Perceptions and barriers: Understanding mental illness stigma among patients in Malaysia

Persepsi dan hambatan: Memahami stigma penyakit mental diantara kalangan pasien di Malaysia

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Abstract

Previous research on patients, families and communities has discussed the perception of mental illness and how stigma has a very constant impact on every aspect of the lives of individuals with mental illness. However, this issue has not been studied in the Malaysian context until now. The purpose of this study is to explore the perceptions and experiences that mental health patients with stigma have in Malaysia, as well as how it affects their daily lives. This qualitative research was conducted in Kuala Lumpur using semi-structured interviews with eight university students (three males and five females) undergoing outpatient treatment. Informants were selected using the snowball method, and with diagnoses that included depression, anxiety, eating disorders, bipolar disorder, and schizophrenia. Qualitative thematic analysis was used to identify themes regarding patients' experiences of stigmatization, negative impacts, and solutions to overcome them. The results showed that social stigma is caused by the social environment, particularly through relationships with family and friends, potentially placing patients in a more intrusive environment, which reduces the level of support available during recovery. The study concluded that for those with mental illness, stigma is a pervasive landmine that they face daily through hurtful comments or jokes.

Keywords: bipolar disorder; mental health challenges; mental illness perceptions; social stigma

Abstrak

Penelitian terdahulu tentang pasien, keluarga, dan masyarakat telah membahas persepsi penyakit mental dan bagaimana stigma memiliki dampak yang sangat konstan pada setiap aspek kehidupan individu dengan penyakit mental. Namun, isu ini belum dikaji dalam konteks Malaysia hingga saat ini. Tujuan dari penelitian ini adalah untuk mengeksplorasi persepsi dan pengalaman yang dimiliki pasien kesehatan mental dengan stigma di Malaysia, serta bagaimana hal itu memengaruhi kehidupan sehari-hari mereka. Penelitian kualitatif ini dilakukan di Kuala Lumpur menggunakan wawancara semi-terstruktur dengan delapan mahasiswa (tiga laki-laki dan lima perempuan) yang menjalani perawatan rawat jalan. Informan dipilih dengan menggunakan metode bola salju, dan dengan diagnosis yang meliputi depresi, kecemasan, gangguan makan, gangguan bipolar, dan skizofrenia. Analisis tematik kualitatif digunakan untuk mengidentifikasi tema mengenai pengalaman pasien terhadap stigmatisasi, dampak negatif, dan solusi untuk mengatasinya. Hasil penelitian menunjukkan bahwa stigma sosial disebabkan oleh lingkungan sosial, terutama melalui hubungan dengan keluarga dan teman, yang berpotensi menempatkan pasien pada lingkungan yang lebih mengganggu, yang mengurangi tingkat dukungan yang tersedia selama pemulihan. Studi ini menyimpulkan bahwa bagi mereka yang memiliki penyakit mental, stigma adalah ranjau darat yang menyebar luas yang mereka hadapi setiap hari melalui komentar atau lelucon yang menyakitkan.

Kata kunci: *gangguan bipolar; tantangan kesehatan mental; persepsi penyakit mental; stigma sosial*

Introduction

Based on the Malaysian Mental Healthcare Performance Report (Malaysian Ministry of Health 2019), over 4.2 million people have mental illness in Malaysia, with youth at the most risk. However, the lack of awareness is generalized, and there is not enough data available for mental health. Numerous individuals with mental maladjustment, especially young adults, are veering away from seeking assistance because of their fear of the discouraging community since simply a few of them go to look for proficient help or

bolster groups (Zweifel 2021). Prejudices of mental illness have roots in the belief, framed by family, friends, or social narrative, that mentally ill people are dangerous and unpredictable. Patients feel utterly alone, with this stigma sometimes even enforced by family and friends, exacerbating whatever mental illness they may be suffering. The more we get rid of the stigma and encourage more awareness of mental health, the better outcomes those affected will have (Huggett et al. 2018, Teh et al. 2021). Although numerous researches have been done on mental illness and its stigma issue, most of them, if not all, were done in other countries, mainly in the United States. Therefore, for this study, this paper aims to focus only on people with mental illness in Malaysia in order to create a world where mental illness is understood, effectively treated, and ultimately prevented. This is because 4 out of every 10 Malaysians suffer some mental illness issue in the course of their lives, and the numbers will continue to rise.

Furthermore, the purpose of this research is to reduce the stigma and discrimination towards people with mental illness because these are the common factors that hinder people with mental illness from seeing doctors and getting effective treatment. This is crucial since, in Malaysia, people who are most likely to discriminate against those who have a mental illness are, in fact, their family and friends (Weinberg et al. 2024). This study aims to go in-depth on understanding people with mental illness' view on stigma, to identify the effect of facing stigma as well as ways to cope with it. Therefore, this study aims to create more awareness in reducing the stigma and develop a first-class mentality among Malaysian people in order to create a better life for people with mental illness. Numerous studies have been done to understand mental illness issues, but research on stigma is minimal, especially in Malaysia, and only a few go in-depth to explore mental illness topics, such as public perceptions of mental illness and the media portrayal of mental health disorders (Henderson et al. 2014, Steinberg & Wetterneck 2017, Tharaldsen et al. 2017). Therefore, this paper aims to explore the mental patients' perceptions of stigma, its impacts on them, as well as the coping mechanisms they use to face it.

In relation to the concept based on the stigma of mental illness, according to previous research, there is evidence that stigma can have a negative impact on the well-being of people with mental illness, such as low life satisfaction and facing discrimination in certain aspects of their lives (Link & Phelan 2001). For these reasons, it is crucial to identify the source of mental illness stigma, which requires a thorough understanding in order to adequately address them as well as to reduce the burden of people with mental illness. Based on most past reviews, it has been identified that the lack of education and awareness is one of the significant concerns and factors that cause the formation of stigma and should be studied more. Some studies show that due to a lack of knowledge, the majority of adults hold negative perceptions of mental illness issues by labeling mentally ill people with negative terms and viewing them differently than others (Corrigan 2004, Valery & Prouteau 2020).

