Why care about stigma research?
Can research improve interventions?

HOP
TO ERASE THE STIGMA OF MENTAL ILLNESS

Nicolas Rüsch

Department of Psychiatry II, Ulm University, Germany

ulm university universität uulm

bezirkskliniken schwaben

Some questions about anti-stigma interventions

- **WHO ?**   (target group)

- **WHAT ?**

- **HOW ?**   (strategy)

- **WHEN ?**   (short-term, long-term)

… and: **MEASURE ANY CHANGES**

3 Agendas of anti-stigma programmes

- Rights agenda

- Services agenda

- Self-worth agenda

Side effects, conflicting goals, limited resources

Corrigan 2021

Strategies to reduce public stigma

- **Protest**

- **Education**

- **Contact**

Corrigan & Penn 1999

More on Education

Criteria for success: Penetration

Effectiveness

Problems: Information overload

Resistance

Message: Normality?

Pity?

Continuum?

Types of education programs

1. General population

2. Schools

3. Mental Health First Aid (MHFA, Tony Jorm)

Summary

- Education works best with high penetration and among youth (e.g. schools)

- depends on goal/agenda; MHFA has services agenda, minimal effects on attitudes, no evidence for any positive effects on trainee behaviour or on ,aid recipients'

Forthal et al, Psych Serv 2022; Richardson et al (Cochrane Review) 2023

TLC3 as model of contact programs

Targeted

Local

Continuous

Credible

Contact

Corrigan 2011

Strategies to reduce self-stigma

Psychoeducational or cognitive programs

Narrative and acceptance-based approaches

Support with disclosure decisions ?

Disclose at work? Pros and Cons

	Benefits	Risks
Secrecy	No discrimination	Secrecy as stressor No accommodation/support Treatment more difficult
Disclosure	Support (colleagues, employers)	Discrimination

(MacDonald-Wilson 2005)

Disclosure: Good or Bad?

Longitudinal study (301 unemployed people with mental health problems):

- Tendency <u>not</u> to disclose to employers during job search
  → more likely to find work during 6 months

- But: Tendency to disclose among family and friends
  → better quality of life after 6 months

Rüsch et al, JNMD 2018
Rüsch et al, JNMD 2019

Honest, Open, Proud

(HOP; formerly known as COP, see book title
in German „In Würde zu sich stehen")

