Exploring socio-psychological factors that contribute to the persistence of mental health stigma among adolescents in China

Liyang Xu

Abstract:

In China negative attitudes of society towards adolescents with mental illness and the young who are suffering from it themselves create substantial barriers to the access to support and services that are much needed. The research aims to map the psychological processes that reinforce the stigma within the social and cross-cultural context, with the emphasis on culture, family and government. Employing the cross-sectional survey design, focusing on the age bracket of 12-20 years old, the research investigates the effects of family structure as well as traditional mentalities on understanding mental illness, and how policies and social structures affect the stigma. The outcomes are expected to assist in addressing some of the issues above and assist in progress in tangible steps to bring about reduced stigma. The study thus reinforces the advancement of culturally appropriate inclusive strategies that would help improve the mental wellbeing of adolescents in China.

Keywords: Mental health stigma, Chinese adolescents, socio-psychological factors, cultural beliefs, family influence, governmental policies, mental health awareness.

1. Introduction

1.1 Background

This stigma in mental health among adolescents in China is largely influenced by society and even the government policy. The absence of sufficient mental health resources or prioritization of mental health education policies however mean that stigma exists and people are discouraged from seeking treatment services. Moreover, conception patterns which promote cultural beliefs around collectivism and discourage emotional expression add to the stigma especially for adolescents who are socially active and have a tendency to assert influence over one another.

Recent statistics suggest that young boys and girls in China have a worrying degree of mental related issues. A survey conducted by the China Youth Research Center in 2021 found that about 35% of the adolescents who were interviewed reported feeling anxious or depressed. This has however resulted in a treatment gap of 90% as teenagers states that only 10% of them tried to access help from a specialist. Most Chinese adolescents do not like discussing their

troubles or understand if they feel weak looking for help, feeling "honor-related shame" about bringing drama to their family. All of these reasons represent approximate and the weight of the causes in this case which call for greater efforts aimed at understanding the socio-psychological dimension which promote this type of stigma amongst this population.

The reasons why adolescents distance themselves from mental health assistance is greatly linked to the stigma associated with mental illness. This stigma, constantly originating from traditional cultural notions, constitutes an important impediment to honest discussions and appropriate therapy. This situation is aggravated by the family and state configuration of expectations and regards concerning the mental health of adolescents.

1.2 Research Objective

This research seeks to understand the socio-psychological causes of Mother's suffering in relation to the stigma of mental health among Chinese adolescents. It specifically attempts to analyze the adolescent understanding of mental ill health in relation to cultural and social factors and the role played by family such as styles of childbearing and relationships in the context of stigma development. The social and political factors which affect the adolescent's uptake of treatment for them are also studied. Finally, it aims to formulate practical suggestions for the alleviation of the stigma related to mental health in children. Understanding and addressing this issue is crucial as it would further allow the creation of viable conditions for the mental health of children in the community.

1.3 Significance of the Study

This research is important both academically and practically. With respect to its academic impact, the study adds on the existing literature addressing the stigma of mental health by looking at the specific cultural and social aspects that affect the population of Chinese teenagers. This study, therefore, fills the existing gap by analyzing cultural attitudes and stigma, family factors and stigma, as well as government policies and stigma.

In a practical sense, the results can help create means through which stigma can be minimized among people, for instance, school mental health interventions, orientation of the parents and change of laws. Overcoming such socio-psychological points may enable young people to approach health professionals as they will not be stigmatized and all in all, there will be no fear of seeking assistance from professionals.

1.4 Scope of the Study

The focus of the analysis is on Chinese adolescents aged 12–20 and explores their mental health attitudes in relation to the culture, family and policy practices. More specifically, this study looks at the role of traditional culture, family relations and social pressure causative of stigma. Finally, the paper outlines shortcomings of existing measures and policies for mental health and outlines appropriate measures to mitigate the stigma related to educational, family or policy settings.

1.5 Overview of Methodology

This research adopts a quantitative method with the main data collection tool being a structured questionnaire. A purposefully non representative sampling means that at least thirty subjects are recruited from schools, community centers and forums. The survey contains closed-ended questions that designed to generate quantitative data and open-ended questions that assist in collecting qualitative data. Statistical analyses include descriptive statistics that aim at providing an overview of the demographic variables of the participants as well as thematic analysis that focuses on the trends of the participants' responses.

This study therefore strives to address the social stigma`s and economic implementation barriers which are essential in developing an inclusive approach to assist Chinese adolescents and their mental health.

2. Literature Review

2.1 The Stigma of Mental Illness

The stigma regarding mental illness is a problem most societies face, and these quite severely influence how individuals engage with the problem of seeking help and support. This stigma exists in various forms such as public stigma, self-stigma and structural stigma. As an example, public stigma includes negative attitudes and stereotypes that society holds against people suffering from mental illnesses, which depict these persons as 'violent' or 'incapable'. As an illustration, self stigma is the phenomenon where an individual audience is exposed to these beliefs and develops feelings of shame, low self-worth and aversion towards seeking therapy (Corrigan & Watson, 2002). In contrast, structural stigma describes policies and social force in an area that makes it difficult for persons residing in that region to attain the required mental healthcare thereby enhancing the gap for serviced individuals.

