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TECHNICAL REPORT

Interventions to Reduce Mental Health Stigma and Discrimination

A Literature Review to Guide Evaluation of California's Mental Health Prevention and Early Intervention Initiative

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Sponsored by the California Mental Health Services Authority



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Summary

Stigma is a key problem for individuals with mental illness, as it may prevent them from seeking treatment (Kessler et al., 2001; Regier et al., 1993) and contribute to negative interactions with friends, peers, employers, landlords, and law enforcement (Farina and Feliner, 1973; Link et al., 1987; Teplin, 1984; Wright, Gronfein and Owens, 2000; Wahl, 1999). Thus, reducing the stigma associated with mental illness may be a critical step in prevention and early intervention for mental disorders and may improve the quality of life of individuals with mental illness.

A number of programs that aim to reduce the stigma and discrimination associated with mental illness have been launched both in the United States and worldwide (Corrigan, 2012). These stigma and discrimination reduction (SDR) initiatives can involve a variety of components, such as training, education, media campaigns, contact with people with mental illness, or combinations of these strategies. Evaluating SDR programs is critical for helping to improve their effectiveness.

In this document, we provide a brief overview of the concept of stigma and the literature on the prevalence of mental illness stigma. We also introduce a conceptual model of mental health stigma reduction based on a variety of existing theories and evidence. Following this, we provide a literature review of key evaluations of mental illness SDR efforts.

In our review of the literature, we find some evidence for the effectiveness of different types of SDR activities. Training interventions targeted at specific groups have yielded some limited evidence of positive effects. For instance, trainings targeting students have yielded short-term (same session) positive changes in attitudes toward mental illness, knowledge about mental illness, and willingness to engage with people with mental illness (Boysen and Vogel, 2008; Essler, Arthur, and Stickley, 2006; Masuda et al., 2007; Rahman et al., 1998; Morrison, Becker, and Bourgeois, 1979; Yamaguchi, Mino, and Uddin, 2011). Some studies also suggest that trainings aimed at police officers may reduce the use of force and unnecessary arrests and increase referrals to psychiatric facilities (Bower and Pettit, 2001; Steadman et al., 2000), though the design of these studies was not strong. Mass media and broad, multicomponent campaigns have resulted in apparent positive changes in attitudes and possible reductions in suicide rates in England, Scotland, New Zealand, Germany, and other countries (Crisp et al., 2005; Hegerl and Wittenburg, 2009; Hickie, 2004; Jorm et al., 2005, 2006; Paykel, Hart, and Priest, 1998; Vaughan and Hansen, 2004), but the effects of such campaigns in the United States have not been explored (Corrigan, 2012). In general, the existing literature has demonstrated the promise of SDR but has not done so using methods that provide confidence that these interventions cause enduring shifts in critical outcomes for people with mental illness or for society. Thus, in addition to reviewing the literature on the effectiveness of different types of SDR programs, we also discuss design and measurement issues relevant to the evaluation of SDR programs.

We identified some key areas where more evaluation research is needed. These are:

- *the effects of SDR programs on a broader set of outcomes.* —More research is needed to gain a clear understanding of whether and when SDR programs encourage nondiscriminatory policy or behavior or increase treatment-seeking among people with symptoms.
- *the effects of broad-based SDR programs.* Research is needed to understand the effects of broad-based SDR programs (that combine education and training with media efforts) among members of the U.S. population, using rigorous methods that involve comparison groups.
- *longer follow-up of SDR program participants.* In addition, more research is needed to explore the longevity of attitude changes after an SDR campaign or training has ended. Although there appear to be some immediate attitudinal shifts after these interventions, little is known about whether these are maintained weeks or months later.