Strategies and future attempts to reduce stigmatization and increase awareness of mental health problems among young people: a narrative review of educational interventions

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CRD summary
The authors concluded that despite a demonstration of positive effects of educational interventions to reduce stigmatization and improve awareness of mental health problems among young people, long-term effects remained unclear. The authors’ cautious conclusions reflect the evidence presented. Limitations in the methods of the review and potential biases in the included studies should be considered.

Authors' objectives
To examine the effects of educational interventions to reduce stigmatisation and improve awareness of mental health problems among young people.

Searching
MEDLINE and PsycINFO were searched to September 2009. Academic Search Complete was searched. Search terms were reported. Only full texts available through two UK institutions and published in English were eligible for inclusion.

Study selection
Randomised controlled trials (RCTs), non-randomised controlled trials and pre/post studies that evaluated the effectiveness of educational interventions aimed at reducing stigma and increasing awareness of mental health problems with young people were eligible for inclusion. Participants in educational interventions could include medical, nursing and psychology students. Interventions could be conducted in schools, classes, sessions, lectures, colleges and universities. Evaluations of national and media campaigns were excluded, as were whole course curriculums and compulsory tasks and mental health interventions combined with other health or social educational interventions. Studies of young people with adults and studies that only assessed participants views following the intervention were excluded.

Three categories of intervention were included: contact condition, which provided participants the opportunity to meet people with mental health problems; video-based contact condition, which included any media describing people with mental illness; and educational condition, which only included a presentation by professionals and did not include either contact or video-based contact condition. Comparison groups were given another form of educational intervention to the intervention group. Participants in control groups either had no or other educational intervention not related to mental health problems.

More than half of the studies included participants who were university or college studies; most of the other studies included children or adolescents aged younger than 18 in school. One study included school and college/university students. Outcomes assessed included changes in actual behaviour, attitudes, awareness, knowledge and social distance or acceptance.

The authors did not state how many reviewers selected studies for inclusion.

Assessment of study quality
The authors did not state that they assessed study quality.

Data extraction
Data were extracted on the effectiveness of interventions. Where studies did not report changes in overall results from measurements of intervention group and comparison group or between pre and post test, an intervention was described as effective if statistically significant differences in the means or proportions were observed in more than half of the items in each measurement.

The authors did not state how many reviewers extracted data.
Methods of synthesis
The authors combined studies in a narrative synthesis grouped by outcome.

Results of the review
Forty studies (14,597 participants, range 24 to 2,472) were included in the review: 15 RCTs, nine non-randomised controlled studies and 16 uncontrolled pre-post studies. Long term follow-up was reported in 15 studies and ranged from one week to seven months.

Eighteen out of 23 studies reported significant changes in knowledge for educational interventions. Twenty seven out of 34 studies reported significant improvements in attitudes. Sixteen studies out of 20 reported a change in social distance. Only one study reported on actual behavioural changes and found an increase in the number of participants who voluntarily visited a local centre for people with mental illness. Two out of five studies found significant improvements in participants' awareness of their own mental health or help-seeking intentions. Six studies reported difficulties in maintaining improvements in knowledge, attitude and social distance at follow-up.

Other results were reported.

Authors' conclusions
Despite the demonstration of the positive effects of each educational intervention, long-term effects remained unclear.

CRD commentary
The review question was clear with broadly defined inclusion criteria for intervention, participants and study design. Outcomes were not defined. Some relevant sources were searched. The limitation of inclusion to full-text articles in English available at only two university libraries risked language, publication and accessibility biases. The authors did not report review methods and so it was unclear whether appropriate steps were taken to reduce reviewer error and bias. There was no quality assessment so it was difficult to determine the reliability of the evidence presented.

A narrative synthesis was appropriate given the differences between studies in terms of design, intervention, participants and outcome. Non-randomised controlled studies and uncontrolled studies were included, which are liable to multiple biases. Results for individual studies were reported without supporting data or levels of statistical significance and this made it impossible to verify the findings reported in the review.

The authors' cautious conclusions reflect the evidence presented, but potential for language, publication and accessibility biases, lack of reporting of review methods, lack of validity assessment and potential biases in the included studies should be borne in mind.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that further research was required and should involve measuring actual behavioural change, including measuring actual discriminative behaviour such as social distance and actual help-seeking behaviour such as use of mental health services. Future studies should include long term follow-up to provide consistency in rating stigmatisation.

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Bibliographic details

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.