Stigma and Public Health Challenges of Mental Health

Chenyue Ma

The University of Manchester, Manchester, United Kingdom
13915798085@163.com

Abstract. Mental health stigma remains a pervasive barrier to achieving equitable public health outcomes worldwide. Despite increasing awareness of the burden of mental illness, stigma continues to manifest at individual, cultural, and structural levels, restricting help-seeking behavior, limiting access to care, and exacerbating health disparities. This paper examines the conceptual foundations of stigma through Goffman's theory and Link and Phelan's framework, situating stigma within public health contexts. Cross-cultural comparisons highlight how cultural beliefs shape attitudes toward mental illness, with particular emphasis on studies from Western, Asian, and African societies. The analysis further explores the consequences of stigma during public health emergencies, such as the COVID-19 pandemic, and its role in shaping treatment gaps and social exclusion. Evidence-based interventions, including large-scale anti-stigma campaigns, community-based programs, and the integration of digital health tool scale reviewed to evaluate their effectiveness in reducing discrimination and improving mental health outcomes. By synthesizing empirical research and theoretical insights, this study underscores the necessity of addressing stigma as a fundamental determinant of population health and proposes policy directions for integrating stigma reduction into global mental health strategies.

Keywords: stigma, mental health, public health, cultural factors, interventions

1. Introduction

Mental health problems are now a major worldwide public health issue. About 1 billion individuals worldwide suffer from mental health illnesses in one form or another, with the most common being depression, anxiety, and bipolar disorder, according to the World Health Organization [1]. Mental illness has a substantial impact on family and community welfare in addition to individual well-being. Globally, mental health issues are estimated to result in yearly economic losses of approximately $1 trillion, mostly from lower productivity and higher medical costs [1]. Despite rising prevalence rates and growing social impacts, stigma remains pervasive in many societies.

Stigmatization creates barriers for individuals with mental health conditions in daily life, employment opportunities, educational access, and healthcare utilization. Research shows that negative public attitudes toward people with mental illness are widespread across different cultural contexts, significantly impacting the accessibility of mental health services [2]. Therefore, mental health stigma is not only a psychosocial issue but also a core challenge that public health systems must confront and address.

To discuss this issue, this paper first examine the basic concepts and theoretical framework of mental health stigmatization. Then, this paper analyze its implications for public health. Next,this paper will talk about the cultural differences in the manifestation of stigma. Assess the contemporary public health interventions and their limitations. Finally, this paper will provide a comprehensive overview of public health strategies and discuss and summary.

2. Concept and theoretical framework of mental health stigma

The concept of stigma was first introduced by Goffman , describing how individuals face negative social evaluations and exclusion due to specific traits or labels. In mental health, stigma is recognized as a key barrier hindering patients' recovery and social integration.

Scholars usually divide the stigmatization of mental health into three forms. First, Public stigma refers to the negative views of the public on people with mental illness, such as thinking that they are "dangerous" or "incapable". Second, Structural stigma refers to the unfair treatment of these groups in the institutional level of medical care, education and employment. The last one is Self-stigma. It refers to the patient's own acceptance of social prejudice, resulting in shame or self-deprecation.

The Labeling Theory posits that when individuals are socially labeled as people with mental illness, their social roles and identities become constrained, thereby exacerbating psychological distress. Meanwhile, the Social Cognitive Model suggests that stigma formation involves three stages: stereotypes, prejudice, and discrimination. This indicates that stigma is not a singular phenomenon but rather a multi-layered, multi-stage social process.

Initially, Goffman understood stigma as a "broken identity", which helped us understand how stigma leads to social exclusion. However, later studies pointed out that this view is mainly limited to the individual level.

Building on this theory, Link and Phelan suggested that stigma is made up of four interrelated elements that are all firmly anchored in power structures: labelling, preconceptions, isolation, and discrimination. According to their interpretation, stigma is a structural process that upholds social injustice rather than just being a personal bias.

The systemic obstacles in organizations, regulations, or policies that disproportionately penalize people with mental health issues are known as "structural stigma" and have garnered increased attention in recent years [3]. For example, even as public discrimination against mental illness diminishes, systemic inequities persist when employment policies continue to exclude those with psychiatric histories.