In cultural settings like China, traditional values that prioritize familial respect, emotional control and collectivism lead to further stigma in relation to mental illness. Talking

about mental health is considered a sign of weakness for a family and subjects the entire family to loss of face, hence these cultural practices place such a stigma. She stated that this leads many people who suffer from poor mental health from looking for professional assistance due to fear of the stigma and social ostracization (Yang et al., 2007). Adolescents in this context are particularly prone to the combined effects of stigma as they are more likely to fall under peer and social influence.

The deficit of stigma not only encourages the use of mental health services but also assists in preventing the exacerbation of mental health conditions by rendering treatment to those in need in a timely manner. In order to ameliorate this challenge, it is necessary to target negative opinions and beliefs through appropriate education and public awareness as well as change organizational dynamics to create a level playing field to access mental health services. Understanding that stigma has a cultural basis is important in the formulation of relevant strategies applicable in particular societies to the purpose of reducing stigma and hence increasing mental health promotion among people in those societies.

2.2 Cultural Beliefs and Values & People's Attitudes Toward Mental Health

In the simplest terms, culture is described as a collection of shared beliefs, norms, values and attitudes. However, it is reasonable to say that not every member of a community possesses these characteristics to the same level or even at all, since it is possible to be aware of some values and norms without necessarily subscribing to them.

However, they could be impacted by them, and cultural and personal beliefs could have mutually reinforced but still noticeable effects. For example, when it comes to the stigma of treatment and seeking therapy, it remains constant regardless on whether they have mental issues or not or have sought treatment before. They understand it as one of the other expectations which such culture has. Furthermore, stigma expectations encourage people suffering from mental illness to develop coping mechanisms. Thus, they do not necessarily adhere to such negative stereotypes; they simply understand (and dread) the fact that they will be "labeled" and these perceptions will be ascribed to them. Cultural stereotypes may also prevent people from seeking out appropriate help for their mental issues for fear of being stigmatized and belittled. In this light, identifies fear of disclosure as the basic reason why clients of mental health services prefer to conceal their clinical diagnosis.

There are plenty of reasons as to why individuals would prefer to remain in isolation instead of undergoing coun-

selling for example, they may not want to face stigma such as being discriminated or judged instead by society and instead chose to remain passive to gain respect. Stigma either in a negative connotation or as societal norms do play an indicator of how a person's mindset to seek help. The main difference one's perception could also vary is due to their anticipation of being discriminated from the society and an experience of being discriminated, both of these together are an indicator of the importance of stigma to be at this level.

Cultural related behavior and that of an individual often associate with each other and compliment one another. For instance, societal perception leads to self-perception which leads to individual stigma that eventually leads to steering away from society. In this regard's adolescents perceived stigma of society rather than internalized social stigma appears to have greater influence on their help-seeking behavior. This goes to show how society norms may disrupt personal responses and behavior.

Socially stigmatized individuals have an identity that is viewed negatively by others. Stigmatized identities can be concealed until they are disclosed (concealable identities, such as minority sexual orientation or a history of mental illness) or immediately noticeable to others (conspicuous identities, such as minority race/ethnicity or obesity). Accordingly, a person with a concealable stigmatized identity is "discreditable" rather than instantly discredited: Although hiding one's identity could shield one from devaluation, once it is known, one runs the risk of encountering bias and discrimination. Not surprisingly, the majority of research on concealable stigmatized identities to date has concentrated on the (expected) advantages of "passing" as a member of a non-stigmatized group and concealing one's identity.

Prejudice, stereotyping, and discrimination are commonplace experiences for people with stigmatized identities. These biases have a significant detrimental influence on their well-being and results in life. It is frequently believed that concealable stigmatized identities are less problematic than conspicuous ones because they can be kept hidden from others to prevent stigmatization. Comparably, it is generally accepted that among members of stigmatized groups, passing, or concealing, a concealable stigmatized identity to present the self as possessing a more valued social identity (Goffman, 1963, Katz, 1981), is the main coping strategy. For example, Goffman (1963) pointed out that "due to the significant benefits of being regarded as normal. Research suggests that these expectations may not be realized and that, on the contrary, concealment may be harmful to social interactions, despite the previously suggested benefits of hiding a stigmatized identity. Previous research has provided evidence to support our reasoning,

showing that concealing a stigmatized identity can have significant costs, such as negative affect, anxiety, and depression as well as an increased risk of mental and physical illness (Meyer, 2003). Furthermore, experimental studies have demonstrated that concealing a low-value identity during social interactions lowers cognitive resources and raises negative self-directed affect. Thus, as Meyer (2003) notes, "Hiding one's stigma is frequently used as a coping strategy, aimed at

2.3 Family Communication and Parental Attitudes

Makk and Cheung (2008) demonstrated the impact that courtesy stigma has on parents of children with Intellectual Disabilities and Mental Health Problems. This type of stigma which is termed as 'affiliate stigma' is due to sociological perspectives which see impairments or mental illness as being infectious, a punishment from God, a weakness or a source of family disgrace.

