Health Literacy and Mental Health: Combating Stigma and Support Systems

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Abstract

Stigma can be understood as the deprivation of an individual's status as a member of society. This phenomenon arises from the intersection of social beliefs, cultural transmission, and the relational dynamics between individuals with mental health conditions and those in other segments of society. Furthermore, in societies with low levels of mental health literacy, the interaction of misinformation, attitudes, and behaviors may give rise to stigmatizing processes that marginalize individuals within society. Many mental health conditions are subject to stigma, with varying degrees of impact across society. This can exacerbate existing mental health problems and intensify the severity of symptoms. Accordingly, adopting a multifaceted and multidisciplinary approach -including education, individual engagement, training for healthcare providers, community involvement, media campaigns, and policy reforms- is of considerable importance in combating and preventing prejudice and stigma, particularly in the field of mental health. Through enhancing mental health literacy, it is possible to challenge misconceptions and reduce stigma; to promote empathy and acceptance by addressing stigmatizing attitudes; and ultimately, to encourage help-seeking behaviors through the establishment of effective support systems.

Keywords: Stigma, mental health, combating stigma, health literacy

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1. Introduction

Nowadays, mental health is recognized not only as a clinical issue but also as a concept reflecting an individual's overall well-being and functioning. However, despite the expansion of scientific knowledge in this field, misunderstandings and prejudices continue to persist among individuals and within society. Knowledge is one of the most influential factors shaping attitudes toward mental health, both positively and negatively, and its impact on behavior is well established. Higher levels of knowledge are generally associated with more positive attitudes, which in turn may promote more constructive practices. Moreover, attitudes function not only as a key mediator in the relationship between knowledge and behavior but also as a critical mechanism that enhances this effect.

One of the ways in which the triangle of knowledge, attitudes, and behavior is shaped is through health literacy. In communities with low levels of mental health literacy, misinformation, attitudes, and behaviors may interact in ways that generate stigmatizing processes, ultimately leading to the marginalization of individuals within society. The most effective approach to breaking this cycle lies in the development of support systems that can enhance and sustain health literacy. In this section, the relationship between mental health literacy, stigma, and support systems will be examined within a holistic framework. In addition, the formation of stigma processes, the negative effects of stigma on individuals and society, and various strategies -primarily centered on mental health literacy- aimed at reducing and preventing these effects will be presented.

2. Conceptual Foundations: The Relationship Between Mental Health Literacy and Stigma

According to Erving Goffman, stigma is the condition in which an individual is socially rejected and excluded due to perceived differences arising from social norms (Goffman, 2014). In other words, it undermines an individual's ability to be accepted within society. Two key concepts emerge when discussing stigma: difference and prejudice. In fact, the perception of difference is a common instinct shared by both humans and animals; difference is perceived as a threat, prompting an instinctive response to ensure safety (Smith, 2002). From this perspective, while stigma is traditionally viewed as a sociological concept, it is now widely applied across many fields, ranging from health to criminology.

Stigma comes in various forms, each with its own distinct characteristics and different effects on individuals.

a) Public Stigma: This refers to discrimination arising from society's negative attitudes and judgements towards a particular group or individuals. This type of stigma generally encompasses stereotypes, cultural narratives and prejudices originating from society. (Heo et al., 2022).

b) Experienced Stigma: This refers to the negative emotions experienced by individuals as a result of the prejudice and discrimination they encounter in their daily lives. These emotional responses may lead individuals not only to withdraw from social interactions but also to avoid seeking medical support (Bond et al., 2017; Macq et al., 2008).

c) Self-Stigma: This form of stigma arises when individuals adopt and internalize society's stigmatizing views. The resulting sense of shame gradually erodes self-esteem and often manifests in negative self-beliefs. Individuals may begin to see

themselves as the source of their problems (Gredig & Bartelsen-Raemy, 2016). Consequently, their willingness to seek help or engage with support systems may diminish (Kato et al., 2014).

d) Anticipated Stigma: This refers to the expectation or fear of being stigmatized in the future. Anticipated stigma often leads individuals to adopt avoidance behaviors, such as concealing their health status or withdrawing from social activities, in an effort to reduce the risk of discrimination (Kako & Dubrosky, 2013).

