Received: 18 October 2019 | Revised: 30 October 2019 | Accepted: 14 December 2019
DOI: 10.1111/appy.12380

ORIGINAL ARTICLE

ASIA-PACIFIC PSYCHIATRY WILEY

Stigma in mental illness: Perspective from eight Asian nations

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Abstract

Background: Stigma against those who suffer from mental illness is a major issue in many nations. Stigma, which is comprised of prejudice, ignorance, and discrimination, serves as a barrier to seeking help and staying in contact with mental health services. It is thus imperative that concerted efforts are taken against stigma.

Methods: Eight young psychiatrists from eight Asian nations offer a narrative review of the state of stigma in their respective nations, the sociocultural reasons behind this stigma, recent anti-stigma efforts and the effects, if any, of such efforts.

Results: Despite these eight nations lying varying significantly in terms of economic developmental levels, there are sociocultural commonalities that undergird stigma across these nations. It is also evident that there have been more recent concerted efforts to combat this stigma, and in some countries, there has been a change in the perceptions of mental illness.

Conclusion: The causes of stigma tend to be similar across various nations, and this perhaps suggests that international collaboration and a concerted global effort to combat this problem might thus be a possibility.

KEYWORDS
Asia, destigmatization, mental health, stigma

1 | INTRODUCTION

The stigma against mental illness is a prejudice that often leads to discrimination and has a significant impact on the lives of people with mental illness. It creates barriers to seeking help and staying in contact with mental health services. Stigma is underpinned by negative attitudes toward mental illness in general, and against the mentally ill in specific, creating a culture of shame around being afflicted by a psychiatric disorder.

Asia is the largest and most populous continent on Earth and is comprised of a multitude of broadly differing nations. With its mix of developing and developed countries, some having had decades of mental health service delivery neighboring those with nascent and burgeoning medical development (Tables 1, 2, and 3), Asia provides a microcosm of the broader trends in global human health. We thus reckon that a description of stigma and the ways of dealing with it in different Asian nations might give us a better understanding of the issue on a global scale.

The accounts provided below are from early-career psychiatrists from China, Japan, Philippines, Singapore, India, Lebanon, Nepal, and Thailand (Figure 1). This review aims to describe factors influencing the development of stigma and the action that has been taken to deal with it in those eight countries.

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2 | CHINA

Since the implementation of economic reforms in 1978, China has witnessed a sustained tenure of development. The prevalence of mental disorders has also increased during this period. A nationwide mental health survey conducted in 2013 (the China Mental Health Survey) revealed that the lifetime prevalence of any psychiatric disorder (excluding dementia) is 16.6% (Huang et al., 2019). This rate is higher than previously reported [1.3% in 1982 (Zhang, 1986) and 1.4% in 1993 (Zhang et al., 1998)]. Nevertheless, mental disorder-related stigma is still commonly seen in China. Xu, Li, Zhang, and Wang (2018) systematically reviewed studies investigating its prevalence and found moderate-to-high level prevalence (40%-70%) of stigma to be consistently reported among the public, health professionals, relatives of patients with mental disorders and patients themselves.

Two factors may explain the high prevalence of mental illness-related stigma. First, beliefs rooted in traditional Chinese culture may impede the rational understanding of mental disorders among the public. For example, Confucianism encourages individuals to keep mentally ill family members at home to protect the reputation of the entire family, thus impeding access to mental health services, while Buddhism depicts mental disorders as a penalty for sins in one's past life. Second, there is a tendency to use involuntary hospitalization for those with severe mental disorders (SMD). A study reported that only 1.1% of patients with SMD are admitted voluntarily in China (Xie,

TABLE 1 Most recent demographics and epidemiological data

Country	Area (km^2)	Population (total) (latest estimate)	Income level (high, middle, or low)
China	9 596 961	1.42 billion	Middle
Japan	377 972	122.6 million	High
The Philippines	298 170	108.2 million	Lower middle
Singapore	721	5.6 million	High
India	3 287 263	1.33 billion	Low
Lebanon	10 452	6.86 million	Middle
Nepal	147 181	28.98 million	Low
Thailand	513 120	68 million	Lower middle

