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Mental Health Stigma in Diverse Cultures

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Abstract
Background: The stigma of mental illness is a persistent challenge across the world and even more so in diverse cultures because the attitude toward mental illness could be different. This research examines the moderating effects culture plays on perceptions of mental health added stigma in different demographical populations.
Objective: To understand whether there is any link between people's cultural background and mental health stigma and in general to investigate the influence of cultural beliefs, demographics, and personal history on people's attitudes to mental illness.
Methods: A quantitative survey design using a cross-sectional was used to administer a questionnaire to 250 participants differing in their cultural, ethnic, and economic status. Participants responded to a demographic section of the questionnaire and 5-point Likert scale items assessing attitudes towards mental health, willingness to talk with others about the topic, and their propensity to seek therapy. The basic characteristics were presented using frequencies and percentages however for the data analysis more focused tests like chi-square tests and analysis of variance tests were used to determine the association between cultural factors and stigma. In assessing the internal consistency of the stigma scale, Cronbach's alpha coefficient test was used.
Results: Mental health stigma also varied across cultural groups in the study. A significant number of respondents endorsed statements blaming mental health issues on weakness or instability wherever they held a collectivist frame of

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reference. The correlation between ease of speaking to people about mental health, and willingness to seek professional help was highly positive, pointing towards the need to continue the fight against the stigma surrounding mental health to increase the use of professionals. The Cronbach's Alpha for the stigma scale was low (0.133), Current studies indicate that there is a variation in attitudes toward stigma across cultures, Therefore, the use of a single measure should be discouraged.

Conclusion: There is a need alongside this study to encourage culturally specific interventions to reduce mental health stigma. Various measures should be employed to address stigma since different cultural beliefs and attitudes are bound to exist, especially in the modern society people living with mental disorders should come out and go for treatment. The results reemphasize the need to establish valid and culturally appropriate assessment instruments for capturing the concept of mental health stigma among culturally diverse groups.

Keywords: Stigma related to mental health, ethnic differences, mental illnesses, opinion questionnaire, opinions towards mental health, culture, reliability (Cronbach's Alpha).

Introduction

The stigma associated with mental health is rife all across the world and this hinders the enactments of these patients to seek treatment and self-care. Mental health stigma, in particular, is the process by which individuals are discriminated against, rejected, or otherwise treated poorly due to some type of mental illness. While prejudice is a cross-cultural experience stigma differs in its degrees and form across cultures. Cultural intelligence on mental health stigma is still relatively limited, and thus, lack of consent about cultural intelligence literature constrains the capacity to create interventions to erode stigma and raise consciousness about mental health (Brewer et al., 2024) (Ran et al., 2021).

Chapter Six: culture is central to how many people perceive mental health and illnesses. Anthropological, theological, socially constructed, and familial attitudes toward mental health, mental disorders, and mental health treatment are significant. However, in many collectivist countries where the esteemed of familial and community standards is of paramount importance, that person might be seen as a nuisance to the family. In turn, people can be afraid to disclose or even deny having mental health problems, meaning that the internal stigma will rise and the willingness to seek treatment – fall. Instead, in more individualistic cultures mental illness is medicalized but old stigmatization is replaced with negative attitudes toward personality and stability (Farooq et al., 2024; Misra et al., 2021; Tuliao, 2024).

In the terminal, there remains relatively higher levels of stigma in the community, despite the increased awareness of mental health problems. Some findings have established that clients who are rejected or discriminated against are reluctant to access care or comply with treatment regimens. This is specifically the case in non-Western societies in which mental health disorders are linked to sin, sinfulness, or as a consequence of sin or divine intervention. According to a few cultural beliefs, mental health issues result from demonic possessions, or mental illness is considered as an ordeal Individuals in some cultures are therefore reluctant to seek medical help. As a result, people can use

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prayer or other religious and spiritual treatments instead of using modern healthcare services (Krendl & Pescosolido, 2020; Qin et al., 2024).

Discrimination based on mental illness and minority culture combined exciting questions as to how the strategies of eradicating stigma are to be implemented in various societies. However, while stigma is culturally determined, it is also influenced by factors which include; gender, SES, level of education, and religion. For instance, where male chauvinism prevails, depression, anxiety, and other related syndromes might be more shameful to the female sex due to the expected normal female fighting spirit and endurance. On the other hand, the male individual in certain cultures may develop a feeling of shame/ stigma whenever he decides to speak the truth about his or her mental health especially due to the cultural beliefs that compel the male individual to be hard-coded and be a mental health warrior. Social norms or customs are also an important component, some religious beliefs for instance give considerably a religious belief explanation to mental disorders that either decrease or increase stigmatization (Ahmed & Mao, 2024; Javed et al., 2021).

Most studies on mental health stigma have targeted the Western communities where attempts to eliminate prejudice have involved (parenthetically) using specific health interventions, civic awareness, and expansion of mental health service delivery at the primary care level. However, this sort of thinking may not be easily applicable to non-Western countries especially as the perception of mental illnesses may not be as obtained in the West. A review suggests increasing cultural studies on mental health stigma with the view to finding out culturally appropriate anti-stigma approach (Odilibe et al., 2024) (Mascayano et al., 2020).

The present study is devised to fill this gap to explore mental health stigma across diverse cultural demographic characteristics. Thus, this study aims to explore the role of culture in mental health stigma through a belief, attitudes, and experiences of people from different cultures. This research will also seek to establish whether stigma is related to other factors including age, gender, education level, and religious belief. In this way, it aims to support the creation of tailored, evidence-based interventional strategies to exacerbate the decreasing disparities regarding mental health stigma and utilization of mental health care services among various groups (BinDhim et al., 2024; Merhej, 2019).

Finally, it is crucial to be aware of cultural aspects of mental health stigma to progress in attaining favourable mental health outcomes throughout the world. Lifting stereotypes also increases the well-being of sufferers of mental illness and healthcare and makes communities better. With the expansion of globalization mental health cultures should be reviewed to overcome the social stigma all over the world and create an environment in which people experiencing mental health problems will not be discriminated against (Chatmon, 2020; Mounkoro et al., 2024; Shan & Ji, 2024).

Literature Review

Mental health stigma has long been recognized as a major barrier to the treatment and well-being of individuals with mental health conditions. Over the years, numerous studies have explored the various dimensions of stigma, its origins, and its impact on mental health outcomes. One of the most significant factors influencing mental health stigma is culture, which shapes societal attitudes, norms, and values concerning mental illness. The following literature

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review examines key studies on mental health stigma and the role of cultural diversity in influencing these perceptions, highlighting the complexities of addressing stigma in a global context (Clay et al., 2020; Sweileh, 2024).

Definition and Types of Stigma

Stigma, as it pertains to mental health, refers to the negative stereotypes and prejudices directed toward individuals with mental illness, leading to discrimination and social exclusion. According to Goffman, stigma arises when an individual possesses an attribute that discredits them in the eyes of society, making them less valued or respected. Mental health stigma can be categorized into three main types: public stigma, self-stigma, and structural stigma (Bilač et al., 2024; Bracke et al., 2019).

