The Impact of Stigma on Self-esteem, Psychological Distress and Help-seeking among Young

Adults with Mental Disorders in Lebanon

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Abstract

Background/Objective: Mental illness is a common and often stigmatized condition that affects individuals of all ages, including young adults. Stigma around mental illness refers to the negative attitudes and beliefs that society may hold about individuals with mental health conditions, and can manifest as discrimination, prejudice, and negative stereotypes. This study aims to explore the correlation between stigma and self-confidence, psychological distress, and help-seeking behavior among young adults with mental illnesses located in Lebanon.

Method: A cross-sectional online survey was shared via digital platforms such as Whatsapp and Instagram between February 2023 and April 2023. A total of 200 participants coming from various educational backgrounds and located in different Lebanese regions participated in the study and completed the five measures; The Stigma Scale, the Rosenberg Self-Esteem Scale, Attitudes Towards Seeking Professional Psychological Help Scale-short form (ATSPPH-SF) , The Kessler Psychological Distress Scale (K6) and The Self-Stigma Questionnaire (SSQ).

Results: On one hand, results from our multivariable analysis revealed a significant association between high levels of stigma and low self-esteem scores, as well as negative attitudes towards seeking professional help. Furthermore, results show that fear of individuals with mental illnesses, prejudice and lack of enough knowledge and awareness are potential reasons for the stigma around mental health in Lebanon. On the other hand, there was no association between stigma and psychological distress.

Conclusion: According to our key results, the majority of participants experience stigma, leading to more mental health suffering. These inaccurate beliefs and stereotypes lead to fear, avoidance and discomfort, because people with mental health diseases may be perceived as unpredictable, impulsive and dangerous. Since these misconceptions are widespread, especially

in the Lebanese culture, individuals with mental disorders are often labeled and portrayed as weak, leading to decreased self-esteem and lower tendencies to seek help and self-stigmatization.

Introduction

In addition to the challenges of suffering from mental disorder(s), individuals often have to cope with the stigma that emerges from it. Stigma is a widespread social problem that has an impact on people's overall well-being. According to the World Health Organization, stigma is associated with shame, embarrassment and rejection that causes an individual to be avoided or dismissed from others (WHO, 2019). When a phenomenon is stigmatized, the particular individual or group is labeled based on misconceptions and false stereotypes (Corrigan & Watson, 2004). The stigma associated with a particular condition, such as mental illness, can also result in social exclusion and discrimination (Link & Phelan, 2001). Furthermore, individuals who are subjected to stigma can experience loss of purpose and ambitions, loss of friendships and relationships as well as diminished quality of life and work opportunity threats (Lai et al., 2001). There is a significant body of research on stigma and its impacts, and scholars have investigated the different forms it can take. To begin with, the term social stigma refers to the public beliefs and impressions regarding a specific person or community (Watson et al., 2003). For example, perceiving an individual with schizophrenia as dangerous and crazy is a common illustration of social stigma. Secondly, the internalized negative beliefs and perceptions that one who encounters stigma may develop about oneself are referred to as self-stigma (Link & Phelan, 2006). To illustrate, when individuals internalize societal perceptions, isolate themselves and feel embarrassed and ashamed of their mental illness, they are self-stigmatizing themselves. The third type of stigma is structural stigma, which emphasizes the institutional limitations, challenges and prejudice that people who suffer from mental health issues must overcome, especially in institutions and

corporations (Pugh et al., 2015). One example of structural stigma might be restricting a person's opportunities in the workplace because of their mental illness.

In this study, we will be discussing the association between public stigma and self-esteem, psychological distress, attitudes towards seeking professional help and self-stigmatization. Therefore, public stigma will be referred to as stigma throughout the paper.

To acknowledge and recognize the obstacles of mental health recovery, it is necessary to understand the factors that increase pain and suffering instead of promoting acceptance, mindfulness and growth. This being said, among the most unfortunate outcomes of stigma around mental health is the threat of severely losing one's self-esteem due to the instilled belief of being a disappointment and achieving nothing to be proud of (Link et al., 2001). According to numerous researchers (Wright et al., 2000; Link et al., 2001; Hayward et al., 2002), it has been indicated that stigmatization has a negative impact on the self-esteem of those who are subjected to it since it leads to losing their sense of worth. For example, Link and Phelan (2006) discovered that people who suffered from stigma as a result of mental illness had lower self-esteem scores. In other words, individuals who have been labeled as "mentally ill" may believe that they are part of a social group that is not worthy of love and acceptance, and is incapable of conforming with those who do not suffer psychologically or who are not still aware of their mental illnesses.Their anticipation of being discriminated against may intensify feelings of shame and create a belief that they do not belong, which in turn leads them to reassess how satisfied they feel about themselves (Verhaeghe et al., 2008). Similarly, Corrigan et al. (2006) discovered that those who encountered mental health stigma felt embarrassed and guilty about their suffering, leading to distorted self-perceptions and lower levels of self-esteem. This means that an individual's

self-esteem is significantly affected by stigma, which can make it even more difficult to manage their suffering and even believe that mental health, as much as physical health, is treatable.