In this scenario, children parents and the caregivers feel intense dislike for themselves because they associate their child's condition with the social embarrassment, suffering severe emotional pain. These parents often feel ashamed, and as a result start socially isolating themselves, because they begin to look at themselves through society's eyes, feeling like they have lost their social status. This psychological mechanism reverses the direction of the above fundamental social stigma into a strong feeling of self-condemnation and virtually self-contained existence.

Such self-stigmatization does have serious implications on the welfare of the parents and the external welfare of their children. Stress weaknesses resulting from internalization of narrow minded negative peoples' perceptions can lead to stress they experience while taking care of the child and also a loss of satisfaction in their care giving role. The result is some kind of a negative reinforcing cycle which the parent seems to be caught in, or some kind of a parent denial in which the external stigma is internalized and creates an image of an incompetent person.

The studies conducted have provided further evidence to those claims, showing that there is a relationship between affiliate stigma and psychological issues in parents that have children with punctured selves, such as children with intellectual disabilities or any form of mental health condition. The studies emphasize the importance of the problem stemming from social misconceptions as well as the problem of care planners failing to design effective approaches that help remove stigma in healthcare and social support systems.

The experience of parent blaming and bad-parent stigma is believed to be particularly detrimental to parents since it frequently leads them to self-blame. Parents assume the blame for not 'doing enough' to prevent, minimize or someway get rid off the problem of the child. This may be because parents in some ways have a natural internal locus of control regarding the problem of the child. For example, scholars interviewed 30 parents of adolescents with attention-deficit/hyperactivity disorder (ADHD) and found that participants were remorseful for bearing children who have the disorder. This self-blame was magnified by negative experiences of social stigma which made the parent feel that he/she was guilty.

3. Methodology

This study's methodology aims to investigate the socio-psychological elements influencing the continued stigma associated with mental illness among Chinese youth. The study uses a structured survey as its primary research tool and takes a quantitative approach. The research design, sample selection, data collection methods, and data analysis strategies are described in this section.

3.1 Research Design

Data from a sample of Chinese adolescents between the ages of 12 and 20 are gathered for this study using a cross-sectional survey design. The survey approach was selected because it makes it possible to gather a sizable quantity of data from a wide range of participants in a comparatively short amount of time. Furthermore, surveys work particularly well at gathering attitudes, beliefs, and behaviors, which makes them appropriate for examining the socio-psychological elements influencing the stigma associated with mental illness. In order to collect quantitative information on participants' attitudes and beliefs as well as qualitative information on their individual experiences and perceptions, the survey will contain both closed-ended and open-ended questions.

3.2 Data Collection

The study's sample will comprise a minimum of thirty Chinese adolescents between the ages of twelve and twenty. Convenience sampling, which involves finding volunteers from places where teenagers are likely to congregate, such as community centers, schools, and internet forums, will be used to choose the participants. The target population can easily access this method due to its practicality. Convenience sampling is appropriate for this exploratory study, which aims to obtain preliminary insights into the factors contributing to mental health stigma among Chinese adolescents, even though it may limit the generalizability of the findings. In order to guarantee

a heterogeneous sample, attempts will be made to enlist participants from different geographic locations (rural and urban), educational backgrounds (high school, middle school), and family structures (single-child and multi-child households). This diversity will aid in capturing a broad spectrum of viewpoints and experiences regarding the stigma associated with mental illness.

An online survey that participants self-administer will be used to gather data, and it will be made available to them via social media, school networks, and community organizations. To make the survey easier to access and complete, an online survey tool like Google Forms or SurveyMonkey will be used in its design. All participants will receive an information sheet outlining the goals, methods, and confidentiality precautions of the study prior to taking the survey. Every participant will be asked for their informed consent, and if they are under 18, their parents' consent will also be needed.

3.3 Data Analysis

Qualitative and quantitative methods will be necessary in the analysis of the data so as to get a reasonable answer to the question regarding the factors contributing the stigma of mental health among Chinese adolescents. For example, frequencies and percentages in the form of descriptive statistics will summarize characteristic information of the sample and the proportion of respondents exposed to each of the closed survey questions. Other inferential statistics that would be employed in the assessment of relationships between some demographic characteristics and attitudes towards mental health stigma include chi square tests or t tests.

Additionally, factor analysis could be conducted to identify underlying dimensions of stigma-related attitudes and beliefs. Thematic analysis, which is a process that includes finding, examining, and summarizing patterns (themes) within the data, will be used to examine the open-ended responses. A deeper understanding of participant experiences and perceptions of stigma around mental health and the ways that social, familial, and cultural factors shape these attitudes will be gained from this analysis. Coding the qualitative data, identifying major themes, and interpreting the results in light of the body of research on mental health stigma already published are all part of the thematic analysis process.

3.4 Ethical Consideration & Limitation

Because children were involved and the topic is sensitive, ethical issues will be of importance in this research. It is indicated that all participants will provide consent along with any consent that may be provided by their parent or guardian as applicable society & culture Coursework Example. Participants will be assured on the confidentiality of their responses and their identity. In addition, informed consent documents will explain to the subjects that they may leave the study whenever they like. To ensure ethical standards are maintained, the study will be evaluated and approved by the relevant oversight department including an Institutional Review Board (IRB) or an ethics committee.