e) Structural Stigma: This type of stigma refers to the systematic reinforcement of inequalities and discrimination through institutional policies and practices, which embed prejudice at the societal level. It often takes the form of discriminatory practices targeting specific populations or marginalized groups within institutional systems, thereby perpetuating power imbalances in society (Ford et al., 2024). For instance, some individuals with mental illness are denied rights such as marriage or adoption depending on the severity of their condition. In such cases, these groups are regarded as deficient because they are not granted the same rights as other citizens (Özmen & Erdem, 2018).

f) Secondary Stigma: Also referred to as "stigma by association," "family stigma," or "courtesy stigma" (Giordana & Caci, 2025), this form of stigma extends to the family or social environment of the stigmatized individual. For example, family members of a marginalized person may be judged, discriminated against, or excluded solely because of their association with that individual (Reupert et al., 2020). This not only intensifies the impact of stigma but can also disrupt

families' social networks and undermine their overall well-being.

Mental health literacy can be defined as the body of knowledge and beliefs that facilitate the recognition, management, and prevention of mental disorders. In other words, it involves understanding mental health conditions, becoming informed about risk factors and causes, comprehending treatment processes, and seeking help when necessary. One of the key components of mental health literacy is providing guidance on how to access information.

Mental health literacy has a multidimensional nature, and the concept most closely associated with this characteristic is the triangle of knowledge, attitude, and behavior. In this context, the scope of health literacy encompasses not only knowledge about illness but also knowledge and attitudes aimed at promoting health. In general, its components can be outlined as follows:

- Recognizing mental health conditions and becoming aware of the challenges faced
- Acquiring knowledge about risk factors and causes
- Understanding treatment processes, particularly professional support
- Attitudes toward help-seeking and stigma
- Understanding how to promote mental well-being
- Understanding how to access information and services
- Developing the capacity to seek help

Stigma is not merely a matter of prejudice; it also manifests as a deficiency in mental health literacy. This is because individuals' inability to recognize mental illness, the presence

of misinformation and misconceptions, and the failure to adopt appropriate attitudes are key factors contributing to the development of stigma. When examining the relationship between stigma and mental health literacy, it becomes evident that the two are inversely related. As mental health literacy increases, reductions may occur not only in social and individual stigma but also in the prejudices and stigma associated with help-seeking. Furthermore, stigma itself can function as a barrier that limits the positive effects of mental health literacy. Therefore, it can be stated that the relationship between stigma and mental health literacy is bidirectional and complex, necessitating the implementation of multifaceted interventions.

3. Stigma in Mental Health and Its Consequences

Stigmatization, which profoundly affects both individuals with mental illness and their families, can take various forms and often operates through complex mechanisms. To design effective interventions, it is essential first to understand how stigma arises and to identify the situations in which it most frequently occurs.

Stigmatization emerges at the intersection of social beliefs, cultural narratives, and relational dynamics between individuals with mental illness and the wider community. Social stigma -expressed through negative stereotypes and behaviors that devalue individuals with mental illness- is often rooted in false assumptions that frame mental illness not as a legitimate health condition but as a personal weakness or moral failing (Min et al., 2019). Beyond social stigma, individuals may also face stigma on a personal level. For example, they may internalize societal beliefs, leading to diminished self-

esteem, or experience feelings of shame associated with their illness. Such experiences can exacerbate existing mental health problems, making it more difficult for individuals to seek help or adhere to treatment (Ege & Lannin, 2023; Ran et al., 2021). Moreover, even the fear of potential stigmatization -regardless of whether it occurs- can complicate matters further. Anticipating stigma may lead individuals to conceal their struggles from both professionals and close social circles, often resulting in social withdrawal and isolation (Roškar et al., 2022).

Another important issue is the stigmatizing behavior of mental health professionals. Unfortunately, these professionals may also reproduce social prejudices during the follow-up and treatment process. As a result, stigmatization and labeling within healthcare settings can foster feelings of worthlessness and inequality among patients (Wang et al., 2018; Mitake et al., 2019). In addition, systemic factors such as limited resources, discriminatory policies, and negative media portrayals further contribute to the persistence and spread of stigma (Sandhu et al., 2018).

