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Review Paper

# Stigma and Mental Health among Young Adults: A Systematic Review

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## ABSTRACT

This review paper aims to study the stigma around mental health among young people between the ages of 15 and 29. In India, 7.3% of its 365 million young people report mental health disorders and 20% on a global perspective (Gaiha, et al, 2020; NMH Survey, 2016). Though data is scant, some studies have found that youngsters deal with a social environment where mental health is stigmatized (Hermann, et al., 2022). Furthermore, lack of information about mental illnesses and poor accessibility to adequate mental health services hinders the Mental Health care delivery system (Patel; Saxena, 2014; Rebello et al., 2014; WHO, 2022). This paper thoroughly reviewed indexed articles published in the English language on Google Scholar, PubMed, and Semantic Scholar using Medical Subject Heading (MeSH) terms including - “stigma,” “mental health programs,” “India,” “mental health prevalence,” “mental health delivery system,” and “mental disorders” along with Boolean terms like “and.” This paper recommends that stigmatization of Mental Health be examined as part of psycho-education at the secondary and higher education levels and that students be sensitized about common mental disorders. Training and sensitization of Health Care Professionals, Teachers, Social workers, and other stakeholders must be initiated and monitored by expert institutions. These measures can help young people reconstruct their views on mental health, eventually promoting improvement in mental health care delivery and access to mental health services.

***Keywords:*** *Stigma, Mental Health, Mental Health Programs, Young Adults, Psycho-education Interventions*

The term stigma originated in ancient Greece and denotes an apparent mark placed or branded on certain people. These people are considered slaves or traitors (Hinshaw 2005). Stigma is defined as a “collection of negative attitudes, beliefs, thoughts, and behaviours that influence the individual or the general public to fear, reject, avoid, be prejudiced, and discriminate against people” (Gary, 2005). A lack of awareness of mental illness encourages discrimination and stigmatization (Wolff et al.,1996). However, cross-sectional studies show that members of the public who have more knowledge about mental illness are less likely to endorse stigmatizing attitudes (Link et al., 1997). Thus, the present review aimed to report the synthesis and summary of existing data on mental health stigma among young adults. This review explored various aspects of stigma related to mental health,

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including its impact on individuals and society, and the barriers it creates for seeking help and getting appropriate treatment.

Mental Health Stigma (MHS) has been suggested as a major hindrance to accessing mental healthcare. In the Indian population, only 7.3% of 365 million young individuals acknowledge the experience of such challenges. Although public stigma related to mental health issues significantly impacts youth seeking help, the extent of stigma among young people in India remains undisclosed (Gaiha et al., 2020).

The 2011 National Mental Health Literacy Survey in Australia found that there were generally higher perceptions of danger, unpredictability, and a desire for social distance associated with psychosis and schizophrenia compared to other disorders (Reavley & Jorm, 2011). This suggests that stigmatizing behavior may be more commonly reported in cases of 'obvious' psychopathology. Consequently, stigma against ‘less obvious’ mental health conditions such as depression, anxiety, and dissociation may remain unreported. Social prejudice related to mental illness increases the likelihood that young people will not seek assistance from themselves or support their friends who are experiencing psychological distress. This bias obstructs treatment, diminishes self-worth, and restricts social connections. While earlier research described stigma as a single characteristic, recent studies have recognized its complexity with numerous dimensions and attributes (Lally et al., 2013).

Link and Phelan’s modified Labelling theory (Link et al. 1987; Link and Phelan 2001; Link et al. (1989) suggested that individuals are aware of the labels attributed to them, and they employ stigma management to mitigate the perceived risk of rejection or social exclusion associated with these labels. Such strategies may involve education, withdrawal, or secrecy. The choice of strategy has far-reaching implications for future social outcomes such as opting for secrecy or withdrawal, which can lead to isolation from social relationships and reduced self-esteem, thereby limiting opportunities.

Winnick and Bodkin (2008) argue that each strategy either promotes social inclusion or exclusion. Education fosters inclusive social relations, reducing the inclination to keep stigmatizing labels secret, whereas secrecy and withdrawal lead to self-initiated exclusion by limiting opportunities for open relationships.

Baulanda and colleagues (2014) conducted a study on a program that involved a youth-led campaign to promote mental health awareness. In this program, high school students led educational workshops for at-risk middle school students in an after-school setting. The analysis revealed significant changes in both the knowledge and social distancing scales, indicating that brief interventions with young individuals can lead to positive outcomes related to mental health awareness.

## METHODOLOGIES USED BY STUDIES UNDER REVIEW

This study thoroughly reviewed indexed articles published in English on Google Scholar, PubMed, and Semantic Scholar. Medical Subject Heading terms such as "stigma," "mental health programs," "India," "mental health prevalence," "mental health delivery system," and “mental disorders” were used along with Boolean terms like “and,” “or,” and “the.” The inclusion criterion for the articles was that they should have been published between 2000 and 2020 and focused on stigma and mental health. Duplicate articles were excluded using reference management software (Mendeley), and titles and abstracts were screened to ensure relevance to the topic.

The findings show that Various studies have used a range of research methods, including survey methods, narrative analysis, and educational interventions. These were used to examine the prevalence of stigma or to evaluate the effects of educational sessions on mental health stigma. For instance, most studies (66%) have focused on youth training to become health professionals (Gaiha, 2020). They aimed to assess the impact of educational interventions on reducing stigma towards mental health.

