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# MENTAL HEALTH STIGMA AMONGST ADOLESCENTS: CAUSES AND SOLUTIONS THEREOF

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## ABSTRACT

Mental health is one of the most prevalent issues in our society today, especially amongst adolescents. A 2018 survey from the Substance Abuse and Mental Health Services Administration (SAMHSA) found that 14.4% of the U.S. teenagers surveyed had experienced a major depressive episode in the past year, an increase of 6.1% from their 2008 survey (SAMHSA, 2019). Given that mental health issues are more widespread than ever, especially during a pandemic, it is imperative to study barriers to mental health treatment, with one of these being stigma. As Nearchou et al. (2018) explained, stigmatization leads to individuals not seeking treatment due to concerns of judgment from others, thus leading to a further decrease in mental health. This paper aims to examine mental health stigma amongst adolescents and how it manifests. To better understand stigma, an analysis of potential causes will follow with a review of potential treatments and solutions.

## INTRODUCTION

Mental health is one of the most pressing issues of the modern world. SAMHSA found that increased numbers of people are struggling with mental health issues, with 26.3% of adults aged 18 to 25 reporting a mental illness between 2017 and 2018 (SAMHSA, 2019). Adolescents are especially vulnerable, which is evident in their rising rates of mental illness and levels of treatment. SAMHSA reported that the rate of teenagers receiving mental health services in “specialty mental health settings” and in “education settings” have been rising steadily for the past several years (SAMHSA, 2019). Mental health issues have become an even greater concern with the recent COVID-19 pandemic. It has been shown that the COVID-19 pandemic has had a negative effect on children’s mental health, with one meta-analysis of 50 studies finding that COVID-19 re-

sulted in increases in post-traumatic stress disorder (PTSD), anxiety, and depression among adolescents, as well as stress and general mental health issues (Marques de Miranda et al., 2020).

These pandemic-related mental health issues are compounded by the fact that adolescents have developed fewer stress-coping mechanisms than adults (Imran et al., 2020). With this rise in mental illnesses among young people, it is important to ensure that those struggling with mental illnesses receive the treatment they need. Not only is this an issue of accessibility, but it also requires an understanding of the best practices to encourage adolescents to seek treatment. One possible barrier, as noted by Nearchou et al. (2018), is mental health stigma, or an individual's feelings of negative self-judgment or self-hatred stemming from mental health issues. These negative feelings may lead to the individual delaying or avoiding treatment entirely, which will likely result in a worsening of mental health outcomes (Nearchou et al., 2018). Thus, addressing mental health stigma allows adolescents to feel more comfortable receiving the assistance they need. This paper will examine mental health stigma and how it affects those with mental illness by identifying several causes on both a micro and macro level, followed by a discussion of possible solutions and interventions. This paper will conclude with a discussion of best practices in addressing mental health stigma and possible future research studies. In the context of this paper, "adolescents" refers to individuals between the ages of 8 and 25, though specific age ranges in studies are given when provided by the authors. This age range is wide, however, it allows for an examination of the many causes of stigma and the wide array of recent interventions.

## Stigma

### *Defining Stigma*

As Corrigan and Watson explained, stigma is generally comprised of three parts: stereotypes, or the negative preconceptions of a person or group; prejudice, or "negative emotional reactions"; and discrimination, or what one does in reaction to it (Corrigan & Watson, 2002). To better examine these three dimensions from an adolescent perspective, Silke et al. (2016) conceptualized the seven-factor model that breaks down mental health stigma into seven factors determined by how adolescents responded to questionnaires. These seven factors include "*dangerousness, warmth & competency, responsibility, negative attributes, prejudice, classroom discrimination, and friendship discrimination*" (Silke et al., 2016, p. 265). The factors were sorted according to how they related to three ad-

ditional factors: stereotypes, prejudice, and discrimination. In the study, dangerousness, warmth and competency, responsibility, and negative attributes were all grouped underneath stereotypes in the results of the questionnaire, while both classroom discrimination and friendship discrimination were grouped under discrimination, and prejudice was studied as a factor of the whole (Silke et al., 2016).

Additionally, Corrigan (2004) explained that stigma can be both internal and public. Public stigma is the result of actions taken by a society that accepts prejudice against a group, whereas internalized stigma occurs when members of that group accept these actions and turn that prejudice against themselves (Corrigan, 2004). In this way we can see how stigma needs to be addressed at the micro, mezzo, and macro levels.