Form
- peer-led
- manualised
- three 2-hour sessions, usually in 3 weeks

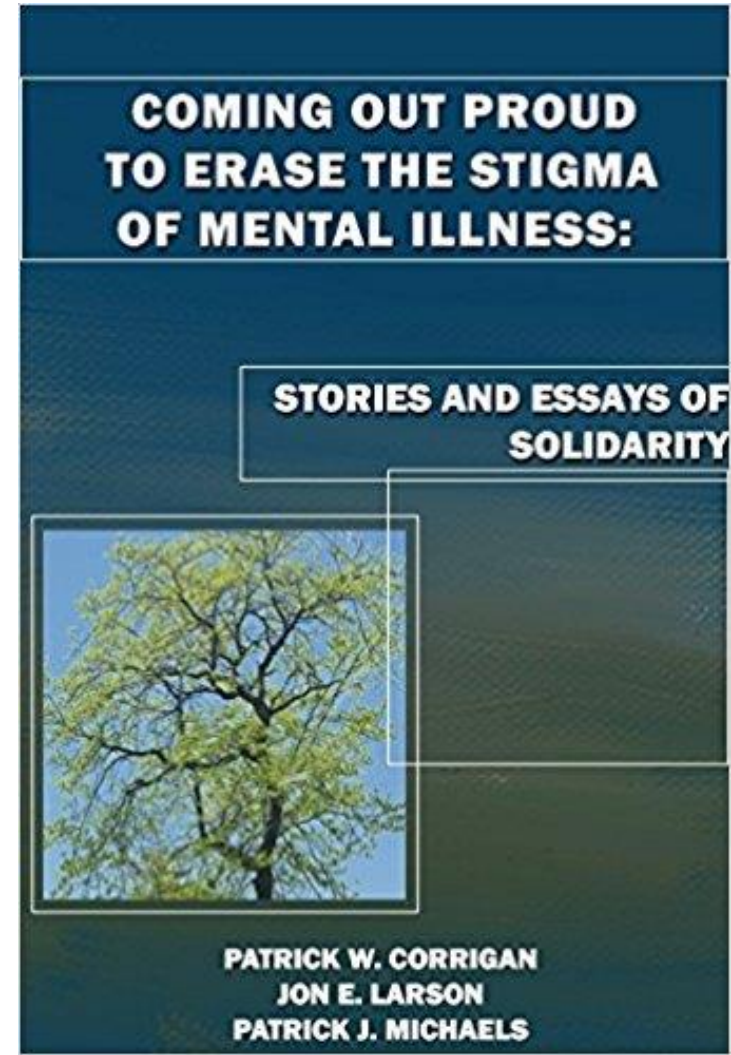**Content**

Lesson 1: Mental illness and identity; pros and cons of (non-)disclosure in different settings