These theoretical discussions show that stigma works on multiple levels actually: personal, cultural and institutional. All of these have important implications for how effective public health strategies are developed.

3. The public health impact of mental health stigma

Stigma first hinders patients from seeking professional help. A systematic review by Clement [4] revealed that over two-thirds of mental health patients avoid treatment due to fear of discrimination. This not only delays diagnosis and treatment but may also increase suicide risks. According to a WHO report [5], treatment rates for depression remain below 50% in high-income countries, while even lower than 10% in low-income nations—a situation where stigma plays a significant role. Second, stigma affects how public resources are distributed and how policies are carried out. For example, during the COVID-19 epidemic, some people resisted mental health care because they

thought psychological interventions were "weak" or "unnecessary" [6]. These societal beliefs not only reduce the efficacy of public health initiatives but also lessen the influence of associated legislation. The COVID-19 epidemic has brought attention to the problems stigma poses for public health. On the one hand, as "high-risk groups," diseased people and those under quarantine experience dual stigmatization, which makes it more challenging to provide psychological support [7]. However, the public is severely underinformed about mental health issues since media coverage frequently concentrates on infection rates and death tolls while ignoring long-term psychological effects. Only 17% of respondents to a U.S. poll actively sought psychological support during the pandemic, mostly because they were afraid of being perceived as "weak" or "not strong enough" [8]. This indicates that the media has two roles in the creation of stigma: it can both strengthen preconceptions and, by reporting positively, lessen discrimination.

In the end, stigma makes health disparities worse. According to research, people with mental health disorders frequently experience exclusion from housing, work, and education, which exacerbates social inequality and health disparities [3]. Thus, stigma is a systemic problem that needs to be addressed at the public health level rather than only being a mental health issue.

4. Public health difficulties and restrictions of current interventions

4.1. Limitations of policy and campaigns

A lot of states and regions have adopted public health measures recently to improve the stigma related to psychological disease. One obvious instance is the UK's "Time to Change" campaign, which has smoothly reduced the general public's unfavourable views of psychological disease by community projects, media outreach, and focused consciousness campaigns [9]. However, according to research, the campaign's influence is still minimal among ethnic minority groups and low-income communities [10].

Although insurance coverage for mental health services has increased in the US due to the Mental Health Equality Act, structural stigma still prevents fair access [11]. Because mental diseases are still stigmatized in society, utilization rates for mental health treatments are low in South Korea and Japan even with increased government funding [12]. These incidents show that the problem of stigma cannot be fully addressed by a single legislative action.

4.2. The economic burden of stigma

Due mostly to decreased productivity, the World Health Organization (WHO) estimates that anxiety and depression disorders cost the world economy more than $1 trillion a year (WHO, 2022). This is made worse by workplace stigma, as many workers are afraid to disclose mental health issues for fear of prejudice. It will cause higher turnover rates, less productivity even while the staff stays on the work, and more absenteeism [13].

4.3. Disproportion effects on vulnerable groups

Besides, stigma disproportionately influences vulnerable groups. With stigmatization, it is even harder for them to ask for assistance, as barriers are faced to obtaining healthcare. According to studies from Europe, by comparing with the native, immigrants are much less possibly to receive depression treatment. Linguistic and cultural challenges besides social stigma cause this difference [14].

According to these events, stigma exerts a negative influence on people's health and places great pressure on the state's finance and public health mechanism.

The financial loss caused by stigma around mental illness is another pressing public health concern. According to the WHO, the world economy is costed over $1 trillion a year by anxiety and depression, because of decreased productivity (WHO, 2022).

The stress is worsened by workplace stigma, where many employees refuse to reveal their mental health problems. This leads to increased absence from work, reduced work productivity, and larger employee turnover rates.

Stigma affects the vulnerable. Their limited access to medical treatment is worsened by stigmatization. Research shows that depressed immigrants show significantly lower treatment rates than native people in Europe. The diversity comes from stigma and worsens cultural and linguistic barriers.

4.4. Overall public health and integrated influences

These statistics show that while negatively affecting people's health, stigma imposes heavy stress on the public health mechanism wholy and even the national finance.

