

THE WOUNDED HEALER: AN EFFECTIVE ANTI-STIGMA INTERVENTION TARGETED AT THE MEDICAL PROFESSION?

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SUMMARY

Aims: To investigate whether a brief, contact based anti-stigma intervention entitled, 'The Wounded Healer' can positively influence participants' views towards mental health challenges in medical students and doctors. We also wanted to raise awareness of the importance of registering with a General Practitioner (GP) and consulting him/her when under mental distress.

Background: Despite the perception that medical students and doctors should be 'invincible', mental health challenges are common in this population. Doctors and medical students have low levels of help-seeking for their own psychiatric problems often only presenting to mental health services once a crisis arises. Fear of exposure to stigmatization is a critical factor contributing to symptom concealment and is a major barrier to accessing mental health services.

Method: The Wounded Healer was delivered to participants in 6 cohorts across the United Kingdom (UK): Cambridge Medical School (n=97), Manchester Medical School (n=36), Manchester University International Society (n=25), Sheffield Medical School (n=21), Foundation Doctors in the North West of England (n=54) and Southampton Medical School (n=23) (total sample size n=256).

Immediately following the intervention, we hand distributed paper questionnaires that contained stigma constructs to each individual participant. Answers were on a Likert-type scale and there was also space for free-text comments which were subjected to thematic analysis.

Results: 174/219 (79.5%) of respondents agreed or strongly agreed that their views towards mental health issues were more positive after the talk. 172/219 (78.5%) of respondents agreed or strongly agreed that the talk made them more understanding and accepting of medical students and doctors with mental illness. 156/219 (71.3%) of respondents agreed or strongly agreed that the talk made them more aware of the importance of registering with a GP and consulting him/her if they felt they were under mental distress.

Conclusion: Following the delivery of the anti-stigma Wounded Healer intervention a majority of respondents stated that they viewed mental health challenges in medical students and doctors in a more positive way. A majority of respondents also demonstrated a better awareness of registering and consulting a GP if they develop mental distress. Further research which incorporates validated assessments of stigma (at baseline and at follow-up points after the intervention has been delivered), a control group and larger sample sizes are needed to determine if the Wounded Healer intervention can cause a sustained reduction in the stigma associated with mental health challenges in healthcare professionals and encourage help-seeking behaviour for mental health challenges.

Key words: stigma - mental illness - medical students - doctors

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INTRODUCTION

Historically, stigma refers to a scar on the skin of ancient Greek criminals (Sartorius et al. 2010). It was a sign to all that these people were unsafe, unclean and unwanted. Stigma still persists today in the attitudes towards those who have a mental illness (Evans-Lacko et al. 2013). Nowhere is this more apparent than in the medical profession. Indeed, the results of the 2008 Stigma Shout Survey conducted by a UK mental health charity of almost 4000 people using mental health services and carers revealed that healthcare professionals are a common source of discrimination by people with mental illness (Time to Change. Stigma Shout Survey, <http://www.time-to-change.org.uk/news/stigma-shout-survey-shows-real-impact-stigma-and-discrimination-peoples-lives>). This would also be consistent with

the results of recent research on healthcare professionals being a source of stigma (Henderson et al. 2008, Lasalvia et al. 2012).

In this article, we describe the negative consequences that stigma can have on healthcare professionals who experience mental health challenges (Henderson et al. 2012). We discuss the merits of the health humanities with a particular focus on autobiographical narratives of doctors and medical students who have mental health challenges. We then provide the preliminary results of a survey we conducted on a novel anti-stigma intervention entitled, 'The Wounded Healer' which we have recently designed, developed and delivered to medical students and foundation doctors across the United Kingdom.

It is our hypothesis that the Wounded Healer anti-stigma intervention can cause a sustained reduction in

the stigma associated with mental health challenges in healthcare professionals. We hope that this will encourage medical students and doctors experiencing mental illness in any of its many forms to engage with the relevant mental health services.

