Impact of the first national campaign against the stigma of mental illness

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Background
Egypt experienced its first nationally televised antistigma campaign in 2007. This independent study aims at a scientific evaluation of the potential benefits of this campaign.

Methods
Two educational clips lasting 1 or 2 min each were aired daily on prime time television between 1 and 31 October 2007. Five messages were relayed as the clip rolled on. A specially designed questionnaire covering six areas was used; these included demographics, identifying those who have seen the clips, memory and opinion about each message, stigma-related attitudes, and behavior toward the mentally ill persons. Twenty mental health workers with experience in field work ranging in training from 1 to 13 years received two training sessions. The questionnaire was piloted on 82 participants and subsequently modified. A total of 3000 participants who consented to being interviewed were selected to participate. The data of 2274 participants from the Greater Cairo region are reported in this study (75.8%).

Results
The study sample is more representative of the younger, as only 21% of the sample were above 46 years, educated, as only 18% were illiterate, married, as 55% of the sample were married, and employed sections of the population. A total of 55% reported that daily life stressors were the cause of mental illness. Only 17% of the study sample actually acknowledged seeing the antistigma adverts (campaign exposed, CE) and 83% were campaign unexposed. There were no statistically significant demographic differences between both groups. Among those who saw the campaign adverts, a significant proportion reported a number of positive effects on attitude and behavior. However, when CE and campaign unexposed participants were compared, no statistically significant differences emerged. A total of 50% of the participants remembered that mental illness is curable. The question that psychiatric patients are dangerous to self or others showed a statistically significant difference between participants who were CE and those who were not exposed.

Conclusion
The public were willing to express their opinions as they showed significant cooperativeness and validity of their answers, especially those exposed to the campaign. The television is the medium of choice that the public prefer is the evidence stated in the paper. The antistigma media campaign leads to changes in the attitude of participants who are exposed to mental illness. Positive messages influenced attitude change more.

Keywords:
antistigma, mental illness, stigma, television

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Introduction

The stigma and discrimination experienced by persons with mental illness is a universal phenomenon. It is also linked to patients' families, psychiatric institutions, and psychotropic medications (Sartorius *et al*., 1996).

Unlike other medical conditions, mental illness is recognized as an important barrier in countries rich and poor, big and small, in countries with well developed mental health services, and in those with limited services (Brundtland, 2001). Stigma is pernicious and unfortunately, there are indications that despite advances in psychiatry and medicine, stigma continues to grow and has more often terrible consequences for patients and families (Brundtland, 2001).

Mental health professionals are aware of the harmful effect of stigma against mental illness. It interferes at every stage in the diagnosis, treatment, and rehabilitation

of all types of mental disorders, and even forces people to avoid seeking psychiatric help. Fighting this stigma can improve the outcome of the disease, and allow the patients to make use of the new modalities of treatment that bring new hope to them (Wig, 1997).

Stigma has long been viewed as a major barrier to mental health reform and community integration for people with mental disorders. Efforts to remove or reduce stigma are still in their infancy. Therefore, implementing antistigma programs to generate new knowledge and reduce discrimination toward people with mental disorders is necessary [World Psychiatric Association (WPA), 1998].

Aim of the work

Stemming from the hypothesis that utilizing media can modify population's attitude toward mental illness, this work aims at evaluating the utilization of media (through airing two educational clips targeted at raising awareness about the nature of mental illness and its curability) on the sample population.

Participants and methods
Participants

The total number of participants interviewed was 3000; in this study, data from 2773 participants are reported. For the remaining 227 participants, various mistakes in data collection, data recording, and data entry necessitated exclusion (noncompletion rate 7.5%). The data collected are representative of the nationally recognized representative numbers of age groups, literacy groups, and sex (according to the 2007 census). Interviewing of the participants was completed over 5 weeks covering greater Cairo and other dispersed areas. Interviews were individually conducted (one on one). In the case of illiteracy, the questionnaire would be read without explanation in order not to influence choice.