This study has some limitations, despite its goal of offering important insights into the socio-psychological factors influencing the stigma associated with mental health among Chinese adolescents. Because convenience sampling may not be representative of China's larger adolescent population, the results may not be as generalizable as they could be. Furthermore, biases like recall bias and social desirability can affect self-reported data. Notwithstanding these drawbacks, the study offers a starting point for additional investigation and can guide initiatives meant to lessen the stigma associated with mental health among Chinese youth.

4.Results Analysis

4.1 Demographic Information Analysis
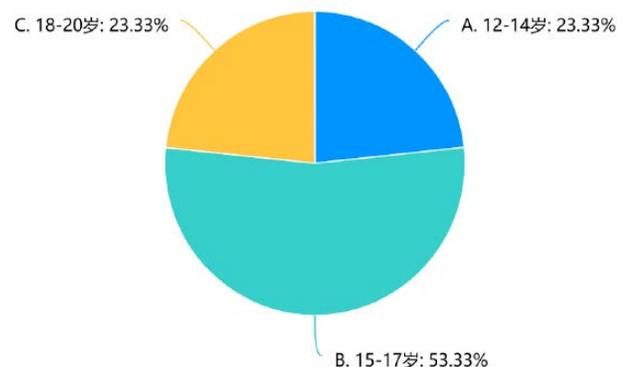
Fig. 1 Distribution of Participates by Age

The questionnaire collected demographic characteristics including age, gender and place of residence of Chinese samples in the analysis. The age groups 12 to 14 accounted for 23.33% of the sample respectively, and the 18 to 20 age group accounted for 23.33% as well. In terms of gender there were 17 males (or 56.67%) compared to 13 females (or 43.33%) while no participants reported a non-binary or unspecific gender to the study. In terms of location, among the participants 60% were urban residents while a 40% were from rural locations.The lack of data from non-binary responses the factor that the sample size is too small.
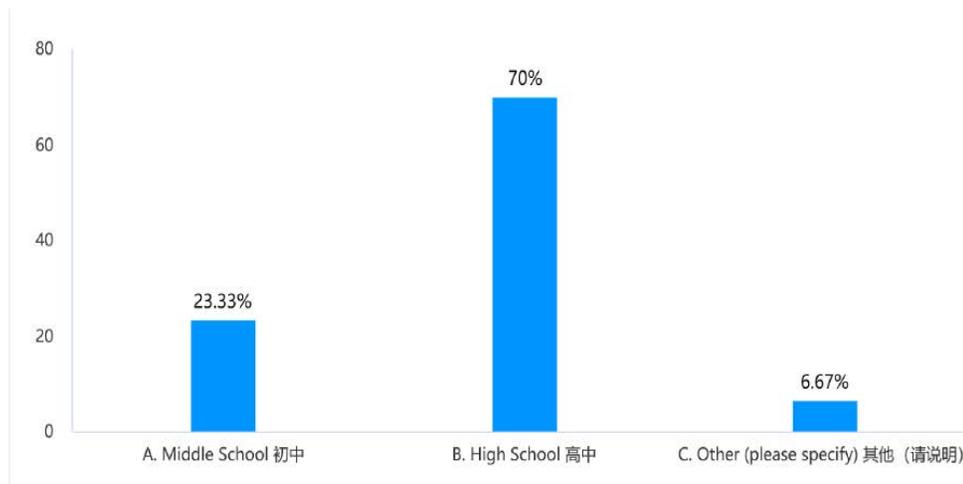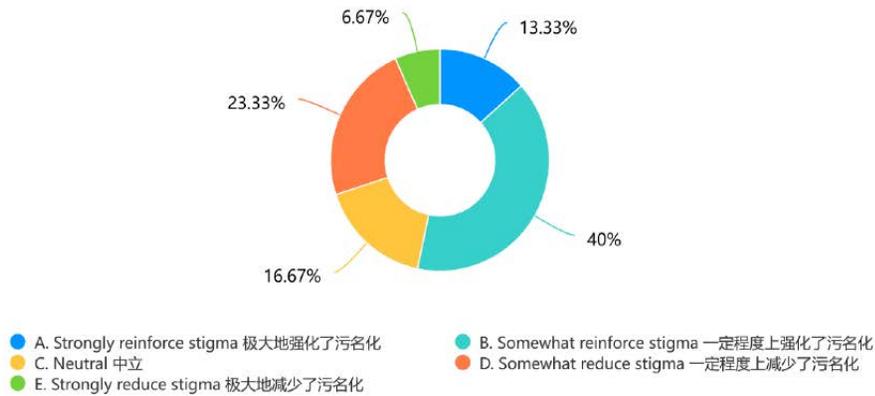
Fig. 2 Educational Levels
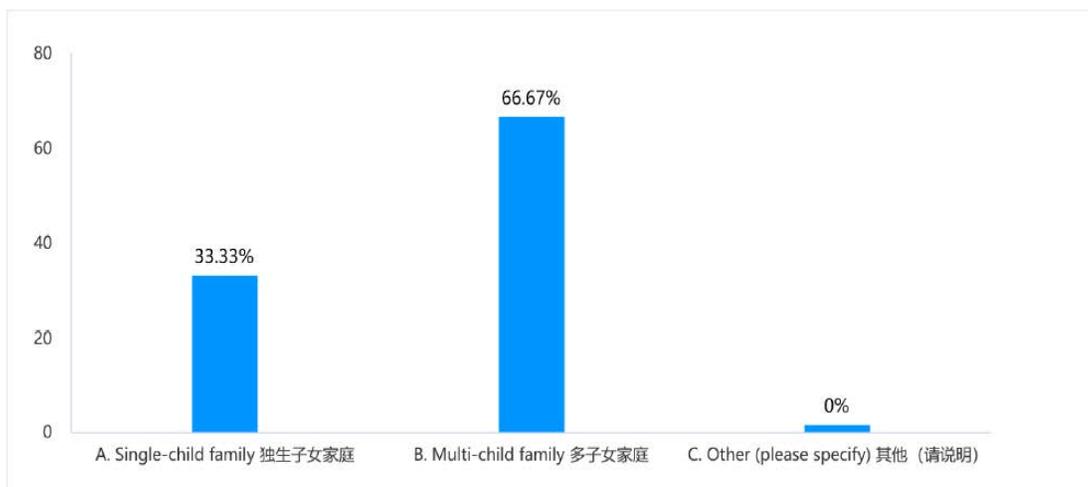
Fig. 3 Family Structures