Lesson 2: Levels of disclosure, pros and cons

Lesson 3: How can I tell my story (if I want to)

Often a booster session (Lesson 4)

COMING OUT PROUD TO ERASE THE STIGMA OF MENTAL ILLNESS:
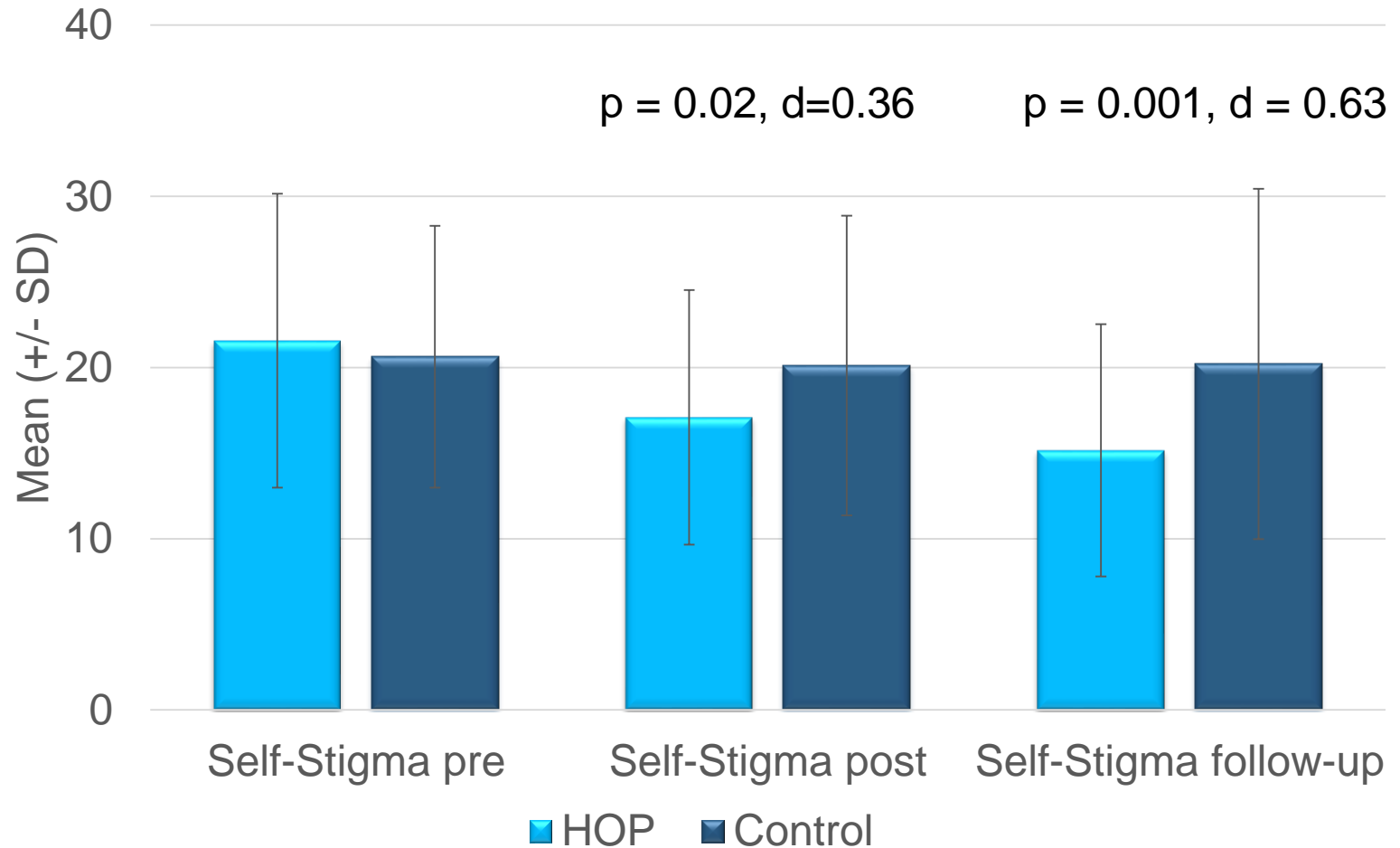
STORIES AND ESSAYS OF SOLIDARITY