### *Negative Effects*

Stigmas' largest effects are that they discourage individuals from seeking treatment for mental health issues. In a 2018 study, Nearchou et al. found that perceived social stigma surrounding mental health were strong predictors of whether U.S. adolescents would seek treatment, fearing they would be shunned for seeking help. A 2013 study of Australian youth aged 15-25 used a questionnaire to measure their reactions to vignettes depicting people struggling with various mental health issues, such as depression or post-traumatic stress disorder (Yap et al., 2013). The results established an association between stigmatizing attitudes and theoretical help-seeking intentions for mental health issues, especially if the individual expressed the perception of weakness, as opposed to illness (Yap et al., 2013).

### *Differences Across Groups*

Stigma has been shown to be influenced by several factors, including race and gender. DuPont-Reyes et al. (2020) conducted a survey regarding mental health stigma on 667 middle-schoolers with a mean age of 11.5 years. These students were a mix of Latinx, non-Latinx Black, and non-Latinx white boys and girls. Through the use of questions regarding stereotypes, general attitudes, social distancing, and vignettes (with one having bipolar disorder and one experiencing social anxiety disorder), DuPont-Reyes et al. (2020) found significant differences in mental health stigma across race and ethnicity. They found that boys within their sample were generally more likely to social distance, as well as demonstrating greater discomfort towards those with mental illnesses, than girls. Additionally, white boys and girls were shown to feel comfortable with signifi-

cantly smaller social distances than their non-Latinx Black and Latinx peers (DuPont-Reyes et al., 2020).

### ***Parental Stigma***

A study conducted by Ojio, Yamaguchi, et al. (2020) examined the relationship between parents' levels of mental health stigma and the level of mental health stigma of their children. The findings indicated that, as a parent's stigma decreased, so did their children's, even if the child did not receive the same intervention that the parent did (Ojio, Yamaguchi, et al., 2020). In addition, it has been found that a parent's feelings of mental health stigma may make them less likely to seek help for their children if the parent has experienced mental health issues, lessening the likelihood that the parent will identify their own mental health challenges (Villatoro et al., 2018).

### **Causes**

#### ***Mental Health Literacy***

One cause of stigma is *mental health literacy* (MHL), a broad term that includes being able to recognize mental health disorders as well as how and where to get treatment (Jorm et al., 1997). As Kutcher et al. (2016) explain, these are interconnected problems in that reduction of stigma can lead to improved mental health awareness and literacy amongst communities. Furthermore, as Tully et al. (2019) explain, MHL is important in both adolescents and their parents; parents also need to be able to recognize mental health issues in their children as well as have the knowledge and ability to find mental health resources when needed. This theory has been confirmed by several studies, including the work of Bjørnsen et al. (2019). Bjørnsen et al. (2019) found that, in their study of Norwegian students with a mean age of 17.02, MHL was strongly and positively correlated with mental health. Additionally, there may be disparities in MHL across populations. Bjørnsen et al. (2019) also found that there are differences in mental health literacy across gender.

One way to examine MHL, or the lack thereof, is to measure how many adolescents are unable to properly identify mental illnesses. A study of upstate New York high school students with a mean age of 16.05 studied how well they could recognize major depressive disorder and social anxiety disorders within two vignettes (one female and one male, which were randomly assigned based on the packet) (Coles et al., 2016). The study used a revised version of the "Friend in Need Questionnaire," as well as a "Strengths and Difficulties Questionnaire," that

aimed to measure how well the students could identify the symptoms of major depressive disorder and social anxiety disorder (Coles et al., 2016). Coles et al. (2016) found that only 1% of participants correctly identified social anxiety disorder within the vignette while 40% correctly identified depression. The study also found that while girls were more likely to correctly label depression, there were no differences between males and females for correctly identifying symptoms of social anxiety disorder (Coles et al., 2016).

In addition, compounding factors have been shown to influence MHL as well as the rate of seeking assistance for mental health issues. A 2020 survey found that, among adolescent males, masculinity may play a factor in mental health issues. The study focused on 3,276 Australian males, aged 12 to 18 years old (Clark et al., 2020). The study was conducted as an online questionnaire that measured the participants' levels of depression, anxiety, their MHL regarding anxiety, their or their parents' help-seeking behaviors, and the participants' "alignment with norms of hegemonic masculinity" (Clark et al., 2020, p. 1). While the study found that higher levels of hegemonic masculinity did not necessarily align with lower levels of MHL, a negative correlation between masculinity with MHL and favorable attitudes towards help-seeking behaviors were shown, especially when seeking formal sources of help (Clark et al., 2020).