In terms of their education level, 70% of the participants have high school level education, 23.33% are elementary and 6.67% belong to other categorization specified. This particular distribution shows that largely, the group consisted of high school participants.

With respect to Family Structures, 66.67% of the households reported of having at least more than one child, whereas 33.33 % of the household reported having only a single child. There were no responses from families categorized as 'other', thus highlighting that there were only two types of family structures in which the participates were either single or multi-child families.

4.2 Cultural Beliefs and Traditional Values Analysis

A. Strongly reinforce stigma 极大地强化了污名化
B. Somewhat reinforce stigma 一定程度上强化了污名化
C. Neutral 中立
D. Somewhat reduce stigma 一定程度上减少了污名化
E. Strongly reduce stigma 极大地减少了污名化

Fig. 4 How do you think traditional Chinese values affect attitudes toward mental health issues

第7题：Do you believe that discussing mental health issues is generally considered a taboo in Chinese culture? 您认为在中国文化中，讨论心理健康问题通常被认为是禁忌吗？[单选题]

| 选项	小计	比例	
A. Strongly agree 非常同意	3		10%
B. Agree 同意	10		33.33%
C. Neutral 中立	9		30%
D. Disagree 不同意	6		20%
E. Strongly disagree 非常不同意	2		6.67%

Fig. 5 Do you believe that discussing mental health issues is generally considered a taboo in Chinese culture?

The responses with respect to the impact of traditional Chinese values on one's attitude towards mental health issues indicate that most participants seem to think that these values only aggravate the stigma. In more detail, for instance, 13.33% strongly believe that traditional values have the strongest stigma manifestations, while 40% are of the view that it has some manifestations. At the same time, 23.33% feel that these values have a partial effect in alleviating the stigma, while 16.67% have a neutral view on this.