Moreover, stigma may be a major contributor to greater psychological distress. First, since emotions of self-doubt and self-blame may originate from stigma, it can also lead to unfavorable self-evaluations and poor psychological health (Quinn & Chaudoir, 2009). This can have a variety of unpleasant consequences, such as identity threats, stress, anxiety and harmful coping mechanisms (Major & O'Brien, 2005). For instance, Livingston and Boyd (2010) reported in their findings that stigma around mental illness was linked to increased anxiety, internalized judgment and devaluation of one's own self. Furthermore, Vogel et al. (2006) discovered that those who experienced stigma because of their psychological illness(es) reported severe levels of emotional distress. Second, social exclusion and decreased tendencies to seek help, both of which can have a negative impact on one's overall well-being, were associated with stigmatized individuals with mental disorders (Gray, 2002). Consequently, lack of social assistance has been connected to high levels of sadness and anxiety (Cacioppo & Hawkley, 2003), and loneliness because of social isolation as well as avoidance have been linked to worse physical and mental conditions (Hawkley & Cacioppo, 2010). This being said, not only do individuals who suffer from mental disorders deal with the distress that accompanies their mental health suffering, but also encounter the added layer of anxiety, worry and stress that comes from being subjected to stigma around their mental health.

In addition, stigma may also be a major obstacle to seeking professional psychological help. Gulliver et al. (2010) found that stigma associated with mental health diseases was indeed a

significant indicator of unwillingness to access mental health care services. Likewise, Sirey et al. (2010) confirmed in their study that adults who encountered higher stigma because of their mental illnesses were less likely to seek help or continue their treatment. Accordingly, stigma linked to mental illness has been highlighted as a fundamental element that restricts the desire and tendency to access mental health services, thus stigma elimination is a primary goal to transform mental health care services and encourage individuals to speak up and ask for help (Hogan, 2003).

Another important point worth mentioning is how the influence of stigma extends beyond societal opinions and reaches one's judgment of one's own self. For instance, since individuals who suffer from mental illnesses often absorb and adopt negative attitudes towards themselves because of the way they are perceived and treated, self-stigma magnifies and becomes another obstacle in the way of recovery. According to a large body of evidence, stigma can greatly contribute to the development of self-stigma. For example, Ilic and his colleagues (2012) discovered that stigma causes negative self-perceptions and lower self-esteem levels, which in turn creates an additional layer of burden and mental health suffering and is considered a barrier to mental health recovery. Similarly, Wood et al. (2017) proved that stigma instills social negative beliefs and perceptions in one's brain, leading to internalized stigma, lower self-esteem and feelings of shame and humiliation because of having mental disorders. Furthermore, stigma operates as a barrier to getting professional psychological help, leading individuals who suffer from mental disorders to perceive themselves as weak and unworthy of love and support (Clement et al., 2015).

In Lebanon, research on the influence of stigma on mental health and help-seeking behavior is scarce, although a few studies give some information on the subject. To begin with, stigma associated with mental health can have a negative impact on a person's self-esteem. Rayan and Fawaz (2018) reported in their study that individuals with mental disorders felt stigmatized and avoided because of the cultural misconceptions around mental health, which had a major detrimental influence on their self-esteem. Moreover, Wehbe (2011) also proved that university students suffering from mental illnesses in Lebanon expressed emotions of shame and embarrassment, leading to marginalization and social isolation which were overall linked to a negative self-image and reduced levels of self-esteem. Furthermore, stigma around mental health can also contribute to higher levels of psychological distress among Lebanese young adults with mental disorders. For example, people suffering from mental illnesses reported significant levels of prejudice and stigma in Lebanon, which was connected to greater feelings of despair and anxiety (Dimassi et al., 2015). Furthermore, stigma associated with mental illness can be an obstacle to seeking professional assistance. Karam et al. (2019) proved that people who suffer from mental disorders in Lebanon face major challenges when it comes to accessing mental health services and seeking psychological treatment because of the stigma associated with their illnesses. Another study conducted by Fekih et al, (2022) also found that individuals with mental health conditions in Arab countries were less likely to ask for help because of the stigmatization of their mental diseases. This results from the association of seeking psychological help with signs of weakness and inability to deal with their pain on their own. Alongside, research proves that public stigma contributes to the development of self-stigma, which in turn creates negative attitudes towards seeking psychological assistance in the Lebanese society. For example, Hassan (2015) discovered that Lebanese university students who instill social stereotypes in their minds

