Stigma Interventions for schizophrenia and social media: a comparison of contact-based and psychoeducational approaches

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Introduction

- Globally, 70% of those with disorders do not have access to treatment (Henderson, Evans-Lacko & Thornicroft, 2013).
- Stigma contributes to this treatment gap, functioning as a barrier for accessing healthcare by dissuading help-seeking behaviour (Thornicroft et al., 2009; Henderson, Evans-Lacko & Thornicroft, 2013).
- For those with schizophrenia, 60% report stigma having a pivotal role in treatment delay (Cabassa et al., 2018).
- Stigma is defined by Corrigan (2000) as encompassing stigmatic signals (e.g., talking to oneself), stereotypes (e.g., “crazy people are dangerous”), and discriminative behaviours (e.g., “I don’t want to live near crazy people”).
- For example, people with schizophrenia are more likely to be perceived as violent and unpredictable (Henderson, Evans-Lacko & Thornicroft, 2013).
- Both psychoeducational (increasing knowledge of conditions) and contact-based (direct or indirect contact with someone with a condition) have been shown to be effective in reducing stigma (Waqas et al., 2020).
- Service users rely more heavily on the internet for health information than healthcare authorities (Vance, Howe & Dellavalle, 2009).
- Social media and the internet have become a common medium to deliver mental health and stigma interventions, such as the In One Voice campaign (Livingston et al., 2014).

Purpose

- The purpose of this exploratory study was to compare the effectiveness of contact-based and psychoeducational interventions utilizing media from YouTube, which has a short duration and often made by non-healthcare professionals.

It was hypothesized that:

1. Participants in psychoeducational and contact-based intervention groups would display decreased desire for social distancing, negative attitudes, and intended discrimination towards schizophrenia at post-intervention.
2. At the longitudinal measure, both groups would display a decrease of intended discrimination, and increase of negative attitudes and social distance compared to post-intervention scores.

Methods

- Participants were self-selected from the HSS research pool at Douglas College.
- The study employed a pretest-posttest design and independent groups design.
- Participants were exposed to one of two videos.
- Participants were measured at three distinct points in time, at baseline, post-intervention and a 1-week follow-up.

Table 1

Demographics

Variables		Contact-Based (n=25)		Psychoeducation (n=24)	
Age		Mean	SD	Mean	SD
		26.12	5.99	26.71	10.94
		n	%	n	%
Gender	Male	5	20.0	9	37.5
	Female	18	72.0	14	58.3
	Non-binary	1	4.0	1	4.2
	Genderfluid	1	4.0		
Cultural Background	European	10	40.0	12	50.0
	East Asian	6	24.0	3	12.5
	South Asian	1	4.0	2	8.3
	Latin American	1	4.0	2	8.3
	African	1	4.0		
	First Nations or Indigenous	1	4.0		
	Southeast Asian	1	4.0	4	16.7
	Middle Eastern	3	12.0	1	4.2
	Other	1	4.0		
Familiarity with a person with schizophrenia		9	36.0	3	12.5

- Desire for social distancing was assessed by the Bogardus Social Distance Scale – Adapted, a 12-item scale, assessing the willingness for intimate and non-intimate contact (Norman, Windell, & Manchanda, 2012).
- Negative attitudes were assessed by the Mental Illness Belief Measure, a 23-item scale, rating attitudes about schizophrenia (Norman, Windell, & Manchanda, 2012)..
- Intended discrimination was assessed by the Reported and Intended Behaviour Scale, an 8-item scale, assessing willingness for cohabitation with stigmatized groups (Evans-Lacko et al., 2011).

Results

- Out of 65 participants, 9 were removed due to incomplete scores at T1-T2 and 7 due to duplicates, totalling 49.
- At T2, from 45 participants, 5 were removed due to incomplete scores and 6 due to lack of T1-T2 data, totalling 34.