Related to the taboos around discussing mental health issues within the Chinese context, 43.33% of the participates either agree or strongly agree it is a taboo, 30% were neutral and 26.67% participated in disagreeing or strongly disagreeing. These sentiments indicate that people's views differ on whether talking about issues which affect the mind and bother its possessor are issues which one can talk about without any worries, and such sentiments also reflects the changing dynamics in the Chinese society which is slowly embracing the idea of mental health.
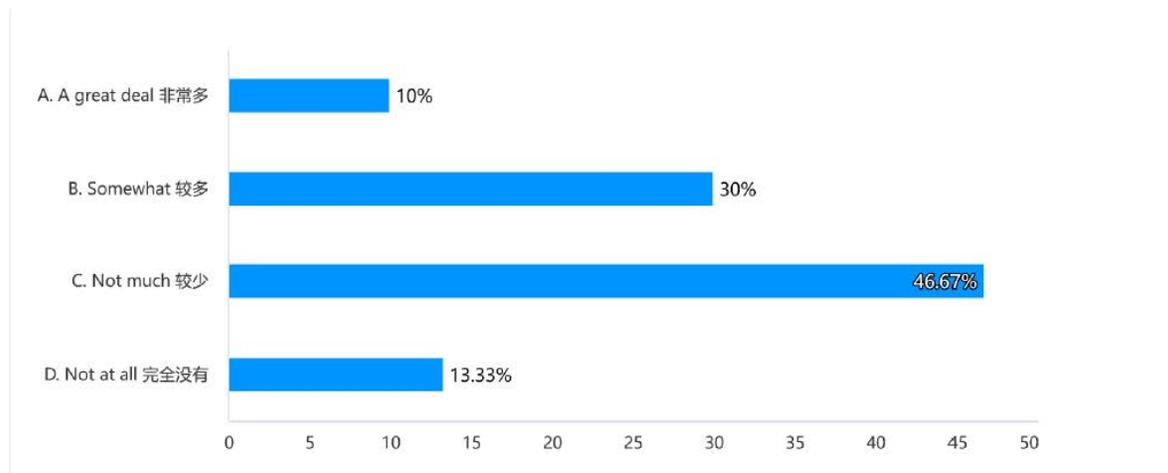
Fig. 6 How much pressure do you feel to conform to cultural expectations (e.g., being strong, not showing vulnerability) concerning mental health?
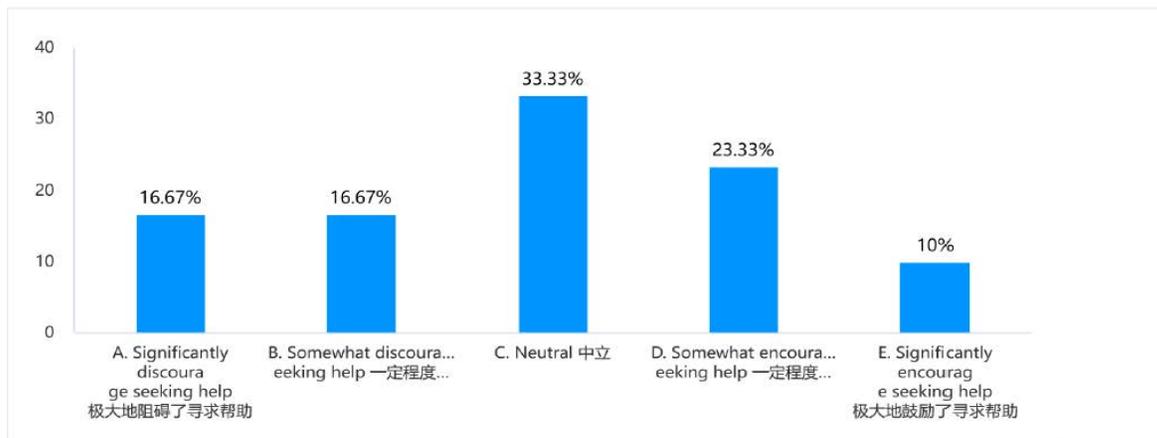
Fig. 7 In your opinion, how do traditional beliefs about mental health impact your willingness to seek help?

The results of the survey show different participates' levels of pressure in relation to the customary expectations of the society that are revolving around mental health. For instance, 10 % of the participates feel a great deal of pressure, whereas 30 %t thought partially or in some way influenced by exercise, do not pressure them much. However, the larger fraction 46.67% experience little pressure, and even 13.33% contrarily, feel no pressure whatsoever to conform.

As pertains to the extremes shifts caused by traditional beliefs as to whether someone would be willing to go for mental health help, the results are quite contradictory. For example, 33.34% of participates do not go for help as they are discouraged to do so, whereas 16.67% feel Significant and Somewhat discouraged with respectively. On the flip side, 33.33% are indifferent in this case, whereas 33.33% are said to be seeking help with 23.33% saying they are encouraged, and 10% saying they are indeed significantly encouraged. Responses provided on this issue indicate different cultural beliefs and their consequences in relation to help-seeking for mental health issues.
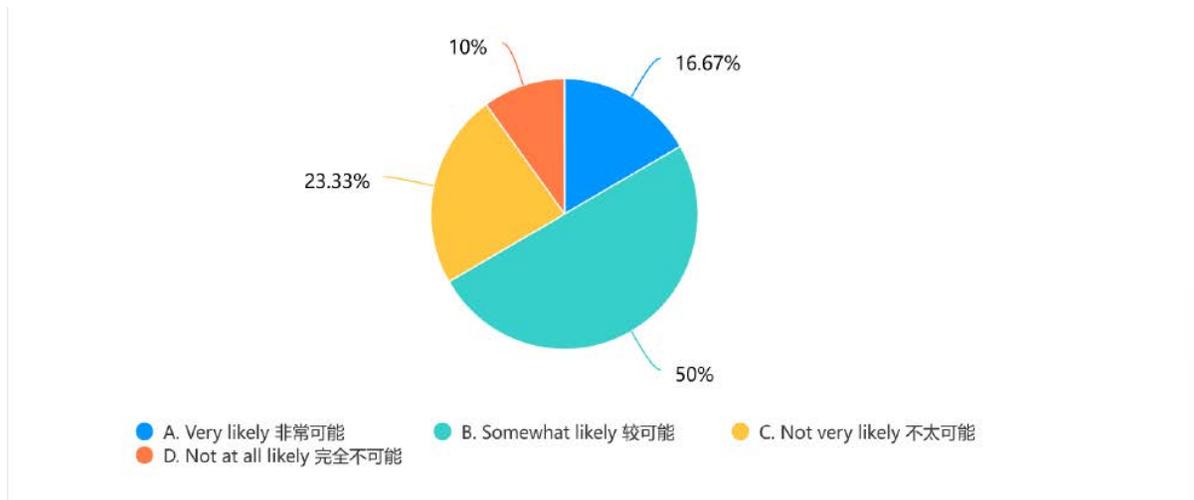
4.3 Peer Dynamics and Social Interactions Analysis

