JOURNAL OF CULTURAL ANALYSIS AND SOCIAL CHANGE

Journal of Cultural Analysis and Social Change,
2025, 10(3), 2448-2460
ISSN: 2589-1316

Mental Illness and Social Stigma: A Cross-Cultural Comparison

Izzeldeen Abdullah Alnaimi[1*], Ibrahim Abdul Jaleel Yamani[2], Ahed J Alkhatib[3]

[1] *Professor of Psychology, Department of Psychology, College of Social Sciences, Imam Mohammad Ibn Saud Islamic University (IMSIU), SAUDI ARABIA*
[2] *Associate Professor of Psychology, Department of Psychology, College of Social Sciences, Imam Mohammad Ibn Saud Islamic University (IMSIU), SAUDI ARABIA*
[3] *Department of Legal Medicine, Toxicology and Forensic Medicine, Jordan University of Science & Technology(retired), JORDAN*

*__Corresponding Author:__ ezeldin9090@gmail.com

Citation: Alnaimi, I. A., Yamani, I. A. J. & Alkhatib, A. J. (2025). Mental Illness and Social Stigma: A Cross-Cultural Comparison, *Journal of Cultural Analysis and Social Change*, 10(3), 2448-2460. https://doi.org/10.64753/jcasc.v10i3.2764

Published: December 04, 2025

ABSTRACT

Stigma is a significant barrier to mental health-care and treatment-seeking behavior. Public stigma of mental illness refers to negative attitudes and beliefs that people have toward a mental illness. People usually express these attitudes through stereotypes (e.g. people with a mental illness are dangerous or weak), prejudice (fear or avoidance), and discrimination (denial of opportunity or inclusion). Stigma occurs everywhere, but how and when it takes shape is highly influenced by socio-cultural factors. You can see these cultural differences specifically in the countries of the Pacific Rim. For instance, changes in religion, values, mental health system and collectivism vs individualism can affect the views on mental illness. not much literature has spoken about the role of culture in stigma, particularly in the area. Cultural similarities abound between nations, especially those with similar cultural foundations (Taiwan and Hong Kong, for instance). But despite this similarity, major cultural differences in stigma remain between East Asian and Western countries. This highlights more need for comparative research to see how cultures shape stigma and beliefs about mental health. By bringing the differences notice, subsequent studies can help in the planning of culturally sensitive interventions for lowering stigma and improving mental health care access among people.

Keywords: Mental Illness Stigma, Cultural Factors, Pacific Rim, Sociocultural Differences, Mental Health Beliefs

INTRODUCTION

In a world fraught with uncertainty, the mind often seeks solace in thoughts that provide structure and meaning to life events (1). During the pre-modern period, "humors" and "spirits" were thought to play a central role in determining mental health (2). The "imbalance" of mental "humors" or the possession of "spirits" by some external entity was the predominant belief in those days (2). However, with the rise of modernity and the advent of the "medical model," the exclusive focus shifted from the social and the spiritual to the biological (3). As a consequence, this extended the gap between the professional and the lay public in their understanding of mental illness, often referred to as "covery" (4). On an unfortunate note, these biomedical beliefs have often been coupled with health-related stigma toward those suffering from mental health issues, leading to a vicious cycle (5). Such stigma, predominantly public stigma, has been recognized as a significant barrier to care (4). There are various experiences of mental illness stigma across cultures (4). A better understanding of the influences and limitations of culture on the mental illness stigma process is essential for health policy makers, practitioners, and researchers (5). Since culture is understood as maintaining a shared set of values and beliefs among a group of individuals, it is prudent to consider the impact of ethnicity on stigma through a cross-cultural comparison of the cultural meanings of events that influence the stigma responses toward mental illness (2).

Over the last few decades, there has been greater emphasis on the consequences of stigma of mental illness at the intersection of society and culture (6). Cultural concepts of distress, in other words, culturally sanctioned explanations of mental suffering, often involve stigma in the way they address and represent those suffering from mental illness and in their associated social processes (1). For example, while the beliefs that mental illness is contagious behave toward individuals with mental disorder as avoidant and unengaged, the beliefs that mental illness is morally culpable or shameful behave as angry and aggressive, often leading to the enactment of disparaging behavior such as avoidance of social engagement and verbal abuse (7). It is worth noting that culture is also inherently adaptive, one account of cultural meaning is to make sense of experience or action suited to the cultural context (6). Therefore, culture also influences people to be less stigmatized or stigma-resilient (7).

Understanding Mental Illness

The understanding of mental illness is shaped by several factors (8). Beliefs about the nature of mental illness, estimates of prevalence, causes, and outcomes, and treatment beliefs should be independently examined as they are likely to be treated as distinct constructs (8). People's understanding of mental illness may be examined from both the etic and emic perspectives (8). Cultures may vary in their explanatory models for mental illnesses (9). Nevertheless, it is important to acknowledge the existence of universal understandings across diverse cultures (10). Most people are likely to agree that mental illnesses are prevalent and curable (9). However, ascribing mental illness to more stigmatizing causes is often associated with treatment avoidance (8). The relationship between how mental illness is understood and stigma is also likely to be culturally dependent. Cultural sensitivity should be exercised in future cross-cultural stigma studies (10).

Defining Social Stigma

Despite the increased understanding of the diagnosis and treatment of mental health disorders in recent years, misperceptions about these disorders remain (11). Stigma is discrimination and prejudice against those who have the devalued characteristics (11). Efforts to reduce stigma surrounding mental health disorders have been widespread in the past few decades, including denial, avoidance, and discrimination (12). Mental illness is a commonly held stigma and can lead to discrimination, rejection, reduced social and economic opportunities, low self-esteem, and poor global outcome (12).

A great population of people living with mental illness internalizes stigma as a result of witnessing and experiencing social stigma, leading to the process of self-stigma (13). Self-stigma is the agreement with stigmatizing beliefs regarding a specific disorder or diagnosis and the application of the discriminatory beliefs to the self (13). For instance, if someone with schizophrenia believes that people with schizophrenia are dangerous and applies that belief to himself or herself, that individual is self-stigmatizing (14). The self-stigmatizing process of three steps has been developed, including awareness of public stigma, agreement with public stigma, and applying public stigma to the self (15). Self-stigma can lead to a variety of negative outcomes in individuals living with mental illness (15). Self-stigma can lead to diminished self-esteem, failure to adhere to treatment programs, and impaired prognosis of the disorder (16).