5. Public health strategies and future directions to reduce stigma

Multi-faceted and far-sighted public health measures are demanded by decreasing the stigma of psychological health. Firstly, education and public consciousness are important. Dissemination by mass media and projects implemented in schools can assist in changing social views and decreasing public bias. According to studies, enabling the public to directly contact the recovered patients with psychological diseases is more useful than unidirectional knowledge spread. For example, the "Time to Change" activity was launched by the UK, greatly enhancing public attitudes.

Secondly, transformations in policies and mechanisms are also important. Laws should stop bias in workplaces, schools and medical organizations. Policies should guarantee that everyone can get access to services equally and include the decline of stigma in the national health, education and social welleness mechanisms. For example, Canada's "Opening Minds" project offers healthcare staff, teachers and media professionals training, usefully decreasing organizational discrimination against people with psychological illnesses.

Thirdly, community-based intervention methods can relieve patients' sense of loneliness and assist them in recoverage. According to practice, community measures can improve patients' sense of belonging, enhancing health results. For example, Australia's "Beyond Blue" campaign integrates public consciousness, community programs and policy advocacy, growing public insight into psychological health and driving more people to ask for assistance.

Besides, digital and technological methods can also provide back. Digital health devices are convenient and privacy-safeguarding, decreasing the obstacles to asking for assistance brought by prejudice. Experiences of anxiety, depression, or attention deficit on social media platforms are shared by young people, building supportive communities and decreasing self-stigma. Nevertheless, it should be discovered that the online space may also include cyberbullying or false data, which could deepen bias. In the future, AI may assist in early detecting and intervening psychological health problems, but problems of privacy and algorithmic equality also need to be solved.

Besides, the expression forms of stigma change across various cultures. For example, in East Asian societies, stigma is often related to family fame; while in several parts of Africa, psychological illness may be considered associated with the supernatural. Hence, future measures

should include cross-cultural comparative research to guarantee that intervention approaches conform to local cultural backgrounds.

Finally, decreasing stigma demands combing related behaviors with national health measures and conforming them to overseas structures. Only by multi-sectoral collaboration involving health, education, labor, and justice can society basically solve the problem of stigma and relieve its long-term influence on public health.

6. Discussion

According to the research outcomes, psychological health stigma is a multi-dimensional and complicated problem, with its influence extending far beyond the personal level. Stigma stops patients from pursuing treatment and worsens health inequalities, influences patients' access to care, decreases the effects of policies, and hinders their social integration. According to cross-cultural contrasts, stigma is closely associated with cultural values, social systems, and historical contexts, and thus cannot be treated in isolation. For example, in Western societies, psychological illness is often related to dangerous action. In a lot of Asian cultures, family honor shows higher significance, leading a lot of families to hide the disease. In several sates of Africa, psychological disease is conventionally associated with supernatural elements, worsening the challenges in healthcare. According to these diversities, public health methods shall be modified based on cultural backgrounds instead of using a general method.

With regard to another significant outcome, contemporary exchange techniques have a dual effect. Besides, a supportive context allowing the public to explore mental problems can be offered by social media and digital platforms. Nevertheless, false data may be disseminated, and people's prejudices may be worsened. Future methods must adopt their positive roles and reduce hidden threats by using digital devices.

Besides, studies and policy explorations frequently neglect the financial influence of stigma. Stigma worsens personal suffering and brings a wide social and financial stress. Hence, an integrated measure should be established, taking the decline of stigma as a significant ingredient of psychological healthcare intervention, and include it in the core missions of public health and socio-economic growth.

In the end, the research expresses some demerits in the present studies. First, how stigma makes interactions with other elements and exerts its impact is still unclear. Second, although several intervention projects have realized some outcomes, their long-term sustainable development and applicability under various cultural and organizational backgrounds shall be validated. Solving these demerits demands interdisciplinary studies and overseas collaboration to conform stigma decline contributions to the wider objective of advocating health fairness and social justice.

