

Psychological Analysis of the Perspectives on Stigma among Teenagers with Mental Disorders

¹Mr. Rajgun Handique, ²Dr. Manish Tyagi, ³Dr. Jaykumar Padmanabhan

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¹Assistance Professor, Department of Psychology, Assam down town University, Guwahati, Assam, India, Email id- rajgun.handique@adtu.in, Orcid id- 0009-0007-2405-1450

²Assistant Professor, Department of Psychitary , Teerthanker Mahaveer University, Moradabad, Uttar Pradesh, India, Email id- tyagimanish9836@gmail.com

³Associate Professor, Department of Decision Science, CMS Business School, JAIN (Deemed-to-beUniversity), Bangalore, India, EmailId-dr.jaykumar_padmanabhan@cms.ac.in

Abstract

Objectives: To determine target demographics and cultural factors for future anti-stigma activities, differences in the Stigma associated with mental illness (MI) between teenagers were explored cross-sectional through race, gender, and ethnicity.

Methods: Sixth graders from a variety of racial and socioeconomic backgrounds (N=558; Average Age=12.8) self-reported their understanding of MI, attitudes toward peers who have the disease, and behaviors towards those peers as well as towards two adolescent featuring bipolar (Person A) and social anxiety (Person B) signs. Six intersecting composite variables were created using self-reported data on racial, ethnic, and gender characteristics: Boys and girls who are Latino, Latina, Non-Latina/o (NL) Black, White, NL-Black, and NL-White referent. Utilizing distinct and combined race, ethnicity, and gender variables, linear regression methods controlling for personal and family features looked at variations in Stigma.

Results: Correspondingly, boys and Latino/teenagers observed more Stigma for different outcomes in main effects models than girls and NL-white teenagers. But intersectional analysis uncovered distinctive designs. NL-black males indicated a lesser amount of knowledge and optimistic attitudes than NL-black and white girls. NL-black and Latino guys showed more prevention and distress than NL-white girls. In addition, NL-black boys expressed a desire for greater social isolation from their peers who had mental illnesses, unlike NL-white girls. In contrast to NL-black boys, NL-white boys, and NL-black boys, Latina females expressed a desire for greater solitude. More distance from Person B was also chosen by NL-black men and NL-Latina women compared to NL-white boys and NL-black women.

Conclusions: This research contributes novel data regarding the ways in which beliefs about MI vary according to racial and ethnic identity and the ways in which gender overlaps with these perspectives, information that will be crucial for guiding future anti-stigma initiatives.

Keywords: Mental health help-seeking; Intersectionality; ethnicity, race, gender; mental health literacy, mental illness (MI) stigma

1. Introduction

Teenage years are a time of rapid change. Identities, self-consciousness, and variations in social growth are significant psychological improvements to physical or biological alterations. Teenagers can build complicated hierarchical relationships, experience important social behavior and skills variations, and may be sensitive to peer approval and disapproval. However, their ability to accurately understand another person's perspective is still developing (Preyde et al., 2023). It is a sophisticated, ubiquitous social strategy in all countries and cultural contexts to stigmatize people with mental illness. Stigma has negative effects on the stigmatized person as well as their family, which may include teenagers. This analysis aims to locate and compile data on the notion of Stigma, as well as experiences and consequences associated with the Stigma described by parents and kids dealing with parental mental illness. The creation and assessment of public health initiatives and family-depend

on mental health interventions can be influenced by such data (Reupert et al., 2021). Stigma is frequently separated into two categories: self-stigma and public Stigma. In contrast to internalized shame, guilt, and a negative self-image brought on by accepting societal discrimination, self-stigma is the standard population's attitude and response towards people with MI. Unfortunately, Stigma against mental diseases permeates all social classes, including the medical community. This Stigma is often made worse by the media's stereotypical and prejudiced portrayal of mental illnesses. The empirical research on media portrayals has found that those with mental illnesses are depicted as deviants who are violent, fragile, and have childish viewpoints. The impacts of MI conditions and the Stigma linked with them include inadequate access to physical and mental healthcare, lowered life expectancies, social exclusion in the way of academic dismissal, unemployment, poverty, homelessness, and involvement with the criminal justice system (Waqas et al., 2020). A significant topic of transgender juvenile mental health has been the impact of adolescent environments on emotional functioning, including acceptance, support, stigma, and rejections. Even though stigma and denial-based experiences are powerful, they could not entirely explain the MI is becoming more prevalent between transgender youth. Early research into the higher prevalence of autism spectrum disorder (ASD), ASD-based traits, and executive function (EF) difficulties in transgender youth indicates which ASD and associated neurocognitive traits, as well as the effects of these features on the pursuit of gender diversity-related requirements, maybe a part in transgender youth's MI. But it is believed that a significant obstacle to the mental health of this population is the larger social milieu that young women live. Suicide is the second-important effect of adolescent death globally, and depression and anxiety have been demonstrated to be prevalent among pregnant women, particularly when connected with familial difficulties (Strang et al., 2023). The objective of the research is to investigate the self-determining and intersectional impacts of race, gender and ethnicity, in early adolescence to understand better the Stigma associated with mental illness across different social identities. The literature review follows, which served as a foundation for the conceptual framework and hypotheses. The approach was then followed by the outcomes. This was further highlighted with its implications and scope for future research.