- Public stigma refers to the negative beliefs and attitudes held by society toward individuals with mental health conditions. It often manifests in the form of discriminatory behaviour, such as social distancing or exclusion from certain social roles.
- Self-stigma occurs when individuals with mental health conditions internalize societal stigma, leading to feelings of shame, guilt, and low self-esteem. Self-stigma can severely impact an individual's willingness to seek help or adhere to treatment.
- Structural stigma refers to the systemic barriers and policies that discriminate against individuals with mental illness. These may comprise prejudice as a result of mental health disorders in health care, social, or career services that hinder people with mental disorders.

  Recognizing the differences between these types of stigma is important for designing a program that will facilitate changes at both the community and personal level for consumers with mental illness.

A Case Study on How Stigma Affects Mental Health Outcomes

Information regarding how mental health stigma provokes negative consequences on treatment-seeking behaviour and mental health status is available. It has been found in several types of research that people who feel or are perceived by others have a high level of stigma: (a) are less likely to seek help from professionals (b) are less likely to follow with treatments (c) are less likely to disclose mental illness. Likely, a cross-sectional study by Thornicroft et al. showed that concern with stigma was among the most frequently reported barriers to seeking help among people with mental health problems. Such an approach language may lead to symptom aggravation, lower quality of life, and the development of other illnesses (Mannarini & Rossi, 2019; Zia & Mackenzie, 2024).

Self-stigma is especially pernicious because it not only discourages recognition by others, but also erodes the value, and perceived capacity to get better, of the individual. According to Corrigan, it was found that the acceptance of stigma makes a community to be less confident, less effective, and less esteemed thus leading to an old cycle of untreated mental illness(Rafique, 2024). Self-stigma, we hence consider to be very crucial in Mental Health interventions due to its impacts on the patient's motivation and self-efficacy in seeking care and recovery (Nohr et al., 2021; Sum et al., 2024).

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Cultural Variations in Mental Health Stigma

Somali ethnic culture has a significant effect on determining the perception of mental health. There are various specialist beliefs concerning the causes of mental disorders, their cure, and the patients with mental disorders. Among participants from collectivist culture where the primary values are family and community reputation, and social order, proper medication stays concealed due to the potential threat that mental health disorders pose for the family's social status and harmony. On the other hand, compared cultures can define mental disorders in medical terms even though acceptance is expressed in terms of personal weakness (Bhugra et al.; Kudva et al., 2020).

A cross-sectional work was conducted by Papadopoulos et al. in a cross-sectional survey by assessment of cultural beliefs about mental disorders among ethnic majorities and minorities in the UK. Essentially, minority participants of South Asian and African-Caribbean origin were more inclined toward endorsing stigmatizing beliefs about mental illness including the belief that the mental illness may be a form of punishment from God or as divine retribution. These beliefs were associated with the lack of willingness to consult a doctor regarding any mental health troubles, as the troubles themselves still fell under the category of spiritual and non-medical problems (Cogan et al., 2024; Khan & Rasheed, 2020; Thornicroft et al., 2022).

Similarly, Yang et al, 2007 pointed out the role of culture in stigma in East Asia, where deviation from the norm is considered pathologic. In the Chinese and Japanese context especially, the concept of face which refers to reputation and rank is very salient in how people with mental disorders are treated. This has led to poor compliance with treatment by stigmatized individuals and also seclusion and increased self-stigma from being seen as a shame to the family. This is because the need to uphold their image in society will make people with mental illnesses give up the fight and give in to their illness (Abbasi et al., 2025; Miconi et al., 2021; Zay Hta et al., 2024).

Religiosity and Spirituality

Culture also plays a significant role when it comes to mental health stigma, and religion and spirituality are part of people's culture. It was established, that in some communities mental illness is attributable to the punishment of a deity or a perceived trial that someone has to endure, this can help mask stigma besides enhancing it. For example, Razali et al. discovered in Malaysia that people related madness with witchcraft or spirits and other demonic powers. Therefore, patients suffering from mental health illnesses went for prayers to deliverance pastors instead of qualified mental health workers (Dubreucq et al., 2021; Renwick et al., 2024).

But on the same note, religion can also help in reducing stigma. Koenig also discovered that people, who were associated with encouraging religious groups, did not experience the main aspect of public stigma as they had the support of other people and an understanding of the problem. This illustrates the fact that religion can be in societies either worsen or help to improve the perception of mentally ill people depending on the community's beliefs (Abbasi & Rasheed, 2024; Golden et al., 2024; Papadopoulos et al., 2019).

Gender and Mental Health Cultural Perception

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In the present study, the experience and expression of mental health stigma were influenced by gender. A particular culture covers the ways males and females should handle emotional or psychological problems. For instance, in more authoritarian cultures, women are more likely to be ostracized if they show signs of emotional weakness as they are expected to be strong and reproduce the strength in their relatives, especially in the female line. Evans-Lacko et al. pointed out that some women from selected cultures were likely to show or suffer from more pronounced public stigma which increased social exclusion and reduced seeking of treatment (Tan & Mankiewicz, 2024) (Chaudhry & Chen, 2019).

On the other hand, culture might be a barrier for men in certain cultures because talking about mental health can be stigmatized due to men's cultures and beliefs in handling their problems with silence and endurance. Research indicates that male respondents who embraced traditional masculine norms may not report mental health concerns since doing so is considered feminine behaviour. Managing the stigma based on gender is critical when developing an aspiration that seeks to push men and women into getting treated for mental disorders without the humiliation they will endure (Heley et al., 2024) (Ben et al., 2021).

Understanding aims to provide up-to-date information on and to further the compilation of interventions that can help to reduce mental health stigma.

To that end, initiatives aimed at combating mental illness prejudice are as diverse as the simple raising of awareness and educational efforts and policy reforms. In Western societies, diversity management interventions like eradicative mental health-illness stigma reduction campaigns such as Time to Change in the UK or National Alliance for the Mentally Ill and Advocacy Association in the USA have primarily aimed to enhance mental health literacy and encourage affirmative health-seeking behaviour. These campaigns have shown some positive trends toward achieving the goals of reducing the public stigma by familiarizing people with mental health and questioning some traditional prejudices (Cutrer-Párraga et al., 2024) (Gaiha et al., 2020).

However, their impact may not be experienced in such non-Western states due to strong beliefs that are exhibited on mental diseases. Griffiths et al. conducted a meta-synthesis of the 45 studies to compare the effectiveness of such campaigns and stated that though awareness campaigns were effective in reducing stigma in countries coming under the domain of either or civil law, they were less effective especially where religion formulated the basis of people's understanding of mental illness. This brings to light the importance of culturally sensitive approaches which look at the beliefs and attitudes that prevail in certain cultures (Masong et al., 2024) (Maeshima & Parent, 2022).

Other stigmatized issues have evidenced the effectiveness of culturally tailored interventions practised in different contexts. For instance, mental health care services for instance in India have embraced cultural practices and integrated them with traditional practices to fill this gap. Also in Africa, mental health programs have involved the religious sector to give socioculturally appropriate reasons for mental illness so that people can seek treatment (Valaitė & Berniūnas, 2024) (Van Brakel et al., 2019).

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Research Methodology

A cross-sectional survey questionnaire design will be used as the research strategy for this quantitative study on Mental Health Stigma in Diverse Cultures because the purpose of this study is to assess, compare, and contrast the participants' attitudes, perceptions, and experiences of mental health stigma across culture and within demography. The study will obtain data by administering self-completed, standardized questionnaires filled out by a large group of participants from all cultural, ethnic, and socio-economic backgrounds. The questionnaire will include closed questions since they form the basis of helping a researcher understand beliefs, experiences, and perceptions held by the respondents within the community regarding mental health, stigma, and treatment (Forray et al., 2024) (Salami et al., 2019).