and self-stigmatize themselves because of their mental illness are less likely to seek professional help. Similarly, scholars investigated the experiences of Lebanese and Syrian interviewees with mental health issues in Lebanon and discovered the occurrence of self-stigma, which leads to emotions of shame, embarrassment and fear of being labeled as "crazy". (Al Laham et al., 2020). These findings emphasize the negative influence of public stigma on self-stigma in Lebanon, which creates barriers to seeking therapies and support. Overall, these researches indicate that mental illness stigma might have a considerable negative influence on self-esteem, psychological distress, help-seeking tendencies and internalized stigma. Strategies and policies that reduce stigma and promote mental health suffering as normal and treatable are required to enhance mental health outcomes in Lebanon.

The purpose of this research is to address a gap in the literature by providing empirical data on the influence of stigma on overall mental health and help-seeking behaviors of diagnosed young adults in Lebanon. The study's objective is to guide the development of culturally and socially appropriate strategies that can help lessen the ongoing stigma associated with mental illness, and decrease mental health suffering and pain as much as it can be controlled.

H1: There will be a negative correlation between the level of stigma experienced by individuals with mental disorders in Lebanon and their levels of self-esteem.

H2: Diagnosed individuals in Lebanon who experience higher levels of stigma will report higher levels of psychological distress.

H3: Greater stigma experienced by young adults with mental illnesses will be associated with decreased tendencies to seek professional help.

H4: There will be a positive correlation between public stigma and internalized-stigma.

Methods

Ethical Approval

In accordance with the Lebanese American University's research protocol, the Institutional Review Board IRB approved this study based on the fact that respondents' confidentiality and anonymity were respected and maintained throughout the whole study, as well as the fact that it was a study with no bias against any participant. Each person involved was informed of the study's goals and conditions before proceeding to the questions. Consent was gained at the beginning of the survey.

Study Design and Sample

The cross-sectional survey was conducted between March 2023 and April 2023. Participants responded to the survey link shared via social media platforms such as Instagram and Whatsapp. Prior to taking the survey, all participants were given information about the study's purpose, the type of survey questions, and the guidelines and conditions for participation. The survey was voluntary and participants were made aware that they could withdraw at any moment without any consequences. Furthermore, the respondents were informed about the survey's anonymity and confidentiality, as well as the precautions made to guarantee that the data and their responses would not be exposed whatsoever. The survey also included a disclaimer that in case of any distress or discomfort, participants were provided with contacts to reach out to for support and seek further assistance. At the beginning of the survey, participants were requested to provide their consent to confirm their awareness of the information presented and their interest in taking part in this study. This assured that the survey participants were mindful of their rights, the

survey's criteria and the measures taken to ensure their well-being before proceeding to the questions. Individuals who did not finish the survey were excluded from the study.

The sample consisted of 200 participants, of which 106 were females and 94 were males. The age of the participants ranged between 18 and 40 years (*M = 24.83 , SD = 2.46*) , and they were located in different Lebanese governorates. They were coming from different educational backgrounds and also professionally diagnosed with various types of mental illnesses.

Measures

The Stigma Scale: King et al. (2007) developed the 28-item stigma scale which is organized into three categories: discrimination, disclosure, and potential positive elements of mental illness. The Likert scale was a five-point scale (1=strongly agree, 2=agree, 3=neutral, 4=disagree, and 5=strongly disagree). Items beginning with "I" were followed by an example of discriminatory conduct such as "I worry about telling people I receive psychological treatment". The purpose of the discrimination subscale is to measure the level of prejudice, exclusion, and discrimination experienced by individuals who suffer from mental illnesses. Moreover, the degree to which people with mental illnesses reveal their psychological struggles to others is measured by the disclosure subscale. One example would be "People's reactions to my mental health problems make me keep myself to myself". The final subdivision of the scale measures the extent to which people with mental illnesses are seen as possessing positive traits like creativity and insight. This potential positive element subscale includes questions such as "My mental health problems have made me more accepting of other people". The scale has been applied in many studies aimed at evaluating how stigma affects individuals who have mental illnesses (Forchuk et al., 2015; Meier et al., 2015). Studies demonstrating the Stigma Scale's strong internal consistency and test-retest reliability have supported its validity. For example,

King et al. (2007) found that the discrimination subscale had a Cronbach's alpha of 0.87, the disclosure subscale had a Cronbach's alpha of 0.85, and the potentially positive elements subscale had a Cronbach's alpha of 0.64. This being said, the stigma scale scores were shown to be inversely associated with overall self-esteem.

