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Study protocol: Mobilizing Asian men in Canada to reduce stigma of mental illness

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ABSTRACT

Background: The available evidence on interventions addressing the stigma of mental illness is limited because of small samples, lack of diversity in study samples, and exclusion of people living with mental illness. To date, no published studies have evaluated anti-stigma interventions for Asian men in Canada.

Aim

This paper describes the protocol of a study to evaluate psychological and collective empowerment interventions (ACT, CEE, and ACT + CEE) in addressing self-stigma and social stigma in Asian communities in three urban settings in Canada: Toronto, Calgary and Vancouver. The study targets Asian men living with or affected by mental illness, and community leaders interested in stigma reduction and advocacy.

Methods: Guided by a population health promotion framework and an ecological approach to health, the study will use a repeated measure design with mixed methods for data collection. In total, 2160 participants will be enrolled to detect moderate-to-large effect sizes, while accounting for possible attrition. Participants will be randomly assigned to one of three interventions or a control group, using a randomization matrix. Established measures will be used to collect outcome data at pretest, post-test, and 3 and 6 months follow-up, along with focus group discussions and monthly activity logs. Mixed linear models will compare participants' stigma, psychological flexibility, valued life domains, mindfulness, and empowerment readiness within and between groups.

Discussion: The project will generate new knowledge on the applicability and effectiveness of evidence-based psychological and collective empowerment interventions (ACT, CEE, and ACT + CEE) in addressing stigma of mental illness and mobilizing community leadership.

1. Background

Mental illness is a significant health concern in Canada [1] and worldwide [2]. The effects of mental illness are compounded by stigma, which can prevent its early recognition, diagnosis, and treatment. The stigma of mental illness can be felt and enacted at the intrapersonal, interpersonal, community, and societal levels [3]. Stigma is associated with increased symptom severity [4], delays in seeking help [5], underutilization of mental health services [6], poor adherence to treatment [4,7], and increased risks of mortality and morbidity [5]. It contributes to low self-esteem, and social isolation, creates access barriers to social determinants of health such as employment, housing, and education,Error! Reference source not found [8], and ultimately lowers quality of life. Anti-stigma efforts are critical to reducing mental health disparities.

Although the stigma of mental illness exists in all communities, fear of racism and xenophobia [9] heightens its effects within racialized and marginalized communities [10,11]. Immigrants from East, South, and Southeast Asian countries represent approximately 15% of the total Canadian population [12]. Their mental health is affected by limited access to income, employment, health and social resources, and pressure to meet social expectations [13,14,15], and their mental health

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needs are seldom met due to systemic barriers [16,17,18,19,20]. and social stigma [15,21]. Hegemonic masculine expectations also deter Asian men from seeking mental health services [22].

To date, anti-stigma interventions have not been accessible to Asian communities in Canada. In a scoping review of studies evaluating anti-stigma interventions in the Canadian context over a period of 10 years (2005–2015), Guruge et al. [23] found only 35 published studies on this topic. The participants were predominantly White, Canadian-born, young and/or middle-aged women, and the interventions usually focused on changing the behaviour or practice of one professional group. Most studies were cross-sectional, and did not include people living with mental illness.

Fung and Wong engaged in an innovative community-based intervention study, Community Champions HIV/AIDS Advocates Mobilization Project (CHAMP) [24,25,26] that evaluated the use of two interventions, Acceptance and Commitment Training (ACT) and Social Justice Capacity Building Training (SJCB), to decrease HIV-related stigma and train HIV champions in Asian, Black, and Latino communities in Toronto. The study was unique in engaging community leaders living with and without HIV/AIDS. It used mixed quantitative and qualitative methods to capture data, as well as monthly activity logs to document behavioural changes in the 6-month follow-up period, reinforced by two reconnection events. Informed by the CHAMP study, our team will scale it up, and apply the interventions to decrease the stigma of mental illness among Asian men.

