



Original Article

# From the sky to the earth: Understanding the lived experiences of clients with psychiatric disorders of stigma

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## Abstract

**Introduction:** The global prevalence of stigma associated with psychiatric disorders is undeniable. People with psychiatric disorders continue to suffer a great deal of prejudice, discrimination, and stigma from the mainstream of the community. Hence, this human disability is a global emergency and requires immediate emprise and long-term actions. Therefore, this study aimed to explore the stigma phenomenon based on the experiences of patients with psychiatric disorders.

**Materials and Methods:** This research is a qualitative study of the Hermeneutic phenomenology in Ibn-e-Sina Psychiatric Hospital in Mashhad-Iran. In the qualitative phase, 12 clients with psychiatric disorders were selected through the purposive sampling. Data were analyzed by the interpretive methods of Dickelman, Allen, and Tanner (1989).

**Results:** In this study, one constitutive pattern titled "from the sky to the earth" and 6 themes and 23 sub-themes of the phenomenon under study were discovered. Themes include Family, suffering nest; Society, the end of darkness; Psychiatric hospital; unsafe place, Inexpressive media, Broken personality; and Vortex of stigma.

**Conclusion:** The findings demonstrated that clients with psychiatric disorders received stigma from multiple sources that have shadowed their various areas of life and have led to adverse outcomes.

**Keywords:** Hermeneutics, Mental disorders, Social stigma

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## Introduction

The World Health Organization has estimated that one in four people will experience a psychiatric disorder during their lifetime, and almost 600 million people around the world become disabled as a result of this consequence. More than 85% of these people are in low and

middle-income countries (1). In Iran, few studies have been conducted on the topic of stigma regarding psychiatric disorders. Therefore, conducting cross-sectional studies with different target groups and intervention studies to reduce stigma can increase basic information and provide valuable results to researchers interested

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in working in this field (2). Goffman believes that inpatients have a strong sense of stigma. They suffer from identity problems, experience greater social distance between themselves and others, excessive anxiety, and loss of self-confidence. According to Goffman, the stigma of being hospitalized in a psychiatric hospital is high, and people who behave abnormally and are not hospitalized are not stigmatized by society (3).

In Iran, there has been limited research on the stigma of psychiatric disorders in recent years. For example, Rezvanifar et al. investigated the validity of two stigma models, and the results showed that having information about psychiatric disorders felt dangerous and distanced from patients (4). Considering that the prevalence of psychiatric disorders in Iran is as high as in other countries, and because research on the meaning of the stigma of psychiatric disorders from the perspective of the patients themselves in Iranian culture has not been done, and as a result, there is no plan to deal with it. Therefore, conducting qualitative research based on clients' experiences of the meaning of stigma, based on the findings of which, a plan to deal with stigma can be formulated through phenomenology. So, designing and developing an anti-stigma counseling training program for clients with disorders is possible. Interpretation psychiatry is essential in Iran. Therefore, this study was designed and conducted with the interpretive phenomenology method to answer the study question about the meaning of the stigma of psychiatric disorders from the perspective of clients and to present an anti-stigma program. The hope is that understanding the experiences of clients with psychiatric disorders from stigma and designing an anti-stigma program based on the real needs of these patients can provide better care for them and bring the painful silence of this suffering group to the ears of the health and treatment officials, caregivers of the general public, their families and other clients with psychiatric disorders.

### Materials and Methods

The present study is an interpretive phenomenological study in Ibn-e-Sina Psychiatric Hospital in 2017. The primary method in selecting participants was the goal-based approach. Participants were recruited and coordinated during 11 months of access to eligible participants, data, and saturation. Inclusion criteria included the clients who

received a diagnosis of psychiatric disorder, aged 18-65 years, experienced the studied phenomenon, willingness to express their experiences of stigma. Exclusion criteria included requests for abandonment and unwillingness to participate.

We used unstructured in-depth interviews to collect data. The data were analyzed using the hermeneutic approach and the method proposed by Dickelmann et al.