Study Design

The present research utilizes a cross-sectional quantitative research approach that seeks to establish mental health stigma among the culturally and demographically diverse population. The type of section used in this study is cross-sectional because that allows for the sample to be surveyed at one point in time and determine the pattern, attitude, or perception toward mental health stigma in depicted cultural groups. Face-to-face interviews, using an instrument that is constructed for this research, will be used to obtain quantitative data while inferential statistics will be used to determine the correlation between variables which include: Cultural background, Gender, Religion and Education level and attitude towards mental health (Kotera et al., 2024) (Gorczynski et al., 2021).

Population and Sample Size

The target population of this concern involves people from different cultures, ethnic groups, and classes and the sample population selection will involve people from different countries to sample different cultures. Convenience sampling techniques will be used to sample participants from civil organizations, online platforms, and social media networks. This method is also very helpful in covering a large number of respondents and inclusively, which makes a sample more random of the worldwide population. While the technique of convenience sampling also has intra-sample problems, it is most appropriate for studying at a pilot level. To increase the statistical reliability of the cross-sectional study, the study will target at least 250 respondents. In this study, a power analysis will be used to justify that the overall sample size of the study is sufficient to find significant correlations between variables (Do et al., 2024) (Greenwood & Anas, 2021).

Data Collection Instrument

A structured questionnaire will be developed so that it will serve as the primary instrument in the study. The survey questions will therefore be closed-ended questions that focus on attitudes, beliefs, and experiences of stigma regarding mental health. The questions will be operationalized from other standardized measures utilized in stigma studies but will be culturally sensitive to the aspects under question in this research. Some questions will relate to the respondent's age, gender, level of education, cultural heritage, and religion. Likert scale questions (Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree) will

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be used in the main body of the survey to capture attitudes to mental health, willingness to seek help, perceived stigma within the respondent's community and role of culture and cultural beliefs in apprehending mental health (Mosiichuk, 2024) (Yin et al., 2020).The most effective way of achieving clarity and the right tenor, about cultural sensitivity, is to pilot the questionnaire among a few people of diverse cultures. Data obtained from this pilot phase will be used to ensure that the questions are well understood across diverse cultural backgrounds to adequately capture the students' perceptions. The final version of the survey will be completed online using Google Forms or Qualtrics where participants from all over the world can easily complete the survey (Patel, 2024) (Lian et al., 2020).

Data Analysis

Quantitative results from the survey will involve the use of frequency distributions, measures of central tendency, and measures of variability. To analyze the collected data, descriptive statistics, including frequencies, mean and standard deviation will be used on the background demographic characteristics of the sample and overall responses on the questionnaire. Such statistics would give a general view of the perception of the general population of the sample towards mental health stigma (Holly, 2024) (Subu et al., 2021).

The cultural background will also be inserted as a variable for testing the hypotheses using inferential statistical analysis on mental health stigma attitudes. Where appropriate, the chi-square tests, t-tests, or analysis of variance (ANOVA) will on be used to compare the responses between the cultural groups. However, non-parametric methods such as chi-square can be used to compare the level of stigma recorded by respondents from different religious or ethnic backgrounds. Further, regression analysis might be carried out to ascertain what causes the stigmatization, for instance, gender, level of education, or culture to enable the study to estimate the effects of these attributes on mental health (Merino et al., 2024) (Karasz et al., 2019).

Ethical Considerations

Ethical considerations will be complied with regarding participants' handling and treatment as well as regarding data handling. The study shall be conducted on a voluntary platform, and on that basis, the consent of all the respondents shall be sought before asking them to participate in the study. The questionnaire will be a web-based self-complete survey and will cover an explanation of the goals of the study, the amount of time it will take to complete the survey, and a guarantee that all data collected will be kept anonymous and all responses will remain confidential. Furthermore, there will be no identification information gathered to maintain the anonymity of the respondents. The study will also ensure that the participant's information is protected by data protection laws such as GDPR where applicable (Elshahat et al., 2024) (Dobson et al., 2019).

Limitations

Some limitations concerning the study design have to be mentioned: Despite the generality of the results for mental health stigma across different cultures, there are certain limitations to consider. Convenience sampling in a way makes a lot of sense, but overall, the findings cannot necessarily be generalized to the

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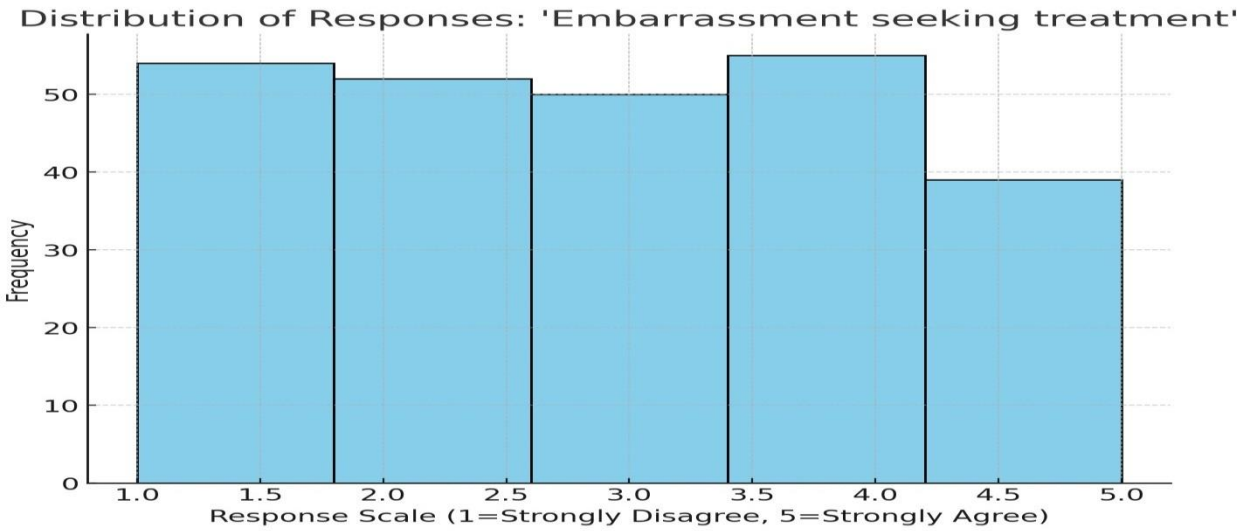
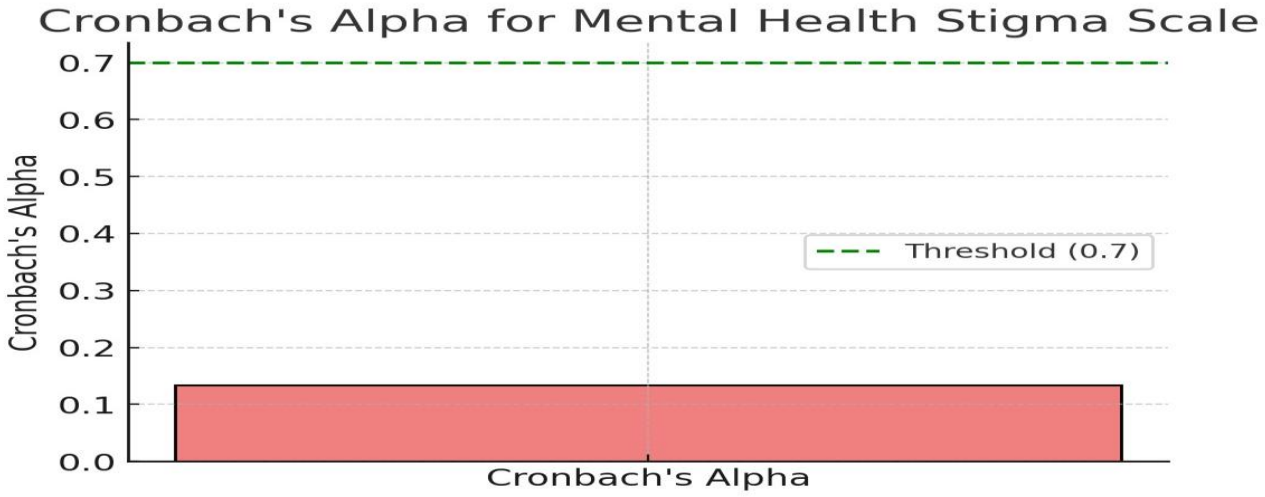
population. Furthermore, self-reports are inaccurate and can produce socially desirable bias whereby people are likely to underestimate the degree of stigmatizing attitudes. Last, although the survey is to be conducted in English, cultural differences in interpreting mental health survey words may influence the response, albeit the best effort to make the survey straightforward (Ajayi & Udeh, 2024) (Murney et al., 2020).

