European Psychiatry 31 (2016) 44–51

Contents lists available at ScienceDirect

European Psychiatry

journal homepage: http://www.europsy-journal.com

Original article

Impact of the mass media OBERTAMENT campaign on the levels of stigma among the population of Catalonia, Spain

M. Rubio-Valera [a,b,c,*], A. Fernández [a,c], S. Evans-Lacko [d], J.V. Luciano [a,e], G. Thornicroft [f], I. Aznar-Lou [f], A. Serrano-Blanco [e,g]

[a] Department of Teaching and Research, Fundació Sant Joan de Déu, Esplugues de Llobregat, Spain
[b] Department of Pharmacology and Therapeutic Chemistry, School of Pharmacy, University of Barcelona, Barcelona, Spain
[c] Spanish Network for Preventive Activities and Health Promotion in Primary Care (redIAPP), Spain
[d] Mental Health Policy Unit, The Brain and Mind Research Institute; and Centre for Disability Research and Policy. Faculty of Health Sciences, University of Sydney, Sydney, Australia
[e] Institute of Psychiatry, Psychology and Neuroscience, King's College, London, UK
[f] Centre for Global Mental Health, Institute of Psychiatry, Psychology and Neuroscience, King's College, London, UK
[g] Acute Psychiatric Unit, Parc Sanitari Sant Joan de Déu, Sant Boi de Llobregat, Spain

ARTICLE INFO

Article history:
Received 10 August 2015
Received in revised form 19 October 2015
Accepted 19 October 2015
Available online 7 December 2015

Keywords:
Social stigma
Social discrimination
Mental disorders
Mass media

ABSTRACT

Reducing public stigma could improve patients' access to care, recovery and social integration. The aim of the study was to evaluate a mass media intervention, which aimed to reduce the mental health, related stigma among the general population in Catalonia (Spain). We conducted a cross-sectional population-based survey of a representative sample of the Catalan non-institutionalized adult population ($n = 1019$). We assessed campaign awareness, attitudes to people with mental illness (CAMI) and intended behaviour (RIBS). To evaluate the association between campaign awareness and stigma, multivariable regression models were used. Over 20% of respondents recognized the campaign when prompted, and 11% when unprompted. Campaign aware individuals had better attitudes on the benevolence subscale of the CAMI than unaware individuals ($P = 0.009$). No significant differences in authoritarianism and support for community mental health care attitudes subscales were observed. The campaign aware group had better intended behaviour than the unaware group ($P < 0.01$). The OBERTAMENT anti-stigma campaign had a positive impact to improve the attitudes and intended behaviour towards people with mental illness of the Catalan population. The impact on stigma was limited to attitudes related to benevolence. A wider range of anti-stigma messages could produce a stronger impact on attitudes and intended behaviour.

1. Introduction

Public stigma against people with mental illness is a cultural and social phenomenon that dramatically influences the lives of people with mental illness [8,20]. Several studies have shown that population levels of stigma are associated with self-stigma [12]; vulnerability to unemployment [13]; low levels of help-seeking behaviours [5,25]; and suicide [32] among individuals with mental illness. Stigma is the greatest barrier to social participation among those with mental disorders [8,29]. To fight against this, different countries have implemented population-based anti-stigma campaigns. These campaigns are based on the principles of social marketing and use multifaceted strategies [8,9], including promoting social contact and highlighting injustices (protest strategies); as well as educational interventions: targeted on specific populations (e.g. journalists and health professionals) and to the general population (using mass media to change public attitudes). Educational interventions are the most common strategies used to address public stigma [8,9]. This component aims to change inaccurate representations of mental disorders by providing factual information about mental illness [23]. This is often done with mass media (e.g. advertising in key places in a city, announces in the radio, TV, newspapers, Facebook, twitter, etc.), as mass media have the advantage to reach a broad number of people at a relatively low price.

* Corresponding author. Parc Sanitari Sant Joan de Déu, C/Dr. Antoni Pujades, 42, 08830 Sant Boi de Llobregat, Barcelona, Spain. Tel.: +34 936 406 350x12546; fax: +34 936 542 136.
E-mail address: mrubio@pssjd.org (M. Rubio-Valera).

http://dx.doi.org/10.1016/j.eurpsy.2015.10.005
0924-9338/

Although there is growing data from campaigns, such as "Time to Change", "See Me", "In One Voice" or "Open the Door" that demonstrate effectiveness in changing attitudes towards people with mental health problems [7,14,19,22,24], evidence of the effectiveness of mass media-based strategies is still scarce and most evaluations were targeted on students [4]. Furthermore, most of this literature on anti-stigma campaigns is coming from Anglo-Saxon countries [4]; and little is known about the effectiveness of these strategies in other countries, which have different cultural values and prevalence of mental disorders [10,16,36].