2. Literature Review

The following paragraphs examines the available studies on Mental health illness (MI), intersectionality and teenagers mental health disorder.

The study (DeLuca, 2020) synthesized findings from the research on the Stigma of adolescent MI. It connected them to a multifaceted, theoretical method of stigma and teenager improvement to notify future studies and practice-dependent on stigma decrease. The currently available research reveals which Teenagers are known to experience stigma, but small agreement occurs on conducting effective programs to decrease the Stigma associated with MI between adolescents. A study (Gaiha et al., 2020) described a public stigma among young people that will guide focused initiatives to combat this Stigma worldwide. To eliminate the Stigma associated with mental health between young people, they looked at the scope and manifestations of public Stigma and synthesized data for our suggestions. The research (Crumb et al., 2019) explored preferred qualities in mental health providers that could help eliminate Stigma between a samples of rural, low-income mental health patients. The study (Javed et al., 2021) analysed many aspects of mental health stigma with an emphasis on LMICs and assessed methods to encourage seeking support, accessible to, and utilization of mental health care. People with mental illnesses, their families, their careers, and healthcare professionals are all impacted by Stigma. It also affects people in the mental health field, such as general practitioners, non-psychiatric specialists, and specialists in related fields. The study (Strang et al., 2023) examined the MI as the leading matched sample of teenagers with ASD who are transgender, non-autistic (allistic), transgender, and autistic cisgender and have been identified using gold-standard ASD diagnostic techniques. A few slightly sub-threshold autistic diagnostic presentations align with rising knowledge of sex/gender-related autism phenotypes. The study (Misra et al., 2021) described a comprehensive search for empirical research on the cultural dimensions of Stigma linked with MI between three racial and ethnic minority groups from 1990 to 2019 and turned up 97 publications. The study (Ibrahim et al., 2019) investigated the variables connected to students' B40 income level attitude toward obtaining mental assistance. Researchers also looked into perceptions about mental illness, Stigma, and attitudes towards seeking help varied across college and secondary school students. The study (Kohrt et al., 2020) created

the theoretically-based intervention known as Reducing Stigma among Health Care Providers (RESHAPE), which is based on the medical anthropology idea of "what matters most." RESHAPE addresses challenges to what matters most in three contexts: social, professional, and survival.

3. Analysis of MI stigma among teenagers

The Texas Stigma Research is a longitudinal research investigating the effectiveness of 3 anti-stigma therapies for mental illness. The data used for research originate from the study's baseline (pretest) evaluation. The stigma research's participant choices, layout, and processes are all fully detailed elsewhere. Essentially 14 school administrators in a metropolitan Texas City accepted our request to take part in an investigation on an anti-stigma intervention. The sixth-grade classes at each school were randomly assigned to obtain none, one, or a set of the following anti-stigma interventions: (1) a program developed by teachers; (2) engaging with two adolescent sufferers of mental illness that transmitted their perspectives; and (3) communications-focused anti-stigma materials. Following the research's informational dissemination, parents/guardians and students actively agreed to participate. With completed paperwork, students were enrolled in the study. Students and parents/guardians were given a little financial reward for submitting completed survey forms and returning signed ones.