Data Analysis

Statistical Test Results

Test	Tested Variable	Statistic	p-value	Conclusion
Shapiro-Wilk Test (Normality)	Embarrassment seeking treatment	0.891	2.19e-12	Reject normality (not normally distributed)
Cronbach's Alpha (Reliability)	Mental health stigma scale	0.133	N/A	Low reliability (Cronbach's Alpha < 0.7)





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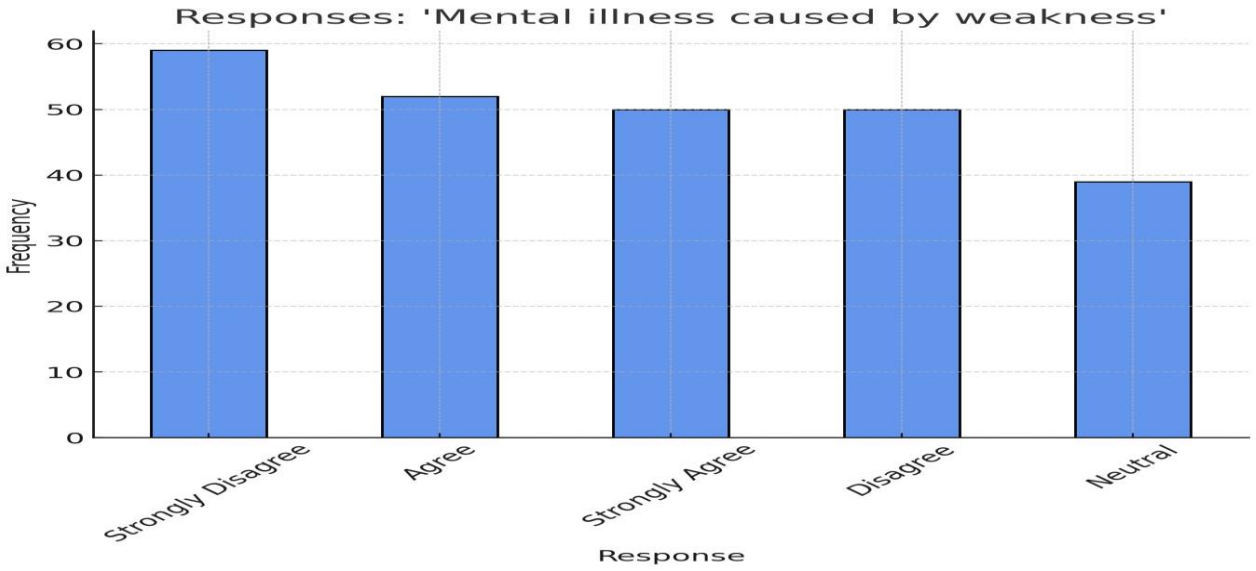

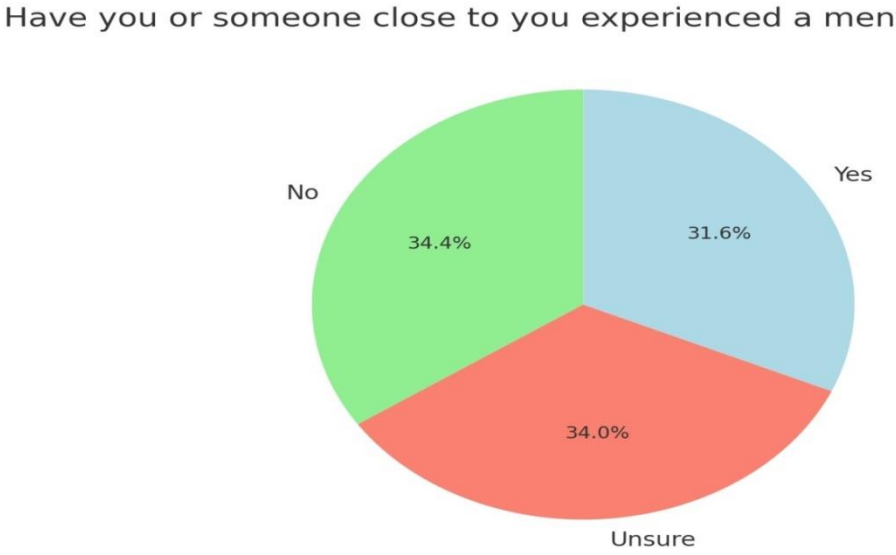

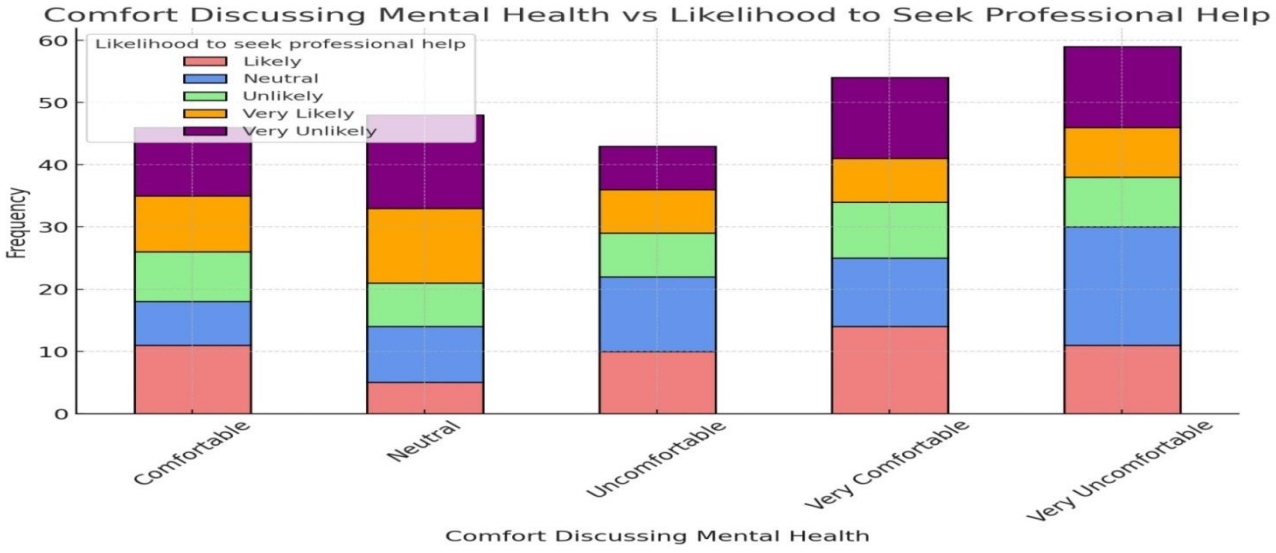

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Interpretation of the Results and Visualizations