However, in Asian culture, for example, Vietnamese view mental illness as madness and an untreatable disease; if any of their family suffers from it, they will try to keep it a secret due to the intense stigma surrounding mental illness and denial also causing them to refuse seeking medical treatment. Janlov et al. (2018) found that children and young adults have limited knowledge about mental illness and described mentally ill people as strictly people being treated in mental hospitals and that these people should be isolated from ordinary people where most students also agree that a student who has mental health issues should be in special education classes at school. In the long run, based on the students' view, it can contribute to stigma. In addition to that, research by Lundvall et al. (2019) reported that the majority of mental illness problems develop by the age of 24, which puts university students at higher risk of having mental health problems. This will be an issue without proper mental health education in school. The students are most likely to become oblivious to mental illness. Later on, this factor influences their attitudes toward mental illness issues and seeking medical treatment.

In 1964, Goffman introduced the term "courtesy stigma," which refers to social disapproval for people linked with a stigmatized individual. In this research, any person, be it a parent, child, relative, or even friend, may have a great chance to receive courtesy stigmatization when the person they associate with has a mental illness. Due to this, parents that have a child with mental illness may be stigmatized too by society by putting them to blame for causing the mental illness of their child, being told they are not a good parent as well as being viewed as a part of a problematic family in the eyes of the general public. Based on past research by Corrigan et al. (2009), parents with a mentally ill child are more likely

to experience family stigma, which includes the stereotypes of blame and shame by society. Based on the interviews with the parents, it can be concluded that society tends to blame them for their poor parenting skills that led to the child's mental illness. Also, this negative stigma can put unnecessary pressure on the recovery process of the child as well as cause them to relapse from time to time. Apart from that, the research result proved that the higher possibility of experiencing family stigma might lead the family members to avoid socializing with their friends or neighbors together with their mentally ill child since their child might ruin their reputation or bring shame. This negatively impacts the person with mental illness mentally and emotionally, where they will develop a strong feeling of insecurity and worthlessness as a result of the treatment received from people that they value the most.

From a cultural perspective, people with mental illness are viewed as an incompetent person unable to take care of themselves and failing to fulfill their obligations toward family (Krendl & Pescosolido 2020). Because of this, they are seen as a burden to their family and become highly stigmatized by society. Therefore, it is crucial to change people's mindset that having a mental illness means a person loses their ability to do daily routine because, in reality, many people with mental illness can work and support themselves as well as their family. A study was done in some parts of Latin America in order to understand the people's culture as well as relate it to their behavior toward mental illness (Mascayano et al. 2016). This study also used a few developed countries as an example to compare the findings. For instance, in Brazil, the result shows that stigma among mental health care professionals is strong, and they hold negative attitudes toward individuals who come to seek treatment, as compared to Switzerland, healthcare workers are very professional and show positive attitudes toward patients without mixing their cultural beliefs with work. This negative attitude endorsed by the Brazilians happens due to their strong religious belief that mental illness is seen as a weakness and should be shunned.

Also, several parts of Latin America hold the same traditions and values regarding gender issues. Most of them still believe that men's role in society is as a provider and protectors of their family; meanwhile, women's role is to take care of their family's well-being and do house chores. Due to this, women are generally more exposed to stigma since they are seen by society as weak women because they fail to take care of the family compared to men; they may hide their mental illness as long as they keep their medical report clean and able to go to work to support their family. Another research study was conducted to study cultural differences and their effect on stigma and compared public beliefs and attitudes toward schizophrenia patients in Germany and Tunisia (Gowling et al. 2024). Based on the study result, it can be concluded that both countries hold different attitudes and stigmas toward people with mental illness. Another research studied the culture in the Middle East in order to understand the common stigma they usually hold toward people with mental illness (Iseselo et al. 2016). Generally, people of Middle Eastern descent prefer to hide their emotions, take pride in family honor, and follow the patriarchal system. These factors contribute to stigma toward people with mental illness who want to receive medical care treatment because it can be seen as putting shame on their family, so it is vital to act in ways that give respect to their family's name.

In order to examine this topic comprehensively, theoretical frameworks are used to gain a complete understanding of the issues discussed. Social identity theory is the theoretical framework that can be applied to this study (Tajfel & Turner 1979). Social identity theory examines how our sense of self derives from our social groups. The theory focuses on how group identity relates to self-concept, arguing that people categorize themselves and others in social groups, and membership in these groups influences how they understand themselves and others. People whose social position reflects a stigmatized group, such as those having been diagnosed with mental illness, can develop negative self-concepts and identities because this stigma often presents itself as societal devaluation. The theory also argues that individuals seek to maintain or enhance self-esteem through positive group identities and face disruption due to social stigmatization, which leads to self-deprecation and social isolation.

The integration of social identity theory with this study results in conformity with several principles and fundamental tenets established in the theory. In the study, the informants sought stigma not only from the more extensive society but also among their social relationships — family, friends, and peers. The stigmatization of mental illness can result in people feeling ostracized, discriminated against, or even dehumanized, leading to a disturbed sense of social identity and lowered self-esteem. First, stigma,

identity, and social integration: Identity formation for individuals with mental illness is shaped by social identity theory, which explains that when people with mental disorders are discriminated against or devalued because of their differences, they may internalize these deficits in how they feel about themselves; leading to self-stigma and lower self-esteem. Indeed, some of our fellows referred to the experience of losing their community while walking through life with a specific type of illness. Social isolation was one of the strategies some participants used to cope with their illness symptoms, stemming from a belief tendentiously internalized by them that they are" inferior" and "different" from those who do not have mental disorders. This is consistent with the idea in the theory that people will distance themselves from negative group identities to protect their self-concept.

Second, Social Identity: This also explains why people may seek to join or continue in large groups. Support groups consented to participate in this study, and informants were eager to be around others who have gone through similar situations. This underscores their wish to belong with a group that confirms and counteracts this stigmatizing social identity of mental health. Thus, consistent with the theory, membership in such groups can buffer social stigma and foster a positive identity by enhancing the sense of belonging and mutual understanding. Third, Cultural Influences and Group Identity: The cultural and religious beliefs of participants may also influence their stigma identity and, similarly, perceptions about mental illness. The family unit is an essential part of identity in collectivist cultures, such as those in parts of Malaysia. The results of the study showed that many of the subjects experienced shame inside their families about their being sick, so they had to deal with stigma not only in front of others but also at home. It is also consistent with social identity theory, which posits that group (family/ cultural) membership shapes self-concept, such that a person may be stigmatized and rejected if an illness within them is seen as harmful to the image of their larger in-group.