### ***Social Norms***

Social norms are another cause of stigma. Silke et al. (2017) found that "descriptive" and "injunctive" social norms are primarily contributors to mental health stigma. As Silke et al. (2017) explain, descriptive social norms are determined by what an individual expects others to do, while injunctive norms refer to what an individual describes as socially acceptable or unacceptable. Using two vignettes about people with depression, Silke et al. (2017) measured correlations between bias, empathy, and peer norms by surveying 570 adolescents with a mean age of 15.51. They found that both descriptive and injunctive social norms contributed to an individual's stigma, with descriptive social norms playing a particularly significant role. Silke et al. (2017) put forth the idea that this is due to descriptive norms being much easier to process than injunctive norms, given the lack of personal reflection of what is right or wrong, which is likely more difficult than noticing what is common or rare.

## Solutions

### *School Programs*

One possible solution to reducing stigma is through the use of school programs that aim to inform students about mental health and increase MHL. This process should decrease mental health stigma as well as increase MHL. There are several school-based programs currently being tested, including Youth Aware of Mental Health (YAM). Lindow et al. (2020) describe YAM as a school-based intervention program that aims to increase awareness of mental health issues and decrease mental health stigma. YAM employs hands-on activities, such as role plays or interactive lectures, as well as the use of supplementary materials such as posters and informational booklets. Lindow et al. (2020) examined YAM's effectiveness with 9th graders in 11 schools in Montana and Texas, reporting that pre- and post-test data confirmed a decrease in the students' mental health stigma after participating in the program.

Another school-based program is the Adolescent Depression Awareness Program (ADAP), which aims to increase depression literacy so that students will be more likely to seek treatment (Swartz et al., 2017). Rather than being an intervention program like YAM, ADAP offers a short curriculum of interactive lectures, videos, and assignments designed to be integrated into high school health classes. Swartz et al. (2017) examined ADAP's effectiveness in increasing MHL and decreasing stigma through surveys that were "administered to students on the first day of the curriculum as a pretest, 6 weeks postintervention, and 4 months postintervention" (p. 1972). The results indicated that ADAP significantly increased MHL; however, additional research is needed.

In addition to a traditional curriculum-based program, studies have been done to evaluate the value of contact programs that educate youth through exposure to someone who has experienced a mental illness. Contact programs seek to increase MHL while decreasing stigma by showing young people that individuals with mental health issues may be just like them. One 2016 study evaluated this intervention's effectiveness through the use of surveys measuring students' MHL, their stigma, and their willingness to seek help for mental health issues (Chisholm et al., 2016). The study found that, while contact programs did improve stigma, they were no more effective than a regular education program. In fact, as Chisholm et al. (2016) report, education-alone programs appeared to be significantly more effective than contact programs in improving help-seeking scores as well as mental health resilience in students.

This conclusion is supported by Painter et al.'s (2017) study on Texan sixth-graders, which found that the contact program was not much more effective than the control group. Painter et al.'s (2017) study showed that the curriculum, *Eliminating the Stigma of Differences*, which employed PowerPoints, videos, and related assignments, was much more effective in decreasing stigma than contact programs, classroom posters, and other printed materials.

While it has yet to be put into practice, Ojio, Mori, et al. (2020) have developed a high school mental health program that aims to educate students about the causes and effects of a mental illness, how to respond to it, and how to support someone else who is suffering from it. The program uses short animated films to depict mental illness, filmed video contact between people with mental illnesses, and educators' manuals to inform teachers on how to best teach the program and its benefits in the classroom. This program has not been evaluated for its efficacy, but through its development, "students, schoolteachers and young people who had experienced mental illness" may have a positive impact on its outcomes (Ojio, Mori, et al., 2020, p. 177).

### ***Multimedia Campaigns***

Another possible solution to mitigate stigma is the utilization of multimedia campaigns intended to inform the public about mental health and thus increase MHL. England's *Time to Change* program, which started in 2007 and ended in March, 2021, is one such example. As explained on its website, "We want attitudes and behaviour towards people with mental health problems to improve, so that they don't have to live in shame, isolation and silence" (Time to Change, 2019, para. 1). A 2017 study found that awareness of this campaign was positively associated with discussions about mental health problems with family, friends, and employers, as well as seeking assistance from a general practitioner (Henderson et al., 2017). This study has the limitation of being aimed at adults, as the mean age across the four years of the study was 46.15, which limits its applicability to adolescents. However, given its success with adults, there is potential for future research to examine its usefulness amongst adolescents, as a broad program such as this could potentially reach a lot more adolescents than school programs. Additionally, as stated above, parents' levels of mental health stigma have been shown to affect their children's stigma. Decreasing stigma among adults may decrease mental health stigma among adolescents (Ojio, Yamaguchi, et al., 2020).