7. Conclusion

Through applying the more convenient and anonymous back channels offered by remote mental services and psychological health usage, the mental obstacles brought by their fear of bias can be overcome [15]. AI may help early diagnosis in the future, but it must realize algorithmic prejudice and data privacy. Generally, as health care becomes more digital, measures for decreasing stigma should also change with technology.

There are several holes in the existing discipline that need to be filled by future study. For example, we still don't fully understand how socioeconomic class, gender, and race connect with stigma around mental health. In a similar vein, research on digital stigma and its role in online

communities is still in its early stages, even though these communities are having a growing impact on youth.

Therefore, by including stigma reduction into the overall framework of the Sustainable Development Goals (SDGs) of the United Nations, especially those pertaining to social inclusion and health equity, policymakers and public health experts can take a more forward-looking approach. The development of more equitable and sustainable mental health systems can only be advanced by the international community by clearly recognizing stigma challenges as a global public health concern.

References

[1] World Health Organization. (2022). World mental health report: Transforming mental health for all. Geneva: WHO.

[2] Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. Psychological Science in the Public Interest, 15(2), 37–70. https: //doi.org/10.1177/1529100614531398

[3] Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. American Journal of Public Health, 103(5), 813–821. [https: //doi.org/10.2105/AJPH.2012.301069] (https: //doi.org/10.2105/AJPH.2012.301069)

[4] Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., ... & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. Psychological Medicine, 45(1), 11–27. [https: //doi.org/10.1017/S0033291714000129] (https: //doi.org/10.1017/S0033291714000129)

[5] World Health Organization. (2021). Mental health action plan 2013–2030. Geneva: WHO.

[6] Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M. W., Gill, H., Phan, L., ... & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. Journal of Affective Disorders, 277, 55–64. https: //doi.org/10.1016/j.jad.2020.08.001

[7] Pfefferbaum, B., & North, C. S. (2020). Mental health and the COVID-19 pandemic. New England Journal of Medicine, 383(6), 510–512. https: //doi.org/10.1056/NEJMp2008017

[8] Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., ... & Czeisler, C. A. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. Morbidity and Mortality Weekly Report, 69(32), 1049–1057. https: //doi.org/10.15585/mmwr.mm6932a1

[9] Henderson, C., & Thornicroft, G. (2013). Evaluation of the Time to Change programme in England 2008–2011. British Journal of Psychiatry, 202(s55), s45–s48. https: //doi.org/10.1192/bjp.bp.112.112912

[10] Evans-Lacko, S., Corker, E., Williams, P., Henderson, C., & Thornicroft, G. (2014). Effect of the Time to Change anti-stigma campaign on trends in mental-illness-related public stigma attitudes in England 2003–13: An analysis of survey data. The Lancet Psychiatry, 1(2), 121–128. [https: //doi.org/10.1016/S2215-0366(14)70243-3](https: //doi.org/10.1016/S2215-0366%2814%2970243-3)

[11] Hatzenbuehler, M. L., & Link, B. G. (2014). Introduction to the special issue on structural stigma and health. Social Science & Medicine, 103, 1–6. https: //doi.org/10.1016/j.socscimed.2013.12.017

[12] Ando, S., Yamaguchi, S., Aoki, Y., & Thornicroft, G. (2013). Review of mental-health-related stigma in Japan. Psychiatry and Clinical Neurosciences, 67(7), 471–482. https: //doi.org/10.1111/pcn.12086

[13] Henderson, M., Harvey, S. B., Overland, S., Mykletun, A., & Hotopf, M. (2013). Work and common psychiatric disorders. Journal of the Royal Society of Medicine, 106(7), 222–227. https: //doi.org/10.1177/0141076813489637

[14] Missinne, S., & Bracke, P. (2012). Depressive symptoms among immigrants and ethnic minorities: A population based study in 23 European countries. Social Psychiatry and Psychiatric Epidemiology, 47(1), 97–109. https: //doi.org/10.1007/s00127-010-0335-2

[15] Naslund, J. A., Aschbrenner, K. A., Marsch, L. A., & Bartels, S. J. (2017). The future of mental health care: Peer-to-peer support and social media. Epidemiology and Psychiatric Sciences, 25(2), 113–122. https: //doi.org/10.1017/S2045796015001067