Effects of short-term interventions to reduce mental health-related stigma in university or college students: a systematic review

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CRD summary
The review concluded that social contact and video-based social contact may improve attitudes toward and reduce the desire for social distance from people with mental illness in students other than medical students. The relatively cautious conclusions reflect the diverse and limited-quality evidence presented; the authors appropriately highlighted that further research was needed to confirm their findings.

Authors' objectives
To examine the effectiveness of brief interventions to reduce mental health stigmatisation in university and college students.

Searching
Eleven databases including MEDLINE, PsycINFO, EMBASE and Cochrane CENTRAL were searched to April 2010; search strategies were reported. Reference lists of included studies and relevant systematic reviews were checked, Google and websites of relevant associations were searched, and experts of relevant publications were contacted. There were no language restrictions.

Study selection
Eligible studies were randomised controlled trials (RCT) and non-randomised controlled trials (including cluster and crossover designs) and controlled before-and-after studies (CBA) of brief anti-stigma interventions (three or fewer sessions) focused on any type of mental health problem delivered to students in higher education (college, university or institution of equivalent status).

Most studies measured at least one outcome relating to knowledge, attitudes or social distance toward targeted conditions (including mental health, schizophrenia, depression, dementia, Tourette's syndrome and alcohol dependence). Interventions were categorised as social contact, video-based social contact, video-based education, education-lecture, education-text, famous film, education-role-play and other. Participants included students of medicine, nursing, social work, special education, psychology and law. Around 70% of participants in most studies were women.

Two reviewers independently selected studies for inclusion. Disagreements were resolved by discussion and involvement of a third reviewer.

Assessment of study quality
The Cochrane Effective Practice and Organisation of Care checklist was used to assess methodological quality on four domains: random allocation for RCTs or characteristics of controls for CBAs; completeness of follow up; baseline measurement; and protection against contamination.

Two reviewers independently assessed study quality. Disagreements were resolved by discussion and involvement of a third reviewer.

Data extraction
P values (or data to calculate P values) were extracted for the outcomes of knowledge, attitudes/attribute toward people with mental illness, social distance/behavioural intentions and attitudes toward service use/help-seeking intentions at three time points after the intervention (immediately after, <6 months and ≥6 months). The authors did not state how many reviewers extracted data.

Methods of synthesis
A narrative synthesis was presented due to considerable clinical and statistical heterogeneity across the included
Results of the review
Thirty-five studies (23 RCTs and 12 CBAs; 4,257 participants) were included. Only one RCT met all four quality criteria; just over half of the CBAs met all four quality criteria. Not all studies used well-validated or reliable outcome measures.

Knowledge: Compared with inactive control, lectures (one RCT, one CBA), social contact (one RCT, one CBA) and video-based social contact plus video-based education (one RCT) statistically significantly improved student’s knowledge at immediate or long-term follow-up.

Attitudes towards people with mental illness: Compared with inactive control, statistically significant benefits were found with social contact (two RCTs, two CBAs), video-based social contact (two RCTs), computer programme (one RCT), lectures (two RCTs, one CBA), role-play education (one RCT) and an auditory hallucination simulation exercise (one CBA). Compared with education-lecture, social contact improved attributions (one RCT). No intervention tested in medical students (one RCT, three CBAs) found a significant effect.

Social distance/behavioural intentions: Compared with inactive control, significant improvements in a valid and reliable measure of social distance were seen after social contact (three RCTs), video-based social contact (one RCT) and lectures (one RCT). One RCT found no difference in change in social distance between social contact and video-based social contact; one CBA reported a significant difference in favour of social contact. Social contact led to a more favourable change in social distance compared with education-lectures (one RCT).

Attitudes towards mental health services and help-seeking intentions: Compared with inactive control, a lecture was found to significantly improve attitudes towards the use of services at immediate and medium-term follow up (one RCT).

Authors' conclusions
Social contact and video-based social contact may improve attitudes toward and reduce the desire for social distance from people with mental illness in students other than medical students. Different types of intervention may be needed to change attitudes towards service use.

CRD commentary
The review question and inclusion criteria were clear and a range of relevant resources were searched. Some efforts were made to reduce bias in the review process; it was unclear whether efforts were made to reduce potential for error in initial study selection and data extraction.

A narrative synthesis was appropriate given the differences in the included interventions. The methodological quality of included studies was slightly unclear: most RCTs did not clearly report methods of randomisation and few studies used reliable outcome measures. Most studies included a large proportion of women (the authors noted that reported effects may be reduced in male students).

The authors appropriately highlighted that further research was needed to confirm their findings, which were based on vote-counting of significant results from relatively poor quality studies.

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

Research: The authors stated a need for more rigorous long-term studies using reliable measures and that future research should focus more on developing interventions that could directly reduce discrimination and promote access to services.

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