TABLE 2 Most recent demographics of the current mental health status and conditions in the eight Asian nations

Country	Number of inpatient psychiatric facilities	Number of psychiatric beds	Number of psychiatrists per 100 000 individuals	Mental Health Act	Mental Health Act date of initiation
China	1170	444 851	2.44	Yes	2013
Japan	1612	327 369	10.59	Yes	1987 Revised in 1993 and 1995
The Philippines	36	4486 per 100 000	0.41	Yes	2018
Singapore	4	1950	2.6	Yes	1965 Revised in 2008
India	37	21 000	0.75	Yes	2017
Lebanon	8	43 per 10 000	3	No	–
Nepal	24	174	0.47	No	–
Thailand	21	4288	1.4	Yes	2008

TABLE 3 Most recent epidemiological data of psychiatric disorders in the adult population of the eight Asian nations

Country	Prevalence of psychiatric disorders (%)	Prevalence of mood disorders (%)	Prevalence of psychotic disorders (%)	Prevalence of other mental disorders (%)
China	16.6	7.4	0.7	8.5
Japan	22	6.0	–	–
The Philippines	14 (from a population with disability)	–	–	–
Singapore	13.9	7.9	–	9.8
India	13.67 (lifetime) 10.56 (current)	5.61 (lifetime) 2.84 (current)	1.41 (lifetime) 0.42 (current)	–
Lebanon	17	6.6	–	11.2
Nepal	13.2	3.7	1.1	8.4
Thailand	23.2	2.2	0.5	–