Fourth, Coping Mechanisms and Self-Perception: Social identity theory also explains the maladaptive strategies reflected in secrecy, selective disclosure, and social withdrawal identified in this study. Informants in the prior group, who may have demonstrated these coping mechanisms, did so to apply "protecting their self-concept" by marginalizing themselves from a social stigma. However, the theory contends this seems to be in keeping with the fact that stigmatized individuals do what they can to dis-identify with derogated social categories — even if engaging in practices likely to prove self-damaging over time.

Research Method

This qualitative study was conducted to obtain data on mental illness patients' perceptions of stigma to gain an in-depth understanding and analysis of stigma through the lens of the patient. Conventional content analysis is a systematic approach to providing a detailed description of phenomena. As the research is qualitative, the interview method is essential for gaining primary data. The researcher conducts an in-depth interview with the selected informants to ensure the information is relevant to the research study. In carrying out the interviews, the researcher used a semi-structured interview style to prepare questions before attending the interview sessions. During the interview sessions, the informants had the freedom to answer whatever they thought, and the researcher was allowed to ask additional questions as long as they were in context. However, for a few informants who were very responsive and did not mind sharing their stories, the researcher had to be alerted to take control of the interview session in case it would divert; the researcher had to bring the topic back into the main conversation. Overall, the researcher interviewed eight patients who have mental illness. Therefore, in the current study, this approach was used to provide an in-depth understanding of informants who have mental illness.

Participants and data collection in this study targeted non-hospitalized Malaysian individuals who are receiving outpatient treatment for mental illness. This group was selected because the focus is on understanding the experiences and stigma encountered by those living with mental illness in their daily lives rather than those in clinical or hospital settings. This distinction ensures that the study captures the perspectives of individuals managing their conditions while interacting with family, friends, and society, thereby providing a more accurate representation of the stigma faced in everyday life. The study employed snowball sampling due to the sensitive nature of mental illness and the stigma surrounding it, making it challenging to approach individuals for participation directly. Snowball sampling allowed the researcher to initially connect with informants through a support group in Kuala Lumpur, and these informants

then referred others within their network, ensuring a more comfortable and trustworthy process for recruiting participants. This method was chosen to facilitate open discussions and personal sharing, which might be challenging to achieve through traditional sampling methods. The small sample size of eight participants, consisting of three males and five females from different racial backgrounds (Malay, Chinese, and Indian), was deliberate, as the research aimed for an in-depth exploration of personal experiences rather than generalizing to a larger population. This approach also allowed the researcher to capture diverse perspectives from various communities in Malaysia while avoiding stereotypes.

Before the whole research data started, the researcher began by analyzing the research problem, narrowing down the main research objectives and questions, and identifying the suitable instrumental tools for collecting data. Next, the researcher selected the potential Informants to be interviewed and whether they fit the requirements to be informants for this research. Then, the researcher set a separate appointment with the selected informant, and before the interview session began, the informant was given a consent form to fill in. Also, the informants were briefly informed regarding the purpose of this research. The interview could be conducted once consent had been obtained, and during the interview, the researcher recorded the details using a voice recorder and notebook. Finally, the researcher transcribed the audio from the interview, and after that, the categorized the data into specific themes and codes. Furthermore, each central theme consists of sub-themes that further explain the research objectives and make the data analysis more accessible and accurate. Above all, the researcher's discussion focused on the mental illness patients' perceptions of stigma.

This study also pays close attention to ethical considerations. This study has ensured that informed consent was obtained from all participants. The purpose of this consent form is to record the informant's voluntary agreement to participate in this research. By signing this consent form, the informants are assumed to be verbally informed of the purpose of this study, have the right to withdraw or refuse to answer any question without any risk, agree to audio recording, and understand that all information collected from the interview will remain confidential. The identity of the informant in this research will be anonymous.

Results and Discussion

During the analysis level, a constant comparison was used to distill the data further until themes emerged. Hence, the researcher categorized the findings into three main themes followed by a few sub-themes. The three main themes are the perceptions of mental illness patients on stigma, the effects of stigma on people with mental illness, and the techniques people with mental illness use to cope with stigma. In addition, some sub-themes with similar meanings are included to ensure the informants' opinions are seen clearly.

Perceptions of mental illness patients on stigma

Taboo

All of the informants agree that mental illness is not a usual topic to discuss during a conversation, and, because of this, it has made it a lot harder to open up about their problems and illness. An informant claimed that she realized mental illness is considered taboo when she was being ignored when she talked about her depression with her dad, and from that moment, she kept her problems to herself. Informant LUQ mentioned "When I was 15, I was talking with my dad about depression, but he quickly changed the topic and said he did not know much about it…"

Another informant also mentioned that he is still unclear about what makes mental illness taboo in society, and he thinks that this backward mindset has put some barriers for people to receive real help and not feel lonely going through this challenging phase in their lives. The informant highlighted the cultural and generational barriers to discussing mental health:

> "I do not know if it is because of culture, treating mental health as a taboo subject, or if
> it is something that happens in one generation thing, but it hurts so much knowing this is
> something everyone has to go through on their own." (Informant FAH).

The stigma surrounding mental illness as a "taboo" subject perpetuates a culture of silence. This reluctance to address mental health hinders people from obtaining essential assistance and intensifies their difficulties. Facilitating mental health discussions and establishing secure environments for candid interaction can diminish these obstacles and motivate individuals to disclose their experiences without apprehension of criticism.

Furthermore, a few informants revealed that it affects their emotions and creates barriers for them to seek help. Even if the informants receive professional medical treatment, they prefer to keep it a secret from some people in their lives because people might give a different treatment from before. Informant LUQ mentioned "I am disappointed that some people that know about my illness treat me like I will cause danger to them." Informant FAH mentioned "I find it hard for me to tell people around me about my sickness because I am afraid they will treat me differently based on what society thinks…. stigma makes many of us choose to suffer alone."

The negative connotations that come with mental illness prevent people from discussing it openly. Despite the advanced technology and easy access to information, people still have limited knowledge about mental illness issues, which hinders them from gaining a new perspective on the issue instead of following the same stigma from the older generation. Overall, most of the informants view that stigma occurs because of society's attitude or belief on mental illness issues and still being ignorant and conservative. Informant SHA mentioned, "I think most people are scared of the terms 'mental health problems' and 'mental illness.' It makes them feel uncomfortable, and they would avoid talking about it. They will change the topic immediately."

An informant mentioned:

> "I think society still has this closed-minded thinking; they still think that mental illness issue is not the thing you talk about in public or even in your daily conversation. Most people are ignorant about it and would rather talk about another useless topic." (Informant NOM).

