

The Impact of Stigma on Adolescents with Major Depression Disorder (MDD) and Anxiety Disorders

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Abstract:

Over the few decades, major depression disorder (MDD) and anxiety disorders in adolescents have become a concern. MDD, characterized by persistent sadness and loss of interest, and anxiety disorders, marked by excessive worry, are increasingly prevalent. Despite this, the stigma surrounding mental health often prevents adolescents from seeking the help they need. This literature review explores the relationship between stigma and MDD/anxiety disorders, examining how public misconceptions and societal attitudes exacerbate the issue. It also highlights the critical role of early diagnosis, timely intervention, and appropriate treatment. The review further discusses the importance of public education in combating stigma, the potential of online counseling services to address accessibility and affordability issues, and the role of school-based mental health services in offering support. By addressing these critical issues, this study aims to contribute to a paradigm shift in mental health awareness and care during this pivotal life stage.

Keywords: MDD, anxiety disorders, stigma, adolescents, mental health, public education, psychotherapy

1. Introduction

Over the few decades, major depression disorder (MDD) and anxiety disorders in adolescents have become a concern. MDD, characterized by persistent sadness and loss of interest over two weeks, and anxiety disorders, marked by excessive worry and nervousness, together constitute major public health concerns (The American Psychiatric Association, 2020). Notably, the comorbidity of MDD and anxiety disorders is common, with shared biological, psycho-

logical, and environmental underpinnings, highlighting the importance of a holistic approach to treatment and understanding (Kessler et al., 2005).

2. Literary Review

2.1 Understanding MDD and Anxiety disorder

Contrary to transient depressive emotional responses to specific events, Major Depressive Disorder (MDD)

is a clinical mental illness that warrants serious concern. Similarly, anxiety, which primarily enhance personal vigilance and better detection of potential dangers, may escalate to an anxiety disorder when such tension prolongs and generalizes. MDD and anxiety disorders can negatively impact an individual's daily life. However, currently, a significant portion of the population lacks a comprehensive understanding or even is unable to differentiate them from emotions. Consequently, numerous adolescents fail to receive timely intervention and treatment, predicting further maladaptation in development.

2.2 Prevalence and Impact on Adolescents

Indeed, as in a crucial developmental phase, these afflictions are particularly poignant in adolescence (World Health Organization, 2017). Recent statistics issued by World Health Organization (WHO) (2021) indicated a 50% increase in diagnosed anxiety disorders and MDD among adolescents over the past decade, emphasizing the urgent need for targeted interventions. Moreover, according to the WHO (2017), depression is the leading cause of disability among 10 to 19-year-olds adolescents globally, with anxiety disorders ranking the sixth. Adolescents with MDD face a 50% higher risk of developing substance abuse problems, which can lead to further health deterioration. (Substance Abuse and Mental Health Services Administration, 2022).

2.3 The Role of Stigma

However, stigma can make the situation worse. Among all risk factors mentioned by National Institute of Mental Health that can exacerbate MDD, and anxiety disorders, misconception or stigma is the most salient factor, mainly caused by a lack of public education. Adolescents and parents alike may perceive these conditions as character flaws rather than legitimate illnesses (Corrigan et al., 2014) this occurs because primary care and other health providers sometimes make decisions contrary to typical care standards. This might occur because providers endorse mental illness stigma, which seems inversely related to prior personal experience with mental illness and mental health care. In this study, 166 health care providers (42.2% primary care, 57.8% mental health practice. Adolescents reported peer pressure in seeking mitigation for mental illness, indicating stigma abounds (Villatoro et al., 2022) stereotypes, and separation/discrimination influenced self-reported help-seeking behaviors of adolescents and recommendations for hypothetical peers with a mental health problem. Longitudinal data (four assessments. Hence, adolescents are vulnerable to MDD and anxiety disorder, while stigma prevents them from treatment

seeking. Under such circumstance, public education about mental illness diagnosis, intervention, and treatment is important.

