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| **Authors (year)** | **Populations** **(countries)** | **Research methods** | **Analytical approaches** | **Disorders** | **Variables and measures** | **Findings** |
| Ucok et al. (2006) | GPs(Turkey) | Longitudinal surveyAn intervention was used | Chi-square test of independenceMcNemar test | Schizophrenia (label) | What is the course of schizophrenia?Patients with schizophrenia can workWould oppose if one of his/her relatives would like to marry someone who has schizophreniaSchizophrenia patients could be recognized by his/her appearanceSchizophrenia patients are dangerousWould not like to have a neighbour with schizophreniaSchizophrenia patients are untrustworthySchizophrenia patients could harm childrenSchizophrenia patients should be kept in hospitalsI don’t worry about examining a person who is diagnosed with schizophreniaSchizophrenia could be treatedPatients with schizophrenia could not comprehend nor apply suggested treatmentSchizophrenia has the chance of recoverySexPersonal familiarity with schizophrenia | Percentages for the question about the course of schizophrenia were not reported clearly.Prior to interactive training sessions on schizophrenia, and for the majority of the remaining measures, most participants expressed positive attitudes towards schizophrenia. However, most participants would oppose if one of his/her relatives would like to marry someone who has schizophrenia, and would not like to have a neighbour with schizophrenia. Also, roughly half of the participants agreed that schizophrenia patients are untrustworthy.Prior to training, there was a significant relationship between sex and two measures of stigmatisation. These measures regarded the course of schizophrenia and whether patients with schizophrenia could comprehend and apply suggested treatment. It was found that females were more likely to express positive attitudes than males for these measures. Nothing else was reported for the relationship between sex and stigmatisation.Prior to training, there was a significant relationship between personal familiarity with schizophrenia and the measure schizophrenia patients should be kept in hospitals. Participants with an acquaintance that had been diagnosed with schizophrenia were more likely to disagree with this measure. Nothing else was reported for the relationship between personal familiarity with schizophrenia and stigmatisation.Significant relationships were not found between time point and stigmatisation for eight of the measures, excluding what is the course of schizophrenia? For the remaining measures, significant relationships were identified between time point and stigmatisation. In all of these cases, participants were more likely to express positive attitudes three months after the training sessions. |
| Ucok et al. (2004) | Psychiatrists(Turkey) | Cross-sectional survey with open-ended questions | Chi-square test of independence | Schizophrenia (label) | PrognosisFamily history of psychiatric disorder | On average participants believed that the likelihood of rehabilitation for schizophrenia was roughly fifty-fifty.Family history of psychiatric disorder was not found to be significantly related to prognosis. |
| Upshur & Weinreb (2008) | Family physiciansFamily nurse practitionersFamily practice and internal medicine residents |  |  |  |  | Nothing more was reported for this study as findings were not reported for family physicians separately. |
| Van Boekel et al. (2015) | GPsNurses from mental health and addiction servicesSocial workersPsychiatristsPsychotherapistsPrevention and aftercare specialists from mental health and addiction servicesOther unspecified specialists from mental health and addiction servicesGeneral populationClients in treatment for SUD(Netherlands) | Cross-sectional survey | Multiple regression analysis | Substance addiction (label) | Attribution beliefsSomeone with a substance addiction is responsible for thisSomeone with a substance addiction is in control of this addictionSomeone with a substance addiction can be treated successfullySubstance addiction is a diseaseSubstance addiction is the consequence of weaknessPerceived rehabilitation chancesExpectation of chance to find a place to live Expectation of chance to maintain a normal job Expectation of chance to have a relationshipOther stereotypical beliefsIntelligentTrustworthyAggressiveAble to maintain a regular jobTend to cause disturbancesSelf-neglectingTend to be criminalsSocial distanceAgeSexSocial desirability | GPs agreed more that someone with a substance addiction is responsible for their addiction. However, GPs agreed less that someone with a substance addiction is in control of this addiction, and substance addiction is the consequence of weakness. GPs also agreed more that someone with a substance addiction can be treated successfully, and substance addiction is a disease. Despite these positive attitudes, GPs expressed negative attitudes for most of the remaining stigmatisation