THEORETICAL FRAMEWORKS OF STIGMA

The behavioral framework, which is built on the premise of learning theory, posits that stigma is a learned behavior that is conditioned by socio-cultural factors (17). Stigma is viewed as a behavior that can either be acquired or deleted through modeling and reinforcement (17). This framework suggests that an individual is more likely to develop stigmatizing behavior if they grew up in a social environment where stigma is prevalent (18). Across all cultures, the behavioral learning aspect of stigma is evident in the modeling of discriminatory behavior learned from parents, peers, and the media (18). For example, if an individual has been raised in a family or culture that believes that those with mental illness are dangerous, they are prone to adopt similar beliefs (19). This learning process is substantially shaped by the socio-cultural context (19). Therefore, transferring stigma-related knowledge of mental illness between different cultures may be hindered by a different learning environment (20). It would be wise to further analyze how behavioral learning regarding stigma is actually happening across cultures and its specifics in a given cultural environment (21). The cognitive framework argues that stigmatization happens in a social context and in terms of understanding (21). This theory regards stigma as an information processing mechanism from media messages and personal experience (22). It explores how knowledge and reasoning of mental illness are formed and referred to stigma (22). Cultural differences in knowledge and reasoning may foster different stigma, such as cultural beliefs that one's mental disorder is punishment for sins or that reincarnation-like behavior might be responsible for mental disorder in some cultures (21). Consequently, the cognitive aspects of stigma manifest in cultural forms and are multiform due to different cultures (23). The cognitive framework also indicates an interesting research gap between content and cognitive stigma (23). On individual levels, the question

about how stigma is constructed in individuals from different cultures varies (23). To delineate this concern will help to capture how the cognitive framework works in a specific cultural context (22).

Stigma in Western Cultures

Research from Western countries displays that people who have acquired a mental illness diagnosis experience adverse effects on their social adaptation as a result of the stigma of such illness (2). Stigma is frequently cited as a barrier to recovery, as it adversely affects social adaptation, with consequent social withdrawal (3). Stigma includes stereotypes that activate prejudice in a certain context, which in turn lead to discriminatory behavior, according to some theories of stigma (24). Stereotypes have been strongly linked to stigma, as they are relatively stable, and have a boxed-in quality, which implies less attention to the actual behavior of individuals and in ways influence the way individuals perceive the situation (24).

The expression of concern in public discourse about the stigma surrounding mental illness is widely accepted in Western societies (20). Research from such cultures provides support for attitudinal models of mental illness stigma containing the concepts of ignorance and fear of mental illness (1). Mental illness stigma is examined here through public stigma and its consequences (8). Public stigma refers to the stigma attached to a mental illness diagnosis by the general public (15). Research has demonstrated public stigma is often held by the general community (25). Such public stigma gives rise to anticipated and self-stigma, the concern that stigma will be experienced by the individual (25). Early initiatives to reduce stigma have largely focused on public stigma, including the mental illness stigma initiatives of the Australian National Mental Health Strategy (26). These are educationally based initiatives focusing on the tempering of public ignorance of mental illness. Reduction in mental illness stigma has been shown to improve the subjective experience of mental illness (26).

Stigma in Eastern Cultures

Eastern cultures have drawn more attention over the past decade due to their increased prevalence of mental illness and the prominent stigma surrounding it (20). A systematic review sought to estimate the prevalence of stigma regarding mental illness and the effects of cultural factors on mental illness stigma in eastern cultures, including East Asia, South Asia, and Southeast Asia (19). A broad range of Japanese and Chinese research evidence documented that attitude toward people with mental illness in Eastern cultures was less lenient in a view of both public and personal stigma (27). Numerous factors contributing to mental illness stigma in eastern cultures were identified, among which cultural factors were rarely studied (27). As stigma was found to be contextual, understanding cultural factors in mental illness stigma was believed to be pivotal in designing effective anti-stigma programs (28). The review provided initial evidence for the association between culture and stigma regarding mental illness and concluded that cultural factors such as collectivism influenced public stigma while cultural strength affected the self-stigma (1).

Stigma regarding mental illnesses has become a focus of growing interest in researching mental health (29). Although stigma has been classified as one of five global priorities for mental health research, most evidence reviewed comes from Western cultures, while emerging societies such as East Asia seem to be under-researched (29). A systematic review was conducted to evaluate the state of the literature pertinent to stigma toward mental illness in eastern cultures and address the potential role of cultural factors in mental illness stigma (30). Intercultural research of stigma of mental illness is lacking within the Pacific Rim region although few studies have independently examined this issue in East Asia, Pacific Islands, and the Western U.S (30). This research aimed to take a step toward addressing the need for research in this area by exploring cross cultural differences in mental illness stigma (31). Such cross cultural research may provide a better understanding of cultural factors in the stigma of mental illness (31).

Comparative Analysis of Stigma

The Pacific Rim region consists of countries from various continents, but they all have a Pacific Ocean coastline (19). Countries within this region have very large cultural variances in terms of development and traditional custom. They include individualist, developed countries like the United States, Canada, and Australia, and collectivist, developing countries like Japan, South Korea, and China (32). Stigma of mental illness in this region may differ due to the difference of culture and level of economic development (32). Stigma of mental illness in this region was reviewed, with a focus on the cultural factors and epidemiological studies of stigma in this region (33). In the recent decades, the public stigma of mental illness has been well examined in public health (33). However, the focus has been shifted from public stigma to the subjective experience of stigmatized persons with mental illness, such as self-stigma (34). This change is adopted to gain a better understanding of the stigma of mental illness (1). There is an internalized stigma – that is, the appropriated stigmatizing beliefs from the society – which is one of the contents of self-stigma (34). The internalized stigma of mental illness is associated with prognostic and recovery outcome, and hindered persons with mental illness to receive help. A systematic review was conducted in 2015

highlighted that the persons with mental illness experience stigma in multiple societies and cultures, but its manifestation may vary from a cultural perspective (35). The stigma of mental illness is a subject of growing concern in the field of mental health around the world (35).

The stigma against mental illness has been emphasized as a public health issue. People with mental illness are more likely to be excluded from a group by others or to be marginalized by mental illness stigma in the general public (36). The affected persons may be treated with hostility by the general public due to this stigma (36). However, scholars began to notice the subjective experience of people with mental illness and pay attention to the internalized stigma of mental illness (37). The internalized stigma of mental illness — that is, an individual perceives themselves to possess a stigmatized characteristic, which is a kind of social stigma distinct from public stigma — has been recognized to be a crucial part of the representation and interpretation of the stigma of mental illness (37).

Influence of Religion on Mental Illness Perception

The role that religion plays in how mental illness is perceived and treated is a largely understudied area of research (38). A growing body of evidence suggests that rather than believing that mental illness stems from biological deficits, an individual's health beliefs are likely to embody some supernatural elements (2). In the Muslim community, deeply held beliefs about God's will and supernatural powers can affect the meaning ascribed to mental distress. Perception of mental illness varies among Muslims (38). Religious explanations, like possession by jinn or other supernatural forces, are widespread, while disease-focused beliefs are not common (39). In the general population, too many people tend to hold supernatural beliefs regarding the causes of mental illnesses (39). Mental illness is still viewed as a taboo topic in many Islamic cultures and is placed firmly under the purview of religion (40). This can result in those suffering from mental ill health minimising their problem, believing they can resolve it through prayer, or consulting religious leaders prior to seeking help from medical professionals (41). The magnitude of belief in supernatural causes of mental illness, and the resulting stigma around it, is in part correlated to a limited understanding of mental illness (41). Where a medical explanation is offered, it is often couched in terms of 'stress injury' or 'bad blood' (42). The resulting stigma around mental illness is present in all walks of life in the general, Islamic, and most notably, Muslim communities (43). People suffering from mental illness, or exhibiting odd behavior, can easily become subject to derision and ostracism (43). In some extreme circumstances, even in the modern world, such stigma can push individuals to be tortured, beaten, and humiliated (38).