2.4 Types of Stigma

Putting in detail, there are two kinds of stigma. The first type is the doubts towards patients. With stigma, the public trivializes mental health issues as transient emotions or devalues patients. This doubt can cause shame and reluctance to seek for treatment. The other type is from patients' concern about the efficiency and privacy in psychotherapies (Swift & Greenberg, 2012). Consequently, nearly two-thirds of those experiencing mental illness fail to receive necessary care (World Health Organization, 2020).

3. Discussion and Intervention Strategies

3.1 Public Education Campaigns

Due to intensive attention to severe mental health issues, without proper education, the public usually holds misconceptions about MDD and anxiety disorders by either underestimation or overestimation (Larson & Tran, 2014). Under this circumstance, adolescents may perceive MDD and anxiety disorders as terminal diseases or simple negative reactions due to stigma (DeLuca, 2020). While, as great academic pressure faced by adolescents, parents or teachers frequently regard symptoms as negative emotional reactions or delinquency (Essau et al., 2002). Admittedly, adolescents respond more intensely to environmental cues compared to adults (Romer et al., 2017). However, without correct guidance or education, on one hand, adolescents cannot cope with their MDD and anxiety disorders without proper therapies. On the other hand, without sufficient training or literacy, disregard on mental illness can further delay or impede professional intervention.

To solve the quandary brought by stress, or stigma, educating the public on manifestation, diagnosis, intervention, and treatment of anxiety disorders and MDD should be the first stride. To commence, governments should actively engage in disseminating evidence-based public education videos, focusing on adolescent mental health, and motivate the sharing to counter misinformation. Leveraging social media platforms, an economical and swift means of dissemination, fundamental information such as origins, manifestations, and remedies for mental ailments can be easily distributed to a diverse demographic. This can foster accurate understanding, curtailing misconceptions and prejudice. While consulting with experts, preparing

manuscripts, and recording videos can be time-intensive, the potential benefits outweigh the costs. Therefore, this endeavor proves to be a valuable and worthwhile venture.

3.2 Online Counseling Services

Once the public is aware of MDD and anxiety disorders, the demand of treatment or intervention will increase. Hereby, with new technology, internet-based counseling services can be the solution. As a game-changer, internet-based counseling services can address barriers such as geographical inaccessibility (Lindqvist et al., 2020) and financial constraints (Adler et al., 2020) multiple genes have been reported to cause this condition and are routinely tested in patients. Because of dramatic changes in our understanding of human genetic variation, reappraisal of reported genetic causes for LQTS is required.

Methods: Utilizing an evidence-based framework, 3 gene curation teams blinded to each other's work scored the level of evidence for 17 genes reported to cause LQTS. A Clinical Domain Channelopathy Working Group provided a final classification of these genes for causation of LQTS after assessment of the evidence scored by the independent curation teams.

Results: Of 17 genes reported as being causative for LQTS, 9 (AKAP9, ANK2, CAV3, KCNE1, KCNE2, KCNJ2, KCNJ5, SCN4B, SNTA1).

Firstly, via on-line therapies, adolescents in remote places can get access to education, treatment, or intervention from professional counsellors. Also, during the pandemic, while patients cannot meet their therapists off-line for lockdown, on-line therapies became a plausible and pragmatic alternative.

Moreover, online therapeutic modalities not only offer convenience but also affordability, with reduced costs. Initiating in-person therapy sessions entails additional expenses for counsellors, such as renting a private room. Clients are also required to travel to their therapist's location, which can be both time-consuming and expensive. Without a doubt, for adolescents belonging to lower socio-economic strata, online therapy sessions provide a practical solution by conserving their time and finances. However, reliance on internet-based therapies also presents significant challenges. Chief among these is the variability in treatment quality. Lower costs for online consultation may attract not only inadequately trained professionals but also fraudulent entities (Blease et al., 2019). Such treatment may even amplify negative effect on vulnerable adolescents (Baumeister et al., 2014). Moreover, low quality service or the platform also bring risks in data privacy and security management. In therapies, adolescents inevitably disclose their personal information, de-

spite of using pseudonyms for protection (Nocon, 2021). In the case of data breach, teenagers may be exposed to more stigma or stress, which can inflict secondary trauma on already fragile psychological states. Hence, these vulnerabilities underscore the need for stringent regulation and safeguarding measures, otherwise, adolescents may experience more deteriorating conditions (Orben & Przybylski, 2019).

