



Changes in beliefs and attitudes toward people with depression and schizophrenia – results of a public campaign in Germany



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ABSTRACT

We examined the impact of a mental health awareness campaign on public attitudes. The campaign was embedded in the project *psychenet – Hamburg Network for Mental Health*. Beliefs and attitudes were examined before and after specific awareness measures in Hamburg (intervention region) and Munich (control region). Analyses were based on representative surveys (2011: $N=2014$; 2014: $N=2006$). Vignettes with symptoms suggestive of depression respectively schizophrenia were presented, followed by questions on social distance, beliefs and emotional reactions. Analyses of variance tested variations between regions over time and differences between those aware of the campaign and those not aware. In 2014, 7.3% ($n=74$) of the Hamburg respondents were aware of the psychenet campaign. Regarding the total sample, there were minor changes in attitudes. Differentiated according to campaign awareness among Hamburg respondents, those who were aware showed less desire for social distance toward a person with depression. Moreover, respondents aware of the campaign stated less often that a person with schizophrenia is in need of help. The campaign had small impact on attitudes. A substantial change in ingrained attitudes toward persons with mental health problems is difficult to achieve with interventions targeting the general public.

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1. Introduction

Stigma against persons suffering from mental disorders is a prevalent phenomenon which imposes a high burden on those affected (Link et al., 1999). A lack of knowledge about possible causes, treatment options and the absence of personal contact to those affected can elicit negative attitudes and in turn reinforce discrimination and stigmatization (Link and Phelan, 2001). Social rejection of persons with a mental illness has been found disturbingly stable over the last decades (Schomerus et al., 2012). Furthermore, marked differences between mental illnesses

regarding beliefs and attitudes have been identified. Persons with schizophrenia have been more frequently considered dangerous or violent than patients diagnosed with depression (Angermeyer and Dietrich, 2006). Link and Phelan (2001) defined stigma as the co-occurrence of labeling, stereotyping, separating and discrimination. An empirical measure often used to assess stigmatization is the construct of social distance (Bogardus, 1925; Link et al., 1987). Hereby, the individual's acceptance or reluctance to socially engage with persons affected by mental disorder can be determined. Various studies have found desire for social distance to be associated with older age (van't Veer et al., 2006), lower level of education (Martin et al., 2007) and biogenetic causal attributions such as somatic or hereditary factors (Jorm and Griffiths, 2008). Furthermore, there are associations between emotional reactions such as anger or fear and a person's desire for social distance (Angermeyer et al., 2013). In terms of mental illness stigma, media reports can both reflect and influence public attitudes (Angermeyer et al., 2005; Knifton and Quinn, 2008; Corrigan et al., 2013).

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Possible consequences of stigma can be social exclusion, negative effects on employment opportunities and housing or foregone or delayed uptake of treatment. This results in a large number of persons suffering from mental disorders who do not utilize the health care system and, in turn, in an increased risk of chronification of illness (Link and Phelan, 2001; Wang et al., 2005; Thornicroft, 2007).

To encounter problems related to the stigma of psychiatric disorders and to raise awareness among the population, institutions such as the World Psychiatric Association (WPA) recommend educational campaigns (World Psychiatric Association, 2005). Many countries have conducted public mental health campaigns. Some of these interventions have been evaluated regarding their effects on public stigma. However, results are inconsistent due to different outcome parameters and indicators used for evaluation.

A systematic review on the effectiveness of mass media intervention on reducing mental health stigma (Clement et al., 2013) included 22 randomized trials. Primary outcomes were prejudice (stigmatizing attitudes) and discrimination (being treated unfairly); secondary outcomes were e.g. knowledge, cost, reach and recall. The authors found that mass media interventions may reduce prejudice, but there was only insufficient evidence for effects on discrimination. Another review by Dumesnil and Verger (2009) focusing on public awareness campaigns about depression and suicide observed substantial between-campaign variations of indicators and instruments used. The authors came to the result that campaigns can improve knowledge and awareness in the population in the short term. Nevertheless, effects on attitudes were often only small to modest. Grausgruber et al. (2009) examined the impact of the anti-stigma campaign “Schizophrenia has many faces” in Austria. Amongst others, interventions of this campaign were TV-spots on schizophrenia, contributions in newspapers, flyers and posters. Indicators measuring public beliefs and attitudes were desire for social distance and ascription of attributes to those affected. The study found that this campaign did not change inherent public attitudes. Moreover, desire for social distance and the opinion that a person with schizophrenia is prone to violence even increased over the course of time.

