

EVALUATION OF AN EDUCATIONAL INTERVENTION FOR REDUCING MENTAL HEALTH STIGMA IN MEDIA PROFESSIONALS

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Summary

Objectives: Media professionals represent an important target group for anti-stigma interventions. This pilot study aims to assess the effect of an educational intervention delivered to a group of media professionals and it was designed to improve their knowledge on mental health issues and attitudes towards persons with mental health problems.

Materials and methods: This study was conducted following a pre-test post-test design. A total of 60 newspaper journalists attended a one-day training course on mental disorders, mental health legislation and most common prejudice towards people with mental health problems and completed a pre- and post- modified version of the Community Attitudes toward the Mentally Ill (CAMI) questionnaire.

Results: Prior to intervention, 30% of the sample had a poor knowledge on mental health issues. After the intervention, participants displayed an increased level of knowledge on the most appropriate terminology to identify main mental disorders; an increased percentage of participants declared that they were not able to recognize persons with mental disorders on the basis of their behaviour (from 15 to 31.7%) and a reduced percentage of participant endorsed a dangerousness stereotype (from 16.7 to 5%). Also, it has been registered a decreased number of people judging as inappropriate the closing of psychiatric hospitals (from 46.7 to 20%) and of those asking for the restoration of psychiatric hospitals (from 40 to 18,3%).

Conclusions: This study shows that one anti-stigma education session can be effective in improving knowledge on mental health and attitudes towards persons with mental health problems in media professionals in the short term.

Key words: stigma, prejudice, mental health, mass media, journalists

Introduction

Quality of life and social integration of persons with mental health problems do not simply relay on the care they receive, but also on the attitude shown by people they meet in their everyday life, on the opportunities to make use of the services available in the community and on the expectations of the community where they live ¹. On the other hand, mental health stigma has a negative impact on people with mental health problems, as they stir up feelings of helplessness and shame with the consequent risk of refusing treatment or delaying access to services ²⁻⁴. This triggers a vicious circle of self-exclusion, isolation and marginalization ⁵⁻⁸. Programmes aimed to reduce mental health stigma have not always been able to achieve their goals ⁹⁻¹¹. This is most likely due to an inaccurate selection of target groups ¹². Some authors, in fact,

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suggest that anti-stigma programmes addressing the general population are not effective, whereas it seems more useful if they focus on specific target groups, such as high school students, medical students, healthcare professionals, police officers and media professionals¹³⁻¹⁶.

This latter group represents a very important target for anti-stigma programmes, as mass media play a major role in perpetuating a negative picture of people with mental health problems¹⁷⁻¹⁹. Media commonly report mental health issues as associated with violent behaviours and crimes²⁰. On the other hand, media may be a key resource for implementing and disseminating effective anti-stigma initiatives²¹⁻²². Their appropriate use of mass media messages may represent an added value in anti-stigma campaigns, as they offer the possibility to convey clear and demystifying messages, reaching a large number of potential recipients.

Considering the major role played by mass media in shaping the public opinion, we implemented an educational anti-stigma intervention for media professionals, which was specifically designed to improve their knowledge on mental health issues and their attitudes towards persons with mental health problems. The present study aims to report on the effectiveness of this educational intervention over the short term.

Methods

Study design

This research used a quasi-experimental pre-test post-test design, in which a group of media professionals was evaluated with a standardized measure before and after an educational intervention.

The evaluation questionnaire

Data collection was performed by using an *ad hoc* assessment measure adopted in previous investigations on the opinions about mental disorders and psychiatric care in the general population and healthcare professionals in Italy²³. It is a self-rated questionnaire composed of 46 items divided into five sections: 1) Information on personal characteristics of respondents, 2) information on mental disorders, 3) attitude towards people with mental disorders, 4) information on psychiatric care/legislation, 5) opinions on psychiatric care. The items of sections 2 and 3 were taken from the Community Attitudes toward the Mentally Ill (CAMI) inventory²⁴⁻²⁵, whereas the items of sections 4 and 5 were taken from an Italian questionnaire previously used in a research on the

information and opinion of the general population on psychiatric care²⁶. The questionnaire was administered 30 minutes before the start of the educational intervention and re-administered after its attendance. Confidentiality and anonymity was guaranteed to all participants.