Fig. 8

With regard to the negative stigma from group members concerning issues of mental health, 40% have sometimes witnessed negative reactions; 33.33% do so with rare frequency; while 16.67% often witness these negative reactions. Only 10% of participates have never observed any negative attitudes, which suggests that some form of stigma or unpleasant attitudes about mental health issues are quite present among the participates' peer groups.
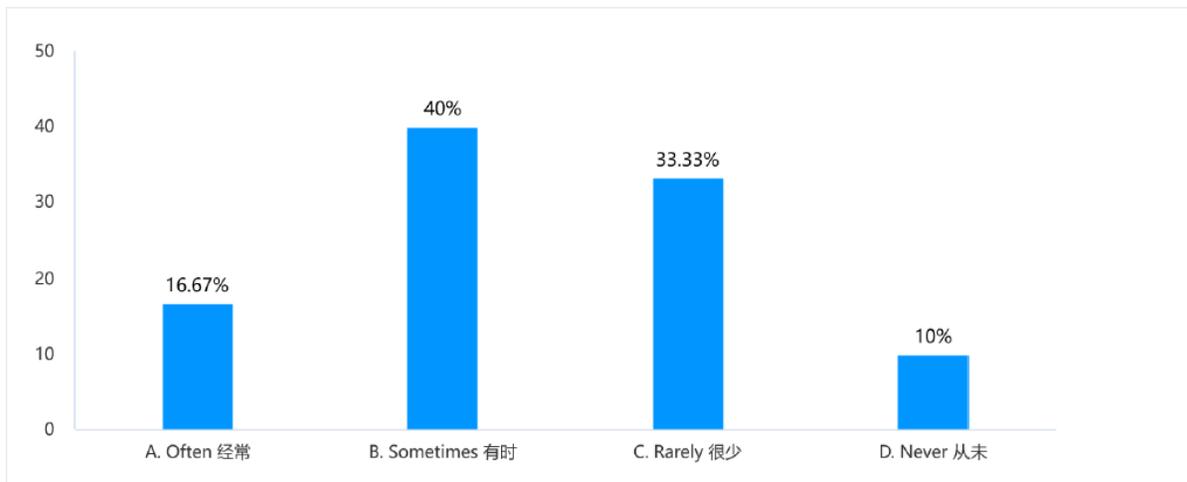

Fig. 9

The survey data provides insights into negative reactions, how friends influence their perceptions, and how mental issues are viewed casually in their circles.

Negative Reactions: A strong percentage of participates (56.67%) reported having a peer who at times (40%) or frequently (16.67%) reacts negatively towards people with mental health issues. This means 10% of them do not have such experiences meaning negative attitudes towards mental health problems are pretty much widespread.

Influence of Friends' Attitudes: The majority of the participates are influenced by their friends' views about mental health. Approximately 50% claim that their friend's view on the matter somewhat (43.33%) or greatly (6.67%) af-

fects their perceptions. On the other hand, 36.67% say that they are not supported much, and a few (13.33%) do not feel supported at all.

Dismissal of Mental Health Issues: In relation to whether mental health issues are often laughed at or dismissed, about 27.67 percent of the participates' agree or strongly that this is the case meaning stigma or lack of sensitivity is quite high. On the other hand about 53.33% tend to disagree or strongly disagree implying that most of them may not notice or consider such habit widespread.

In general, the participates' responses indicate that many are willing to speak about mental health issues, yet still there seem to be some negative attitudes and behaviors

that are common which may act as a barrier to mental health related discussions between siblings.

4.4 Family Communication and Parental Attitudes & Open-Ended Questions

In terms of Family Communication and Parental Attitudes, the survey results present a clear picture of families regarding their view towards mental health. About one in three parents do not hold strong feelings about mental health matters which could make it difficult to hold such behavioural conversations at home. On the contrary, 40% and more of the parents are supportive which probably eases mental health talk.

This attitude from parents determines the level of comfort young people have in communicating their mental health issues with them. More than 50% of the participates are comfortable sharing their issues of mental health which signifies that indeed the parents support. However, about a quarter of young people still have a wish to be more comfortable and this might be as a result of some parents being less supportive or dismissive.

Additionally, the survey indicates that although a sizeable number of youths claim to be somewhat persuaded by their parents' stance on mental health, many of them assert their independence in shaping their views. This means that adolescents are also exposed to information from different sources such as the school or the internet, which enables them to have a different perspective than that of their parents. This indicates that it is necessary for both families and society to encourage an atmosphere in which mental disorders may be discussed freely.

The answers for open ended questions suggests that traditional Chinese values influence how individuals perceive mental health. Many respondents from this study also stated that these values that seem to advocate family shame and peace at all costs, would discourage them from speaking out about their mental health issues. Such thinking may result in under-reporting of mental conditions and lack of sufficient support. Due to these cultural elements, some people may fear to seek assistance in addressing their challenges for they do not want to bring shame to their families. They also noted, however, that these customs and traditions could contribute to the formation of a comprehensive support system for the protection of the interests of those who need it most.