The Australian campaign “beyond blue” was established to address depression-related issues in the public and promote community awareness (Jorm et al., 2005). Information on depression and treatment options were conveyed by media. Changes in outcomes (recognition of depression, possible treatment options and beliefs about discrimination) over a period of eight years were generally small. Regarding discrimination, respondents in states where the campaign took place showed an increase in the belief that the person in the vignette would be discriminated against. The generic “Time to Change” campaign against stigma and discrimination was conducted in Great Britain (Evans-Lacko et al., 2013a). Social marketing activities via mass media included stories of persons affected by mental disorder as well as hints and tips on what people can do to fight stigma. “Time to Change” also had a social contact component where members of the public could meet volunteers with experience of mental health problems (Evans-Lacko et al., 2013b). The evaluation of the campaign showed improvement in intended behavior (e.g. living or working with somebody with a mental health problem) but not in knowledge and attitudes. Contact to a person affected by mental illness induced more positive attitude change.

The German campaign “Nuremberg Alliance against Depression” was a 2-year intervention program seeking to increase awareness among health professionals and the lay public alike (Hegerl et al., 2003). There were moderate campaign effects regarding knowledge about treatment options and causes, while changes in attitudes were rather minor. All in all, results of the studies available are inconsistent and show relatively small to

moderate effects of public campaigns.

A recent German campaign targeting information and awareness of mental health issues was carried out from 2011 to 2014 in Hamburg, Germany. With a population of around 1.8 million the city is the second largest in Germany. This media campaign was part of *psychnet – Hamburg Network for Mental Health*, a large project consisting of different interventions that concentrate on various mental disorders (Härter et al., 2012).

The evaluation of the *psychnet* media campaign analyzed changes in public attitudes toward persons affected by depression or schizophrenia. The study explored variations in desire for social distance, emotional reactions toward and characteristics attributed to individuals with mental disorder. First, we analyzed changes in public attitudes in Hamburg and the control region Munich. Second, we performed analyses for the Hamburg sample, comparing those aware of the *psychnet* campaign with respondents not aware of *psychnet*.

2. Methods

2.1. The *psychnet* media campaign

In order to increase knowledge about and awareness of mental disorders as well as to foster a destigmatizing and open-minded attitude toward those affected, a public campaign conducted in Hamburg (Germany) made use of several components: These included the dissemination of key messages which promoted dealing openly with mental disorders, seeking prompt medical attention as well as availability of help and the high prevalence of mental illnesses. In cooperation with media companies, health care providers and patients, short movies were developed and shown in cinemas all over Hamburg about 40,000 times between October 2011 and February 2014 (<http://www.psychnet.de/kampagne/en/our-campaign/media-campaign.html>). In the movies, patients with mental illness served as actors. They shared their genuine and very personal stories with the aim to achieve awareness, encourage sensitivity and break down prejudices toward those affected by mental illness and their relatives. Further explicit and implicit messages were used in the spots to attain destigmatizing effects. The actors e.g. stated the commonness of mental illness such as “We are not talking about a section of people who have fallen ill, but instead completely normal people. Yes, it can hit virtually anybody.” Implicitly, the short movies conveyed positive images that were to emotionally concern the viewer and to dilute the feeling that a person with mental illness is inherently different from oneself, e.g. by showing a patient with psychosis playing with his child.

The same actors also contributed to the creation of posters and Edgar cards, i.e. free postcards, also used in advertising, that one can pick up at different public locations. Those were distributed in public places in Hamburg, advertised in newspapers, displayed in exhibitions or practices of health specialists. In all spots, posters and cards, there was a reference to the specifically designed website of the campaign (<http://www.psychnet.de/kampagne/en/our-campaign/media-campaign.html>). Here, further information such as basic facts on different mental disorders can be found. Additionally, support is given in form of a referral to crisis centers or a telephone service for those affected, their relatives, care providers and everybody else interested in issues of mental health.

2.2. Study design and sample

The study design of the outcome evaluation included standardized population surveys at two points in time (pre and post-campaign) with Munich as control region. Munich was chosen as control

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