These views underscore the widespread unease and lack of understanding of mental health discourse in society. The avoidance of mental health discussions signifies a wider societal stigma, wherein certain matters are regarded as unsuitable or superfluous for routine dialogue. This hesitance to participate in open discourse not only constrains awareness but also perpetuates the stigma associated with mental illness, complicating the process for individuals to seek assistance. By confronting these cultural beliefs and advocating for knowledge, it is feasible to mainstream topics surrounding mental health and diminish the stigma that alienates those with mental illness.

Beliefs

In addition, stigma can also be seen through the cultural context as well as influence one's beliefs on mental illness issues. However, people's knowledge about mental illness and their personality interacting with someone living with mental illness vary from culture to culture. In some cultures, they are starting to normalize mental illness issues as in Western culture. Society is slowly beginning to accept people with mental illness and become more open-minded about it, but, unfortunately, in the majority of Asia countries, the culture forces people to stay conservative and perceive mental illness as something from the evil spirit or the illness is predestined for them. Some informants stated:

> "In family gatherings, my parents would avoid talking about my mental health…"
> (Informant NOM).

> "When I first told them my mental illness, they did not want to believe it and said the doctor was wrong…they tell me that I need to keep quiet about this. They are afraid that this will affect the family's reputation." (Informant SHA).

> "My parents also ask me to go to Church every Sunday to lift my spirit and faith so that I will get better soon." (Informant SHA).

> "…so, when I was diagnosed, my parents asked me always to pray and recite the Quran because my weak relationship with God is the cause of my depression… they refused to go to the doctor and brought me to Ustaz instead to heal me…" (Informant FAH).

A deficiency in understanding mental illness sustains stereotypes and hinders empathy for those impacted. This misconception frequently results in social isolation and disparate care relative to physical ailments. Enhancing awareness via educational initiatives and community involvement can aid in dismantling these misunderstandings and fostering a more inclusive society.

Lack of awareness

According to the Informants, the majority of Malaysian people still have limited knowledge regarding mental illness issues and not being exposed to this issue more often. Hence, the consequence of not being aware can shape someone to hold negative stigma and misunderstandings toward people with mental illness. Informant SHA mentioned "Having a mental illness does not make me a bad or violent person. It makes me a person with an illness. It is no different than having any other illness." Furthermore, informant ALI stated "Telling people with eating disorders to 'try eating healthy…do not be afraid to eat, you will not get fat' is not helpful…. My illness is not just about food. It is deeper than that." Meanwhile, informant UBA mentioned "I have depression, but that does not mean I am a negative person… I still believe that good things will happen in my life, but I also have some moments where I feel so low, filled with deep sadness."

On top of that, ignorance and lack of knowledge influence someone's behavior toward people with mental illness. Society also believes that mental illness is different from physical illness and should not be treated as the same disease. Usually, people with cancer or other physical chronic diseases receive positive thoughts and prayers from their family, friends, or even strangers, but, unfortunately, this is not the case for mental illness. The informants voiced their disappointment that it is unfair that people who have a mental illness receive different or sometimes worse treatment compared to people with physical illness when both people suffer from more or less the same pain.

Informant ANA mentioned, "When people hear that someone has cancer, they show their empathy, but why can't they do the same for people with mental illness?" Furthermore, informant ALI stated, "I wish people would not isolate people with anxiety because it will only make them more anxious and feel bad about themselves." Meanwhile, informant FAH mentioned, "Mental illness does not make anyone less of a person, so please do not ignore them and treat them differently."

These comments highlight the inequity in empathy exhibited toward persons with mental illness relative to those with bodily ailments, such as cancer. Although physical ailments often provoke empathy and assistance, mental health disorders are often confronted with evasion or criticism. This deficiency in comprehension intensifies emotions of loneliness and worry among the affected individuals. It is essential to acknowledge that mental illness is equally important as physical sickness in promoting a more compassionate and inclusive society. By confronting these prejudices, we may foster an atmosphere in which persons with mental health difficulties feel esteemed and supported rather than excluded.

Personality

Furthermore, social stigma is detrimental to people with mental illness. This is because society is quick to judge their personality and behavior based on their illness. Most people tend to stereotype mentally ill people with negative attitudes that may not be true for some patients. A judgmental society also might prevent people from getting to know them better before forming an opinion, which causes them to be isolated.

Informant NOM mentioned, "People with mental illness are lazy, and I really hate it when I hear people say that because we are not lazy." Furthermore, informant ANA stated, "When we ask for help, they think we just want attention and always act dramatic." Meanwhile, informant SHA mentioned, "The most common I hear is we are lazy, and we use our mental illness as an excuse from doing work." Informant UBA also stated that, "I've read that people with a mental illness are considered as psycho, mad, and dangerous…"

The informants also shared some common stereotypes that they have heard or experienced, which they mentioned have affected some part of their lives and made them feel they are being punished by society. Informant UBA mentioned, "People with mental illness are violent… do not be near them or they will cause you trouble or danger." Informant SHA mentioned, "We are crazy, so we are notable for taking of ourselves…not allowed to have a job or family." Furthermore, informant ALI mentioned "Because of this behavior, they should be locked away and not allowed to be in public in case they will harm people around them."

These assertions illustrate the harmful stereotypes linked to mental illness, depicting persons as aggressive, incompetent, or a threat to society. Such misunderstandings not only stigmatize but also demean the affected individuals, perpetuating a cycle of prejudice and isolation. This systemic bias frequently leads to inequitable treatment, including the denial of employment prospects, social connections, or fundamental rights. Confronting these preconceptions via educational and awareness initiatives is crucial to deconstructing these detrimental narratives and fostering a more empathetic comprehension of mental health issues.

Media

Aside from experiencing social stigma in daily life, there is another stigma they have to endure that is more threatening because it forms society's perceptions about mental illness. Whether we want to believe it or not, the media plays a big role in our lives. All forms of media, including movies, news, magazines, commercials, newspapers, and social media, have a hidden motive that lurks behind it all. Media is a big factor in helping the public to form perceptions of mental illness, but, more often than not, the media portrayals of those with mental illness are more likely to be inaccurate and have a negative impact on people with mental illness. There is no doubt that the social stigma that surrounds mental illness is largely affected by the false portrayal and information in the media. Some informants stated:

> "Unfortunately if you see Hollywood movies, they often portray mentally ill people as dangerous and always angry. People with major mental illness are likely to be victims of violence, and they will be punished because they commit a bad crime." (Informant UBA).