In England, the Mental Health Act Awareness Programme provided educational sessions to 109 police officers, 78 adults from various community groups who worked with individuals facing mental health challenges but had not undergone any mental health training, and 472 school students aged 14–15 years. Each group of adults participated in two intervention sessions lasting 2 h each.

Some studies used exploratory methods. For example, a qualitative analysis of narratives from mixed-method interviews with 56 adolescents in a Midwestern US city showed differences in the perceived extent and nature of stigma and contextual factors perceived as promoting or protecting from stigmatization, depending on the interpersonal domain.

***Summary of research findings***

The majority of studies (66%) concentrated on training young individuals to become health care professionals. Unfortunately, one-third of this group exhibited inadequate knowledge about mental health issues and displayed negative attitudes towards people with such problems. Additionally, approximately one in five individuals has engaged in stigmatizing behavior, either intentionally or unintentionally (Gaiha, 2020).

Due to fear of discrimination, Martin (2009) found that many students made considerable efforts to hide their mental health conditions, and consequently struggled to meet university requirements.

The primary active ingredient recognized by all intervention groups and workshop facilitators was the testimony of service users, who referred to young adults who received psychological assistance. Service users' experiences regarding their mental health problems and their interactions with various services have a profound and enduring impact on the target audience in terms of reducing mental health stigma (Pinfold et al., 2009). These findings suggest that a lack of awareness of mental illness can be addressed by organizing group meetings between individuals with mental illness and those who exhibit stigma.

According to Moses (2010), a significant number of participants (62%) experienced stigmatization in their relationships with peers, which often resulted in the loss of friendships and social transitions. Those who did not experience peer stigmatization typically socialized with others who shared similar experiences or concealed their problems in order to avoid stigmatization. Nearly half (46%) of the participants reported experiencing stigmatization from family members, which took the form of unwarranted assumptions, distrust, avoidance, pity, and gossip. Approximately one-third (35%) of the participants reported stigmatization from school staff who exhibited fear, dislike, avoidance, and underestimation of their abilities.

In their study, Attygalle, Perera, and Jayamanne (2020) found that having a personal history of being treated for a mental health issue or knowing a relative with a mental health issue was associated with higher scores for the attributes of anger, danger, and avoidance across all three

mental health case vignettes. Additionally, a personal history of mental health treatment was associated with significantly lower scores for pity and the likelihood of helping.

Although some studies have suggested that knowledge and exposure to mental health issues can decrease stigma, other studies have found that this exposure may also increase certain attributes of stigma (Byrne, 2000; Corrigan, 2012). These findings suggest that sensitization programs for the general public should be carefully designed and should include adequate preparation to avoid unintended consequences.

Rüsch et al. (2014) found that individuals who experienced social exclusion and self-labelled themselves reported higher levels of stigma stress one year later. Conversely, those who experienced a decrease in stigma exhibited better well-being during the follow-up period after accounting for symptoms, psychiatric comorbidity, and sociodemographic factors. This review aims to highlight the relationship between experiences of discrimination and social participation and proposes further exploration of the impact of discrimination on engagement in family, community, work, and education.

## DISCUSSION

Public education should utilize symptomatic vignettes, which employ relatable language and visuals, instead of psychiatric labels, to improve young adults' understanding of diverse mental health issues. This study suggests that strategies to lessen public stigma can involve integrating awareness campaigns with educational institutions and incorporating content relevant to culture and age-appropriate social roles. It is crucial to assist family members, peers, and school staff in overcoming their tendencies to make negative assumptions and discriminate against young people with mental health disorders. Campaigns aimed at enhancing mental health literacy and reducing stigmatizing attitudes may prove effective in reducing the inclination to maintain social distance from individuals with depression, OCD, anxiety, and speech disorders.

However, an increase in beliefs about the dangerousness and unpredictability of those with these disorders, particularly men, is a cause of concern. This review highlights the need for public education to address these aspects of stigma. Several studies have shown that friends and family are more likely to avoid a person than discriminate against them (Angermeyer et al., 2004; Lasalvia et al., 2013; Wahl, 1999).

Moreover, the primary audience for educational interventions should be family and peer groups of individuals seeking psychological help. Therefore, a planned survey program and enhanced sampling should be implemented to allow for the analysis of contributory factors (e.g., educational level, rurality, superstitions, cultural, and linguistic differences). This, in turn, would facilitate the national benchmarking of stigma and discrimination. This review also recommends initiating national campaigns to reduce stigma and discrimination. The success of these campaigns depends on the establishment of expert committees that oversee and moderate their progression.

## CONCLUSION

This systematic review analysed 20 research articles related to Stigma and Mental Health. It recommended examining the stigmatization of Mental Health as part of psycho-education at the secondary and higher education levels, and for sensitizing students and parents about common mental disorders. Training and sensitization of healthcare professionals, teachers, social workers, and other stakeholders must be initiated and monitored by expert institutions.

As a precaution, the general public must not be exposed to patients with mental illness without prior readiness and preparation. Nonetheless, orientations between help-seekers and the stigmatized general public should be facilitated under supervision and guidance. These measures can help young people reconstruct their views on mental health, eventually promoting improvements in mental health care delivery and access to mental health services.

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***Conflict of Interest***

The author(s) declared no conflict of interest.

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