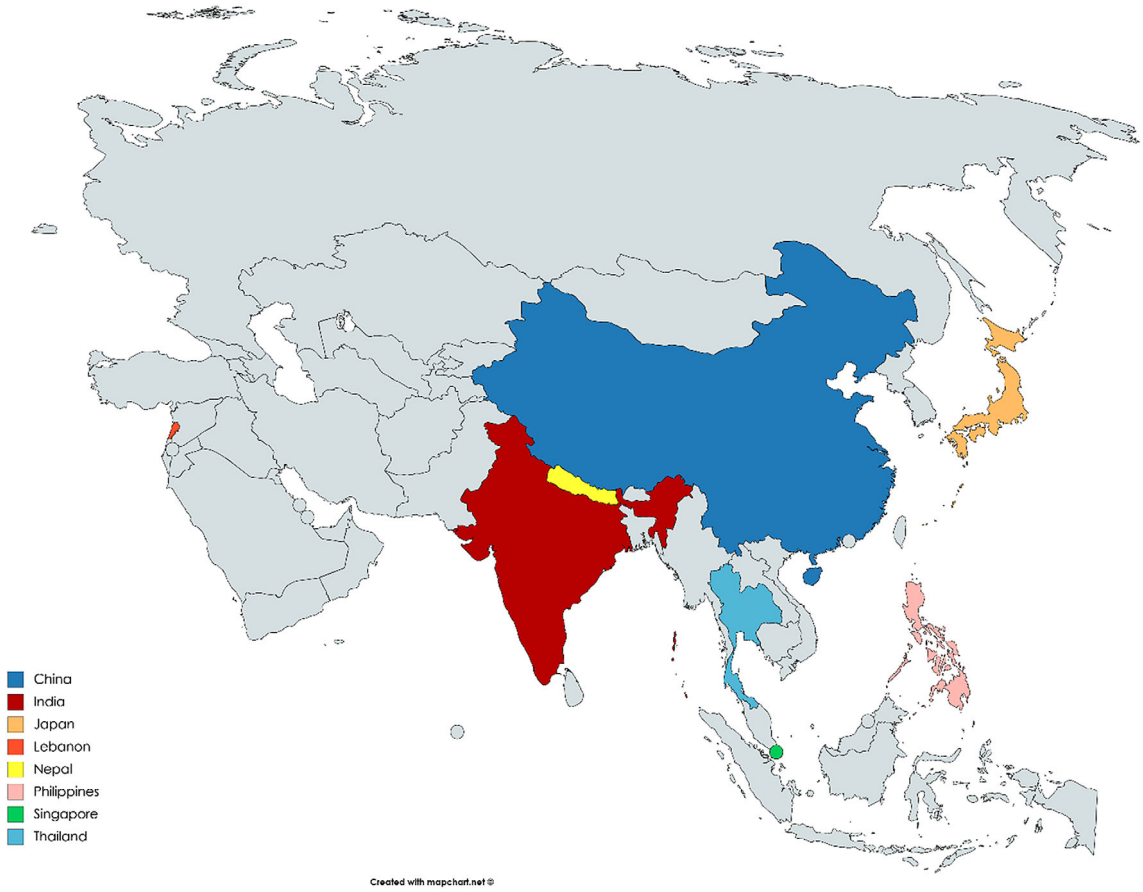

FIGURE 1 Geographical map of the distribution of the countries described in the article

2013). Involuntary hospitalization and the sequestered nature of psychiatric hospitals have increased the separation of patients with SMD from patients with other medical conditions and have bolstered the misconception that mental disorders are associated with an elevated risk of violence.

To address stigma, the Chinese Ministry of Health launched a mental health reform program ("686" program) in 2004, aiming to increase the availability of community-based mental health services and to enhance the recovery process. The major contents of this program include the registration of patients with SMD, providing free medications and hospitalization for patients and training health professionals in the management of patients with SMD. The Ministry of Health launched two National Mental Health Working Plans, in 2008 (China National Mental Health Working Plan [2008–2015], 2007) and in 2015 (China National Mental Health Working Plan [2015–2020], 2015). Government officials and health professionals have disseminated mental health-related information via books, flyers, articles, videos, and films. These efforts have increased mental health literacy to 60%-73% among urban populations (Xu et al., 2018). China also passed its Mental Health Law in 2013 to protect the rights of the mentally ill. The law encourages the voluntary admission of patients, protects their rights to study, work, marry and receive treatment, and fights against prejudice in the workplace, schools, in healthcare and public settings. With the issuing of the law, the proportion of involuntary admissions has decreased from >80% to 59% in 2016 (Yuan & Guo-qing, 2017).

There has thus been significant progress in combating stigma in China, but these actions are far from enough. Nonetheless, the future is bright, as China has come to realize the remarkable significance of mental health for its development and its people's well-being.

3 | JAPAN

Compared to other nations, such as Australia, Taiwan, The United Kingdom, and Indonesia, several studies have demonstrated that the Japanese tend to have more negative attitudes toward people with schizophrenia (Furnham & Murao, 2000; Griffiths et al., 2006; Kurihara, Kato, Sakamoto, Reverger, & Kitamura, 2000; Kurumatani et al., 2004). A survey of 2000 Japanese citizens showed that less than 5% believed that patients with schizophrenia would achieve

remission without future relapse. Another study reported that people in Japan traditionally recognize schizophrenia as a consequence of a weak character but not as an organic brain condition (Tateyama, Asai, Hashimoto, Bartels, & Kasper, 1998). Another study demonstrated that the elderly have more stigmatizing attitudes; 37.1% and 27.7% of the participants answered that they were willing neither to have psychiatric patients live in their neighborhood nor to work together with them, respectively (Tanaka, Inadomi, Kikuchi, & Ohta, 2004).