PATRICK W. CORRIGAN
JON E. LARSON
PATRICK J. MICHAELS

Evaluation of HOP
for adolescents with mental illness

- 98 adolescents (13 – 18 years, mean 16)
- RCT (HOP + TAU versus TAU alone)
- 3 Dept's of CAD in southern Germany, mostly inpatients
- 3 sessions (2 hours each)
- 2 young adult group facilitators (1 peer, 1 professional)

HOP effect on self-stigma
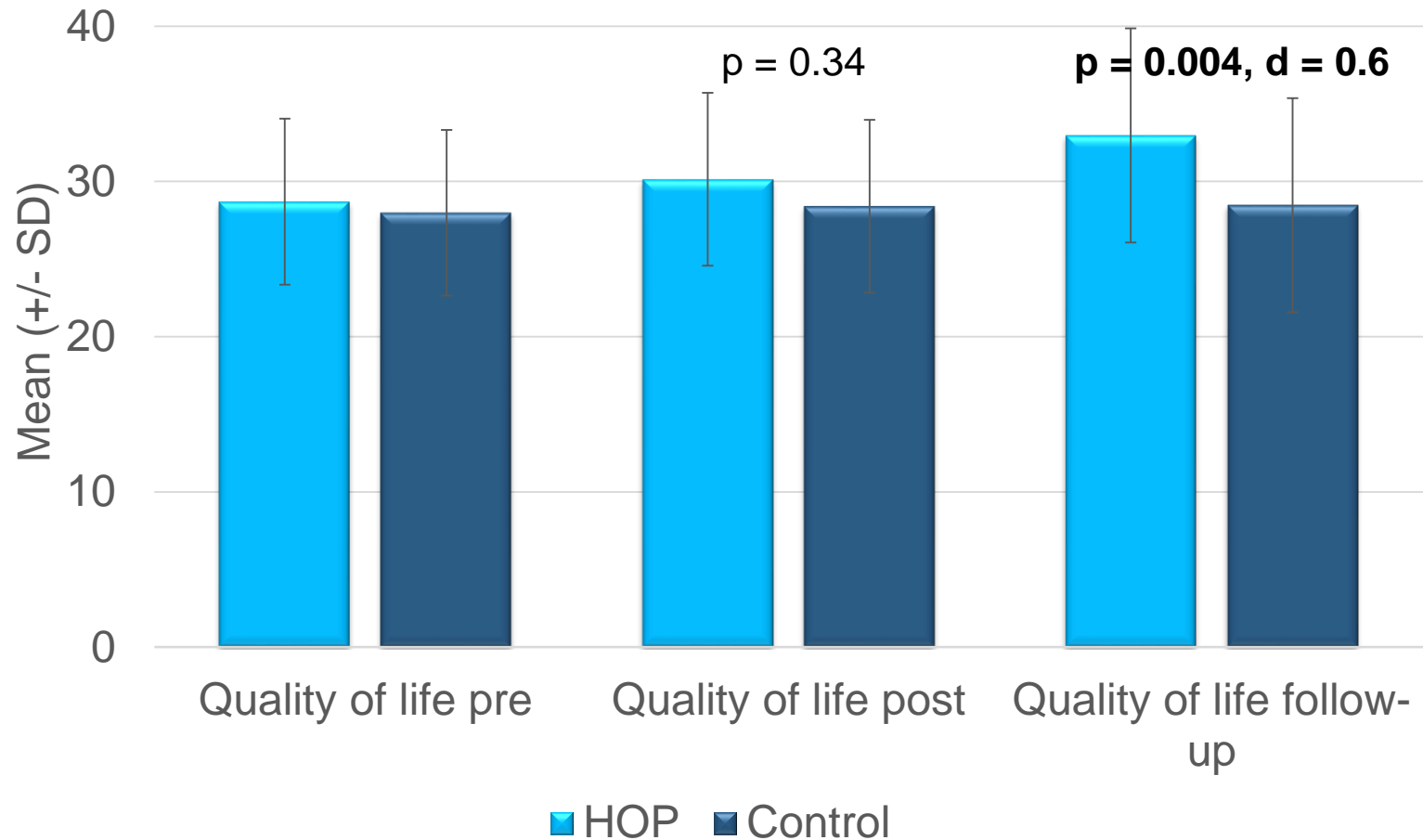
But 7 years later in a replication study (HOP adolescents) … much weaker effects (if any)