Participants

The intervention was provided within the framework of an accredited professional training course (ECM) organized by the University of Verona. No specific characteristics were required to attend the course, neither about the specific medium (press, television, web, radio), nor about the working area (politics, economics, health, sports, educational, crime, gossip). Seventy-one newspaper journalists participated; sixty of them filled out and gave back the questionnaires both before and after the intervention.

The intervention

The intervention was designed as an educational module aimed at helping journalists to gain a better knowledge and understanding of mental health issues. The intervention lasted four hours and was structured as a teacher-led lesson followed by a group discussion. The intervention addressed the following issues: 1) definition and description of most common mental disorders, 2) challenging the most common prejudices about mental disorders (ie, dangerousness, unpredictability, incurability, incomprehensibility), 3) information on mental health services organization and core elements of Italian mental health legislation, 4) role of mass media in increasing or reducing mental health stigma, with specific emphasis to a more accurate/appropriate use of terminology when reporting on mental health issues. With this latter regard, the course underlined how an inappropriate/inaccurate use of language by mass media might contribute to reinforce the negative image of people with mental health problems; on the other hand, it was also pointed out how media might represent a very strong de-stigmatizing tool. Recommendations provided by the main media reporting guidelines available at international level (eg, 'Time-to-Change' in the UK, 'Mindframe' in Australia and 'Mindset' in Canada), together with recommendations of a proposed code of ethics for Italian journalists on mental health reporting ('Carta di Trieste'), were taken into account and discussed. At the end of the course it was given to participants a list of words that should be used or avoided when reporting on mental health issues.

Statistical analysis

Considering the qualitative nature of the variables in analysis, analysis was carried by using descriptive statistics (distribution of frequency) and non-parametric analysis (Chi-square test). All analysis are elaborated through the statistical software *Statistical Package for Social Sciences (SPSS) for Windows*, version 10.1.

Results

Socio-demographic characteristics of participants who returned the completed questionnaires are shown in Table I.

Knowledge on mental disorders

As shown in Table II, the vast majority of participants (88%) knew the name of at least one psychiatric disorder: most of them (53%) mentioned “schizophrenia”, followed by “bipolar disorder” (31%) and “depression” (26.7%). It is important to underline that among participants who declared to know the name of at least one mental disorder, 15% did not show an adequate level of knowledge, since they reported not pertinent or inexistent psychiatric conditions (eg, ‘raptus’, ‘madness’, ‘hysteria’, ‘senile dementia’, ‘autism’).

The level of uncertainty among participants was even higher when considering the definition of “mental retardation”: 68% declared to know what it was, but nearly 52% was not able to mention any condition that implied a mental retardation (while only 13% mentioned a correct diagnosis, such as Down’s syndrome). Intuitively, the majority of participants (78.3%)

Table II. Knowledge of mental disorders (“Can you write down some names of mental disorders?”): comparison between pre- and post- intervention.

	Baseline	Follow-up
Schizophrenia	53.3%	83.3%
Bipolar Disorder	31.7%	40.0%
Depression	26.7%	50.0%
Inappropriate response	15.2%	6.8%
No response	15.0%	8.0%

seemed to be aware that there was a difference between this kind of conditions and a mental disorder. Forty-five per cent declared to be able to recognize people with mental health problems on the basis of their behaviour (53.3%) and their way of speaking (41.7%), whereas physical appearance seemed a less influential element (10%) (see Table III).

Regarding the causes of mental disorders, a great level of uncertainty was found, since only 31.7% of participants declared that the causes of mental diseases are well known. Similarly, the potential for a genetic transmission to offspring was somewhat uncertain (31.6% had no opinion on this, whereas 16.7% reported that mental disorders can be genetically transmitted to offspring).