Media Representation of Mental Illness

Mental illness is one of the leading causes of disability in the world (44). Twenty percent of New Zealanders are affected by some form of mental illness (45). For several years, mass media, including newspapers and television, film and radio, has been the focus of large public health campaigns aimed at destigmatisation of mental illness (45). Research has been undertaken to assess current media portrayals of mental illness, and also the role that these media portrayals fulfil in relation to stigma (44).

Impact of Social Media on Stigma

The way mental illness is presented in the news and on television may indicate a need for more accuracy (46). There is a wealth of knowledge that could be shared with the public about mental illness and those who suffer from it, but the media chooses instead to focus on the most shocking stories because they grab attention (47). Inaccurate portrayals of mental illness can allow false stereotypes to surface regarding it, resulting in fear of the mentally ill and stigma (46). Scary images of the mentally ill, typically based on criminals with mental illness, hover in the background of the news coverage and create an ignorance of mental illness (48). Involving educated screenwriters, reporters, and editors could change the way mental illness is viewed in America (48). Credibility decreases with sensationalism while knowledge, accuracy, and solution awareness increases when mental illness is portrayed more positively (49). Questioning wording in news coverage could offer more coverage of the issue at hand while changing the viewer and journalist thought process (49).

Stigmatizing beliefs are not only a result of information presented by the news, but also from opinions expressed in person as well as online (50). Mental illness is often joked about, misused, or inaccurately portrayed on social networking sites (50). A study examined the use of #schizophrenia on Twitter (51). The word "schizophrenia" was used and abused out of context; "cute," "crazy," and "weird" all describe bizarre behaviors that could result in high public fear of the mentally ill (51). Sarcasm and inaccuracy permeate the discussion of mental illness on Twitter, resulting in widespread ignorance and subsequent stigmatization (51). On the other hand, with regard to the hashtag #depression, most tweets were supportive in nature (51). Most viewers focused on offering friendship rather than stigmatizing comments and behaviors about what was being discussed or experienced (51).

Stigma and Help-Seeking Behavior

Through recent research efforts, some questions could be answered about the stigma involved with mental illness (52). More questions still remain, especially regarding treatment seeking or avoidance attitudes (53). It is possible to increase the understanding and knowledge regarding stigma and its effect on the treatment seeking process (54). One way to accomplish this would be to examine stigma from a more cross-cultural perspective (52). Cross-cultural research can allow the chance to not just find out more about stigma in its own, but it can help define its influence on treatment seeking or avoidance attitudes (55). This exploratory study utilizes the Self-Stigma of Seeking Help (SSOSH) in addition to other scales as a tool for investigating the influence of stigma across various countries (55).

As one culture might characterize a trait as negative, another culture might characterize the same trait as positive (56). A large portion of understanding differences between two cultures lies in understanding thoughts on communication (56). Differences arise in how individuals comprehend, interpret, reason, and process stimuli (57). Aspect of emotional experience might cut across cultures, while learned emotional responses vary around cultures (57). Meaning might be not shared, as the same symbols might not take a similar image (58). Understanding and viewing different cultures as mostly different representations could go a long way in helping to understand what the meanings of apparent dissimilarities might be (58). It might also give insight, as it shines light on what a good model of person's culture is better serve in accommodating culture differences (59).

Coping Mechanisms for Individuals with Mental Illness

Coping mechanisms are conditions or behaviors that help individuals manage stressors and their subsequent consequences (60). Coping can be used to maintain a sense of normalcy and control in the aftermath of a stressor, regardless of whether that stressor can be controlled or not (60). For individuals with mental illness, coping can take many forms and can either assist their management of the illness or complicate it further (61). Individuals with mental illness may first want to recognize how widespread cultural stigma is and how it can impact mental health (60). The prevalent stigma surrounding mental illness negatively affects not only the mental health of the ill themselves, but also the mental health of those who care for them (1). Specifically, stigma can involve any three of the following types of attributes: disagreeable attributes (e.g., disfigured appearance, a mental illness), traits selective of confidentiality (e.g., intellectual disability, a category of mental illness or drug addiction), or behavioral discrediting traits (e.g., excessive gossip) (62). The idea that the stigmatizing attribute is discrediting means that those who have it are redefined as less desirable than others (62). Stigma is often related to a broader phenomenon known as labeling or social categorization (63). Just as "insane" suggests a relatively broad range of behaviors in those who receive that label, the stigmatized generally tend to be viewed with greater suspicion and caution than the normal (63). A growing body of studies from many regions of the world has demonstrated that perceived stigmatization can predict psychological distress among mentally ill patients and caregivers (64). Several studies have shown that perceived stigma is associated with lower levels of QOL among mentally ill individuals (64). A review suggests that perceptions of stigma, particularly self-stigma, internalization, and discrimination, may be the most important domains of stigma for individuals with mental illness (65). It is important that a comprehensive understanding of the experience of mental illness stigma by caregivers of this condition is achieved, as levels of depression, anxiety, and stress are significant predictors of the mental health of caregivers, and consequently may be early reflections of family education intervention (65).

Policy Responses to Mental Illness and Stigma

Despite commonalities in barriers to care, factors affecting advocacy and policy responses to mental illness and stigma differ across cultures (66). There is a general consensus on the barriers to countries effectively enacting legislation, developing programs, and realizing advocacy initiatives to positively address mental illness and stigma effects (66). Despite these commonalities, there were divergent responses regarding other barriers to care (67). Notably, one country stood alone in perceiving an inability to relate to and identify with the perspectives of affected people as a barrier to advocacy, with likely ties to the government's concerns regarding their relatively less-visible overreach coupled with the stigma of mental illness being less prevalent and denying some perspectives (67). Another country also held unique conceptual barriers to advocacy: mental illness was a secondary community concern behind pressing issues of hunger and poverty; stigma was less perceived as a barrier to advocacy; and shyness and the need for tact were culturally 'normal', leading to disengaged conceptions of national and policy identity (68). High levels of fear and paranoia regarding over-enforced attention to minute detail on anti-stigma campaigns were also speculated to stymie responses (68). Finally, due to common connections to the solutions' actors, systems, and decentralization, there were fewer cultural differences in lower responses to progressively ceasing allied tasking (68).

Community-Based Interventions

There has been a growing interest shown in a newer model of service delivery that focuses on people with mental disorders in the community (69). It is also known as community-based interventions (69). As a result of rapid urbanization, economic change and the process of social transition, many cities are witnessing not only major demographic shifts, but also the emergence of new social issues, leading to increasing disparity and tensions in social integration (70). Amongst these more recently formed social groups, people with mental disorders constitute a critical population in need of social support and care, as they are a major source of public concern for both their health and public safety (70).