> "… But from what I observe so far, not many movies are able to portray people with mental illness receiving a proper treatment… some of them just suddenly become better on their own, or when they fall in love, their illness is gone…" (Informant LUQ).

Despite numerous attempts to portray mentally ill people as dangerous, murderous, psycho, and being misrepresented in film, TV shows, or any media platforms, there are still a few films that have managed to do an accurate portrayal of people with mental illness. Accurate presentation from actors as well as behind-the-scenes teams, such as the directors and scriptwriters, is important to help the viewers to understand the difficult situations that many patients struggle with without demonizing the character. Some informants mentioned:

> "In certain movies, they do portray an accurate version of mental illness like Silver Linings Playbook…" (Informant ANA).

> "… I can say that not all of them are accurate. But I have been watching this one TV series called 'This Is Us,' and one of the characters suffered from severe anxiety for most of his life. I am glad that the writers show Randall's anxiety accurately." (Informant NOM).

These observations underscore the influence of media in molding popular attitudes toward mental illness. Although several films and television programs, such as Silver Linings Playbook and This Is Us, provide realistic and empathic representations, numerous others inadequately depict the intricacies of mental health disorders. Media misrepresentation frequently fosters detrimental perceptions, hence perpetuating stigma and misconceptions. Conversely, precise representations can cultivate understanding, empathy, and the normalcy of mental health challenges. Promoting ethical storytelling in media can substantially diminish social stigma and enhance mental health advocacy.

Effects of stigma

According to Corrigan (2004), stigma might diminish patients' self-esteem and some of their rights to social opportunities being denied. Moreover, facing stigma daily can change one's opinion about them, leading to lower self-worth. The reason is that a person might develop self-stigma, which is basically a process where someone puts their value based on people's opinions and begins to believe in it. In this case, people with mental illness usually receive more negative rather than positive perceptions from society, which later leads them to isolate themselves and feel shame because they assume they will be rejected socially and believe they are not worthy (Aass et al. 2022).

Relationship

Maintaining a good relationship with people is not an easy task for people with mental illness. The majority of the informants claimed that dealing with the illness along with stigma has caused them to have doubts about themselves and made it a little bit difficult to form a healthy relationship with people around them, especially loved ones. Sometimes, unpredictable moods can force them to act irrationally or immaturely, and later, they will feel guilty for behaving in such a way, and it becomes hard when the other person does not understand their circumstances. Furthermore, as mentioned before, mental illness patients are usually prone to develop self-stigma, which mainly leads to lower self-esteem and self-doubt. As a result, they will avoid socializing at work or school, feel lonely, and develop some personal issues.

An informant mentioned, "It is difficult to be close to people because I cannot meet their expectations… I am dealing with very low energy and very high anxiety" (Informant UBA). Furthermore, informant SHA mentioned, "I worry when I get attached to someone, they will leave me when they know my secret so that I will distance myself from people." Meanwhile, informant LUQ mentioned "I have many insecurities and very low self-esteem, so I always feel like nobody likes me. I think that is why people do not usually approach me first…"

The stigma associated with mental illness profoundly affects interpersonal connections, resulting in isolation and distrust. A multitude of persons grapple with diminished self-esteem and apprehension of rejection, hindering their ability to establish or sustain relationships. Establishing supporting networks and cultivating understanding among loved ones is crucial for enhancing those afflicted's mental and emotional well-being.

Career

A few informants revealed that they choose to keep their mental illness as personal life privacy due to uncertainty of the impact on their job. The reason is that many employers today refuse to accept people with tainted backgrounds, so they prefer to keep quiet about their mental illness so their work quality is not being judged based on one-sided aspects. Consequently, the informants agree that the possibility of difficulty in finding a job has made some people refuse to seek medical help because they fear the record will be permanent and cause them trouble in the future. Informant UBA mentioned, "I chose not to tell my boss or colleague about my illness because they might use that against my career." Meanwhile, informant LUQ mentioned "… I am afraid that one day, because of my medical report, I will never get a job…"

Not only that, but people in the workplace are also most likely to judge people who have mental illness and give different treatment from others. An informant mentioned:

> "…When some of my colleagues know that I have bipolar disorder, they began to treat me differently. Especially with the anti-depressant, it affects my personality and turns me emotionless and had no desire to socialize, which made my colleagues call me "a walking zombie" and isolate me." (Informant ALI).

Workplace stigma sometimes compels individuals to hide their mental health disorders due to apprehensions of discrimination or professional repercussions. This may dissuade people from pursuing medical assistance and impact their productivity. Advocating for inclusive workplace practices and enhancing mental health awareness among employers may foster a friendly environment where people feel empowered to confront their difficulties candidly.

Education

Meanwhile, some informants who are still studying also prefer to keep their illness to themselves. The reason is that they are afraid their friends might not be able to understand their situation and are quick to judge. In addition, the informants admitted that they prefer to stay low-key about their personal lives because they might receive extra attention from the lecturers, which would attract many unwanted situations from the other students. Informant NOM mentioned, "…so far, there is nothing too serious. I never tell my lecturer I have mental illness because I do not want to be mistreated or get special attention from them. And I think it is for the best." Meanwhile, informant FAH mentioned, "I chose to stay with my parents instead of the hostel because I do not want any students to see me depressed."

These experiences underscore the hesitance of persons with mental illness to reveal their condition in educational environments. The apprehension of maltreatment, undue scrutiny, or evaluation frequently drives students to hide their difficulties, even to the detriment of possible assistance. This concealment may result in feelings of loneliness and the forfeiture of possibilities for adjustments that might enhance their academic and personal well-being. Establishing a more inclusive and supportive atmosphere at educational institutions, where mental health is addressed with empathy and respect, is crucial for assisting students in overcoming these issues without the fear of stigma.

Performance

Many workers and students who are suffering from mental illness are able to do their tasks without affecting their productivity. However, it still depends on the severity of the condition of the person's mental illness, but the truth is that stigma plays a bigger role in determining someone's performance. Based on the informants' answers, a supportive environment from colleagues, friends, or employers can be the key to better productivity. As a result of the negative surrounding workplace, people with mental illness also tend to reduce their performance level and have no initiative to give extra effort in their work. Some informants mentioned:

> "It does affect my performance a little bit… it is quite troublesome because they will pinpoint your mistake and will jokingly say I am not in the right mind. I should just quit the job and let other people do." (Informant LUQ).