3.3 School-Based Mental Health Services

Consequently, to remit the disadvantage brought by on-line platforms and enhance the governmental publication, considering students often spend much time on campus, institutional assistant is another potent alternative (Blum & Libbey, 2004). Like government or on-line platforms, schools can provide comprehensive mental health service to eliminate stigma. First, launching psychological courses for students can remove stigma and promote treatment (Weare & Nind, 2011). On the other hand, faculty with sufficient knowledge can recognize early symptoms and help adolescents before diagnosis proactively. Or at least, they can build a safe and non-judgmental environment. Schools can further enhance their mental health infrastructure by offering on-site counseling services (Osagiede et al., 2018) knowledge, and comfort related to student mental health were compared. The authors also compared mental health training received by teachers and their satisfaction with the respective models. There were statistically significant differences between the two models in teachers' perceived awareness, knowledge, mental health training received, and satisfaction. However, teachers with in-school therapists were only comfortable accessing services for students with mental health issues and not necessarily talking with students about mental health. An SBMH services delivery model that has a dedicated therapist within the school increases the likelihood that teachers will be more aware and knowledgeable of student mental health, but more tailored trainings may be needed to better equip teachers with direct student management of mental health issues."

Children & Schools, "DOI": "10.1093/cs/cdy020", "ISSN": "1532-8759", "issue": "4", "journalAbbreviation": "Children & Schools", "page": "240-248", "source": "Silverchair", "title": "Teachers' Perceptions of Student Mental Health: The Role of School-Based Mental Health Services Delivery Model", "title-short": "Teachers' Perceptions of Student Mental Health", "volume": "40", "author": [{"family": "Osagiede", "given": "Osayande"}, {"family": "Costa", "given": "Sheina"}, {"family": "Spaulding", "given": "Aaron"}, {"family": "Rose", "given": "Jason"}, {"family": "Allen", "given": "Kimberly"}]

E"}, {"family": "Rose", "given": "Mary"}, {"family": "Apatu", "given": "Emma"}], "issued": {"date-parts": [{"2018", 10, 1}]}, "schema": "https://github.com/citation-style-language/schema/raw/master/csl-citation.json" . Basically, school counselors can guide students to apply constructive coping mechanisms. Moreover, these professional counselors can devise tailored solutions for their unique challenges on sites with protection and security. By functioning as a safe outlet for emotional expression, these services can remove key risk factors (e.g., wrong emotional coping strategies, stigma, or problematic cognitive patterns) to anxiety disorders and MDD among adolescents. Through these multifaceted interventions, schools can foster an environment conducive to mental health awareness and intervention, thereby addressing the complex needs of teenagers.

Nonetheless, school-based psychological counseling services, akin to their counterparts, encounter several drawbacks. A paramount concern resides in fixed remuneration plans, which can demotivate counselors to acquire latest knowledge or training. Consequently, high-caliber professionals, attracted by better payment of private practice, often opt-out of school employment, leaving a less qualified workforce (Barnett, 2011) lasting effects on cognitive, social, and schooling outcomes. However, all interventions are not equally effective. Two major U.S. programs perform relatively poorly. Research provides some guidance regarding the features of highly effective programs, but much remains to be learned. New experimental studies of key program features would have a high payoff." "container-title": "Science (New York, N.Y.). Moreover, despite school-affiliated counselors are regulated by bureaucratic rules, without sufficient training in ethics or therapies, they may still fail to provide optimal service to protect adolescents. Further, without certain training in psychiatry, these counselors typically diagnose mental illness subjectively or label some symptoms with certain illness, which bring further shame or stigma (Tyrer et al., 2015) so every medical practitioner will encounter them frequently. People with personality disorder have problems in interpersonal relationships but often attribute them wrongly to others. No clear threshold exists between types and degrees of personality dysfunction and its pathology is best classified by a single dimension, ranging from normal personality at one extreme through to severe personality disorder at the other. The description of personality disorders has been complicated over the years by undue adherence to overlapping and unvalidated categories that represent specific characteristics rather than the core components of personality disorder. Many people with personality disorder remain undetected in clinical practice and might be given treatments that are ineffective or harmful as a result.