3.1 Data samples

Research packets and invitations to take part were distributed to 1260 sixth-graders in total. 751 (85%) of the 882 people who replied to the invitations and finished the baseline survey decided to participate in the research. There is minimal baseline proof of non-response bias because the research samples are typical of the overall demography of the classroom regarding age, gender, race, ethnicity, and socioeconomic position. After eliminating applicants lacking information for the evaluation of race, gender, and ethnicity. 667 teenagers are included in the analysis. These teenagers included those discovered as "Hispanic/Latino, non-Latino White, and non-Latino Black (9.5%; n=70)" and participants with missing data (2%; n=14). Teenagers recognized as Native American, Pacific Islands, Asian American, or mixed race were included in the "other race/ethnic group"; nevertheless, this group was too lesser and heterogeneous to be properly evaluated and interpreted.

3.2 Assessment of MI

Four standards evaluated the stereotypes, or unfavorable traits and negative stereotypes which apply to people with labels, and division, or the feeling of dividing among categories ("us" versus "them"), elements of Stigma, which are every one of five interrelated components according to Link and Phelan: labels, stereotypes, segregation, status loss, and discrimination. The metrics used to measure Stigma associated with mental illness among kids and teens were modified from already-existing questionnaires. Utilizing exploratory factor assessments, composite measures of mental illness stigma were established for this research and pilot evaluated with a group of youngsters from various ethnic backgrounds who were within the project's target age range. Findings demonstrated that four alternative stigma scales best represented the data. Total average scores were generated, and larger values denoted higher levels of the identified construct. For the entire sample and groups according to gender, race, ethnicity, and socioeconomic position.

Utilizing a social distance scale and a gauge of people with MI's discomfort and failures, Stigma's isolation and discriminating aspects were evaluated. Six items were used to gauge the social distance between adolescents and their peers with mental illnesses regarding their willingness to engage in various social and academic activities. The participant's avoidance of people with mental health issues over the previous six months was evaluated using six additional questions. Higher ratings imply higher avoidance/discomfort and social distance. The three stigma measures evaluated identical beliefs and actions toward two adolescent characters who were said to fit the bipolar disorder (Person A) and social anxiety disorder criterion in the Diagnostic. Following, participants are judged if they thought Person A/Person B was bad (1=Yes, 0=No) and if they thought getting therapy could enhance their health (1=Yes, 0=No). Four items identical to those mentioned above were used to evaluate every character's social distance. Despite being fictitious, vignettes are frequently utilized in stigma studies and have advantages from a scientific standpoint since they provide participants with a well-defined stimulus that allows for the measurement of their responses.

Utilizing a sequence of linear regression analyses for every stigma result parameter at the beginning, the differences in Stigma related to MI by race, ethnicity, and gender were investigated. After adjusting for the aforementioned characteristics, we initially looked at the independent impact of race/ethnicity and gender on stigma-related results. We examined a bivariate connection between intersecting groups for each stigma outcome utilizing complex race, ethnicity, and gender parameters. To determine whether adding every covariant impacted the intersectional groups' regression coefficients, covariates, and the intersecting groups were added to the frameworks independently. In the fully modified designs, we looked for potential interactions among intersectional groups and variables, but none were found to be statistically significant. The disparities in the stigma consequences through the intersectional groups were examined using many comparison tests. Important variations are included in the text and tables. Several contrasted trials revealed that contrasting all groups to non-Latina white girls, variations among intersectional groups were nearly always important. Therefore, in all linear regression designs, the non-Latina white girls group was selected as the referent group. We briefly discuss a few occasions in the text where intersectional groupings differed significantly without referencing non-Latina white ladies. Statistical importance was described as a P-value of 0.05 or lower. For every analysis, Stata SE 14.2 was utilized.

4. Data analyses and findings

Significant influences of gender, race/ethnicity, and MI stigma. Differences in the Stigma of MI were discovered by gender and race/ethnicity as the primary influence. Race/ethnicity and gender are in the statistical method as individual parameters. There were no variations in knowledge of mental disease, favorable attitudes, and awareness of and participation in issues related to mental health after controlling for the other variables in Table 1. Compared to females, boys expressed more social discomfort, avoidance, and distancing towards people with MI in Table 1 (p<0.01), according to the primary impacts analysis. Non-Latino white youth wanted much less social contact with classmates with mental illness than non-Latino black and Latino youth (p<0.001).

