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THE WOUNDED HEALER FILM: A LONDON COLLEGE OF COMMUNICATION EVENT TO CHALLENGE MENTAL HEALTH STIGMA THROUGH THE POWER OF MOTION PICTURE

Ahmed Hankir[1,2,3], Rashid Zaman[2,4], Benjamin Geers[5], Gus Rosie[5], Grainne Breslin[5], Lilly Barr[5], Frederick R. Carrick[2,6,7] & Sal Anderson[8]

[1]Department of Psychiatry, Carrick Institute for Graduate Studies, Cape Canaveral, FL, USA
[2]Bedfordshire Centre for Mental Health Research in association with the University of Cambridge (BCMHR-CU), Cambridge, UK
[3]Leeds York Partnership Foundation Trust, Leeds, UK
[4]Department of Psychiatry, University of Cambridge, Cambridge, UK
[5]The University of Manchester, School of Medicine, Manchester, UK
[6]Carrick Institute for Graduate Studies, Cape Canaveral, FL, USA
[7]Harvard Macy and MGH Institutes, Boston, MA, USA
[8]London College of Communication, University of Arts, London, UK

SUMMARY

Background: *There is a preponderance of mental health problems in students on a global scale which can have a considerable effect on their academic performance and a profound impact on their quality of life. Many universities offer free counselling services however despite this a recent study in the US revealed that up to 84% of students who screened positive for depression or anxiety did not receive any treatment. There are many obstacles that students with mental health problems encounter that prevents them from receiving care, foremost among these is stigma. Film based interventions are showing promise at challenging stigma which can subsequently lower the barriers to accessing and using mental health services for students who need them.*

Design: *We conducted a single-arm, pre-post comparison study on arts students from the London College of Communication. Participants were exposed to the Wounded Healer film, a motion picture featuring a protagonist who is a doctor with first-hand experience of psychological distress. Validated stigma scales on knowledge (Mental Health Knowledge Schedule (MAKS)), behaviour (Reported and Intended Behaviour Scale (RIBS)) and attitudes (Community Attitudes towards the Mentally Ill (CAMI)) were administered on participants before and immediately after exposure to the intervention.*

Results: *21/28 (78%) of the participants recruited for the study responded. The mean age of respondents was 22 years (Std. Dev 2.20). There was an increase in the MAKS score after students viewed the Wounded Healer film indicating lower levels of stigma in mental health knowledge however this change was not statistically significant.*

Discussion: *A previous study on the Wounded Healer film demonstrated a reduction in stigma among healthcare students. The results of this pilot study, however, suggest that a film featuring a protagonist who is not from the same background as the audience may not be effective at reducing mental health stigma in that group. This is consistent with the results of recent research that revealed that an anti-stigma intervention that is effective in one group may not necessarily be effective in other groups. Our findings, however, must be interpreted with caution due to the limitations of this study. Future research with a prospective study design, a larger sample size and a control group exposed to a film with a protagonist who shares the same background as the audience is needed.*

Key words: *stigma - mental health – students - film*

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Background

> *"The experience I have had is that once you start talking about it [mental health issues], you realise that actually you are part of quite a big club..."*
>
> *Prince Harry (2017)*

In a brave and audacious interview for a British newspaper, Prince Harry publicly revealed that he received professional help after experiencing mental health problems forover two decades of his life which was triggered by the loss of his mother.

http://www.telegraph.co.uk/news/2017/04/16/prince-harry-sought-counselling-death-mother-led-two-years-total/

Prime Minister Theresa May praised the prince for his honesty, describing his disclosure as a" really important moment for Britain."

http://www.telegraph.co.uk/news/2017/04/17/chaos-madness-kicked-mps-speak-loss-prince-harry-interview/

Prince Harry hoped that by talking so openly about his mental health it would break down the stigma attached to psychological problems.

http://www.telegraph.co.uk/news/2017/04/16/prince-harry-sought-counselling-death-mother-led-two-years-total/

The following section of this paper will trace the origins of the term stigma and how it applies to people with mental illness.