This method is a seven-step process based on Heidegger's phenomenology, which has a team nature; the steps are as follows: 1. Reading all the interviews and texts to gain a general understanding; 2. Write commentary summaries for each interview; 3. Group analysis of selected texts of interviews and identification and extraction of themes; 4. Return and re-refer to interviewees or participants to explain, clarify, and classify cases of disagreement and inconsistencies in the interpretations presented and write a comprehensive and comprehensive analysis; 5. Compare and contrast texts (interviews) to identify and describe common meanings and functions. 7. Identifying and extracting fundamental patterns that link and connect the themes. To achieve the validity, the research group considered and used the criteria presented by Lincoln and GABA in 1985: acceptability, reliability, transferability, and validity (2). Therefore, this study emphasized selecting appropriate venues, information sources, and eligible participants, close, accurate, and long-term partnerships and interactions, continuous engagement, involving stakeholders in interpretation, and adopting teamwork and team-based approaches. The participants were reassured of the validity and accuracy of the study. For each interview, the researcher explained the field and aim of the study, and if the participant was satisfied and signed the consent form, he/she participated in this study. The researcher committed to stopping recording the interview if the participants did not wish to continue the interview. In addition, participants were free to resign from the study. We were providing feedback to the authorities and participants conducted in compliance with the confidentiality of the names of the participants.

### Results

In this study, twelve patients participated. They are aged 18-65 years. Table 1 presents the demographic variables.

**Table 1.** Demographic variables of the participants

Participant	Gender	Disorder	Marital status	Age	Profession	Education
Participant 1	Female	Schizo-affective	Divorced	38	Housewife	Highschool graduate
Participant 2	Female	Obsessive-compulsive disorder	Single	22	Housewife	Primary school
Participant 3	Female	Depression	Divorced	45	Housewife	Middle school
Participant 4	Female	Bipolar disorder	Single	21	College student	Law
Participant 5	Female	Bipolar disorder	Married	31	Book seller	Highschool
Participant 6	Female	Borderline personality disorder	Divorced	33	Housewife	Middle school
Participant 7	Male	Schizophrenia	Single	43	Unemployed	Dropout student
Participant 8	Male	Bipolar disorder	Divorced	48	Teacher	Master of arts
Participant 9	Female	Bipolar disorder	Single	36	Unemployed	Mechanics engineer
Participant 10	Male	Bipolar disorder	Divorced	54	Baker assistant	Primary school
Participant 11	Male	Bipolar disorder	Single	45	Teacher (Currently unemployed)	Bachelor
Participant 12	Male	Bipolar disorder	Single	26	Unemployed	Student of physics

This study discovered one constitutive pattern titled "from the sky to the earth" and 6 themes and 23 sub-themes of the phenomenon under study (Table 2). Themes include Family, suffering nest, Society, the end of darkness, Psychiatric hospital, unsafe place, Inexpressive media, Broken personality, and Vortex of stigma.

-Family, the nest of suffering

The "family, the nest of suffering", was one main theme in the experience of the participants, indicating that the family members were repeatedly given the "crazy" nickname to patients. They also stated that illness-related infamy had a negative effect on the quality of the family members' relationship with them so that they were no longer considered by the family and were viewed as worthless.

Forty-eight-year-old man- M.Sc.:

*"One day, my brother was calling my dad, and while the sound was on the speaker, he was going to ask about me and said, "What does that psychic do? Does he still bother you?"*

-Society, the end of darkness

The main theme, "Society, the end of darkness", reflects the community's negative beliefs about clients with psychiatric disorders. Many people often readily accept and prejudge negative stereotype ideas about psychiatric disorders and treat everyone in this group the

same. This leads to inappropriate and discriminatory behavioral responses that negatively affect clients.

31-year-old graduate diploma:

*"Once I was going to the supermarket, our neighbor with her kid was standing in the yard when she saw me, she hugged her kid in a frightened state and went home."*

-Psychiatric hospital; unsafe place

The main theme, "Psychiatric hospital; unsafe place" revealed that the stigmatization in psychiatric systems has negative effects on patients. Sub-themes, such as "an egregious hospital", indicate that referral to psychiatric hospitals leads to being stigmatized by others because these hospitals connote a bad reputation among the public. While people with physical illnesses, except leprosy and tuberculosis, are always being treated in public hospitals in their communities, patients with psychiatric disorders have been sent for centuries to "Asylums," usually located out of the community.

A 33-year-old woman said: *"When you go to a psychiatric hospital, the staff hold your hands and feet to make you believe that you have a psychiatric disorder, and if you say no, they say that is the symptoms of the disorder and if you resist, they give you medicine and shock!"*

-Inexpressive media

The main theme, "Inexpressive media" implied that participants in this study experienced much media-induced stigma and that this stigma hurts even more than the illness itself. Public media usually exaggerates in its illustration in movies of how people with mental health conditions act and react by overstating and distancing the narrative from reality. Also, crimes committed by people with mental health conditions are broadcast too many times in the media.

A 22-year-old woman, elementary school graduate, "in newspapers, they write about a mentally ill girl who has killed her mom, which terrifies people and makes them wary of people with a mental health condition. While they should be teaching people what a mental disease is and how it can be dealt with. It's the Media that ruins people's view of the sick".