STIGMA: A CONTEMPORARY DEFINITION

Although the term stigma has ancient origins, it was only in the 20th century that the term was introduced into the psychological and sociological literature. Evans-Lacko et al. conducted a systematic mapping of the literature on the state of the art in European research on reducing social exclusion and stigma related to mental health. As part of their study, they examined whether published studies included a formal definition of the social issue being studied in order to better understand the theoretical underpinnings of the studies (Evans-Lacko et al. 2014). When explicitly defined, Goffman's seminal definition of stigma as "an attribute that is deeply discrediting and that reduces the bearer from a whole and usual person to a tainted, discounted one" (Goffman 1963) was often quoted. In recent years, Link, Phelan and colleagues have revisited this definition to reflect advances in stigma research. Their definition distinguishes between five main components of stigma (labeling, stereotyping, separation, status loss, and discrimination (Link et al. 2001, Link et al. 2004)) and was used in the majority of the studies that included a definition.

THE MENTAL HEALTH OF DOCTORS

Despite the perception that doctors should be 'invincible' (Harvey et al. 2009) mental illness is common in this population. In Canada, for example, a study using an objective measure of emotional exhaustion revealed that 80% of doctors were suffering from burnout (Thommasen et al. 2001). Suicide rates are also high with 400 doctors lost to this cause of death every year in the United States alone (American Foundation for Suicide Prevention, www.afsp.org).

We were tragically reminded of the issue of suicide among doctors in the UK when, in October 2000, Daksha Emson, a brilliant trainee psychiatrist with bipolar affective disorder, killed herself and her daughter. An independent inquiry concluded that Dr Emson was the victim of stigma in the NHS and consequently called for a wider understanding of mental illness to try to end the secrecy and taboo associated with it (North East London Strategic Health Authority 2003).

Although this is an extreme example of the catastrophic consequences of stigma, this case does illustrate a crucial point; namely that stigma can and does kill people, including doctors, and unless something is done to oppose this destructive force it may continue to do so. In a personal communication with a foremost

authority on stigma (Graham Thornicroft, Professor of Community Psychiatry, Institute of Psychiatry, King's College London 2014) regrettably not enough is being done to tackle the issue of mental health stigma, particularly in the medical profession. Given the aforementioned, we feel that there was an urgent need to develop a novel and effective anti-stigma intervention targeted specifically at healthcare professionals.

MEDICAL STUDENT MENTAL HEALTH

The General Medical Council (GMC) stated that medical schools report that one of the most complex situations they face is when a student is struggling with the course due to a mental health condition (http://www.gmcuk.org/Supporting_medical_students_with_mental_health_conditions_July_13.pdf_52834713.pdf). The mental health of medical students has been widely discussed over recent years. The use of cannabis and illicit drugs is also reported to be on the increase: UK studies in Leeds (Pickard et al. 2000) and Newcastle-upon-Tyne (Aston et al. 1995) have demonstrated high levels of alcohol consumption and illicit drug use, and high anxiety and depression scores.

STIGMA AMONG HEALTH CARE PROFESSIONALS AS A BARRIER TO ACCESSING HEALTH CARE SERVICES

Doctors and medical students have low levels of help-seeking for their own psychiatric problems often only presenting to mental healthcare services once a crisis arises. One reason for this is symptom concealment owing to fears of exposure to stigmatization (Semple et al. 2008). For example, the results of a recent study identified stigma as an explicit barrier to the use of mental health services by 30% of first- and second-year medical students experiencing depression (Givens et al. 2002).

THE WOUNDED HEALER AND THE HEALTH HUMANITIES

Carl Jung used the term the, 'Wounded Healer' as an archetypal dynamic to describe a phenomenon that may take place in the relationship between the analyst and analysand (Burns et al. 2009). The 'Wounded Healer' remains a powerful archetype in the healing arts. Jung discovered this archetype in relation to himself; for Jung, "...it is his own hurt that gives a measure of his power to heal..." (Stevens 1994).

There is a growing perception that science alone provides overall, insufficient foundation for the holistic understanding of the interaction between health, illness and disease (Hurwitz et al. 2009). The health humanities has emerged as a distinct entity in attempts to

ameliorate the limitations in the provision of healthcare. The health humanities can be described as the application of literature and art (in general) to medicine (Oyebode 2009).