Cultural shift with disclosure decisions being less relevant now for adolescents …

… after covid ?

… after more disclosure on social media ?

(Self-)stigma less relevant because more frequent acute psychological distress among youth during and after the pandemic?

Overburdened youth mental health services in Germany since 2020.

Honest, Open, Proud to support disclosure decisions and to decrease stigma's impact among people with mental illness: conceptual review and meta-analysis of program efficacy

Nicolas Rüsch[1] · Markus Kösters[1]

Meta-analysis of program efficacy
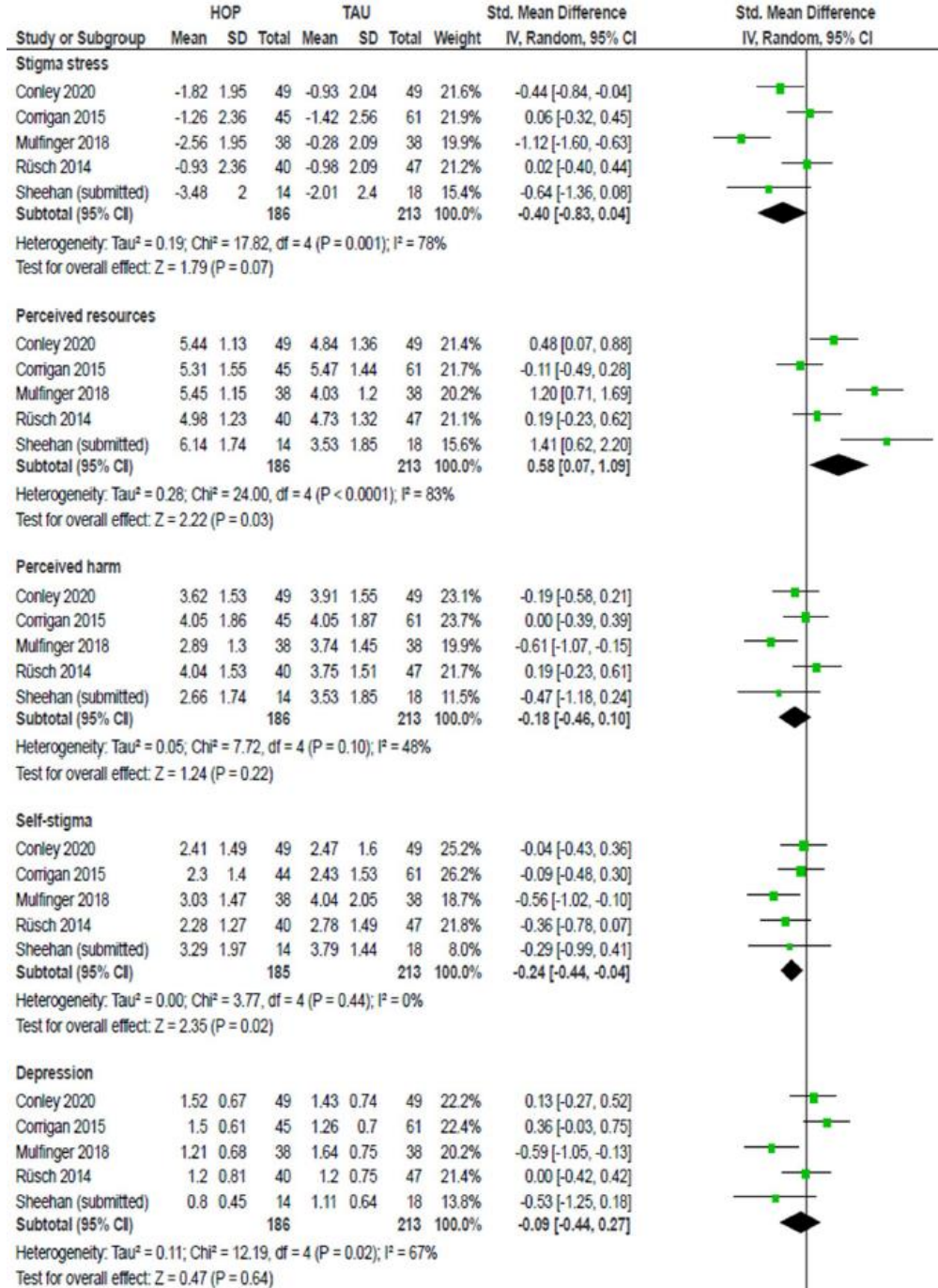- 4 published RCTs
- 1 unpublished RCT