The possible reasons for this pronounced stigma are as follows. First, the fact that psychiatric patients have historically been isolated from society via hospitalization has resulted in an increase in their social distance. Significantly fewer Japanese people seem to have a correct understanding of schizophrenia than those in the United States (Richards, Hori, Sartorius, & Kunugi, 2014), with the proportion of people with the correct knowledge regarding "the prevalence of schizophrenia," "onset," and "characteristics of psychiatric symptoms" being 27%, 42%, and 12%, respectively (Hori, Richards, Kawamoto, & Kunugi, 2011). It was also reported that parents' stigma against schizophrenia was more likely to be maintained by their children than attitudes toward other physical diseases (Koike, Yamaguchi, Ojio, Ohta, & Ando, 2016). In light of this, several interventions have attempted to reduce stigma. The WPA led an international anti-stigma campaign called "Open the Doors" from 1996 onward involving over 20 countries, with Japan being the only Asian participant. In 2002, the Japanese Society of Psychiatry and Neurology changed the Japanese name for schizophrenia, "seishin-bunretsu-byo," which means "mind-split disease," to "togo-sitcho-syo," which means "integration disorder." To the best of our knowledge, this was the first nationwide anti-stigma intervention in Japan. Also, this action was the first in the world taken to reduce stigma by renaming schizophrenia, a move that was subsequently followed by other countries (Desapriya & Nobutada, 2002). Sato has reported that, over a period of 3 years, the renaming increased the percentage of cases in which patients were informed of the diagnosis from 36.7% to 69.7%. Also, 86% of psychiatrists found the new term to be more suitable to inform patients of the diagnosis as well as to explain the modern concept of the disorder (Sato, 2006). A study investigating articles from three major Japanese newspapers showed that articles that linked schizophrenia to danger were increasing in frequency before renaming schizophrenia but started to decrease after renaming (Aoki et al., 2016). On the other hand, an analysis of articles from 1985 to 2013 revealed that articles for schizophrenia contained more negative words than depressive disorder and diabetes mellitus (31.5%, 16.0%, and 8.2%, respectively), and the authors concluded that renaming schizophrenia had had a limited effect (Koike, Yamaguchi, Ojio, & Ando, 2018). Educational programs for local communities have also been arranged (Yamaguchi, Mino, & Uddin, 2011). One study demonstrated that yearlong video interventions, using filmed social contact, were more effective in reducing stigma than a self-instructional Internet search (Koike et al., 2018).

To evaluate the efficacy of the above approaches, longer follow-up and larger trials are needed. Issues about mental health and the welfare system in Japan, transition services from inpatient to outpatient settings, constraints due to inadequate resources, and the violations of human rights of the mentally ill are being actively debated (Desapriya & Nobutada, 2002).

4 | THE PHILIPPINES

Between 17% and 20% of Filipino adults experience psychiatric disorders, while 10% and 15% of Filipino children also suffer from mental health problems (Magtubo, 2016). According to the 2000 Census of Population and Housing, mental illness ranked third among the types of disabilities in the country ("Mental Health Program," 2018).

Despite its widespread prevalence, there is much stigma against those with mental illness, who are often pejoratively labeled as "*sira-ulo*," "*baliw*," or "*abnoy*." Stigma remains the biggest barrier to the development of a mental health system in general (Rivera & Antonio, 2017). The Philippines is legislatively lagging behind neighboring countries in Asia, having only just passed its first-ever Mental Health Act in June 2018.

However, there are nascent efforts, led by the Philippine Psychiatric Association, to combat stigma. One such effort is a film festival on mental health. A first of its kind initiative, films were made with a local psychiatrist cast, and this was done for the primary purpose of educating the public on mental health. The films were distributed to different regions, training institutions, local communities, and selected cinema theatres. There have also been marathon runs aimed at raising awareness about depression, and celebrities have attended these events as well.

Famous local celebrities, directors, and producers of theatre plays have also been tackling sensitive stories on depression and suicide and are actively partnering with psychiatrists to debrief and educate the audience after a play. The private sector, comprised of local pharmaceutical companies, has been helpful in supporting mental health programs. However, the aforementioned measures are only the beginning, and a concerted effort from the government and private sector is needed.

