.
- Interventions are most often mental health education or information approaches. Overall, these interventions mostly result in short-term improvements in knowledge and behaviour, which is sustained at medium-term follow-up in about half of the studies.
- Recent findings suggest that fi med versions of social contact might be as effective as live contact with people with mental illness.
- However, it is important to remember that when people with mental illness are asked whether they find stigma among health-care staff to reduce over time, they usually reply in the negative.

OTHER SPECIFIC TARGET GROUPS

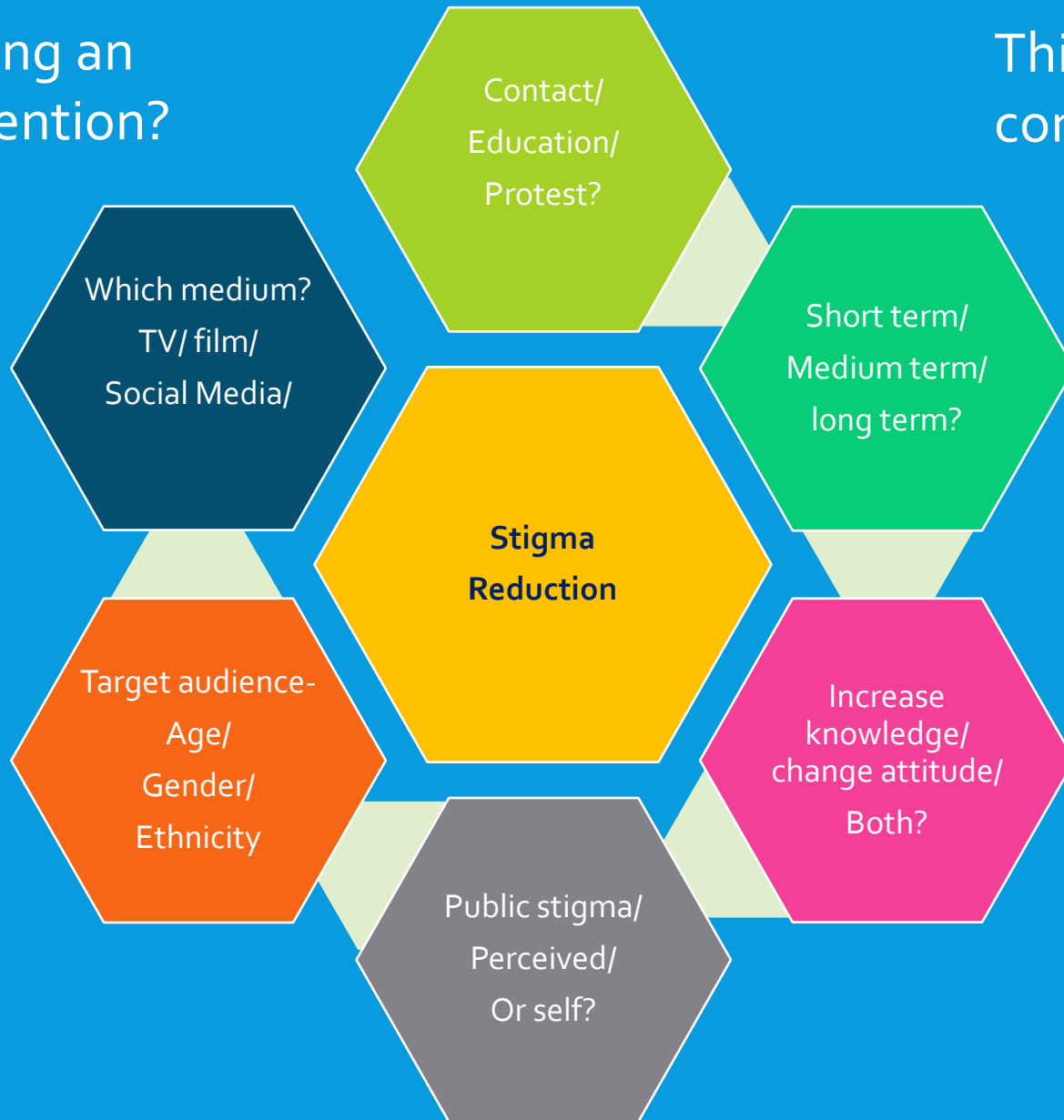
- The findings for other specific target groups were remarkably similar to the groups already described, with improvement in knowledge in about half of the studies, benefit in terms of attitudes in most studies, and sustained improvement at medium-term follow-up for about half of the reports.
- What about longer term benefits?

STUDIES THAT EXAMINED MEDIUM-TERM AND LONG TERM EFFECTIVENESS

- Most studies that measured outcomes beyond 4 weeks follow-up reported some evidence of effectiveness in improving knowledge and attitudes but not for behavioural outcomes.
- The different intervention types varied in their medium-term or long-term effectiveness.
- Mental health education or information interventions seemed to be the most effective type of intervention with regards to outcomes at 4 or more week's follow-up, although education or information combined with direct or indirect contact, also performed well, as did interventions based solely on direct contact.
- There was insufficient evidence to suggest that psychoeducation, psychotherapy, or interventions based on entertainment or arts would reduce stigma in the medium-term or long-term.

Planning an
intervention?

Things to
consider...



FINALLY... JORM (2020)

- ❖ Trials Lack Methodological Rigor
- ❖ Reporting Is Biased
- ❖ Trials Are Subject to Demand Characteristics
- ❖ Lack of Dose Effect
- ❖ Effects do not last
- ❖ Lack of Evidence for Behaviour Change
- ❖ Evidence on Contact With Other Minority Groups

Effect of Contact-Based Interventions on Stigma and Discrimination:

A Critical Examination of the Evidence