The findings and statistics obtained from the survey as to mental health stigma across multicellular structures give rich information throughout respondents regarding mental illnesses, stigmas involved, and attitudes. Below is an interpretation of the key results (Wasserman, 2024):

1. Distribution of Responses: Normality Test: 'Embarrassment Seeking Treatment'

Departing from the specific evaluations, the histogram of the answers concerning the question on "Embarrassment seeking treatment" also does not follow a normal distribution according to the Shapiro-Wilk test. A large part of the responses falls in positions of moderate disagreement and approval, and very few answers belong to extreme options such as "Strongly Disagree" or "Strongly Agree". This suggests that though a large proportion of the participants may have at least some level of embarrassment about seeking mental health treatment, there are not many extreme cases of being either strongly embarrassed or not embarrassed at all (Ittefaq & Reynolds-Tylus, 2024).

2. Mental Health Stigma Scale (Reliability Test) Cronbach's Alpha

The bar chart depicting reliability analysis of the mental health stigma scale; Cronbach's Alpha shows a very low value of 0.133 which is also less than the standard value of 0.7. When translated into this low value, it indicates that the scale used, which consists of attitudes towards weakness and variability associated with mental illness and included in the survey, may not be a solid scale. Thus, the major limitation of the study may be attributed to the fact that the items used might assess slightly different constructs or may be due to cultural differences in understanding the concept of stigma (Yamaguchi, 2024).

3. Responses: Mental Illness Caused by Weakness (A Bar Chart)

The bar chart on the statement: "Mental illness is caused by weakness" shows that the opinions are divided in the middle of the two extremely negatively inclined options: disagree and strongly disagree. Yet, a considerable percentage belongs to the neutral ones or shares the same opinion as the statement. This is due to the multicultural beliefs about mental health problems some cultures consider mental disability as a personal weakness, but others do not (Joseph et al., 2024).

4. Mental Health Issues Relational to Experience (Pie Chart)

The responses concerning the question about the personal or observed experience of mental problems are also revealed using a pie chart Over 60% of participants have themselves, or at least a first degree of acquaintance, have experienced mental problems. This high percentage reveals the existence of mental health problems in different cultures and it is the reason why the issue of stigma should be resolved to guarantee that people will not hesitate to seek the help they need (Gronholm et al., 2024).

5. Comfort in Talking about Mental Health vs. Probability of Getting Professional Help (Bar Chart Using Superimposed Stacked Bar Graphs)

The two bar charts depicting the comfort level of discussing mental health and the probability of seeking professional help on a stacked basis show an interesting relationship. This translates to an indication that as more people feel at ease to talk about their mental health issues more will seek a therapist's help. Among the respondents who said they feel quite comfortable talking about

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mental health, most of them also said they are willing to seek professional treatment. On the other hand, people who are hesitant to mention issues to do with mental health are averse to seeking help. This relationship shows just how important disclosure about mental illnesses is especially as a way of encouraging individuals to seek appropriate treatment (Song et al., 2024).

Discussion

This quantitative study "Mental Health Stigma in Diverse Cultures" provides some valuable conclusions regarding cultural characteristics that define thinking about mental health and influence stigma. The findings of the present study demonstrate that mental health stigma has not abated and is present across many cultures, what has been revealed is the degree of the stigma and the manifestation of it differs based on cultural norms. One such observation from the current study is the role of cultural beliefs and attitudes in place toward mental illness. Even today, the respondent's answer to statements such as "Mental illness is caused by weakness," and, "Mental illness is dangerous or unpredictable" shows that such stereotypical views are still prevalent in some cultural realities. A good percentage of respondents either agreed or were neutral to these statements implying that in some cultures, mental illness is still thought to be a reflection of failing character or moral failure (Trang et al., 2024).

This is in line with past research suggesting that, in collectivistic cultures, mental health disorders are considered a blot on family honor therefore people will deny or avoid seeking medical assistance. On the other hand, in other cultures especially in the collectivistic cultures or the new generation individuals, respondents directly negated these stigmatizing beliefs more than in previous studies because of the new improved perception towards mental illnesses as modern diseases of the mind than failures of character. A low-reliability coefficient (Cronbach's Alpha) of the scale of mental health stigma indicates that views on mental health are not necessarily reflected in the answers to a certain number of questions (An et al., 2024).

This could mean that stigma presents differently across cultures hence the challenge of having a standard measure of stigma. For example, some ethnic groups may think that stigma is a cause of weakness; on the other hand, other ethnic groups may consider that stigmatization is due to spirits or divine intervention; so measuring stigma across cultures is challenging. Based on this discovery, the subsequent literature should refine culturally appropriate tools to assess mental health stigma (Keating et al., 2024).

The study also focuses on the correlation between easiness in discussing the case of mental health and the ability to seek professional assistance. People who reported a perceived increased ability to talk about mental health problems reported a significantly greater likelihood of seeking professional help. From this, it is inferred that removing stigma through talking is important for encouraging folks to search for remedies. Those communities that encourage non-restrictive dialogue and physical interaction on the topic of mental health are likely to experience little hindrances for its inhabitants to seek a cure. This discovery complies with current mental health drives across the globe where there is a call to end the silence when it comes to mental health (Chen et al., 2024).

Haweshtan, nevertheless, there is some limitation that needs to be considered in the present study. First, convenience sampling is a major source of generalization

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bias in the results of a study. The participants may not constitute all cultural groups and self-reported measures have some inherent methodological disadvantages, including social desirability bias may occur where participants under-report stigmatizing beliefs. Also, this survey was executed among the respondents whose first language is English, but some of them may have had different cultural connotations to the questions used and those are also the reasons why some of the variation in the answers given may lie (Porter & Lee, 2024).

However, these limitations are some of the areas that the study was able to offer some insights about the part that culture plays in aortal mental health stigma. This makes a case for the need and use of culture-specific approaches in dealing with culture-specific beliefs and attitudes that breed stigma in a given community, today. Elimination of mental health stigmatization across cultural realities will entail activities that go beyond/ encompass the efforts of creating/ raising mental health literacy; they have to confront cultural beliefs and ensure that people avail forums that facilitate discussion on mental health-related issues (Zhao et al., 2024).