### *Psychosocial Interventions*

One possible solution to decreasing self-stigma, as well as increasing self-confidence, is through social contact. As mentioned earlier, contact programs in schools may not be more effective at reducing stigma than regular education programs (Chisholm et al., 2016; Painter et al., 2017), but a 2018 Spanish study found that specialized psychosocial interventions may assist individuals with mental health issues who face mistreatment by those who practice mental health stigma (Martínez-Hidalgo et al., 2018). Martínez-Hidalgo et al. (2018) set up workshops for 25 people between the ages of 15 and 35 with mental health problems to engage in recreational activities with people in the same age group who did not have mental health activities and were unaware of the intervention. These workshops, which consisted of creative activities such as cooking and painting, examined whether community involvement could decrease public and self-stigma as well as increase self-esteem and awareness of mental health issues. The results indicated that this program significantly improved self-stigma among the group that had mental illnesses, especially when it came to reducing internalized stereotypes and increasing resistance to future stigma. Additionally, among all participants, it was found that the program slightly increased self-esteem, though most participants reported high self-esteem at the beginning of the study (Martínez-Hidalgo et al., 2018). Public stigma, however, was not significantly reduced by this intervention, though few participants without mental health issues reported high stigma at the beginning of the survey (Martínez-Hidalgo et al., 2018).

## CONCLUSION

Given the information presented, one of the biggest ways to improve mental health stigma is through mental health literacy. As stated earlier, a lack of MHL contributes to mental health stigma (Bjørnsen et al., 2019; Kutcher et al., 2016; Tully et al., 2019). Of the programs aimed to reduce mental health stigma and improve MHL, both in schools and in the general populace, school-based programs and multimedia campaigns have demonstrated the greatest success in decreasing public stigma regarding mental health (Chisholm et al., 2016; Henderson et al., 2017; Lindow et al., 2020; Painter et al., 2017; Swartz et al., 2017). Additionally, as shown by Martínez-Hidalgo et al., social contact between those struggling with mental health issues and those without them may be helpful in decreasing not only public stigma, but also self-stigma (Martínez-Hidalgo et al., 2018).

go et al., 2018). Contact programs in schools, while similar, are likely not as effective as school-based programs, as seen in the literature (Chisholm et al., 2016; Painter et al., 2017).

### **Limitations and Gaps in the Literature**

There are several gaps in the research that warrant further study given their relevance in understanding differences in stigma across various groups. To begin, as noted by the literature, socio-economic groups and differences in stigma across them are not well examined, which, as noted above, may be a factor to consider (DuPont-Reyes et al., 2020). Additionally, a lack of representation in non-white groups in these studies may have a significant effect on the validity of the results (DuPont-Reyes et al., 2020). Notably, Asian Americans and Native Americans are particularly underrepresented in the literature. Nonbinary gender identities are also lacking in representation within samples, though they comprise a small percentage of respondents in the study by Price-Feeney et al. (2020). There is a severe lack of intersectional research done on groups who face oppression in other ways, such as LGBTQIA+ youth or youth of color and those with mental illness.

Additionally, one common issue in examining the efficacy of interventions is that many respondents did not report a strong sense of stigma to begin with. Many studies admit that this is a limitation of their sample, making it difficult to gauge the effectiveness of that particular treatment (Martínez-Hidalgo et al., 2018; Swartz et al., 2017). This is further compounded by how, as Martínez-Hidalgo et al. (2018) point out, many people who would choose to participate in these studies are likely open-minded to begin with, and, as a result, have a decreased need for mental health literacy programs or social contact to decrease stigma. This makes it more difficult to not only identify a baseline of mental health stigma, but to certify the validity of these studies' results.

In addition, there is a distinct lack of recent literature studying mental health stigma interventions in the United States. While many other countries are both studying and employing interventions addressing MHL and stigma, U.S. adolescents are currently underrepresented in the literature. Some U.S. schools are attempting anti-stigma programs, but most macro-intervention programs are being used elsewhere. Results from non-U.S. interventions might be invalid in the United States due to cultural differences.