5 | SINGAPORE

One in eight Singaporeans has suffered from mental illness at some juncture in their lives, with anxiety disorders being the most common form of mental illness, and depression has a lifetime prevalence of 5.8% (Chong et al., 2012). However, despite mental illness being fairly common in Singapore, there is a significant delay in receiving treatment, and considerable stigma within the community. The seminal Mind Matters study (Subramaniam et al., 2017), conducted on adults aged between 18 and 65 years of age, revealed that there is a perception in the community that those with mental illness are "weak, not sick" and that they are "dangerous and unpredictable." A study conducted among youth (those younger than 18 years of age) revealed that up to half associated mental illness with a pejorative word and a quarter endorsed that mental illness did not exist. Factor analysis of garnered responses demonstrated that there was a strong perception

of those with mental illness as being an embarrassment, and being a physical threat, with an associated desire for social distancing (Pang et al., 2017). A study by the National Council of Social Services (NCSS) revealed that five in 10 Singaporeans indicated that they were unwilling to live with or near those with mental illness, and six in 10 felt that a lack of discipline and willpower led to mental illness. There was, however, awareness of the challenges those with mental illness faced, with seven in 10 acknowledging that those with mental illness faced considerable stigma (Ng, 2018).

It is thus in this vein that the NCSS launched the Beyond the Label campaign, the first, large scale, national anti-stigma campaign in Singapore. The campaign is a 5-year effort that is focused on changing perceptions of mental illness. The campaign is multifaceted. One of the facets is outreach by sufferers of SMDs, wherein they share their stories and have their faces placed prominently in subway stations—the rationale for this is 2-fold, first, demonstrating that mental illness can strike anyone, even those who appear familiar to the ordinary Singaporean, and second, to instill hope that those who are afflicted by mental illness can get better. The campaign has also organized public education sessions to improve mental health literacy. Other efforts, such as a mental health film festival and outreach talks in schools and community organizations have been conducted.

Finally, leveraging Singapore's position as a preeminent hub for meetings and conventions, the ninth International Conference—Together Against Stigma—was held in Singapore in October 2019. This meeting provided a platform for major stakeholders in the anti-stigma effort to collaborate and convene, to thus foster transnational cooperation. It is hoped that new ideas and endeavors shall spring forth from the discussions at the conference.

6 | INDIA

In India, stigma is often driven by the belief that mental illnesses are caused by the confluence of karma and the influence of evil spirits, thus resulting in people turning to places of worship as their first port of call for help in the event of a mental health emergency. These explanatory models for stigma may increase stigma or can serve as an adaptive mechanism to cope with stigma (Charles, Manoranjitham, & Jacob, 2007). A lack of awareness of the biomedical concept of mental illness with socially restrictive, stereotyping, and pessimistic attitudes toward mental illness has been observed (Salve, Goswami, Sagar, Nongkynrih, & Sreenivas, 2013). Families of the mentally ill have expressed concerns about disclosing the illness, anxieties about its impact on close relatives, and the effect on marriage. Caregivers are often concerned that if others knew of the diagnosis, the patient might be made fun of, lose their jobs, have diminished prospects of marriage and employment, become vulnerable to violence, and become subject to involuntary hospitalization. People with these illnesses thus try to mask their ailments and reduce the potential for these social reactions by manifesting somatic symptoms. Informal help-seeking (like visits to a healing temple) was associated with more stigma while allopathic treatment was associated with less stigma (Raguram, Raghu, Vounatsou, & Weiss, 2004). Sociocultural factors seem to influence help-seeking behavior. A wide range of services is used ranging from professional help to faith healers with the choice being influenced by trust, easy availability, and accessibility, recommendations by significant others, and belief in supernatural causation of illness (Koschorke et al., 2014). Stigma has a dire effect on individuals via three key domains, first, "negative reactions" from others upon finding out about the illness, "negative views and feelings about the self"—stemming from manifestations of the illness, and a reduced ability to meet role expectations (Chadda, Agarwal, Singh, & Raheja, 2001). Major international studies have suggested that schizophrenia has a better prognosis in low income and rural nations like India (Kulesza, Raguram, & Rao, 2014). However, the higher rates of stigma among rural Indians speak against the better acceptance of the mentally ill as the main reason for the better prognosis of schizophrenia in India (Thara & Srinivasan, 2000).