Gap of knowledge about HOP:
- Long term effects ?
- Effect of actual (non-)disclosure decisions ?

Next slide:

Forest plots for outcomes at 3- to 4-week follow-up after the end of the HOP program
- Stigma stress (high perceived threat and low perceived coping resources)
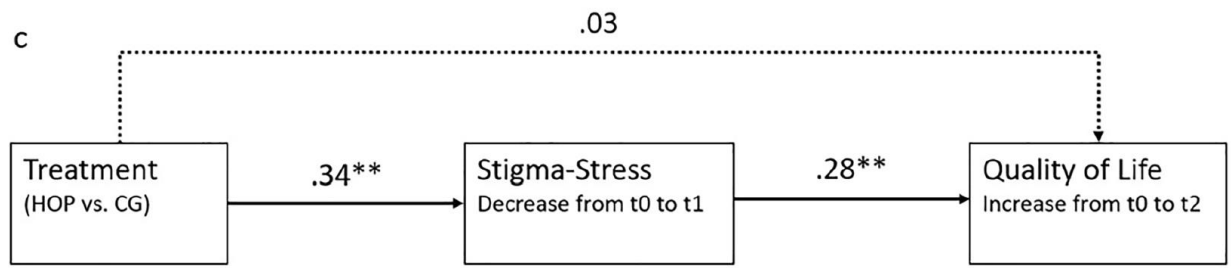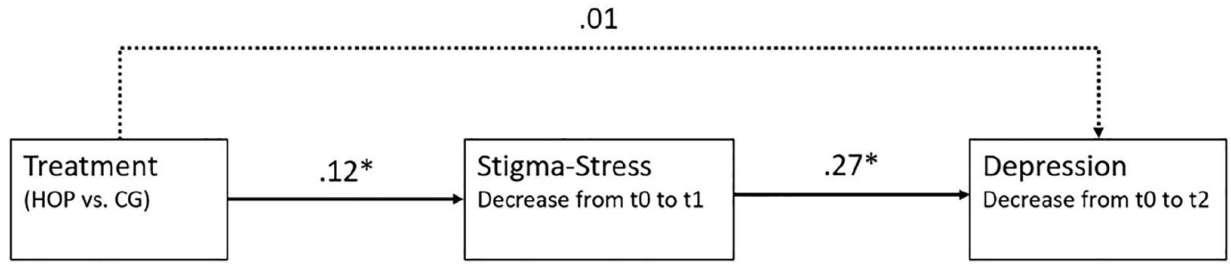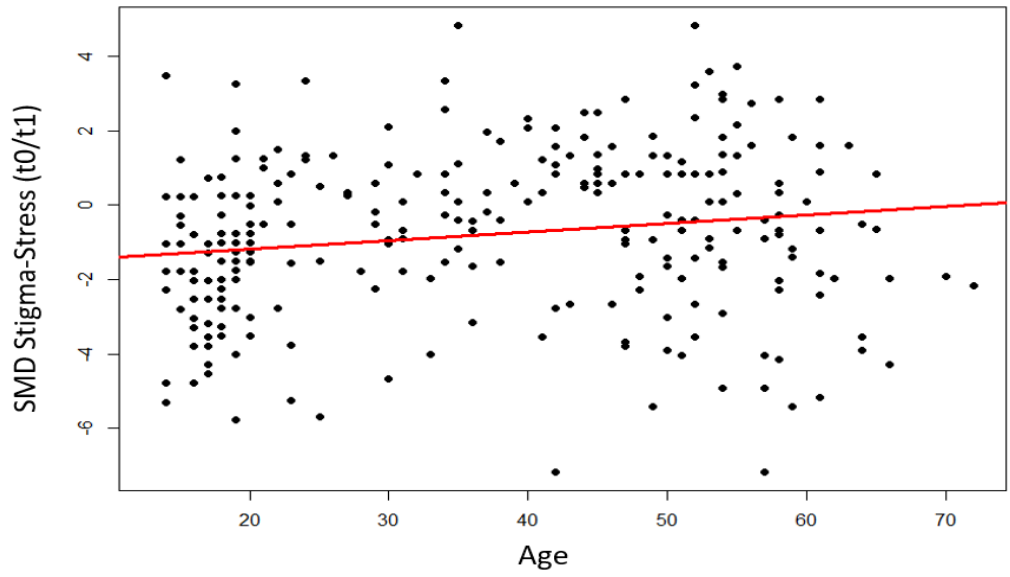- Self-stigma
- Depression

	HOP			TAU				Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Stigma stress									
Conley 2020	-1.82	1.95	49	-0.93	2.04	49	21.6%	-0.44 [-0.84, -0.04]	
Corrigan 2015	-1.26	2.36	45	-1.42	2.56	61	21.9%	0.06 [-0.32, 0.45]	
Mulfinger 2018	-2.56	1.95	38	-0.28	2.09	38	19.9%	-1.12 [-1.60, -0.63]	
Rüsch 2014	-0.93	2.36	40	-0.98	2.09	47	21.2%	0.02 [-0.40, 0.44]	
Sheehan (submitted)	-3.48	2	14	-2.01	2.4	18	15.4%	-0.64 [-1.36, 0.08]	
Subtotal (95% CI)			186			213	100.0%	-0.40 [-0.83, 0.04]	

Heterogeneity: Tau² = 0.19; Chi² = 17.82, df = 4 (P = 0.001); I² = 78%
Test for overall effect: Z = 1.79 (P = 0.07)

Perceived resources									
Conley 2020	5.44	1.13	49	4.84	1.36	49	21.4%	0.48 [0.07, 0.88]	
Corrigan 2015	5.31	1.55	45	5.47	1.44	61	21.7%	-0.11 [-0.49, 0.28]	
Mulfinger 2018	5.45	1.15	38	4.03	1.2	38	20.2%	1.20 [0.71, 1.69]	
Rüsch 2014	4.98	1.23	40	4.73	1.32	47	21.1%	0.19 [-0.23, 0.62]	
Sheehan (submitted)	6.14	1.74	14	3.53	1.85	18	15.6%	1.41 [0.62, 2.20]	
Subtotal (95% CI)			186			213	100.0%	0.58 [0.07, 1.09]	

Heterogeneity: Tau² = 0.28; Chi² = 24.00, df = 4 (P < 0.0001); I² = 83%
Test for overall effect: Z = 2.22 (P = 0.03)