Etymology of stigma

Stigma is a Greek word that, in its origins, refers to a scar from a burn or cut to the skin of criminals, slaves or traitors. The mutilation was a sign of disgrace, indicating to all that these people should be avoided and shunned (Jones 2012). Stigma is alive in the modern age and when applied to people suffering from mental illness its consequences can be devastating. Indeed, life expectancy is reduced by 20 years in people who have mental illness compared to matched controls who don't suffer from these conditions (Druss 2000) and suicide is overrepresented in this group with up to 40% of schizophrenia sufferers taking their own lives (Semple 2013).

In this paper, we will explore the egregious effects that stigma exerts on the mental health of students and why designing, developing and delivering interventions that target this group is important.

We present an anti-stigma motion picture intervention entitled, 'The Wounded Healer' which is based on a live performance of the same name conceived and presented worldwide by a Royal College of Psychiatrists award-winning doctor who has first-hand experience of psychological distress. The Wounded Healer film is also an educational tool that provides facts about the nature and reality of mental illness and offers a qualitative insight into the subjective experience of profound oscillations in emotion and its association with the artistic temperament (Hankir 2013, 2014).

We hypothesize that a film with a protagonist who is a doctor with first-hand experience of psychological distress can cause reductions in stigma among students from non-healthcare backgrounds.

Mental health of students

A recent study found that a quarter of UK students suffer from mental health problems

YouGov., 2016. Survey Results [Internet]. Available from: https://d25d2506sfb94s.cloudfront.net/cumulus_uploads/document/obtomdatp4/Survey_Results.pdf.

Although data on the prevalence of mental illness in students is limited to self-report surveys, based on the literature available a report by the Royal Collage of Psychiatrist stated it is believed that the prevalence of mental illness in UK students is higher than that of the general population (https://www.nightline.ac.uk/sites/default/files/TheMentalHealtofStudentinHigherEducatioRoyalCollegePsychiatrists2003.pdf).

Mental health problems in students is a global issue. A recent US study found that 15.6% of undergraduate students screened positive for anxiety or depressive disorder, 2.5% had suicidal thoughts in the two weeks prior to the study and 44.3% reported that mental or emotional difficulties impacted their academic work in the four weeks prior to the study (Eisenberg 2007). One study of 6,479 students from two large Australian universities found that 19.2% of students reported mental health problems with 67.4% of students reporting mental health problems which were subclinical, rates which are higher than the Australian national average (Stallman 2010). A study of 1,617 Turkish students using the 42 item Depression, Anxiety and Stress Scale (DASS-42) reported 27.1% screened positive for depression and 47.1% screened positive for anxiety, with higher scores in first and second year students (Bayram 2008). A study of students attending Makerere University in Uganda reported that 16.2% of students had depressed mood assessed by the 13-item Beck Depression Inventory (Ovuga 2006).

One US study found that, depending on the disorder, 37% to 84% of students who screened positive for depression or anxiety did not receive any services, even though the university had free short-term psychotherapy and counselling services (Eisenberg 2007).

Mental health stigma in students

Public stigma refers to the way in which society negatively views sufferers of mental illness leading to reduced life opportunities. Self-stigma refers to how public stigma is internalized by people who suffer from mental illness. Both forms of stigma can lead to less treatment seeking and lower adherence due to avoiding the label of mental illness (Corrigan 2004).

The effects of stigma are far reaching; a systematic review of 90,198 participants showed that stigma was the fourth largest barrier to receiving care (Clement et al 2014).

The three main ways to combat stigma are:

- *Protest:* Negative attitudes and stereotypes towards mental illness are challenged.
- *Education:* Misinformation and false beliefs about mental illnesses and those suffering from them are replaced by accurate information and
- *Contact:* People who do not have a mental disorder meet with those who do. Contact can complement the other two methods of reducing stigma (Corrigan et al 1999).

Motion picture as an anti-stigma intervention

One way in which to challenge lack of knowledge about mental illness is through education. This has traditionally been through lectures and presentations which are labour intensive and require a live performance each time. One advantage of film is that a live performance is no longer required, also it is not limited to the same practical restraints and can be shown to large groups of people regardless of time and/or place. A randomised control trial on student nurses found that film was just as effective as live social contact at reducing mental health stigma (Clement 2012). Likewise, another recent study showed that filmed contact was effective at reducing mental health stigma which was found to be maintained at a one-week follow-up (Corrigan 2007).