The aim of this study is to assess the impact of a mass media intervention (OBERTAMENT) on the mental health related stigma (prejudice and discrimination) of the Catalan population in Spain.

2. Method

2.1. OBERTAMENT campaign

The OBERTAMENT campaign targets the general population in the Autonomous Community of Catalonia (Spain) (7.6 million persons) [27]. The first public awareness campaign was launched during September/October 2012. The campaign was aimed at the general public and the main target demographic was individuals aged between 15 and 45 years. The prevalence of mental illness is higher in this age group and they are more likely to be exposed and receptive to the marketing campaign. The main objective of the campaign was both publicizing the problem of stigma and discrimination faced by people with mental illness and how they are socially affected by stigma and discrimination. Appendix A provides detailed information about the campaign.

2.2. Study design

We conducted a cross-sectional population-based survey (July–October 2013). The survey was part of the ongoing Catalan Health Survey [1] that has been conducted by the Department of Health of the Government of Catalonia since 1994 to assess the overall health status, lifestyle and use of health services of the Catalan population and consists of a face-to-face interview that takes place at the home of individuals randomly selected. ESCA is an official survey that meets all the Spanish regulatory requirements, including data confidentiality. All participants provided informed consent.

The researchers were not directly involved in either the conceptualization or implementation of the campaign. In order to improve the transparency of the results, the evaluation of the campaign was externally audited by the Catalan Institute for the Evaluation of Public Policies (Institut Català d'Avaluació de Polítiques Públiques-IVÀLUA). IVÀLUA reviewed the study protocol prior to the implementation of the campaign, the analysis strategy and implementation and the results.

2.3. Participants

The ESCA survey consisted of a multistage probability sample representative of the non-institutionalized residents of Catalonia. There were no other exclusion criteria. The ESCA survey (2010–2014) is structured in eight biannual stages of approximately 2400 interviews each [1]. To evaluate the impact of the OBERTAMENT campaign, we included survey respondents who were older than 14 years of age and who were interviewed between July and October 2013 (n = 1019). The sampling strategy was stratified (by gender, age and municipal size). The basic territorial units were the health territorial governments. First, the municipal territories were classified under five categories according to their population size and randomly selected within the 37 health territorial governments. Territorial areas, which were less densely populated were overrepresented. Second, individuals from the selected territories were stratified by sex and age (13 age groups were generated) and a random sample of the participants (each with 10 substitutes) were selected from each gender and age stratum. A probability weight based on the sampling strategy was calculated.

The Department of Health of the Catalan Government sent a letter to the selected participants informing them that they had been included in the study. Some days after, the interviewers travelled to the participants' houses to conduct the interviews. In case the selected person was not available, the interviewer approached the next selected participant on the list (a person from the same territory and of the same age and gender). The response rate was of 41.0%. The main causes of unavailability were due to changes of address (33% of cases), refusal to be interviewed (29%) and long-term absence from home (16%). Due to the sampling design, there were no differences between respondents and non-respondents in sociodemographic characteristics.

2.4. Measures

Data were collected on the following sociodemographic characteristics: gender, age, marital and working status, nationality and education. To evaluate familiarity with mental disorders, participants were asked if they had experienced a mental disorder (depression and/or anxiety or other) at some point in their life, if they had used psychotropic medications (sedatives or tranquilizers, antidepressants or sleep medicines) in the last two days and if they knew someone who had experienced a mental disorder (close relative, another relative, friend or others).

First, recollection of the campaign (i.e. spontaneous awareness) was assessed by asking the participants if they remembered any campaign related to mental health and what was the message. Second, recognition of the campaign (i.e. prompted awareness) was assessed by showing the participants a series of images of the campaign and asking if they recognised the campaign or not. If the participants remembered the images of the campaign they were asked where they had seen the ad. Recall of campaign messages was assessed by asking participants who recognised the campaign if they remembered any messages of the campaign using and open-ended question. Interviewers classified the participants response into the available categories of response (see Appendix C).

Individuals who reported remembering the images of the campaign were categorised as "campaign aware" and those who did not remember the images of the campaign were categorised as "campaign unaware". The subsample of people that recalled the message content of the campaign were categorised as "message aware" in comparison to those who could not recall any message ("message unaware").

Mental health related attitudes were assessed using the Community Attitudes Towards the Mentally Ill scale (CAMI) [34]. The original scale includes 40 items that are rated on a five-point Likert type scale from 1 (strongly agree) to 5 (strongly disagree) that are organized into four subscales (10 items each) that include authoritarianism, benevolence, social restrictiveness and community mental health ideology. The Spanish version of CAMI showed adequate reliability in a sample of adolescent students but it has not been validated in adults [28]. We used a short version of 26 items (CAMI-26) that has been used before to evaluate stigma campaigns and thus allows comparison with previous campaigns [14]. Scores of negative items were reverse coded so that higher scores indicate more favourable attitudes.