Many mental health conditions are particularly subject to stigma, with varying degrees of impact across society. Schizophrenia, bipolar disorder, and substance use disorders are among the most prominent of these conditions. Patients diagnosed with schizophrenia, a condition often associated with unpredictability and, in particular, violence, face substantial discrimination. This results in significant challenges, including social isolation, difficulties in treatment adherence, and reluctance to seek healthcare services (Girma et al., 2013).

The fluctuations associated with bipolar disorder, meanwhile, may give rise to negative perceptions and beliefs regarding an individual's stability and functioning, potentially leading to marginalization by both their social environment and employers (Rüsch et al., 2009). Individuals diagnosed with substance use disorders, who are subject to myths similar to those associated with other mental health conditions, may encounter barriers to treatment as a result of stigma.

Furthermore, individuals diagnosed with major depressive disorder may also experience social exclusion. These individuals are more frequently exposed to attitudes that interpret their condition as a sign of weakness or personal failure, which may contribute to unsuccessful treatment outcomes (Barry & McGinty, 2014). Individuals with chronic anxiety disorders often encounter trivialization of their condition, resulting in insufficient understanding and support from both society and close relationships. This lack of recognition can foster feelings of inadequacy and reinforce social withdrawal (Mejía-Lancheros et al., 2020). Likewise, those with post-traumatic stress disorder may be stigmatized as hypersensitive or unstable, and the resulting fear of judgment can exacerbate the same negative consequences observed in other mental illnesses (Farrelly et al., 2014). Moreover, stigma can have especially severe consequences for marginalized groups such as ethnic minorities or individuals experiencing homelessness. For these populations, the effects of stigmatization often compound existing vulnerabilities, making targeted interventions that address both mental health and broader social issues particularly critical (Alamer et al., 2021). For this reason, the importance of targeted interventions addressing

both mental health and related social issues becomes particularly prominent at this point.

Stigma in the field of mental health is a complex process influenced by a range of factors. It affects not only individuals who have been diagnosed but also their families and communities. To address this issue, enhancing mental health literacy regarding mental illnesses may be particularly valuable. It is suggested that reducing stigma through increased individual and community awareness, as well as implementing comprehensive and systematic improvements in mental health services, could be effective. Furthermore, the development of supportive environments and the promotion of open dialogue about mental health can foster greater insight among affected individuals and contribute to improved treatment outcomes.

Stigmatization can intensify mental health problems and increase the severity of symptoms experienced by individuals. Those who face stigma are more likely to struggle with conditions such as depression and anxiety, which in turn impair their coping skills (Schomerus et al., 2018). Stigma also fosters feelings of worthlessness and often drives individuals into deeper social isolation (Krakauer et al., 2020). A further factor contributing to this isolation is the fear of stigmatization. Even in the absence of direct stigmatizing experiences, constant anxiety about potential stigma can discourage individuals from seeking help or disclosing their health concerns. However, the stage of social support -one of the most critical components of treatment and recovery- is compromised in this context, making the process more challenging. Consequently, stigmatization can hinder individuals' ability to establish social relationships and connections, and may lead to a sense

of alienation from society and even from themselves (Taghva et al., 2017; Gronholm et al., 2017; Zolezzi et al., 2017).

Individuals who face stigma and marginalization due to mental illness often internalize negative societal beliefs over time. This process leads to self-stigmatization, accompanied by feelings of shame, low self-esteem, and hopelessness. As a result, mental health conditions may worsen, and recovery becomes more difficult. Along with internalised stigma, individuals may experience increased levels of depression and anxiety, and consequently face difficulties in recovery (DePierro et al., 2020; Manghani et al., 2025; Kaiser et al., 2023).

The scope of stigmatization is broad, encompassing diverse areas such as workplaces, schools, hospitals, and public spaces. Consequently, individuals with mental illness often encounter difficulties even in fundamental aspects of life, such as employment and access to education.

