



Reducing Stigma Through Knowledge: A Study Of Primary Caregivers Of Individuals With Mental Illness

¹Anupriya Naruka, ²Dr. Chirmi Acharya, ³Dr. Mukesh Daderwal, ⁴Chhaya Rousa

¹Assistant Professor, ²Assistant Professor, ³Psychiatrist, ⁴PhD Scholar

¹Departement of Psychology,

¹St. Wilfred's College for Girls, Jaipur, India

Abstract: Mental health knowledge plays a vital role in de-stigmatizing people about mental illness. The understanding of the primary caregivers and their stigma about mental illness matters a lot as their knowledge and stigma will affect the patient's mental health and recovery. It tends to study of the mental health knowledge and mental health stigma among the primary caregivers of mentally ill patients. Primary caregivers were taken with the help of interviewing methods from the psychiatric center of SMS, Jaipur, using mental health knowledge questionnaire and perceived devaluation and discrimination scale. Frequencies & correlation as statics was used to find out the role among the two. Results provide the evidence that stigma and mental health knowledge are negatively correlated findings have suggested that with the increase in the knowledge of mental health there is a decreased stigma. So, to increase the knowledge and decrease the stigma among people about mental health and its illnesses various awareness programs can be organized.

Index Terms - Mental health knowledge, Mental health stigma, Primary caregivers, Mental illness & Patients.

INTRODUCTION

In our society, not much is known about mental illness. Additionally, there is a lack of understanding and awareness, which concurrently increases the stigma. The primary cause of people's tendency to ignore the early warning signs and symptoms of sickness—which could result in the development of serious illness or disorders—is the stigma associated with mental health. People sometimes stop taking their prescriptions in between, which further deteriorates mental health due to a lack of awareness about mental disease and the stigma attached to it. Their case and issues will get much more serious and intricate in the future due to these circumstances. Mental health does not only mean absence from any mental illness but is also referring to cognitive, behavioral, and emotional wellbeing. In this state of wellbeing, an individual realizes one's own ability to cope-up with daily-life stressors, productivity in work, and ability to contribute to one's community. (Mental Health, 2020) According to mental health policy, 'Mental health is a state of successful performance of the mental function, resulting in productive activities, fulfilling relationships with other people, and an ability to adapt to change and to cope with adversity.' (Goldman & Grob, 2006)

Mental diseases are medical conditions characterised by changes in behaviour, emotions, and thought processes (or a mix of these). These mental problems lead to distress and make it difficult to carry out family, work, or social tasks. (Anon.) What is mental illness? It frequently results in mental and behavioural habits that seriously disturb people and impair their ability to function. Similar to this, a broad spectrum of illnesses frequently have an impact on behaviour, mood, thought processes, and cognition. Anxiety disorders, OCD, PTSD, mood disorders, eating disorders, personality disorders, and psychotic disorders like schizophrenia are the most prevalent mental illnesses.

When someone has a unique quality—such as a physical disability, mental disease, or health condition—they may face stigma in the form of discrimination or unfavourable judgements. Qualities such as gender, sexual orientation, race, religion, and culture are also socially stigmatised. Sadly, stigma around mental illness still exists. Mental disorders are not the only ones that carry stigma, although psychiatric diseases are seen more unfavourably than physical ailments. (2016) Mental Health Education Studies show that stigma increases the likelihood of negative consequences related to mental health. Treatment delays are a result of stigma. It also reduces the likelihood that a person with a mental illness will receive appropriate and effective care.

The stigma associated with mental health disorders and their treatments can be reduced, as can the stigma surrounding mental health issues by improving the efficacy of seeking help and by having knowledge about how to attain and maintain good mental health (Mental Health Literacy, 2016). Mental health literacy (MHL) is described as "knowledge and beliefs about mental disorders which aid in their recognition, management, or prevention" by Kutcher et al. (2016). Understanding mental health issues is crucial, but it's just as important to understand the field's applicability and importance in our daily lives.

A person must provide care and supervision for a mentally sick person around-the-clock. When a friend or loved one is unable to take care of oneself, the primary carer must take responsibility for their care. Primary carers can include children, the elderly, a spouse who is terminally sick, or any friend or relative who needs assistance with everyday tasks (Stringfellow, n.d.).