AUTOBIOGRAPHICAL NARRATIVE

It is with the immediacy and authenticity of the first person narrative that the mental illness memoir creates a vivid account of human existence in the, 'Kingdom of the Sick' (Sontag 1978). Reading autobiographical narratives of psychopathology sufferers can 'augment' and 'embellish' service providers' and the general public's humanity by offering precious qualitative insights into minds afflicted with mental illness (Hankir et al. 2013).

Autobiographical narratives of the Wounded Healer are gaining popularity among doctors with mental health challenges both as an effective form of adjunctive therapy and as a means to campaign against stigma (Hankir et al. 2013).

METHODOLOGY

The 1-hour anti-stigma Wounded Healer intervention is essentially a 'theatrical' intervention. The intervention incorporates an autobiographical narrative from the primary author, a trainee in academic psychiatry in the United Kingdom who has first-hand experience of profound oscillations in mood. The aims of the intervention are to Engage, Enthuse, Enthral and to Educate by making reference to film, literature and poetry in order to convey the subjective experience of bipolar disorder (and thus illustrate its association with the artistic temperament). It also contains factual information on mental health challenges in order to dispel the many myths on mental illness that abound.

RECRUITMENT

AH sent an email out to all of the medical school psychiatry societies (also known as 'psychsocs') in the United Kingdom providing them with a brief summary of the Wounded Healer anti-stigma intervention (each psychsoc's email address can easily be located using Google search engine). AH received a response from 12 psychsocs (Manchester, Cambridge, Sheffield, Southampton, Leeds, Exeter, Brighton and Sussex, Bristol, Edinburgh, King's College London, Liverpool and Dundee medical school psychsocs).

AH received an invitation to deliver the Wounded Healer from all 12 of the aforementioned psychsocs; hitherto he has delivered the intervention in 4 medical schools: Southampton, Cambridge, Manchester and Sheffield. AH also responded to an invitation to teach Foundation Doctors in the North West of England (North Manchester General Hospital and the Royal Bolton Hospital).

Different methods were applied to publicize the event. In some instances, attracting participants to attend was not an issue at all. For example, it is compulsory for Foundation Doctors to attend teaching organized by the Foundation School they are attached to. The Foundation School organizes the time, date and venue for the teaching. It would merely be a matter of AH travelling to the venue (i.e. North Manchester General Hospital). Southampton psychsoc utilized social media and the committee designed a catchy flyer which they posted on their Facebook page to raise awareness of the event (see Figure 1). They also attached the flyer on the announcement boards of teaching hospitals that medical students were allocated to as well as the notice boards in common rooms.

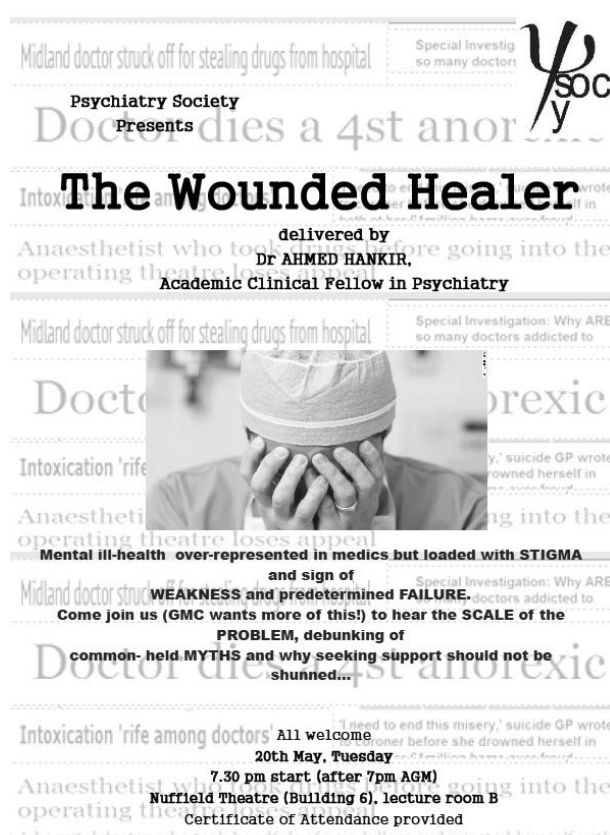


Figure 1. Leaflet designed by Southampton Medical School psychsoc on the Wounded Healer. This leaflet was used as promotional material to publicize the event and recruit participants