The Wounded Healer film

The Wounded Healer is a thirty-minute film made in collaboration with the London College of Communication (LCC). The film incorporates excerpts from the Wounded Healer theatrical live intervention, and includes interviews between Dr Hankir and others with experience of an 'enduring mental illness', discussing topics related to mental health stigma (Anderson 2017). The Wounded Healer has been described as an innovative method of pedagogy that blends the performing arts with psychiatry. The main aims of the Wounded Healer are to engage, enthuse, enthral and to educate to challenge mental health stigma and to encourage care-seeking. The Wounded Healer film is a regular feature in medical school psychiatry societies throughout the UK and the Royal College of Psychiatrists national medical student annual conferences.

METHODS

We conducted a single arm, pre-post comparison study on a selection of individuals who attended The Wounded Healer Film screening, at The London College of Communication (n=28).

Validated stigma scales were administered on participants before and immediately after exposure to the intervention to measure changes, if any, in knowledge (Mental Health Knowledge Schedule (MAKS)), attitudes (Community Attitudes towards the Mental Ill (CAMI)), and behaviour (Reported and Intended Behaviour Scale)).

Measures

Three measures of stigma and discrimination were used to measure mental health-related knowledge, attitudes and behaviour.

Mental Illness Knowledge Scale (MAKS)

MAKS has been designed to measure mental health-related knowledge among the general public and evaluate anti-stigma interventions (Evans-Lacko 2010). It comprised six items (1-6) on stigma-related mental health knowledge areas and six items (7-12) on the classification of various conditions as mental illness. Participants were asked to indicate whether they agreed or disagreed with the items on a five-point Likert scale.

Reported and Intended Behaviour Scales (RIBS)

RIBS has been designed to measure mental health-related behavioural discrimination among the general public and document behavioural trends (Evans-Lacko 2011). It comprised four items (1-4) which assess the prevalence of behaviour and four items (5-8) which on intended behaviour in the same contexts. Participants were asked to indicate whether they agreed or disagreed with items 5-8 on a five-point Likert scale.

Community Attitudes to the Mentally Ill (CAMI).

CAMI has been designed to measure mental health-related attitudes among the general public. The following three items were used:

- One of the main causes of mental illness is a lack of self-discipline and will-power;
- There is something about people with mental illness that makes it easy to tell them from normal people
- It is frightening to think of people with mental health problems living in residential neighbourhoods.

Participants were asked to indicate whether they agreed or disagreed with the three statements on a five-point Likert scale.

Participants

Arts students at the London College of Communication were invited to by SA to attend the screening of the Wounded Healer film. Viewing of the film, as well as participation in the study, was voluntary. The students were informed about anonymity, and each participant had a unique personal code. No monetary compensation was offered although free refreshments were provided. Students were in a state of equipoise and verbal informed consent was obtained. Ethical approval for the study was obtained from the Carrick Institute for Graduate Studies, an Institutional Review Board registered in USA for global educational, research and clinical trials.

RESULTS

Of 27 separate identified participants, 21 (78%) provided usable data for CAMI, RIBS and ITTA - and only 19 (70%) for MAKS. This was due to missing or unmatched post-intervention feedback forms. The participants ages ranged from 18 to 28 years (Mean = 21, Mode =21). The group was ethnically eclectic (see Figure 1). Of the subjects 13 were Film and TV graduates 2017, 3 were studying for a BA in Film and TV, 3 were studying for a BA in Film Practise, 1 participant was a Charity Fundraiser and 1 put down their occupation as "GMD".

