



Challenging mental health related stigma in China: Systematic review and meta-analysis. II. Interventions among people with mental illness



Ziyan Xu^{a,*}, Fangfang Huang^b, Markus Kösters^a, Nicolas Rüsçh^a

^a Department of Psychiatry II, University of Ulm and BKH Günzburg, Ulm, Germany

^b Department of Epidemiology and Health Statistics, School of Public Health, Capital Medical University, Beijing, China

ARTICLE INFO

Keywords:

Perceived stigma
Self-stigma
Interventions
Chinese people
Systematic review

ABSTRACT

People with mental illness often face different types of mental illness stigma that may affect their lives, including perceived stigma, self-stigma, harmful coping strategies and poor quality of life. Although anti-stigma interventions for people with mental illness from Western countries have been identified by recent systematic reviews, their efficacy in China is unknown. This review evaluates the efficacy of anti-stigma interventions among people with mental illness in Mainland China, Hong Kong, Taiwan and Macau. A systematic search of 8 electronic databases in English and Chinese yielded 17 randomized and non-randomized controlled trials. Standardized mean differences (SMDs) were calculated wherever possible. Psychoeducation was the most commonly used intervention. SMDs were large and significant for perceived/experienced/anticipated stigma, self-prejudice and coping with stigma, as well as for depression and anxiety symptoms and quality of life. Both Cognitive Behavioral Therapy and psychoeducation had positive effects on perceived/experienced/anticipated stigma. The quality of studies was modest and heterogeneity across studies was high. Anti-stigma interventions demonstrated promise to reduce stigma's negative impact on people with mental illness in China, but more high-quality intervention research is needed.

1. Introduction

People with mental illness often face two stigma-related challenges. On the one hand, they may perceive prejudice and discrimination that are endorsed by the general public. The perception of public stigma is usually linked with the experience and anticipation of social rejection, which leads to strategies of coping with stigma, e.g. secrecy or social withdrawal (Link et al., 1991). On the other hand, perceived prejudice can be internalized which leads to self-discrimination, so that stigmatized individuals may fail to pursue opportunities such as work or housing. Self-stigma occurs when people with mental illness are not only aware of negative stereotypes about them and their group, but also agree with and apply these stereotypes to themselves. It can diminish self-esteem and self-efficacy, referred to as “why try” effect when individuals feel unable or unworthy to achieve their life goals (Corrigan et al., 2009). In addition, for people with mental illness inaccurate or insufficient knowledge about their illness and treatments may lead to self-prejudice (Thornicroft, 2006). Therefore, aspects of mental health literacy related to illness recognition and help-seeking are relevant for (self-)stigma reduction (Jorm, 2012). In part II of this two-part paper we focus on the efficacy of anti-stigma interventions targeting people

with mental illness in China. For the sake of simplicity, throughout this paper we use China not as a political term, but to refer to a region with a common language and cultural heritage, namely Mainland China, Hong Kong, Taiwan and Macau.

Recent research suggests that a trend towards individualism in China might increase social distance from people with mental illness (Corrigan et al., 2010; Rao et al., 2010). On the other hand, due to the traditional collectivistic nature of Chinese culture, individuals with mental illness are more likely to agree with and internalize public stigma (Lam et al., 2010). Stigma's impact may therefore be especially severe among Chinese individuals with mental illness. Chinese people with mental illness commonly experienced and anticipated stigma in interpersonal contacts, employment settings and mental health services (Chien et al., 2014; Lee et al., 2005, Lee et al., 2006). Almost half of individuals with mental illness in China internalize negative stereotypes and experience self-stigma (Lien et al., 2015; Young and Ng, 2015). Stigma is associated with negative emotions, poor quality of life, limited social networks and poor functioning among Chinese people with mental illness (Chien et al., 2014; Ho et al., 2015; Young and Ng, 2015). About 40% of individuals with mental illness in Hong Kong avoided social contact and wanted to end their lives as a result of stigmatization (Lee et al., 2005).

* Correspondence to: Department of Psychiatry II, University of Ulm and BKH Günzburg, Parkstrasse 11, 89073 Ulm, Germany.
E-mail addresses: ziyanxzy@gmail.com (Z. Xu), nicolas.ruesch@uni-ulm.de (N. Rüsçh).

Table 1
Characteristics of included studies.

Author, year	Design	Participants (N, diagnosis)	Interventions	Delivery method	Control	Scales for primary outcomes	Clinical settings
Cao et al. (2015)	RCT	65, schizophrenia	CBT	Individual	TAU	SSpMI	Outpatient
Cong (2013)	RCT	60, schizophrenia	CBT	NR	TAU	SSpMI	Inpatient
Cui et al. (2011)	CT	465, mental illness	CBT	NR	TAU	PDDQ	Inpatient
Fung et al. (2011)	RCT	66, schizophrenia	CBT	Group + individual	TAU + AC	CSSMI	Community
Jia (2013)	CT	300, depression	PE	NR	TAU	SRF, COR	Inpatient & Outpatient
Li (2014)	RCT	95, schizophrenia	CBT	Individual	TAU	SSMI	Outpatient
Li et al., 2015	RCT	64, schizophrenia	PE	NR	TAU + AC	SSMI	Inpatient
Liu (2012)	RCT	112, schizophrenia	CBT	NR	TAU	SSpMI	Outpatient
Liu et al. (2013)	RCT	60, schizophrenia	PE	NR	TAU	SSMI	Inpatient
Lu (2014)	RCT	60, schizophrenia	PE	NR	TAU	SSMI, KS	Inpatient & Outpatient
Ren et al. (2013)	RCT	120, schizophrenia	PE	Group + individual	TAU	SSMI	Outpatient
Shi et al. (2012)	RCT	139, depression	PE	Group	TAU	PDDQ	Inpatient
Xu et al. (2014)	RCT	400, depression	PE	Group + individual	TAU	SRF, SCO	Inpatient
Yang and Tan (2015)	RCT	80, schizophrenia	PE	Group + individual	TAU	SSMI	Inpatient
Yu and Zhou (2012)	RCT	80, schizophrenia	PE	Group	TAU	SSMI	Inpatient
Zhao et al. (2013)	RCT	105, schizophrenia	PE	Internet	TAU	SSpMI, GSES	Outpatient & Community
Zheng et al. (2012)	RCT	102, schizophrenia	PE	Group	TAU	SSpMI	Community