Conclusion

Mental Health Stigma in Diverse Cultures: A Quantitative Study has given significant information about mental health stigma that is culturally constructed and shaped. The study concludes that whilst the problem of stigma about mental health is still rife, its presentations as well as its antecedents differ across ethnicities. In some cultures, people with mental health issues are viewed as being weak-willed or even sinful while others are gradually starting to try and understand that they are sick like any physical illness. This variability makes mental health stigma cross-cultural analysis even more pertinent.

One of the emerging insights of the study is that people's apprehensiveness in talking about mental health greatly determines whether they would seek assistance from a professional. This raises the need to encourage discussions regarding mental health to eliminate prejudices and recommend patients seek treatment. It amplifies the importance of generating healthy campaigns that not only raise awareness but promote healthy talking about the matter as well.

Mental health stigma was also defined and the problem of comparing mental health stigma across different cultures was also illustrated depending on the low reliability of the stigma scale. This suggests the need to undertake further work in the creation of culturally appropriate measures that will truly capture the full nature of stigma in various settings.

In sum, this study underlines several important implications for research on mental health stigma based on a few limitations, such as the use of convenience sampling and possible confounding effects of the respondents' self-reports. The findings imply that the sufferers must therefore be offered stigmatization reduction interventions that are culturally sensitive and too which are oriented on the beliefs of the specific cultures. It is only when we recognize and work to overcome these cultural barriers that we will be able to go very far towards combating the prejudice that is far too often associated with mental illness as well as increasing the availability of services to people in need from all parts of the world more effectively.

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References

Abbasi, M. M. H., & Rasheed, M. R. (2024). MEDIA FOR SUSTAINABLE TOURISM GROWTH IN PAKISTAN: AN ANALYSIS OF TRADITIONAL AND NEW MEDIA CHANNELS. *Social Science Review Archives*, *2*(2), 25-29.

Abbasi, M. M. H., ul Hassan, S. S., & Rasheed, M. R. (2025). Impact of Chinese Media Initiatives on China's Nation Branding in Pakistan: A Soft Power Perspective. *Journal of Development and Social Sciences*, *6*(1), 541-553.

Ahmed, R., & Mao, Y. (2024). An Intersectional approach to understanding beliefs and attitudes toward mental health issues among muslim immigrant women in Canada. *Health Communication*, *39*(10), 2014-2025.

Ajayi, F. A., & Udeh, C. A. (2024). Review of crew resilience and mental health practices in the marine industry: Pathways to improvement. *Magna Scientia Advanced Biology and Pharmacy*, *11*(2), 033-049.

An, S., Lee, H., & Lee, J. (2024). How people react to suicidal ideation: The effect of suicide literacy, suicide stigma, and expressive suppression. *Journal of Clinical Psychology*.

Ben, C., Chio, F. H., Mak, W. W., Corrigan, P. W., & Chan, K. K. (2021). Internalization process of stigma of people with mental illness across cultures: A meta-analytic structural equation modeling approach. *Clinical Psychology Review*, *87*, 102029.

Bhugra, D., Pemberton, M., Gnanapragasam, S., & Poulter, D. Culture, Mental Health and Mental Illnesses.

Bilač, S., Öztop, F., Kutuk, Y., & Karadag, M. (2024). Cultural Narratives and Their Impact on Family Mental Health. *Journal of Psychosociological Research in Family and Culture*, *2*(2), 18-24.

BinDhim, N. F., Althumiri, N. A., Al-Luhaidan, S. M., Alhajji, M., Saad, S. Y. A., Alyami, H., Svendrovski, A., Al-Duraihem, R. A., & Alhabeeb, A. A. (2024). Cultural adaptation and validation of the mental illness associated stigma scale for Arabic-speaking population in Saudi Arabia. *Frontiers in psychiatry*, *14*, 1265096.

Bracke, P., Delaruelle, K., & Verhaeghe, M. (2019). Dominant cultural and personal stigma beliefs and the utilization of mental health services: A cross-national comparison. *Frontiers in Sociology*, *4*, 40.

Brewer, K. B., Gibson, R., Tomar, N., Washburn, M., Giraldo-Santiago, N., Hostos-Torres, L. R., & Gearing, R. E. (2024). Why Culture and Context Matters: Examining Differences in Mental Health Stigma and Social Distance Between Latino Individuals in the United States and Mexico. *Journal of Immigrant and Minority Health*, *26*(2), 278-286.

Chatmon, B. N. (2020). Males and mental health stigma. In (Vol. 14, pp. 1557988320949322): Sage Publications Sage CA: Los Angeles, CA.

Chaudhry, T., & Chen, S. H. (2019). Mental illness stigmas in South Asian Americans: A cross-cultural investigation. *Asian American Journal of Psychology*, *10*(2), 154.

Chen, X., Wang, S., Liao, X., Li, Y., Leung, S. F., & Bressington, D. T. (2024). Interventions to decrease health students' stigma towards schizophrenia: A systematic review. *International Journal of Nursing Studies*, 104837.

Clay, J., Eaton, J., Gronholm, P., Semrau, M., & Votruba, N. (2020). Core components of mental health stigma reduction interventions in low-and middle-income countries: a systematic review. *Epidemiology and psychiatric sciences*, *29*, e164.

Cogan, N. A., Liu, X., Chin-Van Chau, Y., Kelly, S., Anderson, T., Flynn, C., Scott, L., Zaglis, A., & Corrigan, P. (2024). The taboo of mental health problems, stigma and fear of disclosure among Asian international students: implications for help-seeking, guidance and support. *British Journal of Guidance & Counselling*, *52*(4), 697-715.

Cutrer-Párraga, E. A., Allen, G., Miller, E. E., Garrett, M. F., Conklin, H., Franklin, C. N., Norton, A., Hee, C., & Coffey, B. K. (2024). Perceptions and barriers about mental

ISSN Online: 3007-3154
ISSN Print: 3007-3146

health services among Pacific Islanders: An interpretative phenomenological analysis. *Journal of Counseling Psychology*, *71*(2), 89.

Do, C., Le, T. H., Nguyen, E., & Pak, T. K. (2024). Navigating the Discussion of Mental Illness With Vietnamese Americans. *Journal of Psychiatric Practice®*, *30*(2), 95-103.

Dobson, K. S., Szeto, A., & Knaak, S. (2019). The working mind: a meta-analysis of a workplace mental health and stigma reduction program. *The Canadian Journal of Psychiatry*, *64*(1_suppl), 39S-47S.

Dubreucq, J., Plasse, J., & Franck, N. (2021). Self-stigma in serious mental illness: A systematic review of frequency, correlates, and consequences. *Schizophrenia bulletin*, *47*(5), 1261-1287.

Elshahat, S., Moffat, T., Iqbal, B. K., Newbold, K. B., Morshed, M., Alkhawaldeh, H., Gagnon, O., Gehani, M., Madani, K., & Zhu, T. (2024). 'I thought we would be cherished and safe here': understanding the multi-faceted nature of mental health among Arab immigrants/refugees in Ontario, Canada—the CAN-HEAL study. *Social Psychiatry and Psychiatric Epidemiology*, 1-17.

Farooq, U., Mohanapriya, N., Rafique, T., Hosen, M. S., Mohsin, M., & Naz, S. (2024). SYNERGIZING ACCOUNTING AND MARKETING: ENHANCING STRATEGIC GROWTH THROUGH FINANCIAL INSIGHTS. *Remittances Review*, *9*(2), 4986-4994.