Community-based interventions targeted at people with mental disorders are rapidly being expanded to promote social acceptance and reduce discrimination, yet empirical evaluation remains limited (71). Accessing mental health care and accessing community support services are two critical foci of mental health policy (71). Rehabilitative care services focus on psychosocial support in the community and promoting social recovery (72). Community-based comprehensive care services focus on service accessibility via careful assessment, joint care and mobilizing family and community resources (72). Mental health stigma focused on social acceptance, self-acceptance and reduction of perceived discrimination (73).

Community-based comprehensive intervention improved mental health conditions and overall social function, reduced internalized stigma and discrimination among people with schizophrenia (68). The current study demonstrated the holistic impact of a community-based comprehensive intervention program on mental illness stigma among people with schizophrenia (74). It is crucial to recognize that the intervention program is more than the sum of its parts, and that the impact of stigma on people with schizophrenia has to be considered broadly within the context of their mental health treatment, rehabilitation care and community reintegration (74). The fruitful reduction of perceived discrimination against mental disorders should prompt feedback to public stigma reduction campaigns and advocacy programs (75). Social acceptance of and perceived discrimination against people with mental disorders can evolve over time as a result of a combination of publication of study results, popular accounts of success stories, or social scandals related to mental health (75).

Education and Awareness Campaigns

Combining the advancements in mental health treatment and implementation of the ethical standards, awareness campaigns could be more effective at reducing stigma towards mental illness and the people receiving treatments (76). Since education and contact have proven to have a positive influence on stigma, these methods are the most frequently used (76).

As a reasonably new area of mental health research, stigma towards mental illness and the people receiving treatment has been defined as misunderstandings, negative attitudes, and discrimination or behavioral tendencies towards someone believed to have a mental illness based on inaccurate information (77). The stigma surrounding people with mental illnesses may be a greater deterrent than the illness itself (78). Discrimination and stigma towards people with mental illnesses is primarily based on inaccurate information; therefore, most mental health campaigns focus on reeducating the public to reduce stigma (78). This type of education, known as anti-stigma campaigns, appeared to be the most popular with several hundred campaigns found worldwide (77). The Social Inclusion Campaign promotes communities to accept people with mental illnesses in daily interactions (79). This campaign encourages communities to allow for people with mental illness to have the same opportunities as most citizens (79). Along with addressing the stigma towards people with mental illness, some campaigns concentrated on negative attitudes towards mental health treatments (80). The negative attitudes and fears of treatment are a significant barrier decreasing access to mental health treatments (80). These campaigns stress the benefits of treatment and educate about confidentiality standards and follow up care (81). By placing the focus on an objective medium such as television and the internet, the campaigns are able to influence the audience without their initial awareness (81). This then allows for a more manifold reach as those who may disagree with advocates or experts are still confronted with the message (82).

Role of Healthcare Professionals

There is a growing awareness of mental illness and the need to provide care, yet it is still common for health workers to exhibit attitudes of rejection or stigma when it comes to this area of care (76). Undoubtedly, perceptions of mental illness vary according to culture (83). These perceptions will exacerbate the already existing tendency towards stigma, making it more challenging to access services and receive necessary treatment (84). In some cultures, individuals with mental health challenges will be ignored, neglected and abandoned owing to the belief that they are bewitched, or that they have committed some sin, which may resonate with some health professionals (20). Health professionals have a critical role to play in the prevention of these attitudes (80). Health professionals will work alongside people with mental illness in their clinical practices (71). Perceptions relating to their mental health should therefore be reflective of a supportive recognition of their mental health identity as well as of

awareness of the social impacts of stigma on people with mental illness, social mental health, and the mental health of the community as a whole (85).

LIMITATIONS OF CURRENT RESEARCH

Despite the extensive evidence on the role of stigma in the onset and persistence of mental illness and on the influence of cultural factors in the stigmatization of mental illness, past research, addressing both domains, has been limited (20). The majority of studies have focused on public stigma, namely societal-level attitudes ascribed to mental illness and their consequences (70). On the other hand, it is essential to assess the subjective experience of mental illness stigma among those affected by this illness and to consider these effects across different cultural contexts (71). Some studies have begun to examine the subjective experience of stigma, such as self-stigma (86). However, limited empirical evidence has focused on the distinction of the stigma experience across cultures (2). Therefore, it is crucial to examine culture and stigma's effects on mental illness on steps toward identifying stigma reduction and management efforts appropriate to a culture's particular needs (86).

Ethical Considerations

The present study has employed a cross-cultural perspective to compare the stigma about mental illness among the general public in the United States, France, and India (20). Stigma and cultural differences have been examined through a systematic review of the literature (72). These findings provide a foundation for stigma measurement with cultural validity (2). There are also new avenues of research unique to a specific region that are offered (18). A future research agenda to address the slot of mental illness stigma in the Pacific Rim region is discussed (78). The current literature indicates that mental illness stigma is a general phenomenon across cultures (87). However, differences are also present, and they are partly explained by the discrepancy in the sociopolitical development of China, Japan, and South Korea (1).

Some studies sought to modify an existing stigma scale, for which researchers may attempt to translate the language (88). Others may focus on cultural adaptation through cognitive interviews (88). Unfortunately, all modified scales included only a few dimensions of stigma and were not entirely remeasured, excluding some stigma domains (89). Available stigma scales in a specific language were also not tested for cultural validity (89). Researchers are therefore encouraged to address cultural adaptation of stigma scales with more comprehensive assessment tools in all Pacific Rim countries (90). Future research also needs to adopt an intersectionality framework to illustrate the impact of multiple social identity categories, such as gender, age, and social class, on the experience of mental illness stigma (90).

The Role of Family in Stigma

The family and community's attitudes toward mental illness significantly affect outcomes (91). In developed countries, families are important in the management of mental illness patients and are more likely to experience some form of blame or stigma for their relative's mental illness (91). Family stigma—the perception of being devalued or discriminated against as a result of one's family member with mental illness—was reported in many developed countries (92). Family members are more likely than the general population to believe that others view them, or members of their family, poorly, and they may behave in a way that confirms this perception (i.e., concealing the mental illness) (92). Family stigma is significantly related to the affective, cognitive, and behavioral perceptions of mental illness ascribed (93). This is significant because public stigma, the perception that the general public regards mental illness and its treatment in a negative light, is more prevalent in low- and middle-income countries than in developed countries (93). This helps explain why family members in some cultures experience stigma (71). In Ethiopia, a low- and middle-income country, public stigma against those with mental illness was found to be similar to the family stigma reported in developed countries (94). Family stigma was attributable to public stigma against individuals with mental illness and pressure from blame culture (94). Family stigma was also related to negative treatment-related attitudes toward individuals with mental illness (76). This indicates that consideration should be given to family stigma discourse when developing interventions aiming to reduce public stigma because it is a barrier to the recovery of individuals with mental illness and their family members in low resource settings like Ethiopia, where help-seeking towards other community supports is limited (77). By using a qualitative method involving focus group discussions and open-ended questions, the qualitative analyses revealed that epistemology was included in the cultural belief systems of mental illness in Ethiopia (23). Cultural knowledge of mental illness includes success-impending, powerful, malevolent agents, punishment, and womb-ova in madwomen (94). The integration of mental illness beliefs into the same conceptual framework helps figure out the cultural consensus (95). The combination of two major themes of mental illness beliefs or epistemologies into the dual-continuum model illustrates the unique, diverse but systematic mental illness epistemology adjustment locally became widely shared at the cultural level (95).