RCT = Randomized Controlled Trial; CT = Controlled Trial; PE = Psychoeducation; CBT = Cognitive Behavioral Therapy; NR = Not Reported; TAU = Treatment as usual; AC = Attention Control; SSpMI = Stigma Scale for people with Mental Illness; PDDQ = Perceived Devaluation and Discrimination Questionnaire; CSSMI = Chinese Self-Stigma of Mental Illness Scale; SRF = Stigma-Related Feelings; SCO = Stigma Coping Orientations; SSMI = Stigma Scale for Mental Illness; KS = Knowledge about Schizophrenia; GSES = General Self-Efficacy Scale.

Over the past few years, several approaches have been developed in Western countries to reduce stigma's impact on people with mental illness. Psychoeducation (Link et al., 2002; Lucksted et al., 2017) and enhancing mental health literacy (Jorm, 2012) are often used to improve knowledge about mental illness, understanding of stigma and enhancing strategies to cope with stigma. Cognitive restructuring, one of the core techniques of cognitive behavioral therapy (CBT), challenges self-stigma as irrational self-statements (Morrison et al., 2013; Fung et al., 2011). Acceptance-based treatment (Luoma et al., 2008), narrative approaches (Yanos et al., 2012) and support with disclosure decisions (Corrigan et al., 2015; Rüsche et al., 2014) reduce stigma-related stress and self-stigma. Many approaches have been used or culturally adapted in a growing number of studies to reduce stigma and its impact among people with mental illness in China.

A few systematic reviews examined the efficacy of anti-stigma interventions among people with mental illness. Mittal et al. (2012) found that interventions had small to moderate effects on self-stigma. In a meta-analysis (Griffiths et al., 2014) three studies aimed at reducing self-stigma yielded small and non-significant effects. A recent review (Tsang et al., 2016) included 14 studies targeting self-stigma, about half published from 2013 to 2015 were not included in earlier reviews, and found a significant moderate effect. All three reviews (Mittal et al., 2012; Griffiths et al., 2014; Tsang et al., 2016) focused on self-stigma and most included studies had been conducted in Western countries. Only two programs for people with mental illness were included in Mehta et al.'s systematic review (2015), which had small medium/long term effects on reducing stigmatized attitudes. This review also evaluated anti-stigma interventions in lower- and middle-income countries, however, no study targeting people with mental illness was identified and papers in Chinese were not included.

A narrative review of interventions targeting self-stigma by Yanos et al. (2015) suggests that self-stigma reduction strategies varied greatly in settings, mechanisms and efficacy and interventions should be adapted to best fit specific contexts and cultures. Of all studies on anti-stigma interventions for people with mental illness in China, only one study from Hong Kong (Fung et al., 2011) was included in previous reviews on this topic (Mehta et al., 2015; Mittal et al., 2012; Griffiths et al., 2014; Tsang et al., 2016; Yanos et al., 2015). It is therefore unclear for Chinese people (i) whether any anti-stigma interventions for people with mental illness are effective and (ii) whether different types of intervention, such as psychoeducation versus CBT, differ in their

efficacy. To address this gap, we examined the efficacy of anti-stigma interventions to reduce stigma's impact among people with mental illness in China. As anti-stigma interventions cannot be separated from the culture in which they operate, this will provide an empirical basis for future anti-stigma efforts in China.

2. Methods

The systematic review was performed in accordance with the PRISMA checklist (Liberati et al., 2009). Details of the protocol for this systematic review was registered on PROSPERO (Xu et al., 2015; CRD: 42015017467) before starting this review. In part I of this two-part review, we studied the efficacy of interventions for reducing mental illness stigma in the general public (Xu et al., 2017). In this paper (part II) we examine the efficacy of anti-stigma interventions among people with mental illness.

2.1. Eligibility criteria

We included randomized controlled trials and non-randomized controlled trials investigating the effect of mental health stigma-related interventions among people with mental illness in Mainland China, Hong Kong, Taiwan and Macau. Only prospective controlled trials with a parallel group design were eligible for this review. Study participants had to be diagnosed as suffering from mental illness by using the International Classification of Diseases (ICD), the Diagnostic and Statistical Manual of Mental Disorder (DSM), or the Chinese Classification of Mental Disorders (CCMD). Studies were included if they reported any type of intervention reducing aspects of stigma or increasing mental health literacy among people with mental illness and if they included at least one stigma-related outcome. Articles published in English or Chinese were included.

2.2. Search strategy

We searched the databases PubMed, PsycINFO, Social Science Citation Index, EMBASE and Cochrane Controlled Trials Register as well as three Chinese databases, namely Chinese National Knowledge Infrastructure (CNKI), VIP and WanFang. The following search strategy was used in both English and Chinese: 'stigma' OR 'discrimination' OR synonyms AND 'mental health' OR 'mental illness' OR synonyms AND

Download English Version:

<https://daneshyari.com/en/article/4933167>

Download Persian Version:

<https://daneshyari.com/article/4933167>

[Daneshyari.com](https://daneshyari.com)