Here is an interesting finding regards the *association between violence and mental disorders*: just a minority of participants (16.7%) reported that people with mental health problems are more aggressive than other people. A low degree of prejudice was also found with regard to intellectual level, since the vast majority of participants (85%) reported that the IQ of people with mental health problems was not necessarily lower than the general population.

Attitude towards people with mental health problems

As shown in Table IV, 55% of participants reported that if a psychiatric patient had moved near to their home, he/she would have been treated “differently” by the other people in the neighbourhood. However, only for 23%, of them the presence of people with mental health problems in their own neighbourhood would lead to open manifestations of opposition.

It is interesting to note that the tendency to discriminate psychiatric patients is usually attributed to other people rather than self acknowledged: in fact, only 10% of participants openly admitted that they would display a ‘different’ (discriminatory) behaviour toward a person with mental health problems who might have moved to their neighbourhood.

Table I. Socio-demographic characteristics of participants (n = 60).

		N	%
Gender	Male	31	51,7
	Female	29	48.3
Marital Status	Single	23	38.3
	Divorced	9	15.0
	Married/Living with partner	27	45.5
Education	Junior high school	2	3.4
	Secondary school	17	28.3
	University degree	41	68.3
Job	Free lance professional	21	35.0
	Employee	18	30.0
	Retired	4	6.7
	Currently unemployed	1	1.7
	Other	16	26.6

Table III. Knowledge on mental disorders: comparison between pre- and post- intervention (Chi-square).

	baseline			follow-up			p		
	Yes	No	Do not know	Yes	No	Do not know			
Do you know the name of a mental disorder?	88.3%	8.3%	3.3%	95.0%	3.3%	1.7%	n.s.		
Do you know what ‘mental retardation’ means?	68.3%	11.7%	20.0%	70.0%	8.3%	21.6%	*		
Is there any difference between ‘mental disorder’ and ‘mental retardation’?	78.3%	3.3%	18.4%	76.7%	6.7%	16.6%	n.s.		
Are you able to recognize a person with a mental disorder?	45.0%	8.3%	46.7%	36.7%	26.7%	36.7%	*		
Are people with mental disorders recognizable by what they say?	41.7%	28.3%	30.0%	45.0%	36.7%	18.3%	*		
Are people with mental disorders recognizable by what they do?	53.3%	15.0%	31.7%	50.0%	31.7%	18.3%	*		
Are people with mental disorders recognizable by their appearance?	10.0%	66.7%	23.4%	6.7%	78.3%	15.0%	*		
Are the exact causes of mental disorders known?	31.7%	41.7%	26.7%	33.3%	46.7%	20.0%	*		
Can mental disorders be transmitted to offspring?	16.7%	51.7%	31.6%	15.0%	63.3%	21.7%	*		
Do you know someone who has suffered from a mental disorder?	71.7%	25.0%	3.3%	76.7%	21.7%	1.7%	*		
Have you ever suffered from mental disorder?	11.7%	86.7%	1.7%	13.3%	86.7%	0.0%	*		
Has someone in your family ever suffered from a mental disorder?	26.7%	63.3%	10.0%	30.0%	61.7%	8.3%	*		
Compared to others, people with mental disorders are...	More dangerous	No difference	Less dangerous	Not know	More dangerous	No difference	Less dangerous	Not know	p
	16.7%	70.0%	0.0%	13.3%	5.0%	90.0%	0.0%	5.0%	*
Compared to others, people with mental disorders are...	More intelligent	No difference	Less intelligent	Not know	More intelligent	No difference	Less intelligent	Not know	
	5.0%	85.0%	3.3%	6.7%	3.3%	91.7%	1.7%	3.3%	*

* $p < 0.001$

When exploring availability to work with a person with mental health problems, 45% of the sample declared to be willing to do it. However, 58% declared that they did not have that chance to attend places and situations also attended by persons with mental health problems. It is interesting to note that 15% of respondents believed that it was right that a person could feel guilty for his/her mental health problem. If asked about a possible charity project to which they

would donate, 56% declared that they would donate money to sick children, nearly one third to cancer patients, whereas nobody declared that they would donate to people with mental disorders.