> "…but if there is a group assignment, my friends tend to avoid choosing me because they are afraid I cause a problem." (Informant NOM).

> "I do not have any interest in doing my own initiative at work because I know my boss or colleague will not notice my extra effort." (Informant LUQ).

These remarks highlight how stigmatization affects the academic and professional confidence and performance of those with mental illness. Some people's self-esteem takes a hit when they hold back on taking the lead or contributing fully to group projects out of fear of mockery or judgment. These incidents underscore the critical need to create welcoming and accepting classrooms and workplaces. Organizations and institutions may do their part to ensure people feel safe enough to speak up and participate when they are well-informed about mental health issues and encouraged to do so in an open and accepting environment.

Techniques people with mental illness use to cope with stigma

At this point, it is no secret that mental illness stigma impacts the majority of people with mental illness in so many different ways. Not to mention, both public and self-stigma have the possibility to make their mental illness conditions far worse than before, especially when the patient is not capable of addressing it in a healthy way. Therefore, it is important for every patient to learn their own technique while dealing with stigma so they can stay focused on improving their mental illness.

Coping mechanisms

Having a mental illness is a constant battle where the person needs to be extra alert of their conditions, especially in public, due to unpredictable moods. Thus, some patients constantly struggle with daily struggles and need to learn ways to cope with them. Interestingly, every patient deals with it through different methods, such as writing journals, listening to song playlists, or keeping track of their medicines to keep their thoughts more organized and calm. Some informants mentioned:

> "Sometimes, if I have a choice to stay at home, I would do exactly that." (Informant NOM).

> "… I need to be more aware of the triggers or outside influences that can lead to mania or depression, like stress and lack of sleep. I also need to monitor my medicine really closely and make sure I take them in the correct dosage and time." (Informant SHA).

> "I write all my thoughts on a journal app on my phone so I can keep track of what I am thinking and not feel too overwhelmed by the sudden thoughts." (Informant LUQ).

Creating tailored coping strategies assists individuals in navigating the stigma and difficulties related to mental illness. Strategies like journaling, self-monitoring, and establishing boundaries enable individuals to manage their mental health and sustain stability in their everyday lives.

Dealing with stigma

Current society might be more exposed to mental illness issues compared to the past, but people with mental illness still encounter the same stigma. Some people with mental illness realize that they do not have any power to change the stigma, but they can change the way they perceive it and have control to react to those situations. Over the years, the informants have learned the best ways to deal with social stigma in order to prevent it from deteriorating their mental illness and prevent it from turning into self-stigma. Informant NOM mentioned, "I learn not to overthink and not to care too much about what other people think about me…" Furthermore, informant SHA also mentioned, "Do not tell your mental illness to people you do not trust because they might end up telling other people, and your whole life is ruined. Also, it is better to avoid places where you will meet toxic people." Meanwhile, informant ANA mentioned, "I will remind myself that the label people put on me do not define who I am…" Self-awareness and selective disclosure are potent strategies for mitigating the emotional effects of stigma. Individuals can safeguard their mental health and cultivate resilience by emphasizing their talents and reconstituting their identity outside societal labels. Utilizing reliable support services can augment their capacity to manage stigma effectively.

From the results presented previously, a discussion is also included to support the basic arguments of this study. The research seeks to present the results of the mental illness stigma from the point of view of the patients. For instance, their surrounding environment and the type of people they interact with daily play an important role in their view of how society sees them. In this present study, most of the informants still think that mental illness issue is a taboo topic within Malaysian society, causing them to be unable to freely express their feelings as well as share their problems and their mental illness condition with other people.

In fact, past research has reported that the presence of denial in someone's feelings, as well as difficulty in accepting mental illness as the same as other physical illnesses, can become the main factor of mental illness issues becoming taboo and as the outcome of it people refuse to talk about the illness in their daily conversation. Furthermore, due to denial and specific expectation standards set by society, some people who suffer from mental illness have to deal with their illness alone and are scared to speak up about it due to the possibility of unwanted outcomes they might receive. This result is consistent with the study by Knaak et al. (2017) which reported that medical students may receive an even higher level of stigma compared to general people due to the misconceptions that medical people should always be healthy physically and mentally. As a result, these medical students who suffer from mental illness might refuse to seek help if they are seen as not fit to continue their passion in the medical field and choose to keep the illness to themselves.

Although the majority of the informants revealed mental illness issues as taboo in the context of family, friends, and the general public, it is worth noting that several studies in the past have indicated that people with mental illness may have experienced stigma while seeking medical treatment in the mental healthcare where the healthcare professionals tend to perceive mental illness as taboo and are reported to have negative attitudes toward people with mental illness, such as they may distance themselves from their patients and have negative perceptions that medical treatment might not even help them to improve their conditions state. This leads some mentally ill people to address their concern about having difficulty in seeking professional help without being judged (Lawson & Fouts 2004). Moreover, findings showed that a person's beliefs also have a significant impact on mental illness stigma. Since the vast majority of the informants came from different races and religions, this present study is able to provide insight into their perceptions as well as experience with stigma through the lens of their respective culture's beliefs. This finding is in line with research that focused on the value of dignity, face, and honor in three different cultures: the United States of America, China, and Qatar.

This research has proven that having a good social status as well as reputation in a social group is crucial in order to fit in the social standards; hence, in the Chinese community, having a good face is important in initiating a new relationship as well as to maintain the social interaction and, in the case of having a family member that is mentally ill, sometimes it can create social distance among the general public. However, the current findings on the relationship between losing face and mental illness stigma are in contrast with past research where the correlation between cultural values such as losing face and its effect on stigma remains unknown. However, the study reported that inferior feelings of a person such as embarrassment, stress, upset, hurt, and helplessness, can cause them to decide to hide the mental illness from other people, which in turn can become unhealthy behavior toward people with mental illness (Campo-Arias et al. 2020).