Table 1: Variations in knowledge, attitudes, and behaviors regarding MI found in the 6th-grade test by gender, ethnicity, and race, Stigma of Texas research

	Avoidance & Discomfort		Social Distance		Knowledge & Positive Attitudes		Awareness & Action	
	B [95% CI]							
		Reference		Reference		Reference		Reference
Non-Latina/o black Latina/o	0.03	[-0.03, 0.06]	0.05	[-0.06, 0.18]	-0.05	[-0.10, 0.02]	<0.02	[-0.05, 0.05]
Race/ethnic identity	0.05	[-0.02, 0.09]	0.36	[0.19, 0.51]	-0.08	[-0.15, 0.01]	-0.02	[-0.07, 0.06]
Non-Latina/o white	0.03	[-.03, .07]	.27	[.13,.42]	-.07	[-.12,.01]	-.05	[-.10,.02]
Greater prospect of poverty	.02	[-.01,.02]	-.11	[-.15, -.08]	.04	[.01, .04]	.08	[.06,.09]
Gender	0.07	[0.02, 0.10]	0.19	[0.06, 0.29]	-0.05	-0.10, 0.01]	0.02	[-0.04, 0.06]
Familiarity with mental illness cons	0.18	[0.12, 0.22]	2.08	* [1.94, 2.25]	3.55	* [3.47, 3.61]	0.24	* [0.16, 0.29]

Table 2: Variations in a Person A character's MI found in the 6th-grade sample across the demographics of race, ethnicity, and gender; Texas Stigma Research

Person A Outcomes						
B [95% CI]						
	Improvement Treatment	ref	Social Distance	ref	Bad Person	ref
Familiarity with mental illness cons	2.1	[1.96, 2.26]	2.26	[2.10, 2.44]	0.51	[0.33, 0.67]
Non-Latina/o white	-.17	[-.31, -.02]	.21	[.06,.38]	.11	[-.06,.26]
Race/ethnic identity	-0.23	[-0.38, 0.06]	0.08	[-0.10, 0.27]	0.09	[-0.10, 0.26]
Gender	0.02	[-0.10, 0.13]	0.21	[0.07, 0.32]	0.15	[0.01, 0.27]
High likelihood of poverty	-.01	[-.05,.01]	-.08	[-.11, -.04]	-.02	[-.04,.03]
Non-Latina/o black Latina/o	0.06	[-0.05, 0.19]	-0.04	[-0.19, 0.08]	0.14	[-0.01, 0.26]

** . Correlation is significant at the 0.01 level (2-tailed).

Table 3: Values in Person B character MI

Person B Outcomes						
B [95% CI]						
	Improvement Treatment	ref	Social Distance	ref	Bad Person	ref
Familiarity with mental illness cons	1.66	[1.59, 1.95]	1.75	[1.64,1.97]	0.38	[0.21, 0.53]
Non-Latina/o white	.07	[-.11,.23]	0.17	[-.02, .33]	.17	[.02, 0.32]
Race/ethnic identity	-0.17	[-0.34, 0.03]	0.23	[0.07, 0.37]	0.17	[-0.01, 0.34]
Gender	0.08	[-0.05, 0.22]	0.14	[0.01, 0.25]	0.22	[0.09, 0.33]
High likelihood of poverty	-.02	[-.05,.03]	-.06	[-0.08, -0.01]	.04	[-.03,.04]
Non-Latina/o black Latina/o	0.08	[-0.05, 0.24]	-0.02	[-0.14, 0.12]	0.15	[0.01, 0.27]