-Broken personality

The main theme, "Broken personality", showed that the negative effects of self-stigma are widespread and even stronger than those of the disease symptoms. The clients of this study realized that even if others do not recognize their disease, they always have problems with themselves. Before they got sick, they had negative beliefs about psychiatric disorders, which were prevalent in society, and they knew that notoriety and stigma were always with the disease. Now, they have become one of those patients suffering from this disease.

A 36-year-old woman compared her current condition with the pre-illness condition and stated, "I have forgotten myself; I feel alienated from myself; I ask am I the same person? I have never failed so badly before. The psychiatrist put a stamp on my forehead, which means you are crazy from now on. He took my identity away from me; I became a useless being."

-Vortex of stigma

The main theme, "Vortex of stigma", suggests that the harmful effects of stigma are widespread and are even more than the disease symptoms. The consequences of stigmatization were broad for the participants, affecting important aspects of their lives, including employment, marriage, education, and communication with others.

Stigma consequences of the illness are among the main factors that make people with mental disorders refuse to declare the disease and its related issues. Participants avoid talking about their illness due to the stigma and the embarrassment related to mental disorders. They spoke about their unwillingness to admit that they were sick and spoke of the desire to avoid that label.

"I was hospitalized and mother in-laws planned encouraged my husband to remarry. They have said that I was crazy and will not be cured. After I was discharged from the hospital, I saw my husband's second wife was taking my kids, I went to the bathroom and eat 300 pills to die."

**Table 2.** The constitutive pattern main theme, and related sub-themes

Constitutive pattern	Main themes	Sub-themes
From the sky to the earth	Family, suffering nest	Gray family look Fear of disclosing Hell life
	Society, the end of darkness	Derogatory stereotypes in society Dagger of society
	Psychiatric hospital; unsafe place	An egregious hospital Cold-hearted white collars
	Inexpressive media	Disturbing public opinion Media exaggeration
	Broken personality	Injured feelings Like wax in the hands of others Scandalous symptoms of the disease Coming from another land Stranger to oneself Degradation of the position Shame of diagnosis

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Vortex of stigma

Taking refuge in secrecy  
 Academic deadlock  
 Marriage bumps  
 Glass fence of job  
 The bitter taste of death  
 Cocoon of loneliness  
 The narrow circle of friends

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## Discussion

For the clients of this study, there was nothing more discrediting and disabling than stigmatizing by their family. Being known as a psychiatric patient in the family makes the patients not count as dignified human beings. They also have behaviors such as distance, fear, disgust, ridicule, being ignored, and being unwilling to live with them. The assignment of the nickname "crazy" by family members and the "stamp of insanity" creates a painful sense of rejection, as every human being expects sympathy and understanding from his/her family even when suffering the worst diseases. So that patients feel the need for more support, and when viewed as worthless people, the possible reaction is shame and frustration and a sense of isolation and alienation. Feeling lost the previous position in the family can also be reinforced by degrading, over-supporting, or being seen as a child. The meaning of these attitudes and behaviors by family toward a client with a psychiatric disorder is that the disease has made them a worthless person who can no longer expect and embarrass the family. The family is a strong support base for a client with a psychiatric disorder to rely on to cope with their illness problems. However, unfortunately, the families in this study played a supportive role and stigmatized them.

In this regard, Rose et al. described grounded theory research on families' response to "emotion management". They examined the intense emotions surrounding efforts to honor a commitment to care for a family member with a major psychiatric disorder. The analysis is based on fifty lengthy interviews with parents, spouses, siblings, and children of individuals diagnosed with depression, manic-depression, or schizophrenia. All of the interviews were tape-recorded and transcribed. As each transcribed interview was scrutinized for themes, it shortly became apparent how central and problematic they considered the issue of managing emotions between themselves and their sick spouse, parent, child, or sibling. Their

goal is to explain the emotions that arise as family members interpret what they owe a spouse, child, parent, brother, or sister in desperate emotional trouble. None of the available programs for computer-assisted coding and analysis of qualitative data were used in this study. Instead, all interviews were closely read, and any materials related to the emotions accompanying duty, obligation, and responsibility were collated in a single data book on that data dimension. Based on fifty in-depth interviews, the authors concluded that some families succumb and are convinced that the psychiatric disorder gets worse. In this study, family members saw their patient's relatives as a child who was unpredictable and irresponsible and would not improve in the future (5).

The findings of this study showed that, for clients, the community is a strong source of stigma. There are stereotypes in the community, and people based on these stereotypes treat people with psychiatric disorders. Ideas such as these patients are cursed, the elf penetrated their body, have no cure, never recover, are dangerous and low-minded, and are unable to do anything.

