

# Mental health stigma: a videobased randomized controlled trial to reduce depression stigma among university students

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<b>Registration date</b> 13/11/2019	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 13/11/2019	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Depression is the most significant contributor to non-fatal health loss, with 7.5% of all Years Lived with Disability. In Portugal, depression ranks the 4th highest yearly prevalence (7.9%) within the 34 countries taking part in the World Health Organization Survey, and it also presents a huge treatment gap. The transition phase experienced by young people at the beginning of university attendance represents a high-risk moment for depression, and timely intervention in this population group is of the highest importance. The well-recognized negative consequences of mental health stigma have contributed to the notable increase in the number of stigma reduction interventions. However, there is still a lack of research concerning the effectiveness of these interventions. The aim of this study is to find out whether a video-based intervention can reduce the stigma associated with depression in first-year university students.

### Who can participate?

Firstyear students

### What does the study involve?

Participants are randomly allocated to the control group or one of two intervention groups. The control group receive no intervention. The intervention groups are asked to watch a short video about depression. A different video is assigned to each of the intervention groups. The video contains people sharing their personal experiences of depression, used as a video-based contact intervention, subtitled by the team members. The video used for intervention group 2 is composed of the first video plus a psychoeducational information short video.

### What are the possible benefits and risks of participating?

Benefits include increasing our knowledge about how to reduce the stigma associated with depression, as well as on the processes underlying the relationship between stigma and help-seeking behaviours. Possible risks/inconvenience include the time invested in responding to the questionnaires as well as watching the intervention videos.

Where is the study run from?  
Institute of Public Health of the University of Porto (Portugal)

When is the study starting and how long is it expected to run for?  
February 2019 to November 2019

Who is funding the study?  
Investigator initiated and funded

Who is the main contact?  
Virgínia Conceição  
up200501131@med.up.pt

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Miss Virgínia Conceição

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## Additional identifiers

**Protocol serial number**  
PMHDS

## Study information

**Scientific Title**  
Mental health stigma: a videobased randomized controlled trial to reduce depression stigma among university students

**Study objectives**  
Videobased contact intervention reduces depression stigma among firstyear university students.

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**

Approved 26/12/2018, Institute of Public Health of the University of Porto ethics committee (Rua das Taipas 135, 4050-091 Porto; Tel: +351 (0)222061820; Email: [etica@ispup.up.pt](mailto:etica@ispup.up.pt)), ref: CE18096

## **Study design**

Singlecenter singleblind randomized controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Other

## **Health condition(s) or problem(s) studied**

The stigma associated with depression

## **Interventions**

All participants will be randomly distributed among one control group and two intervention groups. Participants are numbered in an ordinal manner, and numbers will be randomized using a randomization software online. Intervention groups will be asked to watch a short video about depression. A different video will be assigned to each of the intervention groups.

For the purpose of the intervention, an assessment of the available videos about depression stigma was conducted, and the videos were analyzed taking in account the type of content, its length and socio-demographic aspects of the video participants. The first phase of the decision making was based on what is already known about video-based interventions on mental health stigma, resulting in a total of five potential videos. In the second phase, the videos were analyzed by two independent researchers that selected only two of them. In the third and last phase of the process, the researchers met and agreed on the final video for intervention group 01: a 3 minutes and 29 seconds long video was selected. The video, developed by BBC Three and available on YouTube, contains people sharing their personal experiences of depression, used as a video-based contact intervention, subtitled by the team members. The video used on the intervention group 2 is composed of the first video plus a psychoeducational information short video developed by EAAD, the European Alliance Against Depression ([www.eaad.net](http://www.eaad.net)) and EUTIMIA ([www.eutimia.pt](http://www.eutimia.pt)), the Portuguese branch of EAAD.

No intervention will be applied to the control group.

## **Intervention Type**

Other

## **Primary outcome(s)**

Percentage of depression stigma will be measured by the Depression Stigma Scale, developed in Australia and used in a number of community samples. The scale distinguishes between personal and perceived stigma and each subscale is constituted by 9 fivepoint Likert scale items. The Portuguese version was translated and adapted by Eutimia (European Alliance Against Depression in Portugal).

Measured 30 days before the intervention, immediately after the intervention, and 3 months after the intervention

## **Key secondary outcome(s)**

Measured 30 days before the intervention, immediately after the intervention, and 3 months after the intervention:

1. Anxiety stigma, measured by the Generalised Anxiety Stigma Scale
2. Help-seeking behaviour measured by the Attitudes Toward Seeking Professional Help
3. Depression monitoring measured by The Patient Health Questionnaire
4. The Generalized Anxiety Disorder measured by the Generalized Anxiety Disorder

**Completion date**

30/11/2019

## Eligibility

**Key inclusion criteria**

All firstyear students will be contacted through institutional email and will be asked to answer the questionnaire. After gathering the pretest answers, all respondents will be included in the study.

**Participant type(s)**

Healthy volunteer

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

Not responding to the Depression Stigma Scale

**Date of first enrolment**

01/04/2019

**Date of final enrolment**

31/05/2019

## Locations

**Countries of recruitment**

Portugal

**Study participating centre**

Institute of Public Health of the University of Porto

Rua das Taipas n°135

Porto  
Portugal  
4050-600

## Sponsor information

### Organisation

Institute of Public Health of the University of Porto

### ROR

<https://ror.org/043pwc612>

## Funder(s)

### Funder type

Other

### Funder Name

Investigator initiated and funded

## Results and Publications

### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from rgusmão@mac.com (the researcher supervisor) and Virgínia da Conceição (up200501131@med.up.pt). As this study is part of a PhD research, the data will be available as soon as the PhD research is completed (end of 2020), and it can be requested in the 5 years subsequent to that time. Data will be available in SPSS, containing socio-demographic information (age, gender, living situation and previous diagnosis and mental health access care), and the dependent and independent variables of the study, previously described. To access the data, applicants must be associated with an academic institution and for research only. Informed consent was obtained from all the participants and no identifiable personal information was obtained, ensuring total anonymity.

### IPD sharing plan summary

Available on request