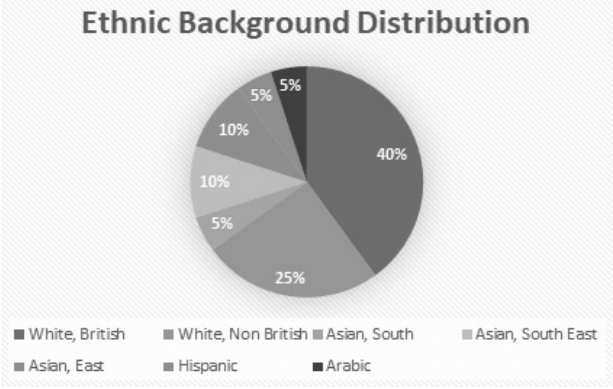

Figure 1. Ethnic background of participants

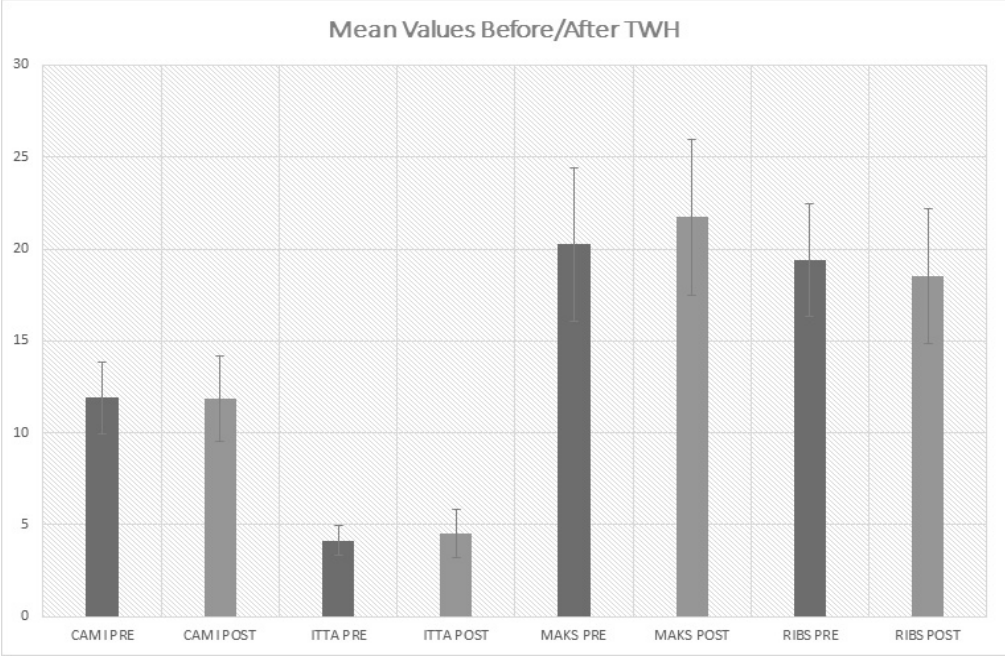

Figure 2. Pre-post scores for RIBS, MAKS, CAMI and ITTA (RIBS- Reported and Intended Behavior Scales, MAKS- Mental Health Knowledge Schedule, CAMI- Community Attitudes to the Mentally Ill, ITTA- Inspired to Take Action to challenge mental health stigma)

There was no significant difference in the CAMI pre-intervention (M=11.90, SD=1.97) and post-intervention scores (M=11.86, SD=2.29); one arm P=0.8406. 5 of the participants showed an increased score showing decreased stigma, these participants pre-intervention scores ranged from 11 to 13 (M=12.2). 10 participants showed no change in CAMI score, these participants scores ranged from 8 to 15 (M=12.0). 6 participants showed decreased score showing an increased stigma, these participants pre-intervention scores ranged from 8 to 14 (M=11.5). While the differences between pre-and post-intervention are not statistically significant, the increase in CAMI score shows the biggest decrease in stigma because of the performance found in this study.

There was no significant difference in the ITTA pre-intervention (M=4.14, SD=0.79) and post-intervention scores (M=4.52, SD=0.29); one arm P=0.1483. 5 of the participants showed an increased score showing an increased desire to actively decrease stigma, these participants pre-intervention scores ranged from 3 to 4 (M=3.8). 15 participants showed no change in ITTA score, these participants scores ranged from 2 to 5 (M=4.3). 1 participant showed a decreased score indicating a reduced willingness to actively decrease stigma. This participant's pre-intervention score was 4 - which decreased to 3 after intervention. Only 2 participants did not respond "Agree" or "Strongly Agree" to the statement "I feel inspired to raise awareness of the importance of mental health and to take action to challenge stigma."