On top of that, strong cultural as well as religious beliefs within the family can influence the parents to choose the traditional method as a treatment alternative instead of seeking professional treatment in the hospital (Yin et al. 2020). The majority of the informants revealed that, during the initial stage after being diagnosed, their parents refused to continue their treatment in the hospital and preferred spiritual healing methods to treat the illness due to the fact that they still followed their ancestors' belief that mental illness is caused by evil spirits which cannot be removed using modern treatment. The same goes for other informants who live in a religious household. They were asked to become closer to God by praying, and Muslims recited the Quran more often on a daily basis, which they claimed was not effective and they did not see any changes. In fact, previous research showed that family plays an important role and has a significant influence on the recovery of people with mental illness. Not only is it important for them to show moral support and give motivation to their family member who suffers from mental illness, but also their knowledge regarding this issue is crucial to determining the best possible treatment to help the individual recover (Aldersey & Whitley 2015).

One informant from this study admitted that they did experience stigma in the class where some of her friends, including friends who knew about their mental illness, refused to let her be in the same group for group discussion due to the assumption that she might be lazy or become a free-rider. Meanwhile, other informants might have experienced an internalized stigma where they started to be self-conscious about people's behavior, such as thinking other students might badmouth them behind their back or slowly believing in people's opinions, which led them to lose motivation to study, which can affect their academic performance, as is consistent with research finding done by Guarneri et al. (2019). As a consequence, mentally ill students might adopt a wrong coping mechanism, such as isolating themselves from the other students and only associating with them when needed. If this issue is not addressed in the future, it can create a barrier for mentally ill students to seek help. Therefore, it is important for healthcare professionals and the university administrative staff to act by providing better support services and organizing intervention programs to reduce the stigma level among university students and lecturers (Tran & Lumley 2019).

In addition to that, it is crucial for people to understand that not only do people with mental illness have to deal with mental illness, but they are also being exposed to stigma from the judgmental society. If the stigma is not being managed properly, an individual has a higher risk of turning those social stigmas into self-stigma, and, as a consequence, it can result in lower self-esteem, reduced self-efficacy, and a higher tendency

to social isolation. Not to mention, evidence has proven that people who use maladaptive coping strategies may adversely affect their overall well-being as well as score lower quality of life (Holubova et al. 2016).

Thus, the findings have shown that people with mental illness have learned some coping mechanisms in order to overcome stigma and channel it in the correct way. The method used is similar to a study by Whiteford et al. (2017) that also reviewed individual strategies used to reduce the impact of stigma on the well-being of people with mental illness instead of providing specific coping mechanism techniques that may not be generalized for all people with a mental illness. This is because coping strategies are individual and characteristic for each person. Hence, the same two strategies used by different people cannot be considered equally positive because it always depends on the situation, circumstances, and the individual. For instance, some of the techniques are personal and unique; such as writing a journal, listening to songs, and painting, but at the end of the day, most informants still preferred social avoidance and social withdrawal as their coping mechanism as it was seen as the easier way to avoid stigma.

One informant in this research mentioned that she would try to stay at home most of the time because she refuses to deal with negative people outside her comfort zone, especially people who do not know about her mental illness house. Meanwhile, another informant has chosen to withdraw from most of his friends except people he knows from the support group because he feels more comfortable interacting with people who are in a similar situation. Interestingly, the finding from this study is similar to the previous research, where a few mentally ill people choose secrecy and selective disclosure for coping with social and self-stigma (Valery & Prouteau 2020). However, the techniques are considered maladaptive coping strategies that promote self-destructive behavior.

The finding of this study, when seen through the lens of social identity theory, clearly shows how mental illness stigma impacts an individual's self-concept and social identity. This label and stigma burdened the self-esteem and feeling of community and belonging with others that the informants felt. Social identity theory explains why many individuals with mental illness have a tendency to socially disengage or bond with support groups, as they are likely to experience better understanding and acceptance there. This is especially prevalent in a culture like Malaysia, where family honor and social rank play a major role. As such, the stigma associated with mental illness is far worse; there are more barriers to seeking help or discussing mental health freely. As such, dismantling mental illness stigma in Malaysia and beyond demands not only a shift in societal perceptions but also the facilitation of efforts among individuals to reclaim a more positive, enriching, and adaptive collective social identity.

Conclusion

Overall, it can be concluded that stigma around mental illness still exists, and it is clearly one of the biggest hurdles that people with mental illness have to go through on a daily basis. In sum, it's safe to say that the stigmatization of mental illness is pervasive and continues to be a major obstacle for those who suffer from it. According to the findings, informants frequently experienced social stigma in the form of hurtful remarks or jokes. To illustrate the prevalence of social misunderstanding and the perpetuation of damaging stereotypes, phrases such as "crazy person", "psycho", and charges of being overly dramatic or unmotivated were frequently used. According to social identity theory, stigma falls into two broad categories: personal identity and group membership. Internalizing cultural judgments can impact people's sense of self-worth and lead to feelings of self-doubt. How people in a person's social or professional networks see that person's mental illness is a key component of social identity, which can lead to stigmatization and exclusion.

Keep in mind that this study doesn't zero in on just one mental disorder but rather looks at a range of them. Because stigma may differ by mental disorder kind, the results cannot be applied to a single population. Participants' perspectives on stigma among those living with mental illness are the focus of this research. The source of social stigma is most commonly received from people who are close to them, such as family, friends, or sometimes colleagues. Due to close relationships, some of them are vulnerable to being exposed to a negative environment every day, as well as not having a strong support system around them during the recovery period. Although every person with mental illness is exposed to stigma, the degree of stigma of each mental illness differs from one another.

On top of that, this study's findings context is limited; hence, it is worth noting that this present study is focused on people with different types of mental illnesses rather than centered on one specific mental illness. Therefore, this research result cannot be used to generalize into one specific group since people with different types of mental illness experience different kinds of stigma from the public, and this research focus is only to understand the perceptions of people with mental illness on stigma.

References

Aass LK, Moen OL, Skundberg-Kletthagen H, Lundqvist L, & Schroder A (2022) Family support and quality of community mental health care: Perspectives from families living with mental illness. Journal of Clinical Nursing 31 (7-8):935-948. https://doi.org/10.1111/jocn.15948.

Aldersey H & Whitley R (2015) Family influence in recovery from severe mental illness. Community Mental Health Journal 51: 467-476.

Campo-Arias A, Ceballos-Ospino GA, & Herazo E (2020) Barriers to access to mental health services among Colombia outpatients. The International Journal of Social Psychiatry 66 (6):600-606. https://doi.org/10.1177/0020764020925105.

Corrigan P (2004) How stigma interferes with mental health care. American Psychologist 50 (7):614-625. https://psycnet.apa.org/doi/10.1037/0003-066X.59.7.614.