Intersectionality and Mental Illness

The experiences of African Canadians and mental illness have produced substantial silence, stigma, and key barriers to accessing services, often resulting in a lack of culturally relevant mental health assessments and treatment options (96). Focusing on both chronic and acute symptoms, mental illness symptoms need assessment tools, including language instruments addressing conceptualizations of health, taken by the individual within the relevant cultural community (96). The measure developers lack awareness of Eastern frameworks of analyzing mental health (96). Though expressed uniquely, notions of collective and community wellness are central to African communities' understanding of health and illness (97). The effects of colonization in various regions of Africa influenced many African's expression of illness symptoms, to indigenous social structures ascribing collective blame for poor health, such as witchcraft beliefs; self-identifying and explaining sickness symptoms often focus on collective effects on the social value or position of in-group family or community members (97). Indigenous measures need assessments in agencies serving immigrant populations expressive of these fears of stigma and shame (98).

CONCLUSION

The goal of this analysis is to shed some light on the relationship between a wide range of cultural beliefs about the general conceptualizations of mental illness, more specific attributions of causal beliefs about the development of psychotic symptoms, and stigma, drawing together a selection of theories and observations from social psychology and applied anthropology (99). Results regarding causal beliefs about mental illness are the key focus of this brief cross-cultural comparison on South Asian and White British participants (99). With regards to social stigma, the relevant effects of both mental illness beliefs and causal beliefs are addressed, relating to observable effects of public stigma on help-seeking and maladaptive behavior (100). To gather comparable data across two different cultural groups, a variety of qualitative approaches were used, including a semi-structured and framework interview question design (101). Results were processed differently, largely according to the original data collection approach and its objectives (100). Using qualitative and mixed methods broadens the opportunity of inquiry where substantive theory is scarce (101). In-depth semi-structured individual interviews in English yielded rich data on schema-approach mental illness beliefs held by a White British sample (102). The qualitative analytic technique of framework analysis enabled the identification of patterned meaning in textual data, with the tenets of the original schema model explicitly verified by the content analysis (102).

Responses from a South Asian participant group engaged by ethnographic methods in their first language in a different cultural context were evaluated using the thematic analytic approach of grounded theory (103). Informed by social stigma theories and enabled by a combination of qualitative methods, a new and developing framework for mental illness stigma was built (104). The resultant qualitative framework proposition should guide and refine an optimal set of quantitative attitude measures to best resonate with the two fieldwork communities, forming a basis for a questionnaire of cultural soundness. Further telephone interviews should verify the English use of individual items with the White British unitary sample group (105). Methodologically, this could also present a means of various validation checks, for instance, by discrepancies in responses from the same questions asked differently (105).

Funding Statement: This work was supported and funded by the Deanship of Scientific Research at Imam Mohammad Ibn Saud Islamic University (IMSIU) (grant number IMSIU-DDRSP2501).

REFERENCES

Ran MS, J. Hall B, Tin Su T, Prawira B et al. Stigma of mental illness and cultural factors in Pacific Rim region: a systematic review. 2021. ncbi.nlm.nih.gov

Mirza A, D. Birtel M, Pyle M, Morrison A. Cultural differences in psychosis: The role of causal beliefs and stigma in White British and South Asians. 2019. [PDF]

Schoeman R, Voges T. Attention-deficit hyperactivity disorder stigma: The silent barrier to care. South African Journal of Psychiatry. 2022. ajol.info

Amsalem D, Markowitz JC, Jankowski SE, Yang LH, Valeri L, Lieff SA, Neria Y, Dixon LB. Sustained effect of a brief video in reducing public stigma toward individuals with psychosis: a randomized controlled trial of young adults. American Journal of Psychiatry. 2021 Jul;178(7):635-42. psychiatryonline.org

Masoomi M, Hosseinikolbadi S, Saeed F, Sharifi V, Jalali Nadoushan AH, Shoib S. Stigma as a barrier to suicide prevention efforts in Iran. Frontiers in public health. 2023 Jan 9;10:1026451. frontiersin.org

Raghavan R, Brown B, Horne F, Kamal SR, Parameswaran U, Raghu A, Wilson A, Venkateswaran C, Svirydzenka N, Lakhanpaul M, Dasan C. Multiple mental health literacies in a traditional temple site in Kerala: The

intersection between beliefs, spiritual and healing regimes. Culture, Medicine, and Psychiatry. 2023 Sep;47(3):743-65. ucl.ac.uk

Prajapati R, Liebling H. Accessing mental health services: A systematic review and meta-ethnography of the experiences of South Asian service users in the UK. Journal of Racial and Ethnic Health Disparities. 2022. springer.com

Madina Z, Ahmad MT. A cross-cultural study of stigma associated with mental health disorders in Asian and western societies.. Archives of Clinical Psychiatry. 2023. archivespsy.com

Ran MS, Hall BJ, Su TT, Prawira B, Breth-Petersen M, Li XH, Zhang TM. Stigma of mental illness and cultural factors in Pacific Rim region: a systematic review. BMC psychiatry. 2021 Dec;21:1-6. springer.com

Adebayo YO, Adesiyan RE, Amadi CS, Ipede O, Karakitie LO, Adebayo KT. Cross-cultural perspectives on mental health: Understanding variations and promoting cultural competence. World Journal of Advanced Research and Reviews. 2024;23(01):432-9. researchgate.net

Brelet L, Flaudias V, Désert M, Guillaume S, Llorca PM, Boirie Y. Stigmatization toward people with anorexia nervosa, bulimia nervosa, and binge eating disorder: a scoping review. Nutrients. 2021 Aug 18;13(8):2834. mdpi.com

Subu MA, Dias JM, Mottershead R, Ahmed FR, Narulita S, Maryuni M, Zakiyah Z, Nurbaeti I, Mohamed Al Marzouqi A, Al-Yateem N. Exploring mental health stigma among Indonesian healthcare students towards individuals with mental illnesses: a qualitative study. International Journal of Qualitative Studies on Health and Well-being. 2024 Dec 31;19(1):2327103. tandfonline.com

Dubreucq J, Plasse J, Franck N. Self-stigma in serious mental illness: A systematic review of frequency, correlates, and consequences. Schizophrenia bulletin. 2021. nih.gov