METHODOLOGY

Mental health is not given priority by a lot of people in the world. But when people suffer from any mental ailment or when mental health comes to the nation of secularism then making people understand its importance becomes a difficult task. When we go deep into it was found that a lot of stigmas are associated with mental issues which have their core in the lack of mental health knowledge. So, to study the stigma and knowledge about mental health from the primary caregivers of mentally ill patients even became more fascinated for me. As in this line, I wanted to know about the mental health knowledge and mental health stigma among the primary caregivers of mentally ill patients.

Mental health knowledge and mental health stigma among primary caregivers is the statement of the problem that is being studied in the paper. The major objectives that have been studied are:

1. To assess the mental health stigma among primary caregivers.
2. To assess the mental health knowledge of primary caregivers.
3. To correlate the relationship between mental health knowledge and mental health stigma.
4. To correlate the socio-demographic on the mental health stigma and mental health knowledge.

An exploratory survey research design was used to study the aim and objectives that were stated. To get the proper insight MHKQ (mental health knowledge questionnaire was developed by Wang, et.al., in 2013. It's a sixteen item scale with the dichotomous response. The reliability of the scale is 0.69.) & PDD (perceived devaluation and discrimination scale was developed by Link in 1987. It's a 12 item questionnaire to assess expectations of devaluation and discrimination toward current or former psychiatric patients. The scale is a 5-point scale. Two sub-domains - devaluation and discrimination- were assessed on the scale. The reliability of the scale is 0.80.) scales used to collect data from the primary caregivers, items were checked by the researcher.

After collecting the data, participants' scores were tabulated. Scores of Stigma (Link, 1987) were scored and interpreted according to the scoring instructions given in the user manual of the Scale. Similarly, for Mental Health Knowledge (Wang, et. el, 2013) scoring and interpretation were done based on scoring provided online along with the scale. The basic descriptive analysis like the mean, standard error of the mean, median, standard deviation, variance & correlation was done to analyze the demographic characteristics and relationships among them by the mental health stigma and mental health knowledge.

Ethical Consideration

Basic ethics were taken into the consideration such as participants were assured that the confidentiality of the results was maintained, the name of the respondent was not made compulsory to be given for the sake of confidentiality of the responses, prior informed consent was taken from all the respondents and the caregivers were informed about the implications of the study.

RESULTS & INTERPRETATION**RESULT TABLE****Table 1: Socio-demographic characteristics of the participants (n = 51)**

Variables	Frequency	Percentage
Age	18-39: 29	56.9%
	40-54: 16	31.4%
	55+: 6	11.8%
Gender	Female: 21	41.2%
	Male: 30	58.8%
Resident area	Rural: 23	45.1%
	Urban: 28	54.9%
Educational qualification	0-8: 25	49%
	9-12: 9	17.6%
	Graduation: 14	27.5%
	Post-graduation: 3	5.9%
Economic status	High: 2	3.9%
	Middle: 35	68.6%
	Low: 14	27.5%
Employment status	Business: 6	11.8%
	Farmer: 5	9.8%
	Government job: 3	5.9%
	Having a work: 11	21.6%
	Home-maker: 16	31.4%
	Jobless: 1	2%
	Private job: 8	15.7%
	Retired: 1	2%

Table 2: The primary caregiver's perception of the stigma attached to former mental patients

Items	Strongly agree	Agree	Disagree	Strongly disagree
Most people would willingly accept a former mental patient as a close friend	3.9%	35.3%	37.3%	23.5%
Most people believe that a person who has been in a mental hospital is just as intelligent as the average person	3.9%	39.2%	51%	5.9%
Most people believe that a former mental patient is just as trustworthy as the average citizen	7.8%	41.2%	49%	2%

Most people would accept a fully recovered former mental patient as a teacher of young children in a public school	0%	37.3%	56.9%	5.9%
Most people feel that entering a mental hospital is a sign of personal failure (R)	15.7%	51%	31.4%	2%
Most people would not hire a former mental patient to take care of their children, even if he or she had been well for some time (R)	21.6%	31.4%	45.1%	2%
Most people think less of a person who has been in a mental hospital (R)	17.6%	62.7%	19.6%	0%
Most employers will hire a former mental patient if he or she is qualified for the job	9.8%	45.1%	37.3%	7.8%
Most employers will pass over the application of a former mental patient in favor of another applicant (R)	23.5%	43.1%	27.5%	5.9%
Most people in my community would treat a former mental patient just as they could treat anyone	9.8%	37.3%	47.1%	5.9%
Most young women would be reluctant to date a man who has been hospitalized for a serious mental disorder (R)	33.3%	43.1%	23.5%	0%
Once they know a person was in a mental hospital, most people will take his opinions less seriously (R)	19.6%	66.7%	13.7%	0%