The antistigma campaign

Two educational clips lasting about 2 min each aired on prime time television (TV) within the breaks of two nationally acclaimed household programs during the period of 1–31 October daily during Ramadan in 2008. Clip 1 shows a conversation between the actors, one posing as a recovered psychiatric patient and the other posing as a salesman who has a dramatic change in attitude when he finds out that he is speaking to a mentally ill person. Clip 2 shows an encounter between two people, one applying for a job and the other a human resource manager. The former is rejected on the basis of his psychiatric history. Five messages were narrated as the clip rolled on. These messages were as follows: (i) daily stressors are among the causes of mental illness; (ii) an invitation to critically appraise the following sentence: 'This is a psychiatric patient, stay away'; (iii) mental illness is recognizable, diagnosable, and treatable; (iv) mental illness is like any other illness, potentially curable; and (v) an invitation to critically appraise the following sentence: 'Once mentally ill, always mentally ill'. Assessment instrument: a specially

Table 1 Characteristics of the survey participants[a]

Variable	N=2701	Population (%)
Sex		
Male	1400	51%
Female	1373	49%
Age (mean=34 years)		
14 years or less	44	1.6%
Between 15 and 25	963	34.7%
Between 26 and 36	693	25%
Between 36 and 45	417	15%
Between 46 and 59	417	15%
Above 60	167	6%
Marital status	N=2768	Population (%)
Married	1510	55%
Single	1062	38%
Divorced	53	2%
Widowed	143	5%
Educational level	N=2773	Population (%)
Illiterate	504	18%
Can read and write	212	7.6%
Primary	41	1.5%
Preparatory	290	10.5%
Secondary	750	27%
Technical degree	207	7.5%
University degree	679	28%
Employed/unemployed	N=2737	Population (%)
Employment[b]	1909	69%
Unemployed	137	5%
Housewives[c]	405	15%
Students	284	10%
Retired	2	0.1%
Type of Work		
Skilled	518	19%
Unskilled	277	10%
Admin/clerical	531	19%
Professional	179	6.5%
Self-employed	346	12.5%
Experience with mental illness	N=2773	Population (%)
No EMI	2438	86.7%
Any EMI	369	12%
Self	101	3.6%
Relative	251	9%
Self and relative	17	0.7%
Exposure to Campaign	N=2773	Population (%)
Campaign Exposed	459	16.6%
Campaign Unexposed	2284	82.4%

EMI; experience with mental illness.
[a]Total number on which percents are based may vary because of missing data for some participants.
[b]Including both full-timers and part-timers.
[c]Status of housewives in the Egyptian Society discussed within the paper.

Table 2 Beliefs about the causes of mental illness and the factor that needs to be addressed/manipulated to alleviate stigma

Variable	N= 2773	%
Beliefs about the causes of mental illness		
Stressors	1557	56.1%
Lack of religion/faith	448	16.1%
Heredity	325	11.7%
Upbringing	300	10.8%
Addiction	127	5.1%
Message required to get through		
Psychiatric illness is like any other illness	1098	40%
Psychiatric patients get well	536	19%
Reassessment of stereotypes is required	493	18%
Psychiatric illness is not synonymous to dangerousness	418	15%
Some geniuses have had psychiatric illness	220	8%

Table 3 Comparison between those who had watched the clip (campaign exposed) and those who had not watched the clip (campaign unexposed)

Variable	CU (N=2284)		CE (N=459)		P
	N	%	N	%	
Sex					
Male	1181	51.7	199	43.3	$P<0.001$ $\chi^2=13.8$
Female	1103	48.3	260	56.6	
Mean age	34±13.6		33±13.4		$t=0.78$ $P<0.4$
Educational status					
Illiterate/read and write	639	28	70	15.2	$P<0.0001$ $\chi^2=48.8$
Primary/preparatory school	276	12.1	54	11.8	
Secondary school/vocational education	778	34	175	38.1	
University degree	595	26.1	160	34.1	
Employment status					
Unemployed	655	29.1	162	35.8	$P<0.004$ $\chi^2=0.28$
Employed	1598	70.9	291	64.2	
Marital status					
Single	865	38	185	40.3	$P<0.48$ $\chi^2=7.4$
Married	1244	54.5	248	54	
Divorced/widowed	170	7.5	26	5.7	
Message remembered			N=459	%	
Daily stressors may be responsible			203	44	
'This is a psychiatric patient: stay away'			216	47	
Mental illness is diagnosable and treatable			229	50	
Mental illness is like any other illness			219	48	
'If a psychiatric patient once, always a psychiatric patient'			178	39	
Message agreed with	N=2248	%	N=459	%	
Daily stressors may be responsible	1998	87.5	423	92	$P<0.008$ $\chi^2=17.2$
'This is a psychiatric patient: stay away'	1776	78	402	88	$P<0.0001$ $\chi^2=46.6$
Mental illness is diagnosable and treatable	1893	83	414	90	$P<0.0001$ $\chi^2=32.4$
Mental illness is like any other illness	1242	54	315	69	$P<0.0001$ $\chi^2=37.7$
'If a psychiatric patient once, always a psychiatric patient'	391	17	45	10	$P<0.000$ $\chi^2=29.6$
Concepts leading to discrimination of mental patients					
Psychiatric patients are exaggerating	517	27	83	18	$P<0.13$ $\chi^2=7.1$
Psychiatric illness is related to will power	1241	54	284	62	$P<0.298$ $\chi^2=9.5$
Psychiatric patients are dangerous to self or others	1815	79.5	319	70	$P<0.0001$ $\chi^2=24.9$
All criminals are psychiatrically ill	384	17	64	15	$P<0.959$ $\chi^2=1.5$
Attitude towards mental patients	N=2284	%			
Friendship	198	9	24	5	$P<0.026$ $\chi^2=17.4$
Marriage (self or relative)	751	33	219	48	$P<0.0001$ $\chi^2=45.8$
To isolate	701	31	95	21	$P<0.002$ $\chi^2=20.4$
Hilarity	378	16	45	10	$P<0.041$ $\chi^2=18.9$
Employ	1223	53.5	296	64.5	$P<0.011$ $\chi^2=19.8$
Would stay at home if psychiatric patient	678	30	117	25.5	$P<0.317$ $\chi^2=9.3$
Neighbor's illness					
Visit	1672	60	351	82	$P<0.36$ $\chi^2=8.7$
Phone	546	20	96	15	
Relocate	58	2	7	3	
Relative's illness					
Seek psychiatric help	1752	76.7	381	83	$P<0.07$ $\chi^2=11.5$
Faith healer	487	21.3	68	15	
Traditional healer	40	1.8	8	2	
Tool recommended to influence public opinion					
TV	256	56	1028	45	
Cable	118	26	778	34	
Places of worship	48	10.5	294	13	
Newspapers	20	4.4	96	4.2	
Posters	9	2	60	2.6	
NGOs	7	1.5	19	0.8	