Hitherto, the intervention has been delivered to 6 cohorts: Manchester Medical School (n=36), Cambridge University (n=97), Sheffield Medical School (n=21), Southampton Medical School (n=23), Foundation Doctors in the North West (n=51) and Manchester University International Society (n=25).

We created and hand distributed (in the hope that it would increase the response rate) a questionnaire (total sample size n=256, response rate 219/256 (85.5%)) on the intervention which contained stigma constructs.

Answers were on a Likert-type scale. There was also space for free-text comments which were subjected to thematic analysis. Since this was a pilot evaluation of the intervention, the questionnaire was designed in such a way in order to assess if the intervention was engaging and had a positive influence on participants' views towards mental health challenges in medical students and doctors in a very broad sense. The participants were asked to respond to 8 statements in relation to favourability and stigma which are as follows:

- 1) The talk was interesting;
- 2) My views towards mental health issues are more positive after the talk;
- 3) The talk dispelled some common myths about mental illness and encouraged me to reflect and to think more rationally about psychiatry;
- 4) A talk on the mental health of doctors and medical students given by a doctor with personal experiences of mental illness is preferable than from someone who has not had those experiences;
- 5) The talk made me more understanding and accepting of medical students and doctors who suffer from mental illness;
- 6) I am more aware of the importance of registering with a GP and consulting him/her if I feel I am under mental distress;
- 7) The talk made me realize that medical students and doctors who suffer from mental illness can recover and achieve their goals;
- 8) Would you recommend the talk to a colleague?

Response options were on a Likert-type scale and were as follows for items (1) to (7):

- i) Strongly disagree;
- ii) Disagree;
- iii) Neither agree nor disagree;
- iv) Agree;
- v) Strongly agree.

And as follows for item (8):

- i) Definitely not;
- ii) No;
- iii) Neither yes or no;
- iv) Yes;
- v) Definitely yes.

RESULTS

Statement (1) 'The talk was interesting' and statement (8) 'Would you recommend the talk to a colleague?' are inter-related to a degree. 137/219 (62.6%) of respondents strongly agreed that the talk was interesting (see Table 1). This was our explicit aim; namely to develop an intervention that would engage with the audience so that once we've engaged them, we can use factual information to educate them (which would relate to statement 3, 'The talk dispelled some common myths

about mental illness and encouraged me to reflect and to think more rationally about psychiatry'). We incorporated references to film, literature and poetry to achieve this aim.

Themes of the free-text comments from respondents (which will be described in more detail below) include how interesting the intervention was and the usage of references to film, poetry and literature which would correlate with the quantitative data for statement one. At 62.6%, statement (1) scored the highest for the 'Strongly agree' scale out of all of the statements in the survey. Moreover, 0% of respondents selected 'definitely not' or 'no' in relation to statement (8), which is the lowest percentage in these scales for all 7 of the questions asked (although 'Strongly disagree' or 'Disagree' is not the same as 'Definitely not' and 'No' we posit that they correspond to each other since they are both situated on the negative pole of the spectrum for the Likert-type scales.)

In relation to statement (3), 185/219 (84.5%) of respondents agreed or strongly agreed that, 'The talk dispelled some common myths about mental illness and encouraged them to reflect and to think more rationally about psychiatry'. This, we feel, supports our assertion that the Wounded Healer intervention is an effective tool in educating participants about psychiatry and mental health issues (indeed, by utilizing 'theatrics' we feel we have innovated a novel method of pedagogy that is, based on the feedback we have received, highly popular with respondents).

174/219 (79.4) of respondents agreed or strongly agreed to statement (2), namely that, 'My views towards mental health issues are more positive after the talk' (see Table 1).