Table 3: The primary caregiver's knowledge related to mental health

Items	Yes	No
Mental health is an integral part of health.	100%	0%
Mental illness result from something wrong in thought.	60.8%	39.2%
Most people may have a mental problem, but they may not notice the problem.	82.4%	17.6%
Mental illness are all caused by stress.	47.1%	52.9%
Mental health includes normal intelligence, stable mood, harmonious relationships, and good ability to adapt and so on.	90.2%	9.8%
Most mental illness cannot be cured.	39.2%	60.8%
If you suspect that you have mental problems or mental illness, you should go to a psychiatrist or psychologist for help.	96.1%	3.9%
Individuals at any age can have a mental problem.	96.1%	3.9%
Mental illness or psychological problems cannot be prevented.	45.1%	54.9%

Even though a person is diagnosed with a severe mental disorder, he/she should take medication for only a short period rather than continuously for the long term.	49%	51%
An optimistic attitude towards life, good interpersonal relationships, and a healthy lifestyle are helpful to keep a good mental health.	92.2%	7.8%
Persons with a family history of mental disorders have a higher chance to develop mental disorders or mental problems.	82.4%	17.6%
Mental problems in adolescents do not influence their academic achievement.	15.7%	84.3%
It is less likely to have mental problems or disorders in middle or old age.	33.3%	66.7%
Someone with an unstable temperament is more prone to have mental problems.	78.4%	21.6%
High psychological stress or major life events could induce mental problems or disorders.	94.1%	5.9%

Table 4: Descriptive statistics of the PDD & MHKQ scale

	N	Minimum	Maximum	Mean	Std. Error of Mean	Median	Std. Deviation	Variance
Total of PDD Valid (listwise)	51	15.0	35.0	27.039	.6447	27.000	4.6042	21.198
Total of MHKQ Valid (listwise)	51	6.0	16.0	12.314	.2983	13.000	2.1306	4.540

Table 5: Correlation of demographic profile & PDD and MHKQ scores among participants
Pearson Correlation

	PDD	MHKQ	Age	Gender	Residence	Education	Economic status	Employment status
PDD	1	-.136	-.032	-.243	.042	-.047	-.156	-.063
MHKQ	-.136	1	-.117	.385**	-.089	.108	.333*	-.375**
Age	-.032	-.117	1	.084	.036	-.149	-.033	.164
Gender	-.243	.385**	.084	1	.278*	.082	.083	-.124
Residence	.042	-.089	.036	.278*	1	.544**	-.201	-.151
Education	-.047	.108	-.149	.082	.544**	1	-.342*	.079
Economic status	-.156	.333*	-.033	.083	-.201	-.342*	1	-.323*
Employment status	-.063	-.375**	.164	-.124	-.151	.079	-.323*	1

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

INTERPRETATION

The tables have shown the details of the participants based on the demographic profiles are 56.9%, 31.4% & 11.8% of the 18-39, 40-54 & 55+ age range respectively; 41.2% females & 58.8% males based on gender; based on the residential area there were 45.1% from the rural area & 54.9% from the urban background; based on educational qualification 49% participants have gained the education from 0-8 standard, 17.6% have gained between the 9-12 standards, 27.5% have completed their graduation & 5.9% have gained the post-graduation degree; based on the economic status 3.9% have belonged to the high status, 68.6% from middle & 27.5% from the low economic background and based on the employment status it was found that 11.8% owned a business, 9.8% were farmer, 5.9% had a government job, 21.6% didn't have a fixed job, 31.4% were homemaker, 2% were jobless, 2% were retired and 15.7% had a private job. These were the demographics of the primary caregivers of mentally ill patients. The mean $\pm$ std deviation of the PDD was found to be 27.039 ± 4.60 whereas for MHKQ it was found to be 12.314 ± 2.13 . The result has also shown that there's a negative correlation between the scores of MHKQ & PDD as the participants having good mental health knowledge had a lower stigma. When considering the socio-demographics of participants it was found that age doesn't affect the stigma and mental health knowledge of primary caregivers. But when talking about gender, residence, education, economic status, and employment status, they all affect the mental health knowledge and mental health stigma among caregivers. When talking about stigma, gender, education, economic status, and employment status were found to be negatively correlated. Whereas when talking about knowledge, the residence was negatively correlated, employment status was negatively correlated with the significance level of 0.01, education was positively correlated, gender was positively correlated with the significance level of 0.01 and economic status was positively correlated with the significance level of 0.5.