Patients who are female and are younger experience more stigma (Loganathan & Murthy, 2011). Other factors associated with higher levels of stigma were the attribution of mental illnesses to character or lifestyle, substance abuse, and problems with intimate interpersonal relationships (Malhotra & Shah, 2015). Women with mental illness are coerced not to have children, to undergo abortions, suffer forced separation from children, and endure higher rates of divorce (Chandra, Deepthivarma, Carey, Carey, & Shalinianant, 2003; Report of the International Pilot Study of Schizophrenia, 1973).

The India District Mental Health Program 1996 reaches out to people in the community and attempts to reduce stigma via lectures, training programs, and social contact interventions (including both direct and filmed). Community-based health workers play a key role to communicate, model and shape positive attitudes (Koschorke et al., 2014). Self-reported attitudes, when encountering a person with mental illness, show that respondents act out of fear and are guided by misinformation and myths. Hence greater knowledge sharing, community engagement, and public education are paramount (Mathur Gaiha, 2014). As would be fitting of a country with large domestic film industry, a psychiatry movie club approach has also been used to spread awareness, reduce stigma, and to train mental health professionals (Kalra, 2012). Non-Governmental Organizations (NGOs) play a major role in filling the treatment gap as well to advocate for and empower the mentally ill. A film festival organized by Schizophrenia Research Foundation titled "The Frame of Mind" features several short films on mental illness and also convenes an international competition for short films on mental health and stigma. Many other NGOs have used short films to spread awareness about their work while others publish regular newsletters and run websites to enable the community to learn more about their work (Thara & Patel, 2010).

7 | LEBANON

Lebanon, a small country in Western Asia, has one of the highest provisions of psychiatric services in the Eastern Mediterranean Region, with a median of three mental health professionals per 100 000

population (El-Jardali & Yehia, 2014). However, this remains insufficient. Less than 70 psychiatrists, most of them located in the capital, Beirut, serve over six million individuals (El-Jardali & Yehia, 2014). Most psychiatric beds are in or near Beirut, thus making it hard to access for rural residents, and thus failing to meet national demands (WHO-AIMS report on mental health system in Lebanon 2010, 2010). The health system in Lebanon is one of the few in the Middle East that does not have a mental health policy (Okasha, Karam, & Okasha, 2012). The existing legislation stems from a few isolated and outdated Acts, the main one being the "Welfare Act and Protection and Treatment of Mentally Ill Patients," from 1983. This act has not been integrated within national policy and does not fully guarantee the rights of patients with psychiatric disorders (Chahine & Chemali, 2009; Kerbage, El Chammay, & Richa, 2016; Saghieh & Saghieh, 2009).

This comes on top of a large burden of mental illnesses in the country. The Lebanese Evaluation of the Burden of Ailments and Needs of the Nation study found that the 12-month prevalence of DSM-IV disorders in the Lebanese population was 17%, that about 60% of these had moderate or serious mental disorders and that almost 50% of them had a history of exposure to war-related traumatic events (Karam et al., 2006). An exposure to warfare is a known risk factor for an increase in the prevalence of mental illnesses in Lebanon (Chahine & Chemali, 2009; Farhood & Dimassi, 2012; Karam et al., 2006). The rate of posttraumatic stress disorder secondary to combat events is 30% in war-torn South Lebanon (Farhood & Dimassi, 2012). BEI-PSY, a study investigating the 30-day prevalence of psychiatric disorders among Beirut adolescents, showed that about one in four suffers from at least one psychiatric disorder, most commonly anxiety disorders (Maalouf et al., 2016). There is also, unfortunately, a high level of unmet need for treatment as only about only one-tenth of those with psychiatric disorders seek help (Karam et al., 2006), with a delay of 28 years between illness onset and receiving treatment (Karam et al., 2008). The greatest barriers to seek help include a low perceived need for treatment and financial concerns (Karam et al., 2018). Another commonly reported barrier is perceived repercussions, particularly family dishonor (Youssef & Deane, 2006).