Alqahtani R, Pringle A. The general impact of self-stigma of mental illness on adult patients with depressive disorders: a systematic review. BMC nursing. 2024. springer.com

Abd ElRahman Rabea A, Mohamed Mourad G, Sayed Mohamed H. Stigma and its Relation to Self-Concept among Patients with Mental Disorders. Egyptian Journal of Health Care. 2023 Mar 1;14(1):279-98. ekb.eg

Chen X, Chen Y, Zhou L, Tong J. The role of self-esteem as moderator of the relationship between experienced stigma and anxiety and depression among tuberculosis patients. Scientific reports. 2023. nature.com

Festus AF. THE RISKS OF DIVIDED IDENTITIES IN AFRICA: THE SOCIO-CULTURAL CONTEXT OF STIGMATIZATION OF MENTAL ILLNESS VICTIMS AMONG YORUBA-SPEAKING COMMUNITIES. Journal of African Philosophy and Indigenous Knowledge System. 2025 Feb 21;1(1):16-25. glotanjournals.com

Zay Hta MK, Ting RSK, Goh PH, Gan QH et al. A systematic review on the cultural factors associated with stigma during pandemics. Current Psychology. 2024. springer.com

Simha A, Ahmed S, Prasad R, Dinesh AS, Kandasamy A, Rao NP. Effect of national cultural dimensions and consumption rates on stigma toward alcohol and substance use disorders. International Journal of Social Psychiatry. 2022 Nov;68(7):1411-7. researchgate.net

KC B, Thapa S. The power of homestay tourism in fighting social stigmas and inequities. Journal of Sustainable Tourism. 2024. [HTML]

Attila FL, Owusu F, Agyei-Sarpong K, Donkoh H. Adolescence and sex education: Socio-cultural and psycho-theoretical perspectives. Mediterranean Journal of Social & Behavioral Research. 2023 Jan 6;7(1):43-9. mjosbr.com

Attila FL, Owusu F, Agyei-Sarpong K, Donkoh H. Socio-cultural and psycho-theoretical perspectives of adolescence and sex education. Mediterranean Journal of Social & Behavioral Research. 2023;7(1):1-7. researchgate.net

Aldè M, Ambrosetti U, Barozzi S, Aldè S. The Ongoing Challenges of Hearing Loss: Stigma, Socio-Cultural Differences, and Accessibility Barriers. Audiology Research. 2025. mdpi.com

Spytska L. The most common mental disorders in young people and middle-aged people in the modern world. Scientific Bulletin of Mukachevo State University. Series "Pedagogy and Psychology". 2023 Dec 27;4(9):9-17. pp-msu.com.ua

Misra S, Jackson VW, Chong J, Choe K, Tay C, Wong J, Yang LH. Systematic review of cultural aspects of stigma and mental illness among racial and ethnic minority groups in the United States: Implications for interventions. American journal of community psychology. 2021 Dec;68(3-4):486-512. researchgate.net

Schomerus G, Angermeyer MC. Blind spots in stigma research? Broadening our perspective on mental illness stigma by exploring 'what matters most'in modern Western societies. Epidemiology and Psychiatric Sciences. 2021 Jan;30:e26. cambridge.org

Jacob A, Lavidor M, Igra L, Hasson-Ohayon I. Cultural aspects of stigma toward people with serious mental illness: A meta-analysis of the association between individualism-collectivism and social distance.. Stigma and Health. 2025. [HTML]

Mohankumar R. The influence of cultural stigma on perceptions of mental illness. 2022. sjsu.edu
Kapadia D. Stigma, mental illness & ethnicity: Time to centre racism and structural stigma. Sociology of Health & Illness. 2023. wiley.com
Volkow ND, Gordon JA, Koob GF. Choosing appropriate language to reduce the stigma around mental illness and substance use disorders. Neuropsychopharmacology. 2021. nih.gov
Sreeram A, Cross WM, Townsin L. Anti-stigma initiatives for mental health professionals—A systematic literature review. Journal of Psychiatric and Mental Health Nursing. 2022 Aug;29(4):512-28. [HTML]
Fa'alogo-Lilo C, Cartwright C. Barriers and supports experienced by Pacific peoples in Aotearoa New Zealand's mental health services. Journal of Cross-Cultural Psychology. 2021 Oct;52(8-9):752-70. [HTML]
Xie Y, Tian Z, Li C, Ouyang A, Lin X, Wang L, Diao X, He W, Dong Q, Zeng L, Jiang J. The Burden of Mental Disorders in East Asia and the Pacific Region: Insights from Global Burden of Disease Study 2021. Available at SSRN 5246629. ssrn.com
Tiatia J, Langridge F, Newport C, Underhill-Sem Y, Woodward A. Climate change, mental health and wellbeing: privileging Pacific peoples' perspectives–phase one. Climate and Development. 2023 Sep 14;15(8):655-66. tandfonline.com
Withers M, Jahangir T, Kubasova K, Ran MS. Reducing stigma associated with mental health problems among university students in the Asia-Pacific: A video content analysis of student-driven proposals. International Journal of Social Psychiatry. 2022 Jun;68(4):827-35. apru.org
Pescosolido BA, Halpern-Manners A, Luo L, Perry B. Trends in public stigma of mental illness in the US, 1996-2018. JAMA network open. 2021 Dec 1;4(12):e2140202-. jamanetwork.com
Walsh DAB, Foster JLH. A call to action. A critical review of mental health related anti-stigma campaigns. Frontiers in Public Health. 2021. frontiersin.org
Huff-Pomstra T. A Consensual Qualitative Review Exploring Mental Health Stigma And Its Impact On Psychological Help-Seeking Among Fundamentally Religious Individuals. 2019. [PDF]
Tanhan A, Young JS. Muslims and mental health services: A concept map and a theoretical framework. Journal of religion and health. 2022. springer.com
Daher-Nashif S, Hammad SH, Kane T, Al-Wattary N. Islam and mental disorders of the older adults: Religious text, belief system and caregiving practices. Journal of religion and health. 2021 Jun;60(3):2051-65. springer.com
Ahmad N, Zainal N, Shamsu LS, Zamri ZH. Challenges of the Insanity Defence: Legal Perspectives on Mental Illness and Criminality in Brunei's Dual Legal System. Manchester Journal of Transnational Islamic Law & Practice. 2024 Oct 1;20(4). [HTML]
Wu Z, Schimmele CM. Perceived religious discrimination and mental health. Ethnicity & Health. 2021. researchgate.net
Tineo P, Lowe SR, Reyes-Portillo JA, Fuentes MA. Impact of perceived discrimination on depression and anxiety among Muslim college students: The role of acculturative stress, religious support, and Muslim identity. American Journal of Orthopsychiatry. 2021;91(4):454. [HTML]
Fernandez B. A Thematic Analysis of Mental Illness in New Zealand News Articles. 2014. [PDF]
Kieling C, Buchweitz C, Caye A, Silvani J, Ameis SH, Brunoni AR, Cost KT, Courtney DB, Georgiades K, Merikangas KR, Henderson JL. Worldwide prevalence and disability from mental disorders across childhood and adolescence: evidence from the global burden of disease study. JAMA psychiatry. 2024 Apr 1;81(4):347-56. jamanetwork.com
Fisher B. The Effects of Social Media Use on the Perceptions of Mental Illness Among College Students. 2019. [PDF]
Nichol L. Snowflake: Breaking through mental health stereotypes and stigma. 2023. [HTML]
Dunlap K, Kowert R. Mental health in 3D: A dimensional model of mental illness representation in digital games. Loading. 2021. erudit.org
Ressa T. Histrionics of autism in the media and the dangers of false balance and false identity on neurotypical viewers. Journal of Disability Studies in Education. 2021. brill.com
Parrott S, Eckhart N. Stigma in the news: The representation and trivialization of stigma in US news publications. Health communication. 2021. researchgate.net
Meltzer GY, Chang VW, Lieff SA, Grivel MM, Yang LH, Des Jarlais DC. Behavioral correlates of COVID-19 worry: stigma, knowledge, and news source. International journal of environmental research and public health. 2021 Oct 30;18(21):11436. mdpi.com
Delayne Halvorson M. Impact of culture on stigma related to help-seeking behavior in college students. 2015. [PDF]
Nohr L, Lorenzo Ruiz A, Sandoval Ferrer JE, Buhlmann U. Mental health stigma and professional help-seeking attitudes a comparison between Cuba and Germany. PLoS One. 2021 Feb 11;16(2):e0246501. plos.org