In the current study, we will implement three interventions to address stigma among men in Asian communities in Canada: Acceptance and Commitment Training (ACT), Contact-based Empowerment Education (CEE), and a multi-component intervention (MCI). ACT is an empirically tested intervention that addresses stigma at the intrapersonal and interpersonal levels; it uses acceptance and mindfulness strategies to increase psychological flexibility and foster self-awareness, mindfulness, compassion for self and others, and commitment toward value-guided action. CEE addresses social stigma through critical dialogue and collaborative learning to improve knowledge about mental health and illness, reduce stigma, and promote community engagement. MCI combines ACT and CEE, providing a complementary approach to addressing self and social stigma.

This paper presents the protocol for the study designed to evaluate the three anti-stigma interventions among men in East, South, and Southeast Asian (hereafter referred to as Asian) communities. The study design will help overcome the limitations of previous anti-stigma research by: 1) involving men living with or affected by mental illness, 2) using a large sample, 3) examining the longitudinal effects of the interventions (6-months post-intervention), and 4) comparing the effectiveness of the interventions targeting self and social stigma, alone and in combination.

1.1. The specific study objectives are to

1. Evaluate the effectiveness of each intervention, that is, ACT, CEE and MCI, (compared to control) in:
   a) decreasing intrapersonal and social stigma of mental illness, as perceived by Asian men;
   b) increasing psychological flexibility, mindfulness, and commitment toward value-guided actions; and
   c) improving Asian men's knowledge of mental health and illness, capacity for community engagement, and activism regarding stigma.
2. Compare the relative effectiveness of the interventions in achieving these outcomes among Asian men in Canada.

1.2. Theoretical approach

This study is guided by a population health promotion framework [27,28] grounded in the principles of social justice and an ecological approach [29,30]. It is underpinned by the concepts of *community empowerment*, in which community stakeholders work toward shared goals to increase collective self-determination and improve quality of community life [31], and *capacity-building* in which available human and social resources within a given community are leveraged to solve collective problems and improve the wellbeing of its members through informal social processes and organized effort [32].

1.3. Methodological approach

Because stigma is experienced and enacted in myriad social contexts in everyday life, stigma reduction must be conducted in community settings through participatory research, involving two target groups [33,34,35]. These include people living with and/or affected by stigma, and community leaders who have historically played a vital role in the settlement and integration processes within immigrant communities [36,37]. Involving both groups is known to build synergy of individual and collective empowerment to address stigma [26]; this study will reduce mental illness stigma and build capacity among Asian men and mobilize them to become Community Mental health Ambassadors (CMAs) as effective advocates to further address stigma in the community.

1.4. Study design

Similar to CHAMP [24,25,26], this study will use an experimental design with repeated measures and mixed methods for data collection. Eligible consenting participants will be assigned to the ACT, CEE, MCI or control group using a randomization matrix. Quantitative outcome and process data (validated scales) and qualitative data (focus groups) will be collected concurrently, at pre-test, post-test immediately after completion of the intervention, as well as 3- and 6-months follow-up. Monthly activity logs and focus groups post-intervention will be used to capture behavioural change in community advocacy.

1.5. Ethical considerations

The study protocol has been approved by the research ethics boards at the following institutions: Ryerson University, University of Toronto, University of Calgary, Simon Fraser University, University of British Columbia, Vancouver Coastal Health, and Saint Mary's University.

1.6. Sample and setting

The study will engage men in Asian communities in three cities with the largest number of immigrants: Calgary, Alberta (AB); Vancouver, British Columbia (BC); and Toronto, Ontario (ON). Outreach and recruitment processes are shown in Fig. 1.Men living with and/or affected by stigma will be eligible if they are ≥ 18 years, self-identify as Asian, live with mental illness or report being affected by mental illness experienced by significant others. Community leaders (e.g. faith-based or youth leaders) are eligible if they are ≥ 18 years and interested in community advocacy.

The study is powered to compare the three interventions. The sample size required to detect moderate-to-large effect sizes (alpha at 0.05 and power at 0.80 [38], and allowing for 30% attrition) is 2160.

1.7. Study interventions

ACT is considered a psychotherapeutic modality within the larger family of cognitive and behavioural therapies (CBT). ACT differs from classical CBT [39] in that it focuses on the entirety of psychological events, not only the elements that are considered to be problematic. It is also a mindfulness-based therapy that facilitates change processes to promote psychological flexibility and wellbeing. It increases awareness of the constant critical and evaluative mind and helps people recognize