Information and opinions about psychiatric care

The vast majority of participants (97.7%) were aware that psychiatric hospitals in Italy had been closed; however, not all of them knew that this closure was

Table IV. Attitudes towards people with mental disorders: comparison between pre- and post- intervention (Chi-square).

	Baseline				Follow-up				p
	Yes	No		Do not know	Yes	No		Do not know	
If a person with mental disorder would be your neighbour, do you think that people would treat him differently from others?	55.0%	15.0%		30.0%	61.7%	13.3%		25.0%	*
If a person with mental disorders would be your neighbour, do you think that he would find opposition from the neighbourhood?	23.3%	30.0%		46.7%	43.3%	13.3%		43.0%	*
Would you personally treat him differently from others?	10.0%	51.7%		38.3%	6.7%	58.3%		35.0%	*
If a person with mental disorders would be your neighbour, could it be a problem for you?	6.7%	61.7%		31.7%	8.3%	65.0%		26.7%	*
Would you work together with a person suffering from mental disorder?	45.0%	11.7%		43.3%	55.0%	8.3%		36.7%	*
Are you usual to frequent some places (Do you usually spend time in places) frequented by people with mental disorder?	23.3%	58.3%		18.3%	28.3%	56.7%		15.0%	*
Do you believe that's fair that people may feel guilty because of their mental disorder?	15.0%	80.0%		5.0%	8.3%	86.7%		5.0%	#
Would you feel comfortable to talk with friends about a relative with mental disorder?	71.7%	16.7%		11.7%	60.0%	25.0%		15.0%	*
For which disorder would you prefer to make charitable donations?	Diabetic	Mental	Pediatric	Cancer	Diabetic	Mental	Pediatric	Cancer	
	0.0%	0.0%	56.6%	35.0%	0.0%	10.0%	51.7%	33.3%	*

* $p < 0.001$; # $p < 0.05$

the consequence of the Italian Psychiatric Reform Law (the “Law n. 180”) (see Table V).

Regarding the attitude toward mental health care (see Table VI), less than half of participants (46.7%) considered as inappropriate the closure of psychi-

atric hospitals and 40% asked for the restoration of hospitalization within psychiatric hospitals.

Half of participants did not express a clear opinion on whether the principles contained in the Italian Psychiatric Reform Law has had practical application,

Table V. Information on Italian mental health care: comparison between pre- and post- intervention (Chi-square).

	Baseline			Follow-up			p
	Yes	No	Do not know	Yes	No	Do not know	
A law approved in Italy in 1978 establishes that nobody who is suffering from mental disorder can be hospitalized in a psychiatric hospital. In case of crisis, the treatment can be provided in a psychiatric ward in a general hospital. Out of the crisis psychiatric care is provided in facilities outside the hospital. Did you know about that?	80.0%	18.3%	1.7%	96.7%	1.7%	1.7%	n.s.
Did you know at least that in our Country psychiatric hospitals have been permanently closed?	96.7%	0.0%	3.3%	98.3%	0.0%	1.7%	n.s.

whereas those endorsing a positive answer to this question are only 16.7%. A negative attitude towards the current psychiatric legislation is also evident by the item exploring the burden posed on families by

community care as prescribed by Law n. 180, since 66.7% of respondents found family burden as “excessive”. However, there is a large consent (61.7%) on the possibility of placing patients discharged from

Table VI. Opinion on Italian mental health care reform: comparison between pre- and post- intervention (Chi-square).