A major concern for researchers in the field of stigma is social exclusion. Whilst we did not use a validated assessment to measure if the intervention can tackle this issue, 172/219 (78.5%) of respondents agreed or strongly agreed to statement (5), namely that, 'The talk made me more understanding and accepting of medical students and doctors who suffer from mental illness'. This statement is inter-related to statement (2) and also has important implications.

A 'physician bias' has been reported in the literature whereby healthcare practitioners, especially psychiatrists, tend to have more negative views about the recovery of people with mental illness compared to the general public (Nordt et al. 2006, Hugo 2001). That 207/219 (94.5%) of respondents agreed or strongly agreed to statement (7) namely that, 'The talk made me realize that medical students and doctors who suffer from mental illness can recover and achieve their goals' is a major strength of the intervention. We also feel that this has relevance to those medical students and doctors who experience mental distress and that it would instil in them hope during a time when optimism is scarce if present at all. The statistic for this statement correlates with a theme that emerged from the free-text comments, which will be discussed and described below.

Table 1. Summary of immediate post intervention evaluation responses by item

	Strongly disagree Frequency (%)	Disagree Frequency (%)	Neither agree nor disagree Frequency (%)	Agree Frequency (%)	Strongly agree Frequency (%)
The talk was interesting (n=219)	2 (1%)	0 (0%)	1 (1%)	79 (36%)	137 (63%)
My views towards mental health issues are more positive after the talk (n=219)	1 (1%)	1 (1%)	43 (20%)	122 (56%)	52 (24%)
The talk dispelled some common myths about mental illness and encouraged me to reflect and to think more rationally about psychiatry (n=219)	1 (1%)	1 (1%)	32 (15%)	125 (57%)	27 (24%)
A talk on the mental health of doctors and medical students given by a doctor with personal experiences of mental illness is preferable than from someone who has not had those experiences (n=219).	0 (0%)	1 (1%)	22 (10%)	76 (35%)	120 (55%)
The talk made me more understanding and accepting of medical students and doctors who suffer from mental illness (n=219)	1 (1%)	4 (2%)	42 (19%)	108 (49%)	64 (29%)
I am more aware of the importance of registering with a GP and consulting him/her if I feel I am under mental distress (n=219)	0 (0%)	6 (3%)	57 (26%)	100 (46%)	56 (26%)
The talk made me realize that medical students and doctors who suffer from mental illness can recover and achieve their goals (n=219)	1 (1%)	0 (0%)	11 (5%)	83 (38%)	124 (57%)
	Definitely not Frequency (%)	No Frequency (%)	Neither yes or no Frequency (%)	Yes Frequency (%)	Definitely yes Frequency (%)
I would recommend the talk to a friend of colleague (n=219)	0 (0%)	0 (0%)	8 (4%)	90 (41%)	121 (55%)

Since, as described in this manuscript, medical students and doctors have low-levels of help seeking for their own psychiatric problems, the statistic for statement 6 namely that 156/219 (71.3%) of respondents agreed or strongly agreed that, ‘I am more aware of the importance of registering with a GP and consulting him/her if I feel I am under mental distress’ is a promising preliminary finding that tentatively supports our views that the intervention may have important implications in encouraging medical students and doctors experiencing mental distress to overcome any inherent boundaries to engage with the relevant services (i.e. their GP).

196/219 (89.5%) of respondents agreed or strongly agreed with statement (4), namely that, ‘A talk on the mental health of doctors and medical students given by a doctor with personal experiences of mental illness is preferable than from someone who has not had those experiences’. We feel that any anti-stigma intervention targeted at medical students and doctors should take into consideration their preferences. That a majority of respondents would prefer for a doctor who has first-hand experience of mental health challenges to deliver the intervention on this area rather than from a doctor who has not should guide educationalists, researchers and those who have an interest on stigma.

Themes that emerged from the free-text comments from respondents

The free-text comments that respondents were invited to make were subjected to thematic analysis. This revealed 6 broad themes which are mentioned and described below.