The sub-theme of "Derogatory clichés in society" indicated that participants viewed the community in which they lived to be filled with negative beliefs and stereotypes about clients with psychiatric disorders.

Zhang et al. reviewed the stigma against psychiatric illnesses and the progress of anti-stigma activities in six Asian societies. This systematic review aimed to provide an up-to-date overview of the research and existing status of stigma experienced by psychiatric patients and anti-stigma campaigns in countries of China, Hong Kong, Japan, Singapore, Korea, and Thailand. Each article on stigma related to any psychiatric illness in six Asian communities was included. One hundred and twenty-three articles were included in this systematic review. This review has six main findings. First, Asians with mental illnesses,

especially those who have schizophrenia and bipolar disorder, are considered dangerous and aggressive. Second, psychiatric illnesses were less socially acceptable in Asian societies and were seen as personal weaknesses. Third, the stigma experienced by family members was pervasive. It is known as family stigma. Fourth, this systematic review reported more initiatives to address stigma in Asian communities than a decade ago. Fifth, there have been initiatives to treat psychiatric patients in the community. Sixth, supernatural and religious approaches were not dominant in psychiatric diseases (6).

The findings of the present study showed that the patients had repeatedly experienced rejection by the medical staff, so they refused to refer to these systems.

Therefore, the medical staff must acquire skills through in-service training so that they can remove from their minds the thought that patients with psychiatric disorders are untreatable, incompetent, and stupid people so that they can help them with their correct treatment (7).

In this study, it was found that the stigma can hinder the pursuit of treatment at the beginning of the disease, and patients often do not seek professional help until their symptoms become serious. Referring to treatment systems also led to self-stigma from the staff and others, which caused patients not to seek treatment give up during the treatment, or stop taking the medicine (8). So employees with insight into patient experiences can behave with acceptance, which plays an important role in the prevention, care, treatment, and rehabilitation of people with mental health problems (9). Also, to better understand the stigma, the medical staff should encourage the patients to talk about their experiences in this field, which is achieved through establishing good human relationships so the patients can easily raise their problems and seek help from them (10).

By gaining such experiences of stigma, staff can provide a range of psychological interventions aimed at helping patients with psychiatric disorders to live in the community and help them cope with psychiatric problems. One of the most important of them is to deal with stigma. Therefore, it is necessary to reduce the stigma related to psychiatric disorders and their effect on the happiness and well-being of these people (11).

A few cases require admitting and caring for patients in hospitals or institutions. However, sometimes, by not getting proper treatment or delay in treatment, which is usually due to receiving a stigma, the severity of symptoms reaches such a level that the patient may be hospitalized (12). Psychiatrists can also make it possible for patients to live a more independent and social life by using new medical approaches and psychosocial treatments and trying not to prolong the patient's stay in the hospital so that they can enter the community and interact with other members of the community and gradually lead to normal life (13).

Aci et al. conducted a study, "Turkish newspaper articles mentioning people with mental illness: A retrospective study", to retrospectively examine articles in Turkish newspapers that mention people with mental disorders. This study is designed to review and retrospectively analyze the content of newspapers in Turkey. Newspaper circulation information was collected by examining the websites of four newspapers with more than 1% of the total circulation. A new evaluation form was used to evaluate a sample of articles that met the inclusion criteria in the lifestyle and agenda pages of newspapers and the use of neutral or negative labeling keywords about psychiatric patients. The findings of this study showed us that psychiatric problems are represented in a distorted, exaggerated way in the media, which can have a negative, destructive influence on public opinion toward patients with psychiatric disorders (14).

Public media outlets such as cinema, TV, novels, newspapers, magazines, and the Internet have significantly shaped public opinion toward psychiatric problems (15).

The cliché of violent murderers or clumsy, unqualified stooges whose actions only cause laughter and ridicule are some examples of the stereotypic cliché depictions that cinema and TV present of patients with psychiatric disorders (16).

The minor core implication of Media Exaggeration spoke of the fact that public media usually exaggerates in its illustration in movies of how people with mental health conditions act and react by overstating and distancing the narrative from reality. Also, crimes committed by mentally ill patients are broadcast too many times in the media (17).