There has been a distinct lack of research into how the COVID-19 pandemic has affected mental health stigma. While studies are underway

on the effects of the pandemic on mental health (Marques de Miranda et al., 2020), as well as stigma related either to personal mental health struggles or responses to family members having mental health problems (Li et al., 2020), there are no studies into how the expression of mental health stigma has been affected by the pandemic. Such studies should focus on MHL and how it relates to mental health stigma as literacy is more important than ever for helping parents identify mental health issues faced by their children, as well as having positive and supportive attitudes towards them.

## REFERENCES

- Bjørnsen, H. N., Espnes, G. A., Eilertsen, M.-E. B., Ringdal, R., & Moksnes, U. K. (2019). The relationship between positive mental health literacy and mental well-being among adolescents: Implications for school health services. *The Journal of School Nursing*, 35(2), 107–116. <https://doi.org/10.1177/1059840517732125>
- Chisholm, K., Patterson, P., Torgerson, C., Turner, E., Jenkinson, D., & Birchwood, M. (2016). Impact of contact on adolescents' mental health literacy and stigma: The SchoolSpace cluster randomised controlled trial. *BMJ Open*, 6(2). <http://dx.doi.org/10.1136/bmjopen-2015-009435>
- Clark, L. H., Hudson, J. L., Rapee, R. M., & Grasby, K. L. (2020). Investigating the impact of masculinity on the relationship between anxiety specific mental health literacy and mental health help-seeking in adolescent males. *Journal of Anxiety Disorders*, 76. <https://doi.org/10.1016/j.janxdis.2020.102292>
- Coles, M. E., Ravid, A., Gibb, B., George-Denn, D., Bronstein, L. R., & McLeod, S. (2016). Adolescent mental health literacy: Young people's knowledge of depression and social anxiety disorder. *Journal of Adolescent Health*, 58(1), 57–62. <https://doi.org/10.1016/j.jadohealth.2015.09.017>
- Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology: Science and Practice*, 9, 35–53. <https://doi.org/10.1093/clippsy.9.1.35>
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614–625. <http://dx.doi.org.ezproxy.emich.edu/10.1037/0003-066X.59.7.614>
- DuPont-Reyes, M. J., Villatoro, A. P., Phelan, J. C., Painter, K., & Link, B. G. (2020). Adolescent views of mental illness stigma: An intersectional lens. *American Journal of Orthopsychiatry*, 90(2), 201–211. <https://doi.org/10.1037/ort0000425>
- Henderson, C., Robinson, E., Evans-Lacko, S., & Thornicroft, G. (2017). Relationships between anti-stigma programme awareness, disclosure comfort and intended help-seeking regarding a mental health problem. *The British Journal of Psychiatry: The Journal of Mental Science*, 211(5), 316–322. <https://doi.org/10.1192/bjp.bp.116.195867>
- Imran, N., Zeshan, M., & Pervaiz, Z. (2020). Mental health considerations for children & adolescents in COVID-19 Pandemic. *Pakistan Journal of Medical Sciences*, 36(COVID19-S4), S67–S72. <https://doi.org/10.12669/pjms.36.COVID19-S4.2759>
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B. and Pollitt, P. (1997), "Mental health literacy": A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, 166, 182–186. <https://doi.org/10.5694/j.1326-5377.1997.tb140071.x>