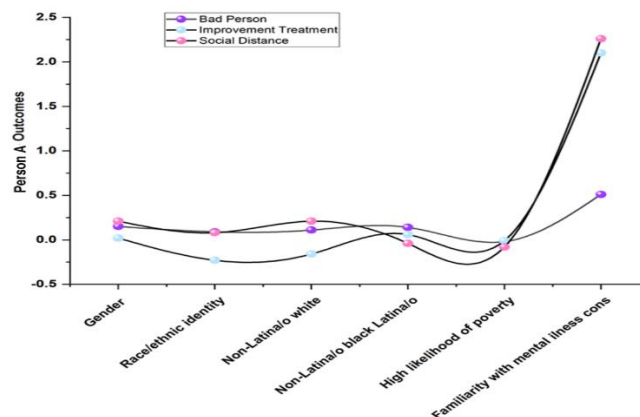


Figure 1: Outcomes of person A

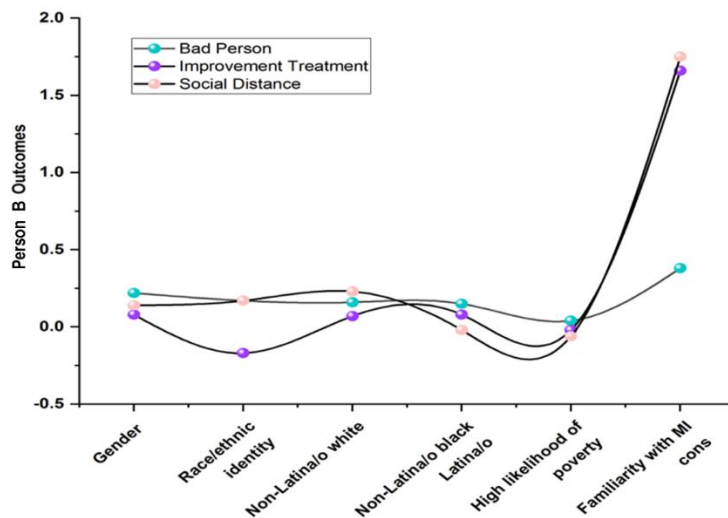


Figure 2: Outcomes of Person B

Figure 1 and 2 describes the outcomes of Person A and Person B. Research evaluating significant effects found that boys were more inclined than girls to see "Person A" negatively ($p < 0.05$) and might necessitate social isolation from her network of influences. Table 2 demonstrates which non-Latino black and Latino teenagers are far less inclined than non-Latino white youth to think that Person A will get better with treatment and table 3 denotes the values of Person B character. Contrasted to non-Latino white adolescents, Latina/o youth also requested additional social distance from her ($p = 0.01$). The patterns of 'Person B's' results, who has a social anxiety disorder, matched those of 'Person A' in Table 2. After the controls are removed, men are more inclined than women to think he was a bad guy ($p = 0.01$) and want to prevent him in social situations ($p = 0.05$). Furthermore, Latino teenagers had higher odds of believing Person B was a terrible person ($p < 0.05$) and wanted more social distance from him ($p < 0.01$) in contrast to non-Latino white children.

Table 4: Variations between intersecting groups in the 6th-grade samples using linear regression methods

Intersecting groups	Avoidance & Discomfort		Social Distance		Knowledge & Positive Attitudes		Awareness & Action	
		ref		ref		ref		ref
B [95% CI]								
High likelihood of poverty	.02	[-.01, .02]	-.13	[-.15, -.08]	.02	[.01, .04]	.08	[.06, .09]
Familiarity with MI cons	0.18	[0.11, 0.23]	2.12	[1.93, 2.28]	3.54	[3.45, 3.61]	0.23	[0.15, 0.29]
Latina boys	.03	[-.03, .06]	.07	[-.06, .19]	-.05	[-.10, .02]	<.02	[-.05, .05]
Non-Latina black boys	.03	[-.04, .08]	.32	[.12, .50]	-.09	[-.17, .02]	-.06	[-.13, .03]
Latina girls	.08	[.01, .14]	.38	[.20, .59]	-.05	[-.15, .03]	-.02	[-.09, .07]
Non-Latina black girls	.11	[.02, .18]	.64	[.40, .86]	-.17	[-.29, -.07]	-.04	[-.13, .06]
Non-Latina white girls	.06	[-.02, .12]	.17	[-.06, .38]	-.04	[-.14, .07]	.04	[-.06, .12]
Non-Latino white boys	.04	[-.04, .10]	.26	[.03, .46]	-.02	[-.11, .09]	.05	[-.05, .13]