Corrigan P, Larson J, & Rusch N (2009) Self-stigma and the "why try" effect: Impact on life goals and evidence-based practices. World Psychiatry 8 (2):75-81. https://doi.org/10.1002/j.2051-5545.2009.tb00218.x.

Gowling H, O'Keeffe F, & Eccles FJR (2024) Stigma, coping strategies, distress and wellbeing in individuals with cervical dystonia: a cross-sectional study. Psychology, Health & Medicine 29 (7):1313-1330.https://doi.org/10.1080/13548506.2024.2305172.

Guarneri JA, Oberleitner DE, & Connolly S (2019) Perceived stigma and self-stigma in college students: A literature review and implications for practice and research. Basic and Applied Social Psychology 41 (1):48-62. https://doi.org/10.1080/01973533.2018.1550723.

Henderson C, Noblett J, Parke HL, Clement S, Caffrey A, Gale-Grant O, Schulze BM, Druss BG, & Thornicroft G (2014) Mental health-related stigma in health care and mental health-care settings. The lancet Psychiatry 1 (6):467-482.

Holubova M, Prasko J, Ociskova M, Kantor K, Vanek J, Slepecky M, & Vrbova K (2019) Quality of life, self-stigma, and coping strategies in patients with neurotic spectrum disorders: A cross-sectional study. Psychology Research and Behavior Management 12: 81-95. https://doi.org/10.2147/PRBM.S179838.

Huggett C, Birtel MD, Awenat YF, Fleming P, Wilkes S, & Williams S (2018) A qualitative study: Experiences of stigma by people with mental health problems. Psychology and Psychotherapy: Theory, Research and Practice 91 (3):380-397. https://doi.org/10.1111/papt.12167.

Iseselo MK, Kajula L, & Yahya-Malima KI (2016) The psychosocial problems of families caring for relatives with mental illnesses and their coping strategies: A qualitative urban based study in Dar es Salaam, Tanzania. BMC Psychiatry 16 (146):1-12. https://doi.org/10.1186/s12888-016-0857-y.

Janlov AC, Johansson L, & Clausson EK, (2018) Mental ill-health among adult patients at healthcare centres in Sweden: District nurses experiences. Scandinavian Journal of Caring Sciences 32: 987-996. https://doi.org/10.1111/scs.12540.

Knaak S, Mantler E, & Szeto A (2017) Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. Healthc Manage Forum 30 (2):111-116. https://doi.org/10.1177/0840470416679413.

Krendl AC & Pescosolido BA (2020) Countries and cultural diferences in the stigma of mental illness: the east–west divide. Journal Cross-Cultural Psychology 51 (2):149-167. https://doi.org/10.1177/0022022119901297.

Lawson A & Fouts G (2004) Mental illness in Disney animated films. Canadian Psychiatric Association 49 (1):310-314. https://doi.org/10.1177/070674370404900506.

Link B & Phelan J (2001) Conceptualizing stigma. Annual Review of Sociology 27: 363-385. https://doi.org/10.1146/annurev.soc.27.1.363.

Lundvall M, Lindberg E, Horberg U, Palmer L, & Carlsson G (2019) Healthcare professionals' lived experiences of conversations with young adults expressing existential concerns. Scandinavian Journal of Caring Sciences 33: 136-143. https://doi.org/10.1111/scs.12612.

Malaysian Ministry of Health (2019) Malaysian mental healthcare performance: Technical report 2016–2019. Health Informatics Centre, Planning Division, Ministry of Health Malaysia. https://www.moh.gov.my/moh/resources/Penerbitan/Laporan/Umum/Mental_Healthcare_Performance_Report_2016-2019.pdf.

Mascayano F, Tapia T, Schilling S, Alvarado R, Tapia E, Lips W, & Yang LH (2016) Stigma toward mental illness in Latin America and the Caribbean: A systematic review. Revista Brasileira de Psiquiatria (Sao Paulo, Brazil: 1999) 38 (1):73-85. https://doi.org/10.1590/1516-4446-2015-1652.

Steinberg DS & Wetterneck CT (2017) OCD Taboo Thoughts and Stigmatizing Attitudes in Clinicians. Community Mental Health Journal 53: 275-280. https://doi.org/10.1007/s10597-016-0055-x.

Tajfel H & Turner JC (1979) An integrative theory of intergroup conflict. In: Austin WG & Worchel S (ed). The Social Psychology of Intergroup Relations. Monterey, CA: Brooks/Cole. 33-47.

Teh WL, Samari E, Cetty L, Kumarasan R, Devi F, & Shahwan S (2021) A reduced state of being: The role of culture in illness perceptions of young adults diagnosed with depressive disorders in Singapore. PloS one 16 (6):e0252913. https://doi.org/10.1371/journal.pone.0252913.

Tharaldsen KB, Stallard P, Cuijpers P, Bru E, & Bjaastad JF (2016) 'It's a bit taboo': a qualitative study of Norwegian adolescents' perceptions of mental healthcare services. Emotional and Behavioural Difficulties 22 (2):111-126. https://doi.org/10.1080/13632752.2016.1248692.

Tran AWY & Lumley MN (2019) Internalized stigma and student well-being: The role of adaptive and maladaptive coping. Social Work in Mental Health 17 (4):408-425. https://doi.org/10.1080/1533 2985.2018.1563023.

Valery KM & Prouteau A (2020) Schizophrenia stigma in mental health professionals and associated factors: A systematic review. Psychiatry Research 290: 113068. https://doi.org/10.1016/j.psychres.2020.113068.

Weinberg M, Soffer M, & Gilbar O (2024) PTSD and public stigma: Examining the relationship between public stigmas attached to PTSD and self-esteem, spirituality, and well-being. Psychological Trauma: theory, Research, Practice and Policy 16 (1):116-124. https://doi.org/10.1037/tra0001501.

Whiteford H, Buckingham B, & Harris M (2017) Estimating the number of adults with severe and persistent mental illness who have complex, multi-agency needs. Australian & New Zealand Journal of Psychiatry 51: 799-809. https://doi.org/10.1177/0004867416683814.

Yin M, Li Z, & Zhou C (2020) Experience of stigma among family members of people with severe mental illness: A qualitative systematic review. International Journal Mental Health Nursing 29 (2):141-160. https://doi.org/10.1111/inm.12668.

Zweifel P (2021) Mental health: The burden of social stigma. The International Journal of Health Planning and Management 36 (3):813-825. https://doi.org/10.1002/hpm.312.

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