Theme 1: *Inspirational, engaging and passionate*

‘Superb. Inspirational story, excellent view into psychiatry’ Foundation Doctor Respondent (North Manchester General Hospital)

‘Ahmed’s sheer passion and showmanship was impressive. The blend of verse and prose with scientific analysis was original and captivating. His poem was fantastic’. Manchester University International Society respondent

Ten respondents used the word, ‘inspirational’ in their written feedback. In his autobiographical narrative, AH describes the negative effects that mental illness had on his life (he was forced to interrupt his studies, was socially excluded and was even rendered homeless). ‘Inspiration’ was a motif and this is one of the reasons why we hypothesize that the Wounded Healer can cause a sustained reduction on mental health stigma since respondents report being inspired and the process of inspiration is not often forgotten.

‘The most engaging lecture I have had in university’
Southampton Medical Student respondent.

One of the principal aims of the intervention, namely to engage with the audience and once engaged, to educate them with factual information. This theme would relate to theme 2 (see below) and the popularity of references to film, literature and poetry in medical education.

Theme 2: Quotes, poetry, literature, film

‘Excellent talk, really enjoyable, excellent use of literature, poetry and film. The best lecture I have had at medical school so far’. 4th year Manchester Medical Student respondent.

Theme 3: 1st person narrative/personal experience

Those who have not experienced mental illness often report that they would like to know what the subjective experience of mental illness is like. The Wounded Healer anti-stigma intervention provides a qualitative insight into ‘the mind of a medic with manic-depressive illness’.

Theme 4: The Beards and Bowties clip

This clip was actually very popular with students. It highlights the importance of utilizing alternative modes of percept in medical education i.e. motion picture (this particular clip is easily accessible from YouTube).

Theme 5: Lecture given by a doctor who has first-hand experience of mental health challenges and hence participant’s being able to identify with the talk and derive comfort from it

‘As a medical student with a mental illness, who is very open about it, I think talks like this are essential. It’s encouraging to see doctors who are not only open about their mental health, but extremely successful with it. Thank you.’ Southampton Medical Student respondent.

We, as human beings, derive solace from shared experience. This theme correlates with statement 4 in the quantitative section of the questionnaire. AH was approached by many participants immediately after the delivery of the intervention who disclosed to him that they have had experiences of mental illness.

Theme 6: Tackling the issue of stigma

‘Lectures like these should be given to all medical students early on in their university career to help reduce stigma and encourage anyone struggling to get help.’ Sheffield Medical Student Respondent.

The Wounded Healer is a ‘bespoke’ anti-stigma intervention targeted at healthcare professionals. The above written feedback from a respondent qualitatively (and aptly) illustrates that the intervention has utility and it also shows promise that it can effectively address (and possibly reduce) the issue of mental health stigma.

DISCUSSION

As mentioned in the methodology section, this preliminary survey is a pilot evaluation of an intervention which, we hope, will be heralded by more robust and precise research (please refer to the conclusion section). We wanted to get a broad sense of whether the intervention had a positive effect on participants’ views towards mental health challenges. Since greater than two thirds of respondents responded favourably to this statement this, we feel, lends support to our assertion that the intervention can affect positive change on participants’ views towards mental health challenges in medical students and doctors. This preliminary finding in particular (since this was our primary aim) gives us the confidence and impetus to proceed with plans to conduct further research that utilizes more rigorous methodology. Given that many of those who experience mental health challenges report that the social exclusion and stigma can be worse than the actual illness itself (and AH also endorses this statement), the implications that this intervention could possibly promote social inclusion, we feel, is very promising.

If the provision of medical education should be student centred, the Wounded Healer has generated, as far as we know, novel data. We feel that any anti-stigma intervention targeted at medical students and doctors should take into consideration their preferences. That a majority of respondents would prefer for a doctor who has first-hand experience of mental health challenges to deliver the intervention on this area rather than from a doctor who has not should guide educationalists, researchers and those who have an interest in stigma.

The Wounded Healer and public stigma

Both the quantitative and qualitative feedback we received from the survey on the Wounded Healer would suggest that this contact-based anti-stigma intervention has a positive influence on respondents’ views towards mental health challenges in healthcare professionals. Our findings would also suggest that the Wounded Healer influences respondents to be more understanding and accepting of medical students and doctors who have experienced mental illness.