DISCUSSION

It aimed to study the mental health knowledge and mental health stigma among the primary caregivers of mentally ill patients. The study has found that mental health knowledge and stigma are negatively correlated which means that the increased level of mental health knowledge tends to lower the stigma among the people. This has also been found from the research Carr et al., 2018 said that mental health literacy education among pre-service teachers may be an effective approach to help them better address student mental health needs in their future teaching career and will also help in reducing the stigma. Findings have also suggested that age don't have any significant effect on the mental health knowledge and stigma among the primary caregivers of the mentally ill patients but that majority of the caregivers fall into the age range of 18-39 which tend to become an important factor in the patient's life as the activeness of the caregiver can become helpful in dealing with the symptoms and issues quite easily and comfortably.

When talking about education it was found that it has a negative correlation with the increased stigma associated with mental illness whereas mental health knowledge was found to be positively correlated with it. By this, it meant that when the educational level increases stigma tends to decrease. A similar finding was given by Koschorke et al., 2017 as they have specifically discussed schizophrenia, under the same Poreddi et al., 2015 also found similar results on the primary caregivers of the mentally ill patients. As there was a total of 51 participants it was found that people having lower educational level tend to have a higher stigma and lower level of knowledge which tend to affect the recovery of the patient to a greater level and also been found one of the researchers conducted by Yin et al., 2020. Mental health knowledge has found to have been greater among the people living in the urban background as they are more open to the services and liabilities whereas the people belonging to the rural area tend to have a lower mental health knowledge more than the medication they tend to believe on the supernatural energies. As stigma doesn't have any specific relation based on the residence but knowledge does have a negative relation with the residence i.e. the people living in the urban area tend to have more knowledge than the rural area caregivers, similar findings were concluded by Hurley et al., 2020.

Adding on to this result showed that stigma is negatively correlated with stigma whereas knowledge tends to be positively correlated with the significance level of 0.01 which means stigma was found to be more among women's whereas knowledge tends to be more within the males, similar findings were shown from the researches conducted by Kaur et al., 2021. The economic status was found to be negatively correlated with stigma, which means higher the status lower is the stigma whereas knowledge was found to be positively correlated with the significance level of 0.05 which means the higher the status, the higher the knowledge of mental health will be, similar findings were drawn by Grover et al., 2019. Talking about the employment status it was found that people who have a lower employment status were found to be

negatively correlated with the stigma and knowledge, in the case of knowledge it was significant at the level of 0.01, which means that with the increase in the employment status (business, government/private jobs, etc) were found to have a lower stigma and high mental health knowledge, similar was the conclusion drawn by Girma et al., 2014.

Ebrahim et al., 2020 have found that caregivers have suffered from a lot of stigmas that tend to affect the recovery of the patients. In this line, they suggested for the psycho-educational program to be conducted to make caregivers aware of the disorder and the issues their family member is going through so that it can make them aware of the issues and situations which in the future will be helpful for them. As results have shown that the caregivers with the lack of mental health knowledge tend to be more puzzled and prone to have a victim of mental health issues as they got so much stressed about the situations and the status of the patient. As there's a lot of stigmas associated with mental illness which greatly affects a person's recovery and the overall mental status of the family whose member has been diagnosed with any mental illness as these people tend to see themselves as a lower individual in status and intelligence. It has been found that there's a lot of issues that interfere with the patients' recovery when they are not mentally fit. Some of those reasons include low mental health knowledge and high stigma among the primary caregivers of such patients. To make things go easier knowledge among the primary caregivers and general population should also be enhanced to normalize the mental illness and to reduce the stigma associated with it. So that people don't make a hype of the illness and the patient which will also work as moral support for the caregivers of the patients.

