

Table S4. Interventions to reduce stigma related to schizophrenia and bipolar disorder.

Author, Year	Population (Number and Configuration)	Assessment / Intervention	Study Type	Comparator	Forms of Measurement	Outcome / Main Findings
Fujii et al., 2021	115 community pharmacists, Aichi—Japan	Lecture by psychiatrist (n=56) vs. contact-based group interacting with patients with schizophrenia (n=59)	CT (pre-post)	SSCP (Stigma Scale for Community Pharmacists)	The contact group improved significantly more than lecture group	Level 2 evidence Total improvement: 15.5% (contact) vs. 5.2% (lecture), $p < 0.001$ Factor I: 18.3% vs 7.1% ($p = 0.001$) Factor II: 23.0% vs 4.5% ($p < 0.001$) Effective for evaluating and reducing pharmacist stigma toward schizophrenia
Heim et al., 2018	18 studies; nursing and medical students from low- and middle-income countries; N = 44–205	Anti-stigma interventions (lectures, videos, patient interviews, practical placements)	Systematic review	Control vs intervention group Stigma and attitude scales (including WPA and custom tools)	Improved professional performance in dealing with people with mental illness	Level 2 evidence Significant change with brief intervention ($p < 0.001$). Favorable attitudes from clinical placements in specialized services ($p = 0.04$). No significant difference between live and video contact interventions (both improved stigma, $p < 0.001$).
Kaura et al., 2021	Nine studies; India Populations: community members,	Lectures, dramatizations, case demos, workshops, patient	Systematic review (pre-post)	Interventions not clearly described	Better attitudes and knowledge about mental disorders	Level 1 evidence Improved attitudes; no p-values reported. Health workers (n=63) showed belief change after 4-day

	health workers, patients with schizophrenia, caregivers, women with HIV/AIDS, mental health professionals	transport programs				training. The intervention group (n=333) had better depression knowledge and lower stigma than the control group.
Li et al., 2014	99 mental health professionals, Guangzhou, China	Training on mental disorders, stigma, and personal testimony from instructor	CT (pre-post)	Author's questionnaire, RIBS, MICA	Improved diagnosis recognition and reduced stigma	Level 2 evidence Stigma attitude (MICA): $t=6.64, p<0.001, d=0.48$ Behavioral discrimination (RIBS): $t=-5.44, p<0.001, d=0.34$
Uko et al., 2006	106 general practitioners, Turkey	Educational anti-stigma session on schizophrenia and case-based discussion	CT (pre-post)	Author's questionnaire	Reduced belief in negative course of schizophrenia (from 13.2% to 7.5%)	Level 3 evidence Educational sessions may help change attitudes when combined with practical approaches: not statistically significant ($p=0.2$)