Lin YY, Swanson DP, Rogge RD. From zen to stigma: Buddhism, Taoism, Confucianism, and their cross-cultural links to mental health. Journal of Counseling & Development. 2024 Jul;102(3):264-78. wiley.com

Kamble A, Sahore M. Cultural Influences on Stigma and Coping in Oral Cancer Patients: A Cross-Cultural Study. 2025. [HTML]

Aririguzoh S. Communication competencies, culture and SDGs: effective processes to cross-cultural communication. Humanities and Social Sciences Communications. 2022. nature.com

Indainanto YI, Dalimunthe MA, Sazali H, Kholil S. Islamic Communication in Voicing Religious Moderation as an Effort to Prevent Conflicts of Differences in Beliefs. Pharos Journal of Theology. 2023 Oct 1;104(4). pharosjot.com

Rachmad YE. Cultural Intelligence Theory. 2022. academia.edu

Kwame A, Petrucka PM. A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. BMC nursing. 2021. springer.com

Radu M, Ciucă A, Crişan CA, Pintea S, Predescu E, Şipos R, Moldovan R, Băban A. The impact of psychiatric disorders on caregivers: An integrative predictive model of burden, stigma, and well-being. Perspectives in Psychiatric Care. 2022 Mar 28;58(4):2372. nih.gov

Recio P, Molero F, Silván-Ferrero P, Nouvilas-Pallejà E. Perceived discrimination and emotional distress among family caregivers of children with physical disabilities: The mediational role of affiliate stigma and self-efficacy. American Journal of Orthopsychiatry. 2021;91(3):367. [HTML]

Minichil W, Getinet W, Kassew T. Prevalence of perceived stigma and associated factors among primary caregivers of children and adolescents with mental illness, Addis Ababa, Ethiopia: Cross …. Plos one. 2021. plos.org

Cheng WL, Chang CC, Griffiths MD, Yen CF, Liu JH, Su JA, Lin CY, Pakpour AH. Quality of life and care burden among family caregivers of people with severe mental illness: mediating effects of self-esteem and psychological distress. BMC psychiatry. 2022 Oct 31;22(1):672. springer.com

Hao Y, Wu Q, Wang X, Ma Y, Wang Y, Peng P, Wang X, Yang Q, Liu Y, Li M, He L. Stigmatizing attitudes toward mental illness among caregivers of patients with mental disorders in China. Frontiers in Public Health. 2023 Jun 22;11:1071954. frontiersin.org

Rady A, Mouloukheya T, Gamal E. Posttraumatic stress symptoms, quality of life, and stress burden in caregivers of patients with severe mental illness: an underestimated health concern. Frontiers in Psychiatry. 2021. frontiersin.org

Javed A, Lee C, Zakaria H, Buenaventura RD, Cetkovich-Bakmas M, Duailibi K, Ng B, Ramy H, Saha G, Arifeen S, Elorza PM. Reducing the stigma of mental health disorders with a focus on low-and middle-income countries. Asian journal of psychiatry. 2021 Apr 1;58:102601. sciencedirect.com

Vaishnav M, Javed A, Gupta S, Kumar V, Vaishnav P, Kumar A, Salih H, Bernardo NG, Alkhoori S, Luguercho C, Soghoyan A. Stigma towards mental illness in Asian nations and low-and-middle-income countries, and comparison with high-income countries: A literature review and practice implications. Indian Journal of Psychiatry. 2023 Oct 1;65(10):995-1011. lww.com

Li JY. Acculturation and social stigma: Mental health communicative action and help-seeking behaviors among chinese immigrants in the united states. International Journal of Strategic Communication. 2021. [HTML]

Simon J, Helter TM, White RG, Van der Boor C, Łaszewska A. Impacts of the Covid-19 lockdown and relevant vulnerabilities on capability well-being, mental health and social support: an Austrian survey study. BMC public health. 2021 Dec;21(1):1-2. springer.com

Acoba EF. Social support and mental health: the mediating role of perceived stress. Frontiers in Psychology. 2024. frontiersin.org

Killaspy H, Harvey C, Brasier C, Brophy L, Ennals P, Fletcher J, Hamilton B. Community-based social interventions for people with severe mental illness: a systematic review and narrative synthesis of recent evidence. World Psychiatry. 2022 Feb;21(1):96-123. wiley.com

Hepperlen RA, Biggs J, Mwandileya W, Rabaey P, Ngulube E, Hearst MO. Using community-based interventions to reduce public stigma of children with disabilities: A feasibility study. Journal of applied research in intellectual disabilities. 2021 Nov;34(6):1499-510. [HTML]

Meyer ML, Louder CN, Nicolas G. Creating with, not for people: theory of change and logic models for culturally responsive community-based intervention. American Journal of Evaluation. 2022 Sep;43(3):378-93. [HTML]

Kolarič JČ, Ilješ AP, Kraner D, Gönc V, Lorber M, Reljić NM, Fekonja Z, Kmetec S. Long-Term Impact of Community Psychiatric Care on Quality of Life amongst People Living with Schizophrenia: A Systematic Review. InHealthcare 2024 Sep 2 (Vol. 12, No. 17, p. 1750). nih.gov

Girma E, Ketema B, Mulatu T, Kohrt BA, Wahid SS, Heim E, Gronholm PC, Hanlon C, Thornicroft G. Mental health stigma and discrimination in Ethiopia: evidence synthesis to inform stigma reduction interventions. International journal of mental health systems. 2022 Jun 23;16(1):30. springer.com