Various things like anti-stigma treatment, psycho-education programs, video-assisted education for generating positive attitudes, caregiver inclusion programs, and awareness programs by healthcare practitioners, government, NGOs, and social workers can be of the most useful in reducing stigma and increasing knowledge. Similar reasons were given by the various researchers from Monnapula-Mazabane et al., 2021, Chandran et al., 2019, Mukherjee & Mukhopadhyay, 2018, and Rai et al., 2018.

To sum up, it can be said that by increasing mental health knowledge, mental health stigma can be reduced among the primary caregivers and general population. It has also been noted that gender, residence, educational level, economic status, and employment status affect them but age doesn't have any such effects.

CONCLUSION

Recent research was conducted to study the mental health knowledge and mental health stigma among primary caregivers of mentally ill patients. Data was collected from the psychiatric center of the SMS, Jaipur with the help of PDD & MHKQ scales with the interview method from the caregivers of patients with mental illness. It was found that mental health knowledge and mental health stigma are negatively correlated adding on to this education and economic status is also negatively correlated. Stigma and knowledge don't have any significant effect on gender, age, residence, and employment status. It does have a significant relation to the education as higher the educational level, the lower is the stigma and the higher will be the knowledge.

LIMITATION

There are some the limitations that I found are

1. It can't be generalized to people other than Rajasthan.
2. The stigma and knowledge are related to the primary caregivers only.

IMPLICATIONS OF THE STUDY

These findings can benefit researchers working in the field of clinical psychology (primary caregivers of the person with mental illness) and general psychology (mental health knowledge & stigma) as this will help them understand the other perspective of the combination of both. It can also be helpful for the clinical psychologist, counseling psychologist, and psychiatrists in understanding the role of mental health knowledge in reducing the stigma of the individual. They can include various counseling strategies with caregivers and provide them with enough evidence about the importance of mental health knowledge to better deal with their issues and stressors. It can be used to increase awareness about the mental health knowledge & stigma associated with it, especially among primary caregivers and this will help them to gain proper psycho-education which will surely enhance the recovery of the patients. It can also be beneficial for the people studying and exploring psychology & the general population to get a better insight into the variables like mental health knowledge, stigma, and primary caregivers.

RECOMMENDATIONS FOR FUTURE RESEARCH

Under the present study, in the future, the work can be done by getting more variations in the data collection i.e. focusing on different states. Other variables can also be studied under mental health knowledge and stigma. A comparative study can also be conducted to assess the two variables among the general population and primary caregivers. So, this can be studied in future researches.