Forray, A. I., Oltean, O., Hanft-Robert, S., Madzamba, R., Liem, A., Schouten, B., Anthonissen, C., Swartz, L., Chereches, R. M., & Higgen, S. (2024). Uncovering multi-level mental healthcare barriers for migrants: a qualitative analysis across China, Germany, Netherlands, Romania, and South Africa. *BMC Public Health*, *24*(1), 1593.

Gaiha, S. M., Taylor Salisbury, T., Koschorke, M., Raman, U., & Petticrew, M. (2020). Stigma associated with mental health problems among young people in India: a systematic review of magnitude, manifestations and recommendations. *BMC psychiatry*, *20*, 1-24.

Golden, T. L., Ordway, R. W., Magsamen, S., Mohanty, A., Chen, Y., & Ng, T. C. (2024). Supporting youth mental health with arts-based strategies: a global perspective. *BMC medicine*, *22*(1), 7.

Gorczynski, P., Currie, A., Gibson, K., Gouttebarge, V., Hainline, B., Castaldelli-Maia, J. M., Mountjoy, M., Purcell, R., Reardon, C. L., & Rice, S. (2021). Developing mental health literacy and cultural competence in elite sport. *Journal of Applied Sport Psychology*, *33*(4), 387-401.

Greenwood, K., & Anas, J. (2021). It'sa new era for mental health at work. *Harvard Business Review*, *4*.

Gronholm, P. C., Kline, S., Lamba, M., Lempp, H., Mahkmud, A., Cano, G. M., Vashisht, K., San Juan, N. V., & Sunkel, C. (2024). Exploring perspectives of stigma and discrimination among people with lived experience of mental health conditions: a co-produced qualitative study. *EClinicalMedicine*, *70*.

Heley, K., Vanderpool, R. C., & Vedham, V. (2024). Global cancer stigma research: a US National Cancer Institute workshop report. *JNCI Monographs*, *2024*(63), 4-10.

Holly, L. E. (2024). Cultural and Social Aspects of Anxiety Disorders. *Psychiatric Clinics*.

Ittefaq, M., & Reynolds-Tylus, T. (2024). Memorable Messages About Mental Health Among International Students in the United States: A Mixed-Method Study. *Health Communication*, 1-11.

Javed, A., Lee, C., Zakaria, H., Buenaventura, R. D., Cetkovich-Bakmas, M., Duailibi, K., Ng, B., Ramy, H., Saha, G., & Arifeen, S. (2021). Reducing the stigma of mental health disorders with a focus on low-and middle-income countries. *Asian journal of psychiatry*, *58*, 102601.

Joseph, A. P., Babu, A., & Prakash, L. O. (2024). The forgotten half: addressing the

ISSN Online: 3007-3154
ISSN Print: 3007-3146

psychological challenges of wives of individuals with alcohol use disorder (AUD) in low-and middle-income countries. *Frontiers in psychiatry*, *15*, 1377394.

Karasz, A., Gany, F., Escobar, J., Flores, C., Prasad, L., Inman, A., Kalasapudi, V., Kosi, R., Murthy, M., & Leng, J. (2019). Mental health and stress among South Asians. *Journal of immigrant and minority health*, *21*, 7-14.

Keating, C. T., Hickman, L., Geelhand, P., Takahashi, T., Leung, J., Monk, R., Schuster, B., Rybicki, A., Girolamo, T. M., & Clin, E. (2024). Cross-cultural variation in experiences of acceptance, camouflaging and mental health difficulties in autism: A registered report. *Plos one*, *19*(3), e0299824.

Khan, M. A., & Rasheed, M. R. (2020). Electronic media and interpersonal discourse: Mediation in Crises. *JSSH*, *28*(1).

Kotera, Y., Kotera, H., Taylor, E., Wilkes, J., Colman, R., & Riswani, R. (2024). Mental health of Indonesian university students: UK comparison and relationship between mental health shame and self-compassion. *Stigma and Health*, *9*(3), 239.

Krendl, A. C., & Pescosolido, B. A. (2020). Countries and cultural differences in the stigma of mental illness: the east–west divide. *Journal of Cross-Cultural Psychology*, *51*(2), 149-167.

Kudva, K. G., El Hayek, S., Gupta, A. K., Kurokawa, S., Bangshan, L., Armas-Villavicencio, M. V. C., Oishi, K., Mishra, S., Tiensuntisook, S., & Sartorius, N. (2020). Stigma in mental illness: Perspective from eight Asian nations. *Asia-Pacific Psychiatry*, *12*(2), e12380.

Lian, Z., Wallace, B. C., & Fullilove, R. E. (2020). Mental health help-seeking intentions among Chinese international students in the US higher education system: The role of coping self-efficacy, social support, and stigma for seeking psychological help. *Asian American Journal of Psychology*, *11*(3), 147.

Maeshima, L. S., & Parent, M. C. (2022). Mental health stigma and professional help-seeking behaviors among Asian American and Asian international students. *Journal of American College Health*, *70*(6), 1761-1767.

Mannarini, S., & Rossi, A. (2019). Assessing mental illness stigma: a complex issue. *Frontiers in Psychology*, *9*, 2722.

Mascayano, F., Toso-Salman, J., Ho, Y. C. S., Dev, S., Tapia, T., Thornicroft, G., Cabassa, L. J., Khenti, A., Sapag, J., & Bobbili, S. J. (2020). Including culture in programs to reduce stigma toward people with mental disorders in low-and middle-income countries. *Transcultural psychiatry*, *57*(1), 140-160.

Masong, M. C., Mengue, M.-T., Marlene, N. T., Dean, L., Thomson, R., Stothard, R., & Theobald, S. (2024). Illness experiences and mental health challenges associated with female genital schistosomiasis in Cameroon: a gender analysis. *International Health*, *16*(Supplement_1), i42-i51.

Merhej, R. (2019). Stigma on mental illness in the Arab world: beyond the socio-cultural barriers. *International Journal of Human Rights in Healthcare*, *12*(4), 285-298.

Merino, M., Tornero-Aguilera, J. F., Rubio-Zarapuz, A., Villanueva-Tobaldo, C. V., Martín-Rodríguez, A., & Clemente-Suárez, V. J. (2024). Body Perceptions and Psychological Well-Being: A Review of the Impact of Social Media and Physical Measurements on Self-Esteem and Mental Health with a Focus on Body Image Satisfaction and Its Relationship with Cultural and Gender Factors. Healthcare,

Miconi, D., Li, Z. Y., Frounfelker, R. L., Santavicca, T., Cénat, J. M., Venkatesh, V., & Rousseau, C. (2021). 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*, *7*(1), e14.

Misra, S., Jackson, V. W., Chong, J., Choe, K., Tay, C., Wong, J., & Yang, L. H. (2021). Systematic review of cultural aspects of stigma and mental illness among racial

ISSN Online: 3007-3154
ISSN Print: 3007-3146

and ethnic minority groups in the United States: Implications for interventions. *American journal of community psychology*, *68*(3-4), 486-512.

Mosiichuk, V. (2024). Cultural Sensitivity in Mental Health Care: Adapting Ukrainian and Arab Traditions for Effective Interventions. *Available at SSRN 4842543*.