CE, campaign exposed; CU, campaign unexposed; NGO, nongovernmental organization; TV, television.

designed questionnaire was prepared by E.H. and N.K. in colloquial Arabic. The questionnaire consists of six sections that include the following: demographics (age, marital status, educational level, employment if any, and type of job), identifying people who have seen the clips or posters, inquiring whether each message is remembered and gathering opinion about it, attitude toward the mentally ill persons, and behavior toward the mentally ill persons. It was handed out by social workers and a psychologist who attended two training sessions.

Data entry and statistical analysis
A predesigned SPSS (Version 15, IBM, Chicago, IL, USA) datasheet was distributed to all participants, and training on data entry and coding was conducted in collective setting, where all administrators and data enterers were present. Four of the administrators were supervised by one of the researchers. Data analysis was carried out using the SPSS version 16. Simple descriptive statistics were used as frequencies and percentages for descriptive purposes. Inferential statistics for categorical data in the form of the χ^2-test were used to compare the results of the different study groups. The P-value was considered significant at less than 0.05.

Results
Regarding the characteristics of the survey participants, the study results showed that 51% of the study sample were men and the mean age was 34 years, 55% of the sample were married, only 28% were university degree educated, 86.7% had no experience with mental illness, and 82% were campaign unexposed (Table 1). Regarding the beliefs on the causes of mental illness and the factor that needs to be addressed/manipulated to alleviate stigma stressors as a cause of mental illness, 56.1 and 40% of the study sample

Table 4 Comparison between participants who are psychiatrically naive and those who are psychiatrically exposed (whether for self, for a relative, or both)

Variable	PN N (%)	PE N (%)
Message agreed with		
Psychiatric patients get well	456 (20)	73 (16)
Psychiatric illness is like any other illness	903 (39.6)	186 (40.6)
Reassessment of stereotypes is required	375 (16.4)	110 (24)
Psychiatric illness is not synonymous to dangerousness	193 (8.5)	25 (5.4)
Some geniuses have had psychiatric illness	350 (15.3)	64 (14)

PE, psychiatrically exposed; PN, psychiatrically naive.

reported that psychiatric illnesses are like any illness (Table 2). On comparing participants who had watched the clip (campaign exposed) with those who had not watched the clip (campaign unexposed), statistically significant differences were observed between them regarding the sex of the participants, educational level, opinion on the messages, and attitudes toward mental illness (Table 3). Comparison between participants who are psychiatrically naive (PN) and those who are psychiatrically exposed (PE; whether for self, for a relative, or both) showed that 20% of those who were PN and only 16% of those who were PE reported that psychiatric patients get well. In addition, 40.6% of the population who were PE reported that psychiatric illness is like any other illness (Table 4). Comparison between participants who are campaign exposed and those who are campaign unexposed regarding uncooperativeness and the validity of their answers showed a statistically significant difference (Table 5).