measures and items. The only exceptions to this were GPs responded neutrally to the intelligent and able to maintain a regular job stereotypes, and responded positively to the tend to be criminals stereotype.For GPs, all of the other stereotypical beliefs and most of the attribution beliefs were not found to be significant predictors of social distance. However, perceiving people with substance addiction as responsible for their addiction was a significant predictor of increased social distance. This was the only attribution belief found to be a significant predictor of social distance.For GPs, age, sex, and social desirability were not found to be significant predictors of social distance.Other relevant findings were excluded from this table as they were not reported for mental health professionals separately. |
| Van Boekel et al. (2014) | GPsNurses from mental health and addiction servicesSocial workersPsychiatristsPsychotherapistsStaff, prevention, aftercare, and management specialists from mental health and addiction servicesOther unspecified specialists from mental health and addiction services(Netherlands) | Cross-sectional survey | - | Substance addiction (label) | MCRS (only items relevant to stigmatisation were included in this table)Insurance plans should cover patients like this to the same degree that they cover patients with other conditionsThere is little I can do to help patients like thisI feel especially compassionate towards patients like thisPatients like this irritate meI wouldn’t mind getting up on call nights to care for patients like thisTreating patients like this is a waste of medical dollarsPatients like this are particularly difficult for me to work withI prefer not to work with patients like thisAttribution beliefsSomeone with a substance addiction is responsible for thisSomeone with a substance addiction is in control of this addictionSomeone with a substance addiction can be treated successfullySubstance addiction is a diseaseSubstance addiction is the consequence of weaknessEmotionsAngerFearPity | Most GPs expressed positive attitudes for the majority of the MCRS items. The only exceptions to this were roughly half of the GPs disagreed that they feel especially compassionate towards patients like this, and most GPs disagreed that they wouldn’t mind getting up on call nights to care for patients like this.GPs agreed more that someone with a substance addiction is responsible for their addiction. However, GPs agreed less that someone with a substance addiction is in control of this addiction, and substance addiction is the consequence of weakness. GPs also agreed more that someone with a substance addiction can be treated successfully, and substance addiction is a disease.GPs reported feeling fear and anger less, and pity more.Other relevant findings were excluded from this table as they were not reported for mental health professionals separately. |
| Van Dorn et al. (2005) | Psychiatry cliniciansPsychology cliniciansSocial work cliniciansCase managers |  |  |  |  | Nothing more was reported for this study as findings were not reported for mental health professionals separately. |
| Vendsborg et al. (2013) | Psychologists Occupational therapistsSocial workersUnspecified doctors from psychiatric unitsUnspecified nurses from psychiatric unitsNurse aidesAdministrative staff (Denmark) | Cross-sectional survey | - | Mental illness in general (label)Schizophrenia (label) | Causal attributionsPrognosisPeople with schizophrenia are dangerous more often than notThe public does not need to be protected from people with schizophreniaIf a consultant psychiatrist instructed me to treat people with a mental illness in a disrespectful manner, I would not follow their instructionsI feel as comfortable talking to a person with schizophrenia as I do talking to a person with a physical illnessI would use the terms crazy, nutter, mad, etc to describe people with schizophrenia who I have seen in my work | Most of the doctors attributed schizophrenia to serious traumas, and just under half attributed schizophrenia to relations in the family. All of the doctors believed schizophrenia is a disease of the brain, and caused by a genetic disposition and a combination of the mentioned factors.Most of the doctors disagreed that people with schizophrenia can never reach a good quality of life. However, most of the doctors also believed that schizophrenia is a chronic illness.Most doctors did not agree that people with schizophrenia are dangerous more often than not, and most doctors agreed that the public does not need to be protected from people with schizophrenia.Only a small subset of doctors agreed that if a consultant psychiatrist instructed me to treat people with a mental illness in a disrespectful manner, I would not follow their instructions.For the remaining two measures of stigmatisation, most doctors did not express stigmatisation.Other relevant findings were excluded from this table as they were not reported for mental health professionals separately. |