Sue Berdell M. The Social Obligation to Reduce Stigma in Order to Increase Utilization of Mental Health Services. 2016. [PDF]

Kakuma R, Rose Kleintjies S, Lund C, Drew N et al. Mental Health Stigma: What is being done to raise awareness and reduce stigma in south Africa?. 2016. [PDF]

Dobson KS, Rose S. "Myths and facts" campaigns are at best ineffective and may increase mental illness stigma.. Stigma and Health. 2022. numinousresearch.com

Rahsepar Meadi M, Sillekens T, Metselaar S, van Balkom A, Bernstein J, Batelaan N. Exploring the ethical challenges of conversational AI in mental health care: scoping review. JMIR mental health. 2025 Feb 21;12:e60432. jmir.org

Battaglia AM, Mamak M, Goldberg JO. The impact of social media coverage on attitudes towards mental illness and violent offending. Journal of community psychology. 2022 Sep;50(7):2938-49. [HTML]

Pavlova A, Berkers P. "Mental health" as defined by Twitter: Frames, emotions, stigma. Health communication. 2022. tandfonline.com

Yuan A, Garcia Colato E, Pescosolido B, Song H, Samtani S. Improving workplace well-being in modern organizations: A review of large language model-based mental health chatbots. ACM Transactions on Management Information Systems. 2025 Feb 7;16(1):1-26. acm.org

Riffel T, Chen SP. Exploring the Knowledge, Attitudes, and Behavioural Responses of Healthcare Students towards Mental Illnesses—A Qualitative Study. 2019. ncbi.nlm.nih.gov

Moses S, Holmes D. What mental illness means in different cultures: perceptions of mental health among refugees from various countries of origin. Mental Health: Global Challenges. 2022. sciendo.com

Miconi D, Li ZY, Frounfelker RL, Santavicca T, Cénat JM, Venkatesh V, Rousseau C. Ethno-cultural disparities in mental health during the COVID-19 pandemic: a cross-sectional study on the impact of exposure to the virus and COVID-19-related discrimination and stigma on mental health across ethno-cultural groups in Quebec (Canada). BJPsych open. 2021 Jan;7(1):e14. cambridge.org

Earnshaw VA, Watson RJ, Eaton LA, Brousseau NM, Laurenceau JP, Fox AB. Integrating time into stigma and health research. Nature Reviews Psychology. 2022 Apr;1(4):236-47. nature.com

Subu MA, Wati DF, Netrida N, Priscilla V, Dias JM, Abraham MS, Slewa-Younan S, Al-Yateem N. Types of stigma experienced by patients with mental illness and mental health nurses in Indonesia: a qualitative content analysis. International journal of mental health systems. 2021 Dec;15:1-2. springer.com

Aggarwal A, Qiao S, O'Leary SD, Schlekat KN et al. Measurement Instruments Assessing Multi-Faceted Stigma Regarding Sexual and Gender Minorities: A Systematic Review of Psychometric Properties. AIDS and Behavior. 2024. researchgate.net

Wilandika A, Gartika N, Salami S. Social stigma against individuals with COVID-19: scale development and validation. Health Psychology and Behavioral Medicine. 2023 Dec 31;11(1):2155166. tandfonline.com

Haft SL, Greiner de Magalhães C, Hoeft F. A systematic review of the consequences of stigma and stereotype threat for individuals with specific learning disabilities. Journal of learning disabilities. 2023 May;56(3):193-209. sagepub.com

Na JJ, Park JL, LKhagva T, Mikami AY. The efficacy of interventions on cognitive, behavioral, and affective public stigma around mental illness: A systematic meta-analytic review.. Stigma and Health. 2022. [HTML]

Chang CW, Chen F. … emotional support and negative family interactions with the quality of life among Chinese people with mental illness and the mediating effect of internalized stigma. Psychiatric Quarterly. 2021. academia.edu

DeLuca JS, Akouri-Shan L, Jay SY, Redman SL, Petti E, Lucksted A, Rouhakhtar PR, Klaunig MJ, Edwards SM, Reeves GM, Schiffman J. Predictors of internalized mental health stigma in a help-seeking sample of youth: The roles of psychosis-spectrum symptoms and family functioning. Journal of abnormal psychology. 2021 Aug;130(6):587. apa.org

Li XH, Deng SY, Zhang TM, Wang YZ, Wei DN, Wong IY, Chan CL, Ran MS. Affiliate stigma of mental illness in family caregivers of persons with mental illness in Hong Kong. International Journal of Social Psychiatry. 2022 Dec;68(8):1698-707. [HTML]

Trigueros R, Navarro N, Mercader I, Aguilar-Parra JM, Lopez-Liria R, Rocamora-Pérez P. Self-stigma, mental health and healthy habits in parent of children with severe mental disorder. Psychology Research and Behavior Management. 2022 Feb 2:227-35. tandfonline.com

Taylor D, Richards D. Triple Jeopardy: Complexities of Racism, Sexism, and Ageism on the Experiences of Mental Health Stigma Among Young Canadian Black Women of Caribbean Descent. 2019. [PDF]

Okusanya IG, Meyer SB. Barriers to Accessing Mental Health Services That Impact Black Canadians: A Scoping Review and Thematic Analysis. Journal of Racial and Ethnic Health Disparities. 2025. [HTML]

Olanlesi-Aliu A, Giwa A, Salami B. Mental Health of Black Canadians: A Scoping Review. International Journal of Social Determinants of Health and Health Services. 2025 Jan 27:27551938241311875. [HTML]

O'Connor C, Vaughan S. Does selectively endorsing different approaches to treating mental illness affect lay beliefs about the cause and course of mental illness?. Psychiatry Research. 2021. sciencedirect.com

Ahuvia I, Sotomayor I, Kwong K, Lam F, Mirza A, Schleider JL. Causal Beliefs About Mental Illness: A Scoping Review. osf.io

McLaren T, Peter LJ, Tomczyk S, Muehlan H, Schomerus G, Schmidt S. The Seeking Mental Health Care model: prediction of help-seeking for depressive symptoms by stigma and mental illness representations. BMC Public Health. 2023 Jan 10;23(1):69. springer.com

Louie P, Upenieks L, Erving CL, Thomas Tobin CS. Do racial differences in coping resources explain the Black–White paradox in mental health? A test of multiple mechanisms. Journal of Health and Social Behavior. 2022 Mar;63(1):55-70. nih.gov

Walsh D, Foster J. Understanding the public stigma of mental illness: a mixed-methods, multi-level, exploratory triangulation study. BMC psychology. 2024. springer.com

Walsh D, Foster J. Where does research design fall short? Mental health related-stigma as example. Journal for the Theory of Social Behaviour. 2022. wiley.com

Smith JM, Knaak S, Szeto AC, Chan EC, Smith J. Individuals to systems: Methodological and conceptual considerations for addressing mental illness stigma holistically. International journal of mental health and addiction. 2022 Dec;20(6):3368-80. springer.com