Comorbidity with other mental disorders is common, and the presence of personality disorder often has a negative effect on course and treatment outcome. Personality disorder is also associated with premature mortality and suicide, and needs to be identified more often in clinical practice than it is at present." "container-title": "Lancet (London, England. Consequently, counseling services on campus may serve more as symbolic gestures rather than delivering substantial impacts. These limitations underscore the necessity for reforms in incentive packages of school counseling services to ensure the provision of proficient and efficacious support.

3.4 Government Interventions

Finally, after discussing delivery methods, it becomes clear that professionally conducted systematic psychotherapies are essential for adolescents to overcome anxiety disorders and MDD. Supported by comprehensive empirical research and continuous refinement, therapies such as cognitive-behavioral therapy, psychodynamic therapy, and emotion-focused therapy, have evolved to become sophisticated and effective (Cuijpers et al., 2013). However, due to stigma, the public usually label receiving psychotherapies as taboo. Moreover, without endowment, patients may perceive that psychotherapies are not effective. As the vanguard, governments bear a pivotal responsibility to promote psychotherapies among teenagers and their familial units.

As the case in China, where the implementation of health insurance has significantly alleviated medical expenses and stigma for physical illness. However, due to the constrained scope of claims, psychotherapies are not included (Phillips et al., 2009). On one hand, psychotherapies are stigmatized by the public, labeling psychotherapies as tools for insanity. On the other hand, due to the stigma experienced by patients, private therapists often need to invest additional time to establish a trusting relationship with their clients. This extended process can lead to higher costs for patients and may even prevent those with limited financial resources from seeking treatment. To remit this gap, governments can integrate psychotherapeutic service within extant medical insurance policies. This strategic maneuver not only elevates public consciousness but also can constitute a seminal stride in dismantling stigmatization and misconceptions surrounding psychotherapies from patients: effective psychotherapies are accessible and reliable (World Health Organization, 2020). By doing so, governments can pave the way for universal access to quality psychological care, fostering a healthier and more resilient society.

As mentioned before, governments can quickly dissemi-

nate information. Therefore, they can provide case studies to highlight the effectiveness of psychotherapeutic interventions, reframing mental health struggles not as personal failings, but as challenges that can be overcome with professional support. Public discourse, facilitated by government — initiated forums and campaigns, invites diverse stakeholders — patients, families, and experts — into a collective conversation on mental wellbeing. Open exchanges of this nature dissolve misunderstandings, nurturing a broader societal comprehension and embrace of mental health complexities.

Moreover, to fulfil the demand, legislative frameworks must be updated, such as launching new Personal Information Protection Law of China to protect individual privacy and devise targeted policies for mental health services. These measures shield patient rights, ensuring discrimination-free access to care and fostering a treatment ecosystem grounded in safety and respect. Ultimately, the government's endorsement of psychotherapies serves dual purposes: it furnishes tangible pathways to recovery while concurrently elevating mental health awareness at a societal level, thereby transforming cultural perceptions and substantially mitigating the stigma attached to mental illnesses.

4. Conclusion

In summary, MDD and anxiety disorders pose a significant threat to adolescents, undermining daily functions and heightening the risk of physical health. Early detection and intervention are crucial. However, societal stigma prevents individuals from seeking help for either feeling shameful or skepticism. To reduce stigma, education the public about MDD and anxiety disorders can be the first solution. Additionally, on-line or campus psychological counseling can also help adolescents despite of some potential risks. Finally, professional psychotherapy is indispensable, so that the government should launch relevant policies to provide high-quality psychotherapies to adolescents as well as diminish the risk brought by stigma.

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