Discussion
Stigma has long been viewed as a major barrier to mental health reform and community integration for people with mental disorders. Knowledge on how to remove or reduce stigma is still in its infancy (Sartorius, 2000). Regarding the beliefs that influence stereotype formation, our results showed that stressors were a cause of mental illness, followed by lack of religion/faith, followed by heredity and upbringing, respectively. This highlights the importance of a future antistigma program to generate new knowledge about causal mechanisms underlying mental illness as it is consistent with the result that 40% of the sample reported that the message required to get across was that psychiatric illness is like any other illness (Lauber *et al.*, 2004). In addition, these reflect the need for an effective antistigma program to reduce discrimination of people with mental disorders to build confidence in mentally ill persons, family members, program funders, and policy makers.

TV and cable are the tools recommended to deliver future messages and influence public opinion as they target a very large number of people freely and are considered as important tools to inform and educate the public about mental illness and promote the acceptance of mental illness as the majority of our community received limited education or were illiterate and only 35% of the sample were university or secondary degree educated (Arboleda Florez, 2003; Al Gohary, 2005). The broadcast messages reached only 20% of the study sample (campaign exposed), with a higher number of women, which did not match the

Table 5 Comparison between participants who are campaign exposed and those who are campaign unexposed regarding uncooperativeness and validity of their answers

	CE	CU	Total	t-test
Cooperativeness of interviewed participants	8.77 ± 1.24	8.46 ± 1.27	8.51 ± 1.28	$T = 4.72$ $P < 0.0001$
Validity of interviewed participants	8.51 ± 1.34	8.21 ± 1.33	8.25 ± 1.35	$T = 4.38$ $P < 0.0001$

CE, campaign exposed; CU, campaign unexposed.

Austrian (9) initiative to use mass media as an antistigma tool as the broadcast message reached 46% of the total television viewing audience. This could be attributed to the time of broadcasting the clip, which was during Ramadan after breakfast at the time of prayer and on national TV, which has a limited audience compared with cable. A higher number of women watched the clip as they are at home for a longer period of time than men (Al Gohary, 2005). There are a statistically difference between the two groups those who watched the clip and those who has not along the different messages agreed upon it. In addition, the clips were supposed to convey their messages focusing on one of the three outcomes: an improvement in knowledge, attitude, or behavior (Okasha and Stefanis, 2005). These messages were that daily stressors may be responsible for reflecting knowledge about mental illness; 'This is a psychiatric patient: stay away,' reflecting a behavior toward mental illness and measuring social distance (Okasha and Stefanis, 2005); mental illness is diagnosable and treatable, reflecting knowledge about mental illness (Okasha and Stefanis, 2005); mental illness is like any other illness, reflecting knowledge and a tolerant attitude toward mental illness; and 'If a psychiatric patient once, always a psychiatric patient', reflecting knowledge about mental illness (Okasha and Stefanis, 2005). All these messages highlighted the fact that the most relevant objectives for mentally ill persons and family members relate to the way people behave toward people with a mental illness and the societal structures that create and perpetuate social disadvantages (Amer *et al.*, 2007; Hamdi *et al.*, 2007). This means that the messages were clear, relevant, understandable, and considered to be measurable outcome results of the antistigma clips, and it coincided with the WPA's mission to improve the lives of mental patients and to reduce the discriminatory behavior that has the most direct and damaging effect (Brundtland, 2001). Early successes of any program related to short-term outcomes create agreement, morale community support and can be used to marshal the additional resources needed to bring about long-term changes (Posavac and Carey, 1992). However, one of the pitfalls of this program is the absence of pretesting to compare the results (preprogramming and postprogramming), to measure existing levels of knowledge, attitudes, or socially distancing behavior in the population, to identify problems in logistics and familiarity or difficulty of the words to increase the usability of the results. However, good antistigma outcomes also need to be strategic. In this context, strategic means directing efforts to specific subpopulations, and our program was directed toward the general population. Regarding the potential impact of psychiatric exposure (PE) on the response to the campaign, the comparison between participants who are PE (whether for self, for a relative, or both) and those who are PN showed a statistical significance.

Conclusion

The public are willing to express their opinions as they showed significant cooperativeness and validity of their answers, especially those exposed to the campaign. The TV is the medium of choice that the public prefers is the evidence stated in the paper. The antistigma media campaign led to changes in the attitude of participants who were exposed to mental illness and its results could be generalized had the outcomes been clearly identified, pre-exposure and postexposure assessment; the postexposure assessment should be carried out shortly after the exposure, the given questions should be standardized and simple, and finally proper time for broadcasting should be chosen. Positive messages influenced attitude change more.

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Conflicts of interest
There are no conflicts of interest.

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