	Baseline			Follow-up			p
	Yes	No	Do not know	Yes	No	Do not know	
Do you consider appropriate the closure of psychiatric hospitals?	38.3%	46.7%	15.0%	65.0%	20.0%	15.0%	*
Was it a good idea to discharge patients from psychiatric hospitals in order to treat them outside?	61.7%	15.0%	23.4%	75.0%	10.0%	15.0%	*
Do you believe that psychiatric reform law has been put into operation?	16.7%	33.3%	50.0%	40.0%	13.3%	46.7%	#
Do you believe that the psychiatric hospitalization should be restored?	40.0%	35.0%	25.0%	18.3%	61.7%	20.0%	*
Do you believe that the current situation of psychiatric care represents an excessive burden on patients' families?	66.7%	1.7%	31.7%	61.7%	6.7%	31.7%	*
Compared to the traditional hospital care, community care, is...	More expensive	Less expensive	Do not know	More expensive	Less expensive	Do not know	
	20.0%	25.0%	55.0%	23.3%	28.3%	48.3%	*
The psychiatric reform law should be...	Maintained	Modified/Abolished	Do not know	Maintained	Modified/Abolished	Do not know	
	15.0%	46.7%	38.3%	36.7%	46.7%	16.7%	*
The consequences of mental health care provided according the Law 180 are...	Advantage	Disadvantage	Do not know	Advantage	Disadvantage	Do not know	
	28.3%	20.0%	51.7%	68.3%	10.0%	21.6%	*
The psychiatric care outside the psychiatric hospitals has been...	Positive	Negative	Do not know	Positive	Negative	Do not know	
	28.3%	28.3%	42.4%	63.3%	15.0%	21.7%	*

* $p < 0.001$; # $p < 0.05$

former psychiatric hospitals into small residential facilities located within the community.

The majority of participants (55%) could not express an opinion on the burden posed on families by community care compared to psychiatric care provided within mental hospitals. The judgment on the advantages offered by the current system of psychiatric care seems to be uncertain, since only 15% of participants were favourable to the maintenance of the current mental health legislation, whereas 46.7% would propose a revision. A strong uncertainty on the advantages of community care was found, as nearly half of the sample could not express a clear opinion on it and the remaining part of the sample was equally shared in those endorsing the positive consequences and those the negative ones.

Evaluation of the follow-up after the class

After the intervention, significant differences were found in a number of items of the different sections of the questionnaire.

As shown in Table II, the level of knowledge on mental health terminology significantly increased after the intervention.

Moreover, the percentage of participants reporting not to be able to recognise persons with mental health problems on the basis of their behaviour increased from 15 to 31.7%, the percentage of participants considering people with mental health problems more dangerous dropped from 16.7 to 5%, and the percent of participants declaring that persons with mental health problems have the same level of intelligence raised from 85 to 91.7%. After the intervention, the percentage of participants that would refer to a psychiatrist if a their own family member had experienced some form of mental distress increased from 45 to 50%, similarly to the percentage of participants that indicate psychotropic medication as a possible kind of treatment for psychiatric disorders (from 53.3 to 63.3%) (see Table III).

After the intervention, participants had a greater awareness of the discriminatory behaviours endorsed by other people, showing at the same time a positive change in their own potentially discriminatory behaviour (the percentage of interviewed declaring that would not threaten in a different way a person affected by mental disorder increased from 51.7 to 58.3%). Also the availability of the interviewed to work with people affected by mental disorders increased (from 45 to 55%) (see Table IV). It has been observed a higher empathy and sensibility towards mental disorders, with an important reduction of the

percentage of participants believing to be right that a person affected by mental disorder could feel guilty for his disturb, and an increased propensity to make a charitable donation in the field of mental health.

As for the opinions towards psychiatric care (see Table VI), the percentage of participants who considered inappropriate closing psychiatric hospitals in Italy dropped from 46.7 to 20%, along with the proportion of those in favour of their reopening (from 40 to 18.3%). After the intervention, the participants who were in favour of maintaining the current psychiatric legislation increased from 15 to 36%. Moreover, having a community mental health care organization was considered an advantage for an increased number of people (from 28.3 to 68.3%), and the same positive trend is also recorded (from 28.3 to 68.3%) if we enquiry about the positive effects of this organization on patients.

Discussion

Consistent with literature ²⁷⁻²⁹, the intervention presented in this pilot study has shown a promising effect in reducing mental health stigma in media professionals, at least in the short term run.

