

Summary of systematic reviews and meta-analyses of trials on contact-based interventions

Authors	Target mental disorders	Interventions covered	Research designs	Population	Outcomes covered	Main findings on contact-based interventions
Corrigan et al. (6)	Mental illness	<ul style="list-style-type: none"> <li>• Contact</li> <li>• Education</li> <li>• Protest</li> </ul>	Randomized and non-randomized trials	All countries, all ages	<ul style="list-style-type: none"> <li>• Attitudes</li> <li>• Affect</li> <li>• Behavioral intention</li> </ul>	<ul style="list-style-type: none"> <li>• Attitudes and behavioral intentions improved</li> <li>• Affect not changed</li> <li>• Face-to-face contact better than video</li> </ul>
Yamaguchi et al. (7)	Mental illness	<ul style="list-style-type: none"> <li>• Social contact</li> <li>• Education</li> <li>• Famous film</li> </ul>	Controlled trials	All countries, university or college students	<ul style="list-style-type: none"> <li>• Knowledge</li> <li>• Attitudes</li> <li>• Social distance/behavioral intentions</li> </ul>	<ul style="list-style-type: none"> <li>• Social contact changed attitudes and social distance</li> <li>• Video-based social contact changed attitudes</li> <li>• Limited evidence on long-term effects</li> </ul>
Griffiths et al. (8)	Mental illness	<ul style="list-style-type: none"> <li>• Contact</li> <li>• Education</li> <li>• Cognitive-behavior therapy</li> </ul>	Randomized controlled trials	All countries, all ages	<ul style="list-style-type: none"> <li>• Personal stigma or social distance</li> <li>• Perceived stigma</li> <li>• Self-stigma</li> </ul>	<ul style="list-style-type: none"> <li>• Interventions with a contact component reduced personal stigma</li> <li>• No effect for contact alone without adjunct</li> </ul>
Corrigan et al. (9)	Mental illness	<ul style="list-style-type: none"> <li>• Contact</li> <li>• Education</li> </ul>	Randomized and non-randomized trials	All countries, all ages	<ul style="list-style-type: none"> <li>• Overall stigma</li> <li>• Attitudes</li> </ul>	<ul style="list-style-type: none"> <li>• Effects on overall stigma did not persist over time</li> <li>• Effects on attitudes did persist</li> </ul>
Mehta et al. (10)	Functional mental illnesses	All	All quantitative study designs	All countries, all ages	<p>Medium and long-term changes in:</p> <ul style="list-style-type: none"> <li>• Knowledge</li> <li>• Attitudes</li> <li>• Behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Contact effects did not persist in the longer term</li> <li>• Direct contact had a smaller effect than indirect and no-contact interventions</li> <li>• Insufficient data on behavioral outcomes</li> </ul>
Xu et al. (11)	Mental illness	<ul style="list-style-type: none"> <li>• Contact</li> <li>• Education</li> <li>• Combined</li> </ul>	Randomized and non-randomized trials	China and Taiwan, general public	<ul style="list-style-type: none"> <li>• Stereotypes</li> <li>• Prejudice</li> <li>• Discrimination</li> <li>• Mental health literacy</li> </ul>	<ul style="list-style-type: none"> <li>• No difference on stereotypes between interventions with and without contact</li> <li>• Contact did not add to</li> </ul>

						the effect of education on stereotypes
Morgan et al. (12)	Severe mental illness: schizophrenia, psychosis, bipolar disorder	<ul style="list-style-type: none"> <li>• Contact</li> <li>• Educational</li> <li>• Mixed</li> <li>• Family psychoeducation</li> <li>• Hallucination simulation</li> </ul>	Randomized controlled trials	All countries, all ages	<ul style="list-style-type: none"> <li>• Personal/public stigma</li> <li>• Social distance, avoidance, behavioral intentions</li> </ul>	<ul style="list-style-type: none"> <li>• Contact produced small-to-medium reductions in attitudes and social distance</li> <li>• Effectiveness beyond end of intervention not demonstrated</li> <li>• No effect of intervention length</li> <li>• Similar effects of direct, indirect and imaginary contact</li> <li>• Similar effects of single vs multiple forms of contact</li> </ul>
Maunder & White (13)	Mental illness	<ul style="list-style-type: none"> <li>• Contact</li> </ul>	Randomized controlled trials, non-randomized and uncontrolled trials	All countries, all ages	<ul style="list-style-type: none"> <li>• Explicit attitudes</li> <li>• Affective bias</li> <li>• Intentions</li> <li>• Implicit bias</li> <li>• Behavior</li> <li>• Prejudice</li> </ul>	<ul style="list-style-type: none"> <li>• Contact changed explicit attitudes, affective bias, behavioral intentions and prejudice, but not implicit bias or behavior</li> <li>• Effects persisted in the short- and medium-term.</li> <li>• Contact-based education and pure contact had similar effects</li> <li>• Effects of contact were similar across mediums</li> <li>• Effects did not vary with number of people contacted</li> </ul>