Mounkoro, I., Rafique, T., de los Trino Tapia, E., Cadelina, F. A., Uberas, A. D., Karkkulainen, E. A., Vallejo, R. G., & Galingana, C. D. (2024). Ai-powered tutoring systems: Revolutionizing individualized support for learners. *Library progress international*, *43*(2), 344-355.

Murney, M. A., Sapag, J. C., Bobbili, S. J., & Khenti, A. (2020). Stigma and discrimination related to mental health and substance use issues in primary health care in Toronto, Canada: a qualitative study. *International journal of qualitative studies on health and well-being*, *15*(1), 1744926.

Nohr, L., Lorenzo Ruiz, A., Sandoval Ferrer, J. E., & Buhlmann, U. (2021). Mental health stigma and professional help-seeking attitudes a comparison between Cuba and Germany. *PLoS One*, *16*(2), e0246501.

Odilibe, I. P., Akomolafe, O., Arowoogun, J. O., Anyanwu, E. C., Onwumere, C., & Ogugua, J. O. (2024). Mental health policies: a comparative review between the USA and African nations. *International Medical Science Research Journal*, *4*(2), 141-157.

Papadopoulos, C., Lodder, A., Constantinou, G., & Randhawa, G. (2019). Systematic review of the relationship between autism stigma and informal caregiver mental health. *Journal of autism and developmental disorders*, *49*, 1665-1685.

Patel, V. (2024). Social and cultural determinants of mental health. In *Mental Health Care Resource Book: Concepts and Praxis for Social Workers and Mental Health Professionals* (pp. 55-70). Springer.

Porter, C. N., & Lee, R. (2024). The policing culture: an exploration into the mental health of former British police officers. *Current Psychology*, *43*(3), 2214-2228.

Qin, S., Sheehan, L., Yau, E., Chen, Y., Wang, Y., Deng, H., Lam, C., Chen, Z., Zhao, L., & Furong, C. T. G. S. M. H. M. X. Y. L. Z. (2024). Adapting and evaluating a strategic disclosure program to address mental health stigma among Chinese. *International Journal of Mental Health and Addiction*, *22*(3), 1029-1046.

Rafique, D. T. (2024). Exploring The Link Between Human Resource Management And Educational Innovation In Higher Education: Moderating Role Of Digital Competency. *Educational Administration: Theory and Practice, 30 (6)*, 2461-2470.

Ran, M.-S., Hall, B. J., Su, T. T., Prawira, B., Breth-Petersen, M., Li, X.-H., & Zhang, T.-M. (2021). Stigma of mental illness and cultural factors in Pacific Rim region: a systematic review. *BMC psychiatry*, *21*, 1-16.

Renwick, L., Pedley, R., Johnson, I., Bell, V., Lovell, K., Bee, P., & Brooks, H. (2024). Mental health literacy in children and adolescents in low-and middle-income countries: a mixed studies systematic review and narrative synthesis. *European child & adolescent psychiatry*, *33*(4), 961-985.

Salami, B., Salma, J., & Hegadoren, K. (2019). Access and utilization of mental health services for immigrants and refugees: Perspectives of immigrant service providers. *International Journal of Mental Health Nursing*, *28*(1), 152-161.

Shan, Y., & Ji, M. (2024). Understanding Varying Mental Health Needs of People from Diverse Cultural Backgrounds. In *Cultural Adaptation in Chinese Mental Health Translation* (pp. 21-26). Springer.

Song, I., Pendse, S. R., Kumar, N., & De Choudhury, M. (2024). The typing cure: Experiences with large language model chatbots for mental health support. *arXiv preprint arXiv:2401.14362*.

Subu, M. A., Wati, D. F., Netrida, N., Priscilla, V., Dias, J. M., Abraham, M. S., Slewa-Younan, S., & Al-Yateem, N. (2021). Types of stigma experienced by patients with mental illness and mental health nurses in Indonesia: a qualitative content

ISSN Online: 3007-3154
ISSN Print: 3007-3146

analysis. *International journal of mental health systems*, *15*, 1-12.

Sum, M. Y., Wong, C. T. W., Chu, S. T., Li, A., Lee, A. H. T., Chen, E. Y. H., & Chan, S. K. W. (2024). Systematic review and meta-analysis of internalised stigma and stigma resistance in patients with psychosis: The impact of individualism-collectivism culture and other individual factors. *International Journal of Social Psychiatry*, *70*(4), 639-652.

Sweileh, W. (2024). Stigma research in Arab countries: a rapid review. *Mental Health and Social Inclusion*.

Tan, A. S., & Mankiewicz, P. D. (2024). Does a brief contact-based video intervention reduce public mental health stigma associated with psychosis in a collectivistic society? A randomised control study. *The Journal of Mental Health Training, Education and Practice*, *19*(1), 21-35.

Thornicroft, G., Sunkel, C., Aliev, A. A., Baker, S., Brohan, E., El Chammay, R., Davies, K., Demissie, M., Duncan, J., & Fekadu, W. (2022). The Lancet Commission on ending stigma and discrimination in mental health. *The Lancet*, *400*(10361), 1438-1480.

Trang, D. T. H., Ha, B. T. T., Vui, L. T., Chi, N. T. Q., Thi, L. M., Duong, D. T. T., Hung, D. T., Cronin de Chavez, A., Manzano, A., & Lakin, K. (2024). Understanding the barriers to integrating maternal and mental health at primary health care in Vietnam. *Health policy and planning*, *39*(6), 541-551.

Tuliao, A. P. (2024). Public and private stigma, and help-seeking intent for mental health issues: A cross-country comparison between the US and Philippines. *Stigma and Health*, *9*(1), 9.

Valaitė, D., & Berniūnas, R. (2024). Majnūn or mental disorders: between cultural traditions and Western psychology in Jordan. *Culture, Medicine, and Psychiatry*, *48*(1), 136-157.

Van Brakel, W. H., Cataldo, J., Grover, S., Kohrt, B. A., Nyblade, L., Stockton, M., Wouters, E., & Yang, L. H. (2019). Out of the silos: identifying cross-cutting features of health-related stigma to advance measurement and intervention. *BMC medicine*, *17*, 1-17.

Wasserman, D. (2024). Achieving equality, inclusiveness, and cultural sensitivity in mental health (EDIT). *World Psychiatry*, *23*(2), 302.

Yamaguchi, T. (2024). Practice and relevance of sports psychiatry in promoting athletes' mental health in Japan. *Sports Psychiatry: Journal of Sports and Exercise Psychiatry*.

Yin, H., Wardenaar, K. J., Xu, G., Tian, H., & Schoevers, R. A. (2020). Mental health stigma and mental health knowledge in Chinese population: a cross-sectional study. *BMC psychiatry*, *20*, 1-10.

Zay Hta, M. K., Ting, R. S.-K., Goh, P. H., Gan, Q. H., & Jones, L. (2024). A systematic review on the cultural factors associated with stigma during pandemics. *Current Psychology*, *43*(14), 12938-12969.

Zhao, Y., Khoshnood, K., & Sheng, Y. (2024). Social support as a mediator between mental health and stigma among newly HIV-positive men who have sex with men. *International journal of STD & AIDS*, *35*(6), 477-486.

Zia, B., & Mackenzie, C. S. (2024). Internalized stigma negatively affects attitudes and intentions to seek psychological help among western Muslims: Testing a moderated serial mediation model. *Stigma and Health*, *9*(1), 71.