Attitudes toward mental health vary extensively but overall, a stigmatizing attitude predominates. The notion of mental health has been conventionally attributed to "insanity" or "majnoun" in Arabic (Youssef & Deane, 2006). Stigma has also been perpetuated by a lack of awareness, and by beliefs associating mental illness with paranormal entities such as Jinn, Black Magic, and the Evil Eye (Dardas & Simmons, 2015; Fakhr El-Islam, 2008). Such beliefs are even held by educated subgroups, as a survey of university students showed that 70% of them support mental illness remaining a secret from family members and up to 94.6% believing that it can be caused by Black Magic (Rayan & Fawaz, 2018).

In another study assessing the knowledge of Lebanese Catholic Clerics toward mental health, the majority agreed that psychiatric disorders are due to chemical imbalances (Aramouny, Kerbage, Richa, Rouhana, & Richa, 2019). However, up to 30% reported spiritual poverty and demonic possession as possible culprits. Even higher numbers held stigmatizing attitudes, whether toward medications being addictive (58.6%) and harmful (67.8%) or toward patients being a burden on society (85.1%) and not deserving others' sympathy (91.9%) or their individual rights (82.8%) (Aramouny et al., 2019).

Mental health services in Lebanon remain poorly financed and account for only 5% of the total health budget (WHO-AIMS report on mental health system in Lebanon 2010, 2010). This budget covers up to 90% of all mental illness-related inpatient hospital stays, thus treating psychiatric disorders the same as physical illnesses (Chehab, 2018). In contrast, outpatient services are the responsibility of the private sector with no allocated budget or coverage by private insurance (Chehab, 2018; WHO-AIMS Report on Mental Health System in Lebanon 2010, 2010). Given the paucity of government funds and the reservations of insurers, the burden thus falls on the private sector, NGOs, and out-of-pocket expenditure (Yehia, Nahas, & Saleh, 2014).

However, in the past few years, important attempts at empowering the mentally ill have taken place. One step was the submission of a draft law for a Mental Health Act by the non-governmental Institute for Development Research Advocacy and Applied Care (IDRAAC) to Parliament (Kerbage et al., 2016). However, the draft has been pending approval since 2008 (Makki, 2013). In 2014, the National Mental Health Program (Kerbage et al., 2016), which aims to raise awareness about psychiatry and to offer training for professionals in primary healthcare centers (Ammar, 2009), was announced. This is part of a 5-year (2015-2020) strategy to reform mental health care in the country (Chehab, 2018). However, some of the planned goals of this program have yet to be met because of a lack of governmental funding, thus leaving it dependent on financing by civil society (Chehab, 2018).

Indeed, there has been a recent increase in the number of NGOs advocating on mental health issues, with about 70 organizations being involved in assistance activities, such as counseling, housing, support groups, public education, and awareness campaigns (WHO-AIMS Report on Mental Health System in Lebanon 2010, 2010). Lebanon's two most prominent associations, Embrace and IDRAAC, are continuously working to support the mission of the government (Chehab, 2018). In focus groups conducted with teachers and parents in private schools, optimistic themes relating to mental health have started to emerge. These include making mental health care a priority, fostering better education about psychiatric disorders, and overcoming cultural taboo (Doumit, Farhood, & Hamady, 2018). As this is starting to evolve at nationwide and individual levels, it is expected that the stigma against mental illness shall soon decline.

8 | NEPAL

In Nepali culture, the mind and body are viewed as distinct entities, and illnesses of the mind are viewed as being separate from physical illnesses (Kohrt & Harper, 2008). This has implications for the treatment-seeking behavior of the mentally ill and contributes significantly to stigma (Brenman, Luitel, Mall, & Jordans, 2014; Patel, Chowdhary, Rahman, & Verdeli, 2011; Tseng, 2004). Mental illness is often perceived as a "spiritual dysfunction" or a "weak mind" that

needs to be controlled by behavior change, rather than by seeing a psychiatrist. Families are often reluctant to seek help, due to the attribution of mental illness and psychological trauma to bad "karma," which stipulates that one's past actions (eg, in a past life) affect one's fate in the present (Kohrt & Hruschka, 2010). This philosophy is derived from Buddhism, which is widely accepted throughout Nepal.