Figure 1

Independent Samples Group Mean Scores per Measurement

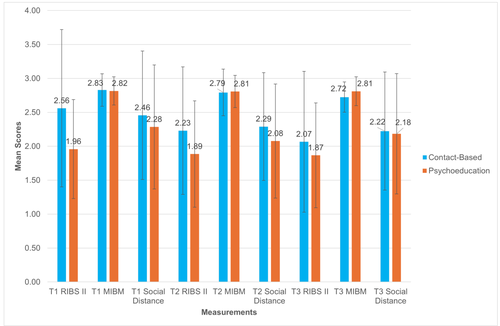

Table 2

Independent Samples t-test

Measure	Contact-based *M*	*SD*	Psychoeducation *M*	*SD*	*df*	*t*	*p*	Cohen's d
T1 RIBS	2.56	1.16	1.96	0.73	40.62	2.18	.035*	0.618
T1 MIBM	2.82	0.24	2.81	0.21	46.5	0.21	.830	0.061
T1 Social Distance	2.45	0.95	2.28	0.91	47	0.65	.521	0.185
T2 RIBS	2.23	0.94	1.88	0.78	46.10	1.39	.170	0.397
T2 MIBM	2.79	0.34	2.81	0.24	42.67	-0.17	.862	-0.050
T2 Social Distance	2.29	0.79	2.08	0.84	46.56	0.91	.366	0.261
T3 RIBS	2.06	1.04	1.87	0.77	31.92	0.64	.526	0.214
T3 MIBM	2.72	0.22	2.81	0.21	30.80	-1.15	.258	-0.396
T3 Social Distance	2.22	0.87	2.18	0.89	29.92	0.13	.895	0.046

Note. *p<.05

Table 3

Paired Samples Test

Pairs	*M*	*SD*	95% Confidence Interval Lower	Upper	*df*	*t*	*p*	Cohen's d
T1 RIBS - T2 RIBS	0.20	0.73	-0.005	0.414	48	1.96	.056	0.280
T2 RIBS - T3 RIBS	0.15	0.50	-0.026	0.320	33	1.73	.094	0.296
T1 MIBM - T2 MIBM	0.02	0.29	-0.061	0.105	48	0.53	.598	0.07
T2 MIBM - T3 MIBM	-0.04	0.26	-0.132	0.053	33	-0.87	.389	-0.150
T1 Social Distance - T2 Social Distance	0.19	0.44	0.061	0.313	48	2.99	.004*	0.427
T2 Social Distance - T3 Social Distance	0.06	0.34	-0.055	0.182	33	1.10	.281	0.188

Note. *p <.05.

- The results from this study did not support the hypothesis of intended discrimination decreasing. In addition, negative attitudes did not change for the psychoeducation group.
- The results supported the predicted reduction of desire for social distance for both groups post-intervention, and of negative attitudes in the contact-based group.
- The hypothesis predicting change of measures at T3 compared to T2 was not supported, except for social distancing for the psychoeducation group.

Discussion

- Paired sample t-tests indicate a significant effect of interventions in reducing desire for social distance post-intervention alike previous findings (Livingston et al., 2014; Fretian et al., 2021).
- Obtained RIBS results had the opposite effect direction than expected.
- Obtained results are conflicting for social distance and intended discrimination.
- Mean changes from T2 to T3 did not support findings from the literature.
- MIBM scores for the psychoeducation group were incongruent with previous findings in the literature with no mean reduction (Fretian et al., 2021).
- Results suggested the contact-based intervention was superior to the psychoeducational intervention in reducing desire for social distance and negative attitudes.
- Limited sample size of study and 30.62% attrition rate fails to achieve necessary power to draw meaningful conclusions from results.
- The chosen timespan at T3 could have influenced unexpected scores. Future studies should consider multiple longitudinal measures.
- Brain filler questionnaires did not sufficiently lengthen time between measurements. Future studies should aim for longer intervals .
- Future studies could evaluate different intervention durations such as short-form content (up to 60 seconds) and explore more differences in intimate and non-intimate social contact.

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