Perceived harm									
Conley 2020	3.62	1.53	49	3.91	1.55	49	23.1%	-0.19 [-0.58, 0.21]	
Corrigan 2015	4.05	1.86	45	4.05	1.87	61	23.7%	0.00 [-0.39, 0.39]	
Mulfinger 2018	2.89	1.3	38	3.74	1.45	38	19.9%	-0.61 [-1.07, -0.15]	
Rüsch 2014	4.04	1.53	40	3.75	1.51	47	21.7%	0.19 [-0.23, 0.61]	
Sheehan (submitted)	2.66	1.74	14	3.53	1.85	18	11.5%	-0.47 [-1.18, 0.24]	
Subtotal (95% CI)			186			213	100.0%	-0.18 [-0.46, 0.10]	

Heterogeneity: Tau² = 0.05; Chi² = 7.72, df = 4 (P = 0.10); I² = 48%
Test for overall effect: Z = 1.24 (P = 0.22)

Self-stigma									
Conley 2020	2.41	1.49	49	2.47	1.6	49	25.2%	-0.04 [-0.43, 0.36]	
Corrigan 2015	2.3	1.4	44	2.43	1.53	61	26.2%	-0.09 [-0.48, 0.30]	
Mulfinger 2018	3.03	1.47	38	4.04	2.05	38	18.7%	-0.56 [-1.02, -0.10]	
Rüsch 2014	2.28	1.27	40	2.78	1.49	47	21.8%	-0.36 [-0.78, 0.07]	
Sheehan (submitted)	3.29	1.97	14	3.79	1.44	18	8.0%	-0.29 [-0.99, 0.41]	
Subtotal (95% CI)			185			213	100.0%	-0.24 [-0.44, -0.04]	

Heterogeneity: Tau² = 0.00; Chi² = 3.77, df = 4 (P = 0.44); I² = 0%
Test for overall effect: Z = 2.35 (P = 0.02)

Depression									
Conley 2020	1.52	0.67	49	1.43	0.74	49	22.2%	0.13 [-0.27, 0.52]	
Corrigan 2015	1.5	0.61	45	1.26	0.7	61	22.4%	0.36 [-0.03, 0.75]	
Mulfinger 2018	1.21	0.68	38	1.64	0.75	38	20.2%	-0.59 [-1.05, -0.13]	
Rüsch 2014	1.2	0.81	40	1.2	0.75	47	21.4%	0.00 [-0.42, 0.42]	
Sheehan (submitted)	0.8	0.45	14	1.11	0.64	18	13.8%	-0.53 [-1.25, 0.18]	
Subtotal (95% CI)			186			213	100.0%	-0.09 [-0.44, 0.27]	

Heterogeneity: Tau² = 0.11; Chi² = 12.19, df = 4 (P = 0.02); I² = 67%
Test for overall effect: Z = 0.47 (P = 0.64)

-2 -1 0 1 2

Does the peer-led Honest, Open, Proud program reduce stigma's impact for everyone? An individual participant data meta-regression analysis

Thomas Klein[1] · Markus Kösters[2] · Patrick W. Corrigan[3] · Winnie W. S. Mak[4] · Lindsay Sheehan[3] · Colleen S. Conley
Nathalie Oexle[1] · Nicolas Rüsch[1]

EI-IWS/HOP project

Why this project:

- so far no data on HOP for adults in Germany

- lack of follow-up > 1 month from any HOP study

- aim to evaluate real-world effectiveness

1. Does HOP reduce self-stigma?

2. Are HOP effects maintained 6 months after baseline?

3. Which factors facilitate or hinder HOP implementation?

EI-IWS/HOP: Methods

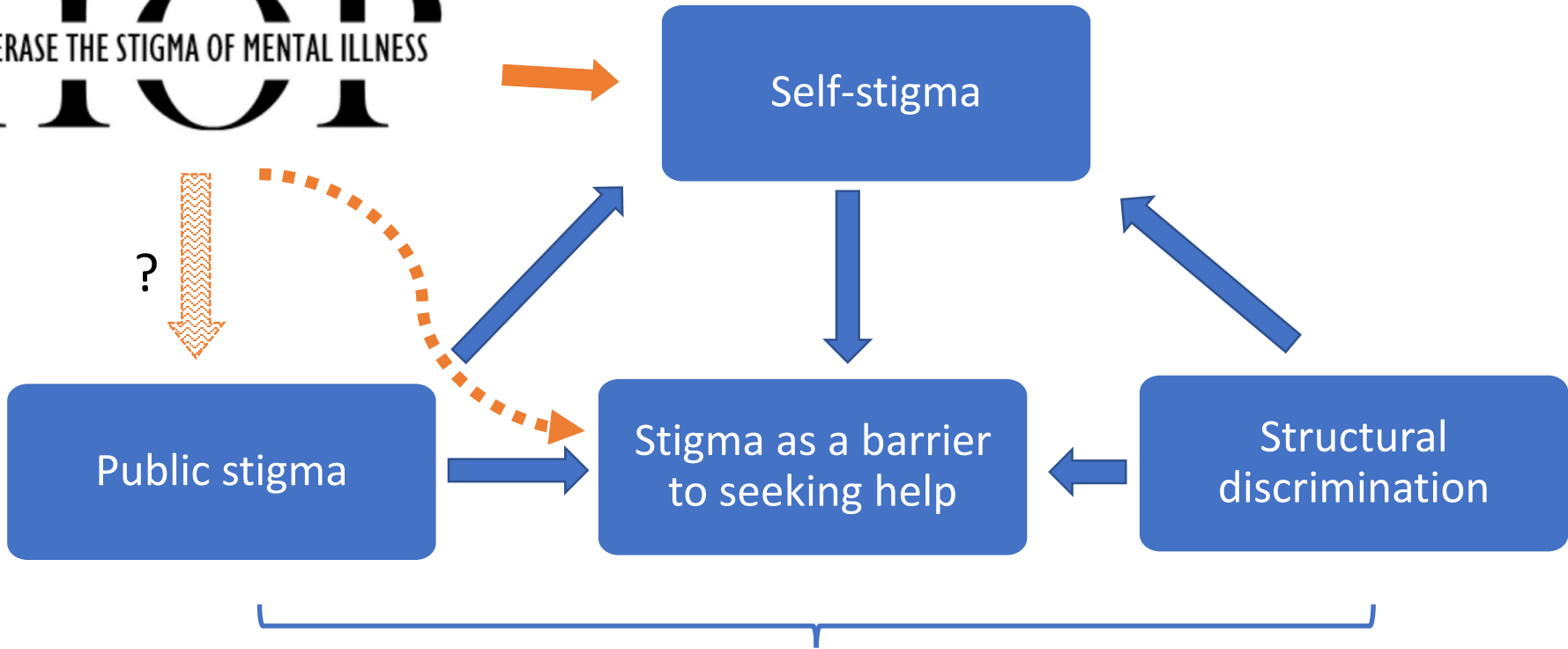2:1-randomised parallel type 1 hybrid effectiveness-implementation trial

N = 224

7 sites

(Heidelberg, Stuttgart, Lake of Constance, Munich, Ulm-Günzburg-Augsburg, Regensburg, Leipzig)

2,5 years, funded by the German Ministry of Health

HOP — TO ERASE THE STIGMA OF MENTAL ILLNESS

Self-stigma

Public stigma

Stigma as a barrier to seeking help

Structural discrimination

Cultural change in (healthcare) settings due to HOP ?

Thank you for your attention

nicolas.ruesch@uni-ulm.de

ulm university universität
uulm

bezirkskliniken
schwaben

Nicolas Rüsch
Adaptation author
Shoshana Lauter

The Stigma of
Mental Illness
Strategies Against Social
Exclusion and Discrimination

Contributions from Yukti Ballani, Janine Berg-Peer, Anish V. Cherian,
Petra C. Gronholm, Martina Heland-Graef, Santosh Loganathan,
Gurucharan Bhaskar Mendon and Graham Thornicroft

ELSEVIER

Foreword by Patrick W. Corrigan