REFERENCES

- Ahmedani, B. K. (2011). Mental Health Stigma: Society, Individuals, and the Profession. *Journal of Social Work Values and Ethics*, 8(2), 4-14-16.
- Caregiver – APA Dictionary of Psychology. (n.d.). Retrieved July 13, 2021, from <https://dictionary.apa.org/caregiver>
- Carr, W., Wei, Y., Kutcher, S., & Heffernan, A. (2018). Preparing for the Classroom: Mental Health Knowledge Improvement, Stigma Reduction and Enhanced Help-Seeking Efficacy in Canadian Preservice Teachers. *Canadian Journal of School Psychology*, 33(4), 314–326. <https://doi.org/10.1177/0829573516688596>
- Chadda, R. K. (2014). Caring for the family caregivers of persons with mental illness. *Indian Journal of Psychiatry*, 56(3), 221–227. <https://doi.org/10.4103/0019-5545.140616>
- Chandran, H., Jayanthi, K., Prabavathy, S., Renuka, K., & Bhargavan, R. (2019). Effectiveness of video assisted teaching on knowledge, attitude and practice among primary caregivers of children with Autism Spectrum Disorder. *Advances in Autism*, 5(4), 231–242. <https://doi.org/10.1108/AIA-10-2018-0039>
- Ebrahim, O. S., Al-Attar, G. S. T., Gabra, R. H., & Osman, D. M. M. (2020). Stigma and burden of mental illness and their correlates among family caregivers of mentally ill patients. *Journal of the Egyptian Public Health Association*, 95(1), 31. <https://doi.org/10.1186/s42506-020-00059-6>
- Girma, E., Möller-Leimkühler, A., Dehning, S., Müller, N., Tesfaye, M., & Froeschl, G. (2014). Self-stigma among caregivers of people with mental illness: Toward caregivers' empowerment. *Journal of Multidisciplinary Healthcare*, 7, 37–43. <https://doi.org/10.2147/JMDH.S57259>
- Goldman, H. H., & Grob, G. N. (2006). Defining 'Mental Illness' In Mental Health Policy. *Health Affairs*, 25(3), 737–749. <https://doi.org/10.1377/hlthaff.25.3.737>
- Grover, S., Aneja, J., Hazari, N., Chakrabarti, S., & Avasthi, A. (2019). Stigma and its Correlates among Caregivers of Patients with Bipolar Disorder. *Indian Journal of Psychological Medicine*, 41(5), 455–461. https://doi.org/10.4103/IJPSYM.IJPSYM_24_19
- Hurley, D., Swann, C., Allen, M. S., Ferguson, H. L., & Vella, S. A. (2020). A Systematic Review of Parent and Caregiver Mental Health Literacy. *Community Mental Health Journal*, 56(1), 2–21. <https://doi.org/10.1007/s10597-019-00454-0>
- Kaur, A., Kallakuri, S., Kohrt, B. A., Heim, E., Gronholm, P. C., Thornicroft, G., & Maulik, P. K. (2021). Systematic review of interventions to reduce mental health stigma in India. *Asian Journal of Psychiatry*, 55, 102466. <https://doi.org/10.1016/j.ajp.2020.102466>
- Koschorke, M., Padmavati, R., Kumar, S., Cohen, A., Weiss, H. A., Chatterjee, S., Pereira, J., Naik, S., John, S., Dabholkar, H., Balaji, M., Chavan, A., Varghese, M., Thara, R., Patel, V., & Thornicroft, G. (2017). Experiences of stigma and discrimination faced by family caregivers of people with schizophrenia in India. *Social Science & Medicine*, 178, 66–77. <https://doi.org/10.1016/j.socscimed.2017.01.061>
- Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental Health Literacy. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, 61(3), 154–158. <https://doi.org/10.1177/0706743715616609>
- Mental health: Definition, common disorders, early signs, and more. (2020, April 14). <https://www.medicalnewstoday.com/articles/154543>
- Mental health literacy. (2016, August 26). Mental Health Foundation. <https://www.mentalhealth.org.uk/a-to-z/m/mental-health-literacy>

Monnapula-Mazabane, P., Babatunde, G. B., & Petersen, I. (2021). Current strategies in the reduction of stigma among caregivers of patients with mental illness: A scoping review. *South African Journal of Psychology*, 00812463211001530. <https://doi.org/10.1177/00812463211001530>

Mukherjee, S., & Mukhopadhyay, D. K. (2018). Stigma towards mental illness: A hospital-based cross-sectional study among caregivers in West Bengal. *Indian Journal of Public Health*, 62(1), 15. https://doi.org/10.4103/ijph.IJPH_88_17

Poreddi, V., BIrudu, R., Thimmaiah, R., & Math, S. B. (2015). Mental health literacy among caregivers of persons with mental illness: A descriptive survey. *Journal of Neurosciences in Rural Practice*, 6(3), 355–360. <https://doi.org/10.4103/0976-3147.154571>

Rai, S., Gurung, D., Kaiser, B. N., Sikkema, K. J., Dhakal, M., Bhardwaj, A., Tergesen, C., & Kohrt, B. A. (2018). A service user co-facilitated intervention to reduce mental illness stigma among primary healthcare workers: Utilizing perspectives of family members and caregivers. *Families, Systems, & Health*, 36(2), 198–209. <https://doi.org/10.1037/fsh0000338>

Stringfellow, A. (n.d.). What is a Primary Caregiver? Retrieved July 8, 2021, from <https://www.seniorlink.com/blog/what-is-a-primary-caregiver>

What Is Mental Illness? (n.d.). Retrieved July 8, 2021, from <https://www.psychiatry.org/patients-families/what-is-mental-illness>

Yin, H., Wardenaar, K. J., Xu, G., Tian, H., & Schoevers, R. A. (2020). Mental health stigma and mental health knowledge in Chinese population: A cross-sectional study. *BMC Psychiatry*, 20(1), 323. <https://doi.org/10.1186/s12888-020-02705-x>