There was no statistically significant difference in the MAKS pre-intervention (M=20.26, SD=4.17) and post-intervention scores (M=21.74, SD=4.23); one arm P=0.1773. 11 of the participants showed an increased score showing decreased sigma, these participants pre-intervention scores ranged from 11 to 23 (M=17.5). 2 participants showed no change in MAKS score, their scores were 18 and 17. 6 participants showed decreased score showing an increased stigma, these participants pre-intervention scores ranged from 19 to 28 (M=20.3).

There was no significant difference in the RIBS pre-intervention (M=19.38, SD=3.06) and post-intervention scores (M=18.52, SD=3.64); one arm P=0.3353. 5 of the participants showed an increased score showing decreased sigma, these participants pre-intervention scores ranged from 16 to 19 (M=17.8). 10 participants showed no change in RIBS score, their pre-intervention scores ranged from 14 to 21 (M=18.7). 6 participants showed decreased score showing an increased stigma, these participants pre-intervention scores ranged from 19 to 26 (M=21.8) (All results before/after intervention can be seen in Figure 2).

DISCUSSION

The purpose of this study was to measure the effects, if any, that a motion picture featuring a doctor with first-hand experience with psychological distress might have on the stigma scores of a sample of students from non-healthcare backgrounds.

The hypothesis was that there would be a significant decrease in mental health stigma following the viewing of "The Wounded Healer", however the results from CAMI, ITTA, MAKS and RIBS were all found to be statistically insignificant. This could be due to the small sample size as small sample sizes are not representative

of the population from which they are selected and are prone to type 2 errors, i.e. a null hypothesis may be accepted when, in fact, it should have been rejected. This study was performed with students from LCC only, thus the results cannot be generalised for the whole student population of the UK. A future multi institutional study would produce findings that would be more representative of all students.

Although the results were not statistically significant, the scores of ITTA and MAKS increased after viewing "The Wounded Healer", showing a decrease in mental health stigma. These findings are like the results of a study on the effect of motion picture on the stigma attached to schizophrenia (Penn 2003) which showed an increase in willingness to interact with people who have schizophrenia, but produced no statistically significant data. The report from Penn and colleagues suggested that educational interventions alone were not sufficient to provide statistically significant changes on mental health stigma, but that interaction with people suffering from conditions such as schizophrenia may be necessary to reduce stigma surrounding them (Penn 2003). Furthermore, a study by Mehta and colleagues suggested that people from different economic backgrounds have different attitudes to mental health, thus suggesting that different interventions may work better in different groups (Mehta 2015).

Strengths and limitations

The main limitations of this study are the small sample size, making the results vulnerable to type II error, and the absence of a control group means that we cannot exclude the possibility that another factor, other than the intervention, influenced the difference between pre-intervention and post-intervention scores. The strengths of the study include the use of self-report questionnaires to minimise assessor bias. The pre-intervention post-intervention design made the study easy to replicate.

CONCLUSION

This study on the effects of motion picture on mental health stigma on students from non-healthcare backgrounds provided no statistically significant results, however there were a number of issues within this study that, when addressed, could produce the significant reduction in mental health stigma expected. A larger study containing students from different universities across the UK could provide a more general representation of the impact of motion picture on mental health stigma. A control group would also be necessary to confirm that no confounding factors other than the film contributed to the responses of participants. In addition, a follow up survey with both groups would be useful in demonstrating whether the effects on mental health stigma were long term.

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Conflict of interest: *None to declare.*

Contribution of individual authors:

Ahmed Hankir conceived the idea for the study, contributed to the literature review, revised the manuscript and supervised Benjamin Geers, Gus Rosie, Grainne Breslin, Lilly Barr.

Benjamin Geers, Gus Rosie, Grainne Breslin, Lilly Barr collected the data and each contributed to the review of the literature.

Sal Anderson contributed to the conception of the study and its design and contributed to the section on film and psychiatry. Frederick R. Carrick revised the manuscript and verified the veracity of the statistical analyses. Rashid Zaman supervised the principal investigator and designed the format of the manuscript.

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Correspondence:
Ahmed Hankir MBChB, PG Cert Psych, PG Cert Epi
Leeds York Partnership NHS Foundation Trust
Cambridge, UK
E-mail: ahmedzakaria@doctors.org.uk