Another significant issue arising from stigmatization is that individuals may become reluctant to seek the mental health treatment they need, or even give up on it altogether. This reluctance can stem not only from direct experiences of stigma but also from the fear of being stigmatized (Gronholm et al., 2017; Sickel et al., 2016). Research has shown that the perception of stigma can create barriers not only to initiating help-seeking behavior but also to maintaining ongoing treatment (Schomerus et al., 2018; DePierro et al., 2020).

Another critical concern is the stigma associated with common mental health problems, which can lead policymakers to undervalue or take these issues less seriously. This stigma can result in challenges regarding the allocation of funding, resources, and the development of effective public policies (Hanafiah & Bortel, 2015). Consequently, stigmatization

in mental health can leave deep scars both on an individual and societal level, manifesting as psychological distress, social isolation, discrimination, and systemic barriers to accessing care.

4. Methods for Combating Stigma and Health Literacy Strategies

Combating stigma in the field of mental health is of critical importance for ensuring that individuals diagnosed with a mental illness can access treatment and achieve positive treatment outcomes. In this context, it is essential to design and implement various strategies and interventions, particularly those focused on the development of health literacy. Moreover, integrating interventions that specifically target stigma into mental health literacy programs may lead to greater reductions in stigma compared to traditional interventions that focus solely on information, and may more frequently result in improvements in individuals' help-seeking behaviors.

One of the most effective approaches to combating stigma in the field of mental health is education. Awareness campaigns designed to challenge misconceptions, beliefs, and attitudes related to mental illness are particularly important in enabling individuals to recognize symptoms, facilitating early diagnosis, and increasing willingness to seek help (Manghani et al., 2025; Hanisch et al., 2016). Social campaigns that emphasize positive messages about mental health and aim to improve public perceptions are highly effective in reducing stigma. Accordingly, such campaigns should be designed to raise awareness and promote mental health literacy (Sampogna et al., 2017). Social media platforms can be utilized

to ensure that these awareness initiatives reach wider audiences and to engage young people in this process.

Furthermore, contact-based training models -particularly those that facilitate interaction with individuals who have lived experience- can contribute to improvements in mental health literacy, reductions in stigma, and positive changes in attitudes, behaviors, and help-seeking. Similarly, efforts to establish and sustain communication between individuals experiencing mental health difficulties and the broader community may enhance public awareness and help reduce prejudices. In this context, designing programs that promote interaction between individuals and community members through storytelling or the sharing of personal experiences may be valuable in fostering empathy and increasing understanding within the community (Rüsch et al., 2012; Quinn, 2013). The implementation of such approaches may support the normalization of mental illness and contribute to reducing fear or discomfort associated with these conditions.

In the development of health literacy, incorporating workplace- and school-based programs is also highly valuable. Evidence suggests that the effectiveness of these programs is enhanced when they include interactive components, personal narratives, and opportunities for discussion. A key consideration is that interventions implemented in foundational settings such as workplaces and schools should be culturally and contextually adapted. Such adaptations can make a significant contribution to preventing or reducing stigma and to the development of mental health literacy. However, to ensure the sustainability of these benefits, it is important to maintain the continuity of these programs and to support individuals in their ongoing engagement with them.

Skills-based education models that focus on competencies such as self-assessment, help-seeking, and information-seeking have also been shown to be highly effective in improving health literacy and preventing stigma. Furthermore, integrating training aimed at enhancing the competencies of healthcare professionals into such programs may increase their effectiveness, particularly in relation to help-seeking skills and clinical communication (Cheung et al., 2023). Educational interventions on mental health conditions for healthcare professionals can help address internalized prejudices that contribute to the perpetuation of stigma. These training initiatives can promote a more comprehensive understanding of mental health conditions and improve healthcare professionals' attitudes and interactions with patients. In turn, this process supports the enhancement of acceptance and support within healthcare services (Evans-Lacko et al., 2011).

Interventions aimed at reducing self-stigmatization among individuals experiencing mental health conditions should be developed as part of efforts to combat stigma. These interventions can be designed using various therapeutic approaches, as therapies have been shown to be effective in reducing self-stigmatizing beliefs and improving health literacy (Clément et al., 2014). Through such therapeutic interventions, increases in self-compassion and the restructuring of negative beliefs may be observed (Manghani et al., 2025).

