
REDUCING MENTAL HEALTH STIGMA IN FUTURE HEALTHCARE PROVIDERS THROUGH INDIAN CINEMA: AN INITIAL PROTOCOL

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ABSTARCT:

Aim: To evaluate the impact of various anti-stigma programs on medical undergraduates at the College of Medicine and Health, Oman.

Objectives: To assess changes in attitudes toward mental illness among first-year medical students using a pre-test/post-test design. To evaluate the role of Indian cinema as a medium in reducing mental health stigma.

Methods: First-year medical students will be divided into four groups Control group will have no intervention. Video group will be exposed to video-based interventions. Group discussion group will be engaged in structured discussions. Workshop group will participate in interactive workshops. Each group will complete the Mental Illness: Clinician's Attitude Scale (MICA-2), a validated self-administered tool designed to assess attitudes toward mental illness.

Results and Conclusion

Though the full-scale study and its results will be discussed in the near future. Early intervention in first-year medical students can serve as a model for addressing mental health stigma on a larger scale. By integrating effective anti-stigma programs into medical education, we may foster more positive attitudes toward mental illness among future healthcare professionals.

KEYWORD: Stigma, Interventions, Medical students, Antistigma, workshops

INTRODUCTION

The stigma around mental health remains a barrier to the pursuit of therapy and the attainment of recovery. This stigma is widespread even among healthcare professionals, especially medical students, who will become future guardians of mental health care (Ahad et al, 2023). Anti-stigma initiatives, often comprising educational presentations, personal accounts, and interactive workshops, have demonstrated potential in transforming perceptions and diminishing stigma (Song et al, 2023) This study seeks to assess the efficacy of a comprehensive anti-stigma initiative tailored for first-year (MD1) and third-year (MD3) medical students at the College of Medicine and Health Sciences, National University of Science and Technology, Oman.

Chiu & Chan (2007) and Griffiths et al. (2014) demonstrate that stigma can substantially hinder the life prospects of individuals with mental illness by promoting discrimination and social exclusion. Anti-stigma interventions frequently use educational, protest, and contact methods to change public perceptions (Chiu & Chan, 2007). Educational programs, when integrated with cognitive-behavioral therapy, have proven to be advantageous in mitigating self-stigma and improving attitudes (Griffiths et al., 2014). Contact-based therapies, which encompass interactions with individuals who have encountered mental illness, have exhibited substantial effectiveness in reducing stigmatizing attitudes (Cook et al. 2014). Anti-stigma initiatives have been created and executed in diverse formats to combat mental health stigma. Video approaches have demonstrated potential in mitigating mental health stigma, especially among adolescents. A systematic study conducted by Janouskova et al. (2017) revealed that video interventions resulted in enhancements in stigmatizing attitudes and frequently surpassed traditional face-to-face educational sessions in effectiveness. The investigators observed that movies illustrating personal experiences with mental illness were very influential. Evans-Lacko et al. (2019) posit that participatory video interventions, wherein individuals with

mental health conditions produce and disseminate their narratives, effectively enhanced knowledge, attitudes, and intended behaviors towards individuals with mental illness in resource-constrained environments.

Lecture-based anti-stigma initiatives have yielded inconsistent outcomes. Hanisch et al. (2016) conducted a review of workplace anti-stigma interventions and determined that lecture-based methods typically enhanced employee understanding of mental health. Nonetheless, their influence on attitudes and behaviors was less uniform. Conversely, Walachovska et al. (2019, as quoted in Janouskova et al., 2017) discovered that a researcher-led lecture on schizophrenia significantly enhanced knowledge acquisition relative to a detailed documentary, with effects enduring during a one-month follow-up.

Workshop-based therapeutic approaches, often integrating interactive components, have yielded promising results. Svensson and Hansson (2014) conducted an evaluation of an anti-stigma intervention aimed at police personnel, which incorporated lectures and role-playing exercises. Their findings revealed significant improvements in attitudes and intended behaviors toward individuals experiencing mental illness. Additionally, Moffitt et al. (2014, as cited in Hanisch et al., 2016) identified that a training program featuring lectures and interactive elements was more effective in enhancing understanding of mental health issues and fostering supportive behaviors than a simple leaflet distribution. Evidence indicates that interactive and human contact-based interventions may be more effective than solely didactic strategies. Corrigan et al. (2012) performed a meta-analysis of anti-stigma strategies and determined that interventions featuring personal interaction with individuals suffering from mental illness were the most effective in diminishing stigma, followed by video-based contact and instructional methods.

Comparative Approaches

Other studies have compared various intervention types, although not all three (video, lecture, workshop) concurrently. Walachovska et al. (2019, as referenced in Janoušková et al., 2017) conducted a comparison between a researcher-led lecture on schizophrenia and a detailed documentary, concluding that the lecture facilitated greater knowledge acquisition. Pinfold et al. (2003) employed a workshop style that included video components and interactive dialogues. Ke et al. (2015) assessed a workshop conducted in a classroom setting that incorporated instructional lectures alongside interactive elements. The recent study by Vass et al. (2024) exclusively evaluated two forms of video interventions (addressing public stigma and self-stigma) and omitted comparisons with lectures or workshops.