One of the aims of the Wounded Healer is to address the issue of public stigma (with a specific focus on healthcare professionals as being the source of stigma, see below). Sadow and Ryder have demonstrated that social contact with someone who has mental health challenges is an effective way of reducing public stigma (Sadow et al. 2008). In fact, the results of a meta-analysis of outcome studies on challenging the public stigma of mental illness revealed that social contact was actually better than education in reducing stigma for adults (Corrigan et al. 2012).

There have been programmes specifically designed to reduce mental health stigma among professionals and professional trainees. The Education Not Discrimination (END) intervention is an example of such a program targeted at medical students. Friedrich et al investigated the impact of the END anti-stigma programme immediately and after 6 months with regard to knowledge, attitudes, behaviour and empathy. They revealed that although END produced short-term advantage, there was little evidence of its persistent effect in reducing stigma. Friedrich et al concluded that their findings suggested there was a need for greater integration of ongoing measures to reduce stigma into medical school curriculums and they also discussed the potential merits of ‘booster’ sessions (Friedrich et al. 2013).

The Wounded Healer and Self-Stigma

Many people with mental illness have to choose between secrecy and disclosure in different settings. Coming Out Proud (COP) is a 3-week peer-led group intervention that offers support in making this difficult decision in order to reduce stigma's negative impact. Rusch et al conducted a randomised controlled trial to assess COP's efficacy to reduce negative stigma-related outcomes. The results revealed no effect of COP on self-stigma or empowerment, but immediate positive effects on stigma stress, disclosure-related distress, secrecy and perceived benefits of disclosure which may thus alleviate stigma's negative impact (Rusch et al. 2014).

AH was approached by a student who attended the event in Sheffield Medical School. They subsequently co-authored a manuscript which contained an autobiographical narrative from this medical student in which she evocatively and poignantly describes how she was inspired to Come Out Proud with her own experiences of a psychotic depressive illness following her attendance of the Wounded Healer event. In her narrative, she expounds on how liberating and empowering it was for her to talk openly about her experiences (Hankir et al. 2014). It would seem, ostensibly at the very least, that the Wounded Healer can encourage people to talk candidly about their experiences with mental illness and this, in turn, may result in lower levels of stigma stress.

We hypothesize that a synergistic intervention incorporating an educational component with social contact (i.e. the Wounded Healer) can cause a sustained reduction in both self and public stigma. The Wounded Healer also had the unintended effect of inspiring respondents to report that they developed an interest in psychiatry as an attractive career option.

Limitations

Although this pilot evaluation did reveal promising findings, we did identify several limitations and hence the results should be interpreted with caution. The study did not utilize validated stigma (or self-stigma) assess-

ment tools which could have been utilized and administered prior to the delivery of the intervention and immediately after the intervention so as to measure any possible changes in stigma variables. We also did not subject the respondents to long term follow-up. The study also lacked a control group. The data collected was not statistically analysed so that we could robustly measure the effect of the exposure and we were also lacking basic demographic data (i.e. age, ethnic background, sex etc.). The response rates, however, were relatively high as was the sample size. A larger sample size would increase the power of the study and it would also increase the generalizability of the results.

CONCLUSION

Stigma and discrimination are pervasive phenomena which exert a negative influence, through a multitude of ways, on the lives of many individuals affected by mental illness. Anti-stigma work targeting specific groups, such as healthcare staff, or strategies which empower individuals facing discrimination, are likely to play a key role in reducing the impact of stigma. Interventions building on the principle of contact frequently show promise at reducing the stigma associated with mental health challenges and we need to continue to incorporate personal stories and narratives into interventions in order to build awareness at local and national levels.

The Wounded Healer anti-stigma intervention appears to have influenced participants to view psychiatric disorders in healthcare professionals in a more positive way

Future research including a control group, larger sample sizes, administration of validated questionnaires that can measure changes in stigma variables at baseline, immediately and six months after the intervention is needed to assess if such an intervention can cause a sustained reduction in the stigma towards psychopathology in the medical profession.

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