Also, the survey shows that better understanding of mental health in the context of Chinese families can be attained through education that normalizes the issue. Most respondents feel that the educational institutions and community programs can assist the families in breaking prejudice of discussing mental health issues. They also commented that how mental health is portrayed in the media can influence how mental illness is viewed by society and assist in addressing the stigma attaching such conditions and increase discussion of the condition in society which is often resistant to such matters. This indicates that maintaining traditional views along with the modern concept of mental health might be a viable strategy to create a society where mental issues can be spoken freely without fear of judgement.

Conclusions

The research highlights an influential relationship between adolescent mental health stigma and traditional Chinese culture, family and state. Such a socio-cultural context emphasises the importance of family and social order which subsequent restricts discussions and recognition of mental health issues and even more so inhibits young people's willingness to seek help. As a result, a considerable number of adolescents remain silent about their issues, out of the fear of causing disgrace or upheaval to their family, which in turn deepens the stigma and the treatment gap.

The recommendations that will be outlined are concrete and specific. To start, mental health literacy should be more of a focus in schools meaning students and their families are educated and have supportive systems at both home and school. This can include teaching the teachers how to identify mental health problems and how to support students in those cases. Further, the local authority should modify health policies to increase investment in the youth so that their needs are catered for and the services become available. Also, local authorities should establish teen support groups in the centers where teens can freely share their life struggles without being judged. Finally, there should be a thorough evaluation of the effectiveness of the interventions and changes made accordingly for the addressed needs of the community to be met.

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Appendix

Questionnaire

Questionnaire: Exploring Socio-Psychological Factors Contributing to Mental Health Stigma Among Adolescents in China

Section 1: Demographic Information

1. Age:
○ 12-14
○ 15-17
○ 18-20

2. Gender:
○ Male
○ Female
○ Non-binary
○ Prefer not to say

3. Region of Residence:
○ Urban
○ Rural

4. Educational Level:
○ Middle School
○ High School
○ Other (please specify)

5. Family Background:
○ Single-child family
○ Multi-child family
○ Other (please specify)

Section 2: Cultural Beliefs and Traditional Values

6. How do you think traditional Chinese values (e.g., the importance of family honor, and stoicism) affect attitudes toward mental health issues?
○ Strongly reinforce stigma
○ Somewhat reinforce stigma
○ Neutral
○ Somewhat reduce stigma
○ Strongly reduce stigma

7. Do you believe that discussing mental health issues is generally considered a taboo in Chinese culture?
○ Strongly agree
○ Agree
○ Neutral
○ Disagree
○ Strongly disagree

8. How much pressure do you feel to conform to cultural expectations (e.g., being strong, not showing vulnerability) concerning mental health?
○ A great deal
○ Somewhat
○ Not much
○ Not at all

9. In your opinion, how do traditional beliefs about mental health (e.g., seen as a personal weakness or a family shame) impact your willingness to seek help?
○ Significantly discourage seeking help
○ Somewhat discouraged seeking help
○ Neutral
○ Somewhat encourage seeking help
○ Significantly encourage seeking help

10. How often do you encounter traditional views (e.g., "mental health issues should be kept private") in conversations about mental health?
○ Very often
○ Often
○ Sometimes
○ Rarely
○ Never

Section 3: Peer Dynamics and Social Interactions

11. How likely are you to share your mental health struggles with your peers?
○ Very likely

○ Somewhat likely
○ Not very likely
○ Not at all likely

12. Have you ever observed or experienced negative reactions (e.g., bullying, exclusion) from peers towards someone with a mental health issue?
○ Often
○ Sometimes
○ Rarely
○ Never

13. How much influence do your friends' attitudes have on your own perceptions of mental health issues?
○ A great deal
○ Somewhat
○ Not much
○ Not at all

14. Do you think mental health issues are often joked about or dismissed by your peers?
○ Strongly agree
○ Agree
○ Neutral
○ Disagree
○ Strongly disagree

15. If a close friend confided in you about their mental health struggles, how would you react?
○ Be supportive and understanding
○ Feel uncomfortable but try to help
○ Avoid the topic
○ Distance myself from them

Section 4: Family Communication and Parental Attitudes

16. How openly does your family discuss mental health issues?
○ Very openly
○ Somewhat openly
○ Rarely
○ Never

17. What is your parents' general attitude toward mental health issues?
○ Very supportive
○ Somewhat supportive
○ Neutral
○ Somewhat dismissive
○ Very dismissive

18. Do you feel comfortable talking to your parents about your mental health?
○ Very comfortable
○ Somewhat comfortable
○ Not very comfortable
○ Not comfortable at all

19. Have your parents ever expressed negative views about mental health issues (e.g., seeing it as a sign of weakness)?
○ Often
○ Sometimes
○ Rarely
○ Never

20. How much do your parents' attitudes influence your views on mental health?
○ A great deal
○ Somewhat
○ Not much
○ Not at all

Section 5: Open-Ended Questions

21. How do you think traditional Chinese values contribute to the way mental health is perceived among your peers?

22. Can you describe a situation where you felt peer pressure regarding mental health issues? How did it affect you?

23. What could be done to improve family communication about mental health in Chinese households?

24. Please share any additional thoughts on how cultural, social, or family factors influence mental health stigma in your experience.