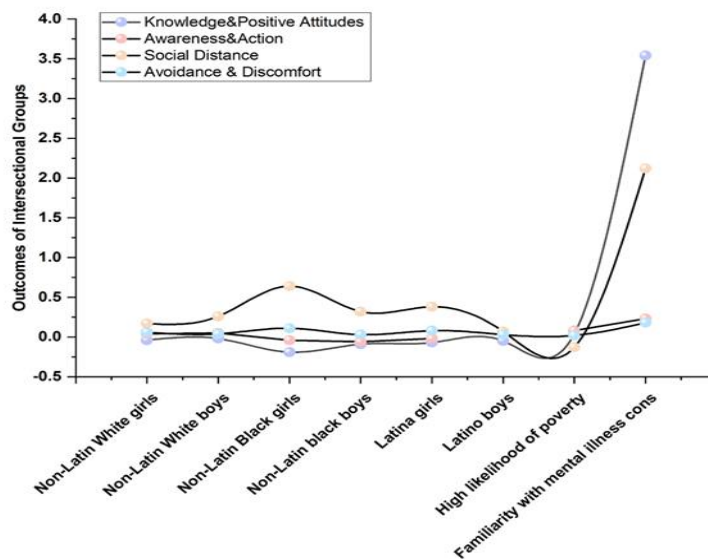


Figure 3: Outcomes of 6th-grade samples using linear regression methods

Results from multivariate models that looked at disparities by complex parameters of race, gender identification, and ethnicity in Stigma towards MI are shown in Table 4. Figure 3 denotes the outcomes of 6th-grade samples using linear regression methods. Evaluating complex parameters of race, ethnicity, and gender revealed intersectional disparities among groups that were "hidden" in main effects analyses of these variables. When controlling for other factors, non-Latino black boys showed fewer awareness of and favorable views about MI than non-Latina white and non-Latina black girls (Table 4 results measuring mental illness stereotypes). There were no additional statistically significant variations discovered.

Non-Latina black girls experience Stigma, separation, and prejudice. Based on one of our analyses of this factor (p less than 0.05), Latina girls (p less than 0.01), non-Latino black boys ($p < 0.001$), and Latino boys ($p < 0.001$) contrasted to non-Latina white girls, all exhibited a stronger need for social isolation ($p < 0.01$); non-Latino black boys also expressed a higher appetite for social space than non-Latino white boys. When Latino boys were contrasted to non-Latina white girls, these patterns of rejection and discomfort were repeated ($p < 0.05$). No intersectional disparities were discovered regarding the awareness of and response to mental illness. Without controlling for other factors, non-Latino black males were more likely than non-Latina white females to think negatively of the character "Person A"; this tendency was also present for Latina/o boys and girls, albeit it was not statistically important. Non-Latina white girls and non-Latina black females in this group did not differ in any statistically significant ways. Between the other groups, no further noteworthy variations were discovered. Except for non-Latina black females, all groups expressed a desire for Person A to be socially distant from them in a much more excellent way than non-Latina white girls when controls were removed.

In sixth grade, net of variables, non-Latina white girls more commonly assumed which pattern was seen in non-Latino white boys and non-Latino black girls. However, it was not statistically important for either group. Person B is a terrible person compared to Latina/o girls and boys. Comparing themselves to non-Latina white females, non-Latino black boys and Latina/o girls and boys exhibited a desire for an enhanced social distance from Person B. This is identical to the desire for a higher social distance from Person A. Latina girls and Non-Latino black boys also expressed a statistically significant rise in social space from non-Latina black girls. Contrasted to non-Latina white and Latino boys, non-Latino black boys were considerably fewer expected to trust that Person B would enhance with therapy ($p < 0.05$). However, no intersectional variations were discovered when the reference group was non-Latina white girls.

5. Conclusion and Implications

In conclusion, the study examines attitudes toward Stigma between youth with mental illnesses and shows a number of significant findings. First and foremost, it is clear that stigmatization still permeates society and badly affects the lives of teenagers with mental illnesses. According to the study, these people frequently experience bias, social isolation, and discrimination, with serious psychological and emotional repercussions. The research also revealed a sophisticated interaction of elements that contribute to Stigma. Stigma is continued in part because of an absence of information and understanding of MI and because of prejudices, fears, and societal stereotypes. The Stigma associated with mental disorders may be further exacerbated by how they are portrayed in and on social media. The investigation also reveals some encouraging advancements, though. Campaigns for education, advocacy, and personal experiences have all successfully changed society's perceptions to raise awareness and lessen Stigma. Teenagers can now share their experiences and get help in peer support networks, school-based mental health initiatives, and online forums. This promotes a sense of community and empowerment in the young people who use these places. A multifaceted strategy is required to overcome Stigma. It must include comprehensive mental health education in schools, training for educators and medical professionals, and de-stigmatizing representations of mental diseases in the media. The ultimate objective must be to build an accepting, sympathetic, and helpful culture where teenagers with mental illnesses can access care without being afraid of prejudice or judgment. Together, we can dismantle Stigma's obstacles, fostering mutual understanding, acceptability, and enhanced mental health for all youth.

Future studies must examine if anti-stigma campaigns for mental illness have reached young people who identify with various intersecting identities. This will help determine if teenagers who are underserved and whose mental health is developing problems are getting the word out about available mental health treatments. These results can be helpful for programs and service providers in the mental health field as they try to comprehend that young people from various backgrounds are reluctant to seek or stay in treatment.

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