There have been a few studies done on stigma in medical students. In one such study, it was suggested by the authors that effective teaching and training programs during the medical undergraduate degree course were necessary to bring about changes in attitude toward the mentally ill (Prasai, Sharma, Rijal, & K C S, 2018). In another study, attitudes toward mental illness among medical students and interns in several medical schools were positive or neutral (Risal, Sharma, & Sanjel, 2013). In an editorial, it was concluded that awareness of mental health issues would reduce stigma (Rijal, 2018).

There have thus far been no population-wide studies regarding interventions against stigma. One study suggested that caregiver involvement in treatment programs would be the best practice for service user-facilitated anti-stigma initiatives (Rai et al., 2018). It is thus clear that more research needs to be done, and more interventions are needed, to combat stigma in Nepal.

9 | THAILAND

In Thailand, the lifetime prevalence of any mental disorder is 23.2%. However, the number of patients seeking help at mental health services is substantially lower (Kittirattanapaiboon et al., 2017). A cross-sectional survey conducted from five different regions of Thailand found that the attitude toward mental health, and stigma, significantly contributed to the decision of whether to seek help at a mental health service (Somchai & Charin, 2004). Other factors that had a significant effect were the age of the respondent, monthly income, the sentiments of relatives, the portrayed attitude at the mental health services center, and the media (Somchai & Charin, 2004). Another study found that stigma toward schizophrenia in Thailand compromises health outcomes (Kaewprom, Curtis, & Deane, 2011). Animist and supernatural beliefs have a stronghold in Thai society. This belief system maintains that nonliving beings can cause mental illness and this also contributes to the stigmatization of the mentally ill (Burnard, Naiyapatana, & Lloyd, 2006).

There are three ways to act against the effects of stigma on help-seeking; education, contact, and protest (Poonyakanok & Tuicomepee, 2011). These tenets could help organizations to develop appropriate de-stigmatization programs (Punyayong & Kerdpongbunchote, 2015). In Thailand, mentally disabled people have the right to study without any fee for 12 years ("National Education Act B.E. 2542 (1999)," 1999). The government has also promoted employment by enacting a law related to hiring physically and mentally disabled people ("Persons with Disabilities Empowerment Act B.E. 2550 (2007)," 2007).

Social stigma is one of the most concerning issues for mental health in Thailand. Medical students tend not to enter the field of psychiatry for fear of being stigmatized. However, a study to compare attitudes toward psychiatry in medical students, done before and after entering their psychiatric rotation, found no significant change in attitudes, although further research to explore this issue is needed (Pichet & Jaturaporn, 2003).

10 | CONCLUSIONS

This article provides a narrative review of the state of stigma in eight countries in Asia. These countries, while vastly different, all share common themes about stigma. Given the dire impact that stigma has on help-seeking by those afflicted with mental illness, it is thus crucial to recognize stigma as a global mental health problem and one that needs urgent tackling. The introduction of anti-stigma campaigns, legislation that seeks to reduce discrimination against the mentally ill and interventions to empower those with mental illness are all steps in the right direction. It is hoped that more will be done in the decades ahead to address this issue; such that one day, the mentally ill shall receive the empathy and empowerment that they deserve.

CONFLICT OF INTEREST

The authors declare no potential conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author, Dr. Kundadak Ganesh Kudva, upon reasonable request.

ETHICS STATEMENT

This study, as a review of existing literature, did not involve the direct study of human participants, or the utilization of any patient data. As such, no prior ethical approval from the relevant institutional review boards was required.

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How to cite this article: Kudva KG, El Hayek S, Gupta AK, et al. Stigma in mental illness: Perspective from eight Asian nations. *Asia Pac Psychiatry*. 2020;12:e12380. https://doi.org/10.1111/appy.12380

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