According to the findings of this study, the clients realized that even if others do not recognize their disease, they always have problems with themselves. Before they got sick, they had negative beliefs about psychiatric disorders, which were prevalent in society, and they knew that notoriety and stigma were always with the disease. Now, they have become one of those patients suffering from this disease. After receiving stigma from others, clients in this study had a negative evaluation of themselves and felt ashamed. The participants in this study had no role in their lives. They were under the control of family members, so they lost their independence, and some of them were under the tutelage of one of their family members for their financial and legal affairs. It had many negative effects on their self-esteem and self-efficacy. They think that after being diagnosed with the disease, the clients lose their status in the eyes of others and are looked at only as insane.

Stigma consequences of the illness are among the main factors that make people with mental disorders refuse to declare the disease and its related issues. Participants avoid talking about their illness due to the stigma and the embarrassment related to mental disorders. They spoke about their unwillingness to admit that they were sick and spoke of the desire to avoid that label (18).

Many patients received stigma after declaring their illness, and some kept it a secret because they feared that people would treat them differently (19). Another adverse outcome of the stigma was education. Because most psychiatric disorders begin during adolescence and early adulthood, stigma is a barrier to academic achievement. One major concern of the participants of this study was related to marriage and its survival. Marriage is important for every person. The main goal of marriage is to achieve calmness. Consistently, there have been reports of higher levels of mental health because of marriage compared to single patients (20).

Suicide is the most serious consequence that occurs in people with psychiatric disorders (21). Of the 12 participants in this study, 10 had attempted suicide due to the stigma of psychiatric disorders, while some of them had done it many times.

In this regard, Oexle et al. conducted a study, "Mental illness stigma, secrecy, and suicidal ideation." Based on previous literature on

mental illness and suicidality, as well as on the potential impact of labeling and secret-seeking processes, a theory model was developed that conceptualized mental illness and linked affectivity to the mediation of secrecy and hopelessness. The model was specifically tested among labeled and unlabeled individuals using a cross-sectional study in the Swiss population. A large community sample of individuals with high psychiatric symptoms was investigated by interview and self-report, collecting information on perceived stigma, concealment, stigmatization, and suicidal ideation. Individuals that have ever used mental health services are considered "mentally ill". Descriptive analysis, hierarchical logistic regression models, and path analysis were conducted to test the mediation effect of three paths. Results showed that in cases where there is no difference between participants and the labels are seen about perceived and hiddenness. People report more suicidal thoughts and feelings of hopelessness. Greater perceived stigma was associated with suicidal ideation among labeled individuals but not among unlabeled individuals. In the path analysis, this link was mediated by increased secrecy and hopelessness (22). It has been shown that the stigma of a mental illness will lead to a reduction in the need for help, difficulty in treatment adherence, reduced self-esteem and hope, social isolation, and withdrawal, all of which can contribute to suicide (23).

The present study was focused on the experience of the stigma of psychiatric disorders and the experiences of the participants after the illness. Even though all the participants were in the silent phase of the disease, which a psychiatrist confirmed, it was very difficult to get deep experiences from them, and they mentioned issues unrelated to the research topic, which caused a waste of time. The participants of this study all believed that they had a psychiatric disorder and expressed their experience of stigma. Some clients who do not accept their psychiatric disorder were not included in this study, so that their experience of stigma could also be examined. The participants who shared their experiences were motivated and often expressed negative experiences.

In this study, clients were also selected as participants. However, they were excluded from the study due to a lack of communication power and sharing their experiences who may

have had different experiences. It is better to implement and evaluate a counseling program designed to reduce the stigma of clients with psychiatric disorders. Since the families of clients said that they also receive stigma because of having a sick person, it is recommended to examine the lived experiences of stigma from the perspective of a family with a person with a psychiatric disorder. Because the stigma of psychiatric disorders is understood differently in different cultures, it is recommended to investigate this study in Iranian subcultures as well.

### Conclusion

One constitutive pattern emerged as the highest level of interpretation of the meaning of the phenomenon of stigma in this study, "from the sky to the earth" is the fundamental pattern of degradation and the position of the individual and the loss of the values acquired before the disease, which affects the process of recovery from the disease, education, job, marriage and the relationship with others was shadowed. They lived daily with these difficult conditions that no one accepted, and no one understood their conditions.

The results of the present study showed that the treatment staff have very inappropriate

behavior with clients with psychiatric disorders, which is often due to a lack of communication and a lack of familiarity with their experiences.

Therefore, significant knowledge sources can be obtained by gaining experiences related to the disease and provides clear concepts for nursing practice.

The last word is that everyone should know that psychiatric disorder is not an individual choice, so just as we sympathize with patients with physical disorders, it is good that sometimes others consider themselves as people with psychiatric disorders. Those who not only suffer from the pain of the disease and do not find a cure for it, but the contemptuous looks of others are like an infection that prevents their wounds from healing.

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