- Kutcher, S., Wei, Y., Costa, S., Gusmão, R., Skokauskas, N., & Sourander, A. (2016). Enhancing mental health literacy in young people. *European Child & Adolescent Psychiatry*, 25, 567-569. <https://doi.org/10.1007/s00787-016-0867-9>
- Li, H., Zheng, L., Le, H., Zhuo, L., Wu, Q., Ma, G., & Tao, H. (2020). The mediating role of internalized stigma and shame on the relationship between COVID-19 related discrimination and mental health outcomes among back-to-school students in Wuhan. *International journal of environmental research and public health*, 17(24), 9237. <https://doi.org/10.3390/ijerph17249237>
- Lindow, J. C., Hughes, J. L., South, C., Minhajuddin, A., Gutierrez, L., Bannister, E., Trivedi, M. H., & Byerly, M. J. (2020). The youth aware of mental health intervention: Impact on help seeking, mental health knowledge, and stigma in U.S. Adolescents. *Journal of Adolescent Health*, 67 (1), 101-107. <https://doi.org/10.1016/j.jadohealth.2020.01.006>
- Marques de Miranda, D., da Silva Athanasio, B., Sena Oliveira, A. C., & Simoes-E-Silva, A. C. (2020). How is COVID-19 pandemic impacting mental health of children and adolescents?. *International journal of disaster risk reduction: IJDRR*, 51, 101845. <https://doi.org/10.1016/j.ijdr.2020.101845>
- Martínez-Hidalgo, M. N., Lorenzo-Sánchez, E., García, J. J. L., & Regadera, J. J. (2018). Social contact as a strategy for self-stigma reduction in young adults and adolescents with mental health problems. *Psychiatry Research*, 260, 443-450. <https://doi.org/10.1016/j.psychres.2017.12.017>
- Nearchou, F. A., Bird, N., Costello, A., Duggan, S., Gilroy, J., Long, R., McHugh, L., & Hennessy, E. (2018). Personal and perceived public mental-health stigma as predictors of help-seeking intentions in adolescents. *Journal of Adolescence*, 66, 83-90. <https://doi.org/10.1016/j.adolescence.2018.05.003>
- Ojio, Y., Mori, R., Matsumoto, K., Nemoto, T., Sumiyoshi, T., Fujita, H., Morimoto, T., Nishizono-Maher, A., Fuji, C., & Mizuno, M. (2020). Innovative approach to adolescent mental health in Japan: School-based education about mental health literacy. *Early Intervention in Psychiatry*. <https://doi.org/10.1111/eip.12959>
- Ojio, Y., Yamaguchi, S., Ando, S., & Koike, S. (2020). Impact of parents' mental-health-related stigma on their adolescent children' response to anti-stigma interventions over 24 months: Secondary exploratory analysis of a randomized controlled trial. *Psychiatry Clin. Neurosci.*, 74: 508-510. <https://doi.org/10.1111/pcn.13085>
- Painter, K., Phelan, J. C., DuPont-Reyes, M. J., Barkin, K. F., Villatoro, A. P., & Link, B. G. (2017). Evaluation of antistigma interventions with sixth-grade students: A school-based field experiment. *Psychiatric services*, 68(4), 345-352. <https://doi.org/10.1176/appi.ps.201600052>
- Price-Feeney, M., Green, A. E., & Dorison, S. (2020). Understanding the mental health of transgender and nonbinary youth. *Journal of Adolescent Health*, 66(6), 684-690. <https://doi.org/10.1016/j.jadohealth.2019.11.314>
- Silke, C., Swords, L., & Heary, C. (2016). The development of an empirical model of mental health stigma in adolescents. *Psychiatry research*, 242, 262-270. <https://doi.org/10.1016/j.psychres.2016.05.033>
- Silke, C., Swords, L., & Heary, C. (2017). The predictive effect of empathy and social norms on adolescents' implicit and explicit stigma responses. *Psychiatry research*, 257, 118-125. <https://doi.org/10.1016/j.psychres.2017.07.033>
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 national survey on drug use and health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). [Data set]. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>

- Swartz, K., Musci, R. J., Beaudry, M. B., Heley, K., Miller, L., Alfes, C., Townsend, L., Thornicroft, G., & Wilcox, H. C. (2017). School-based curriculum to improve depression literacy among U.S. secondary school students: A randomized effectiveness trial. *American Journal of Public Health*, 107(12), 1970–1976. <https://doi.org/10.2105/AJPH.2017.304088>
- Time to Change. (2019, October 3). *What we do*. <https://web.archive.org/web/20210309110416/https://www.time-to-change.org.uk/about-us/what-we-do>
- Tully, L. A., Hawes, D. J., Doyle, F. L., Sawyer, M. G., & Dadds, M. R. (2019). A national child mental health literacy initiative is needed to reduce childhood mental health disorders. *Australian & New Zealand Journal of Psychiatry*, 53(4), 286–290. <https://doi.org/10.1177/0004867418821440>
- Villatoro, A. P., DuPont-Reyes, M. J., Phelan, J. C., Painter, K., & Link, B. G. (2018). Parental recognition of preadolescent mental health problems: Does stigma matter?. *Social Science & Medicine*, 216, 88–96. <https://doi.org/10.1016/j.socscimed.2018.09.040>
- Yap, M. B. H., Reavley, N. J., & Jorm, A. F. (2013). Associations between stigma and help-seeking intentions and beliefs: Findings from an Australian national survey of young people. *Psychiatry Research*, 210(3), 1154–1160. <https://doi.org/10.1016/j.psychres.2013.08.029>