To create a supportive environment for individuals with mental health conditions, collaboration with leaders and organizations that hold influential positions in society and can serve as role models should be encouraged (Quinn, 2013). Involving individuals with lived experience in the development of these initiatives not only ensures that their voices are heard

but also contributes to the empowerment of communities (Subu et al., 2024).

In addition to these efforts, it is essential to introduce legislation that protects the rights of individuals who experience stigma in the field of mental health. Furthermore, policies should be developed that encourage institutions and organizations to promote health literacy while emphasizing the importance of this issue. Legislative and policy changes can help ensure that efforts to combat stigma are translated into sustainable support systems for affected individuals. Moreover, improving health literacy may contribute to the prevention of such issues in the long term.

5. Conclusion

In conclusion, it is important to combine the dissemination of information with measures aimed at reducing stigma. In particular, to combat and prevent the prejudices and stigmatization that arise in the field of mental health, it is highly valuable to enhance mental health literacy through support systems at the micro, meso, and macro levels by implementing a multidimensional and multidisciplinary approach that includes education, individual participation, training for healthcare providers, community engagement, media campaigns, and policy reforms.

When these approaches are implemented collectively, individuals experiencing mental health conditions are more likely to be approached with compassion and empathy rather than fear, to seek the help they need without shame, and to live within a more tolerant environment. Stigma affects not only individuals diagnosed with mental illness but also their families and communities, and addressing this issue alongside

mental health literacy requires increasing knowledge and fostering a deeper understanding of mental health. There is a systemic and interrelated relationship between mental health literacy, stigma, and support systems; improving mental health literacy can reduce stigma within the mental health domain and, in turn, facilitate access to support systems. Consequently, it is possible to break down misconceptions and stigma by improving mental health literacy; to foster empathy and acceptance by breaking down stigma; and, finally, to encourage help-seeking behaviour by establishing strong support systems.

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Biographies

Assoc. Prof. Dr. Şafak Yalçın Şahiner was born in Ankara. She graduated from Ankara University Faculty of Medicine in 2006 and completed her residency in Psychiatry at Gazi University Faculty of Medicine in 2012. The same year, she began working as a specialist physician at Ankara Numune Training and Research Hospital, where she was appointed as Chief Assistant in 2015. Between 2015 and 2020, she served as the Responsible Physician at Ankara AMATEM (Alcohol and Substance Addiction Treatment and Education Center). From 2020 to 2023, she worked as an Assistant Professor in the Department of Psychiatry at Kütahya University of Health Sciences. In 2023, she was appointed to the Department of Psychiatry at Ankara University Faculty of Medicine. In the same year, she received the title of Associate Professor. She also holds administrative positions as the Deputy Chief Physician of Ankara University Cebeci Health Application and Research Hospital and the Director of the Ankara University Application and Research Center for Combating Addiction. Assoc. Prof. Dr. Şahiner is a member of the Scientific Committee of TUBİM (The Turkish Monitoring and Prevention Center for Drugs and Drug Addiction) and serves as Türkiye's Liaison Expert for Health and Social Responses at the European Union Drugs Agency (EUDA). Her professional interests include addiction, prevention science, and mental health. She has authored and co-authored numerous national and international scientific publications and studies in these fields. She is married and the mother of one child.

Dr. Dilek Baysal was born in Aydın, Türkiye. She graduated from the Department of Nursing and Health Services at Başkent University Faculty of Health Sciences in 2013. In 2017, she completed her master's degree at Ankara University Institute of Health Sciences, Department of Forensic Sciences, and in 2023, she earned her Ph.D. from the same department, receiving the title of *Doctor of Science*. Dr. Baysal began her professional career as a nurse at Başkent University Konya Training and Research Hospital between 2013 and 2014. From 2014 to 2024, she worked as a psychiatric nurse in the Department of Psychiatry at Ankara University. Between 2024 and 2025, she served as a postdoctoral researcher at the Ankara University Institute of Forensic Sciences. She is currently a researcher at the Ankara University Application and Research Center for Combating Addiction, where she continues her work in the fields of addiction, prevention science, and forensic psychiatry. Dr. Baysal has authored and contributed to numerous national and international academic studies and scientific projects. She is married.