In summary, all three categories of anti-stigma interventions (video, lecture, and workshop) have demonstrated varying levels of effectiveness. Interventions incorporating personal accounts, interactive elements, and direct or video-based engagement with individuals experiencing mental illness demonstrate notable effectiveness in reducing stigma. Although these studies offer significant insights into the effectiveness of various intervention modalities, there seems to be a deficiency in the literature about a singular study that directly contrasts video, lecture, and workshop formats for the decrease of mental health stigma. The study will also evaluate the influence of sociodemographic characteristics (such as age, gender, socioeconomic status, knowing someone with mental illness and prior exposure to mental health education) towards the effectiveness of anti-stigma interventions in changing attitudes towards mental health among medical students.

Research Objectives

1. To assess changes in attitudes towards mental health before and after the intervention.
2. To identify which aspects of the program (lecture, video, workshop) contribute most significantly to attitude change.
3. To examine the relationship between sociodemographic characteristics and attitudes towards mental health of medical students participating in an anti-stigma intervention.

Research Questions

1. Does participation in an anti-stigma program improve attitudes towards mental health among students?
2. What components of the anti-stigma program are most effective in changing perceptions?
3. How do sociodemographic characteristics (such as age, gender, socioeconomic status, knowing someone with mental illness and prior exposure to mental health education) influence the effectiveness of anti-stigma interventions in changing attitudes towards mental health among medical students?

Hypothesis

1. Participation in a structured anti-stigma program will lead to a significant improvement in attitudes towards mental health among medical students.
2. There will be a significant difference in attitude change among participants exposed to different components of the anti-stigma program (lecture, video, workshop).
3. Sociodemographic characteristics will significantly impact the effectiveness of anti-stigma interventions, with students from higher socioeconomic backgrounds, knowing someone with mental illness and those with prior mental health education showing smaller changes in attitudes compared to their counterparts.

METHODOLOGY

Design

A pre-test/post-test design will be used to measure changes in attitudes towards mental illness.

Intervention

- **Video Presentation (Movie):** Selected video excerpts from the film "15 Park Avenue" will be presented, concentrating on scenes that illustrate the symptoms of schizophrenia and the protagonist's battle with the disorder. The intervention seeks to offer participants a profound, empathy-enhancing experience that confronts their preconceived notions of mental illness, especially schizophrenia, through these carefully selected portions. The video will showcase the daily problems, personal experiences, and familial interactions of individuals with schizophrenia, providing viewers with a profound insight into the condition's effects on both patients and their support networks.
- **Lecture** (Focused on facts, myths, misconceptions about mental illness, recovery stories, and positive outcomes).
- **Workshop** (Interactive sessions discussing stigma's impact and strategies for advocacy).

Intervention Description

This intervention plan is designed to evaluate the effectiveness of different components of an anti-stigma program aimed at improving attitudes towards mental health among first-year (MD1) and third-year (MD3) medical students. The study will be divided into four groups: Control, Video, Lecture, and Workshop

Control Group-Serve as a baseline to compare the impact of interventions. No exposure to any intervention materials or activities. Pre-test and post-test attitude assessments will be administered without any intervening activities.

Video Group- A screening of the movie "15 Park Avenue". Participants will watch the movie in a classroom setting with appropriate audiovisual equipment. Pre-test before the video and post-test immediately after the session.

Lecture Group-Assess the effectiveness of educational lectures in changing attitudes. A one-hour lecture covering facts about mental health, debunking myths, discussing misconceptions, and presenting recovery stories with positive outcomes. Delivered by a mental health professional using a PowerPoint presentation in a lecture hall. Pre-test before the lecture and post-test immediately after.

Workshop Group-Determine the impact of interactive workshops on attitude change. A one and half hour interactive workshop focused on understanding stigma and developing strategies to combat it. Conducted in small groups to facilitate interaction, led by trained facilitators. Pre-test before the workshop and post-test immediately after.

Participants

First-year (MD1) and third-year (MD3) medical students at **College of Medicine and Health Sciences**, National University of Science and Technology, Oman. Based on the sample size calculation approximately (N=200) students will be included as part of the study.

Data Collection

Sociodemographic Characteristics Schedule: This instrument will gather significant demographic data from medical students included in the anti-stigma intervention study. This instrument has been explicitly designed to collect relevant sociodemographic information that could influence perceptions of mental health and reactions to anti-stigma programs.

Mental Illness: Clinician's Attitude Scale (MICA-2): The MICA Scale is a short, self-administered tool designed to evaluate attitudes towards mental illness. The MICA-2 Scale is appropriate for use with medical students. MICA-2 comprises 16 items, with users responding to a 6-point Likert scale. The score varies from 16 to 96 and is the total of the individual item scores. A high total score signifies a more unfavorable attitude. The MICA Scale has proven to be a valid and responsive measure, carried out onto samples from diverse geographical, social, and cultural contexts (Kassam et al., 2010; Gabbidon et al., 2012).

Measuring Effectiveness of the Program Components: Additionally, questions will be included about how the program contributed to self-awareness of the issue. In the questions, various aspects of the effectiveness of the anti-stigma program will be addressed, with a particular emphasis on the acquisition of knowledge, the modification of attitudes, and the intentions for future behavior.

Statistical Analysis

Data will be analyzed using paired t-tests to compare pre- and post-intervention scores. ANOVA will be used to analyze differences between components of the intervention. Regression analysis will be used to determine the predictors of attitude change.

Implications of the Study

This study aims to provide evidence on the effectiveness of anti-stigma programs in medical education. Positive findings could encourage integration of such programs into medical curricula. By improving attitudes towards mental health among future healthcare providers, this research could contribute to reducing stigma-related barriers in clinical settings.

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