The intervention showed a generalized effect in most of the domains addressed in the training course. The main effect was found in improving the knowledge of correct terminology used to define common psychiatric conditions. Prior to the intervention, journalists participating in this study had a poor knowledge of mental health issues, as indicated by high percentages of inappropriate terminology (e.g. “raptus”, “madness”). After the intervention, knowledge of mental health issues improved significantly. This effect, named as ‘mental health literacy’ ³⁰, is deemed to be important for dealing with mental health stigma, since a better understanding of mental health issues may lead to a more realistic image of psychiatric conditions and to a reduced social distance towards people with mental health problems. The improved knowledge of mental disorders, combined with a greater trust expressed by participants towards psychiatric treatments (including pharmacotherapy), seems a remarkable achievement if we consider that mass media, as main source of information, do not only mirror attitudes and values, but also contribute to shaping them.

A significant effect was also found on the items exploring the link between psychiatric disorders and aggressiveness/violence. It should be said that prior the intervention a low percentage of participants hold the

prejudice that persons with mental health problems are more dangerous than others. This is a rather interesting finding, since literature reports that mental disorders are often depicted by the mass media as strongly associated with aggression and violence³¹. Possible explanations for this behaviour need further analysis.

The intervention had also a significant impact on improving both the overall attitude towards people with mental health problems and the availability to share common living spaces with persons with mental problems (e.g. living in the same condominium or on the same floor of the building).

To what extent this positive change in attitudes might be translated into actual behaviour in everyday life, is a question difficult to answer. Also other studies evaluating mass media reporting style on mental health issues had conflicting results³².

Another positive effect of the intervention presented here is a less critical attitude toward the model of mental health care implemented in Italy following the Law n.180. Prior to the intervention, most participants had a critical view of Italian mental health care (e.g. many believed that asylums were still useful or declared to be in favour of a more restrictive change in the current model of community mental health care, due to the excessive burden posed to families). It is likely that this fact may be attributed to a partial and incorrect knowledge of how mental health services function in our country. The possibility of expanding the scope of participants' knowledge *vis-à-vis* the organization and operation of mental health services has contributed to create a clearer and more realistic image of what the critical points are, but also to show the strengths and advantages of the Italian mental health care system. It should finally be pointed out that the participation in the initiative of users and/or of their family members, with their contributions to the living testimony and direct experiences of mental disturbance, would surely have contributed to increasing

the effectiveness of the intervention; the presence and the direct contribution of users in support of the anti-stigma initiatives and training to the addressed target group is considered one of the key elements in making them successful or not^{33 34}. This message was, however, shared with participants, who were also provided with information on what works or does not in anti-stigma campaigns. Initiatives that are not supported by a correct methodological approach, result in isolated and extemporaneous initiatives, with no verifiable results, which divert resources away from projects that might potentially be more effective. In this regard, it should be noted that the anti-stigma campaigns in Italy are quite heterogeneous as far as their design and purposes are concerned and often burdened by methodological limitations³⁵.

It should be also acknowledged that this pilot study has a number of limitations. First, the low sample size and the lack of a control group make it difficult to draw definitive conclusions about the effectiveness of the intervention. Moreover, the follow-up evaluation was performed just at the end of the intervention. Previous studies have shown that the effect of anti-stigma programs are likely to lessen with time^{36 37}. Therefore, a long-term follow-up evaluation is needed to establish whether the results are maintained over time. Finally, the tendency to answer in a socially desirable way could have influenced the answers given in the after-class evaluation (expectation of changing-improving of the opinions and the concerned behaviours).

Conclusions

The intervention presented in this study has shown some promising effect in reducing mental health stigma in media professional over the short term. However, in order to further confirm this initial finding, studies carried out on larger samples, by using more homogeneous outcomes, and conducted by adopting long-term follow-up time frame, are urgently needed.

Take home messages for psychiatric care

- Media professionals represent an important target group for anti-stigma interventions
- One anti-stigma education session can be effective in reducing mental health stigma over the short term

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