The Rosenberg Self-Esteem Scale: Morris Rosenberg created the widely used self-report Rosenberg Self-Esteem Scale in 1965 to measure self-esteem, which is a person's total assessment of their own value (Rosenberg, 1965). The scale consists of a total of 10 items on a 4-point Linkert scale with response options varying from strongly agree to strongly disagree. Five items are positively worded and the other five are negatively worded. Higher scores suggest higher levels of self-esteem, depending on how much participants agree with each statement. An evaluation using the Rosenberg Self-Esteem Scale was carried out by Tinakon et al. (2012) to reveal its validity and reliability, and researchers discovered that the measure had a Cronbach's alpha of 0.84. This means that the scale had good test-retest reliability, which suggests that it consistently generates reliable outcomes over the course of time.

Attitudes Towards Seeking Professional Psychological Help Scale-short form (ATSPPH-SF): Fischer and Farina created the Attitudes Towards Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF) in 1995 as a condensed version of the original ATSPPH measure (Fischer & Farina, 1995). Its goal is to assess social perceptions towards seeking out professional psychological assistance. The scale includes 10 items, and participants rate their agreement on a 4-point Likert scale with statements such as "Personal and emotional troubles, like many things, tend to work out by themselves". Responses range from 0 = disagree to 3=agree. Scores for items 2, 4, 8, 9, and 10 are reversed, with a higher score

showing a more optimistic attitude and higher tendencies to ask for psychological aid. The validity and reliability of the ATSPPH-SF have been further supported by recent research. For instance, a study by Elhai et al. (2008) found that the scale had a Cronbach's alpha of 0.8, which indicates a high level of internal consistency and the ability to understand individuals' attitudes towards seeking professional mental health help. In addition, with a Cronbach's alpha of 0.84, Rayan et al. (2020) found that the ATSPPH-SF was a valid and reliable instrument for assessing attitudes towards requesting professional assistance among an Arab-speaking population. According to these studies, the ATSPPH-SF can be a helpful tool for assessing attitudes toward obtaining psychological assistance in various populations.

Kessler Psychological Distress Scale: A popular 6-item questionnaire used to measure psychological distress is called the K6 Psychological Distress Scale. Its purpose is to gather information about how frequently individuals have felt anxious, hopeless, or unworthy over the past 30 days. Each item is graded using a 5-point Likert scale, with the lowest score being 0 (none of the time) and 4 being the highest (all of the time), for a total final score that can range from 0 to 24. Higher scores mean higher levels of psychological distress. Researchers who created the K6 first released it in 2003 (Kessler et al., 2003), and since then, numerous studies have validated and frequently used it as a screening tool for mental health disorders in both research and clinical contexts. The K6's internal consistency and reliability have been found to be high, with alpha coefficient being 0.86 in a study by Ferro (2019).

Self-Stigma Questionnaire SSQ: The 14-item questionnaire known as the Self-Stigma Questionnaire (SSQ) was created to evaluate the degree to which people with mental illnesses

internalize stereotypes and misconceptions, leading to self-stigmatization. The scale measures how much individuals have absorbed and instilled unfavorable attitudes and beliefs about themselves and their psychological suffering, such as feelings of inferiority and shame because they have mental disorders. Three aspects of self-stigma are evaluated by the SSQ: internalized stigma, perceived discrimination and stereotypes as well as social functioning, with higher scores indicating lower levels of self-stigma. Each item is evaluated on a 7-point Likert scale, with 1 being the strongest agreement and 7 being the strongest disagreement. It has been confirmed to be reliable and effective across a range of populations and languages. The scale has been found to have a high level of internal consistency, with Cronbach's alpha coefficients ranging from 0.75 to 0.901 (Ochoa et al., 2015).

Procedure

We have received approval from the Institutional Review Board of the Lebanese American University. Participants received the link to the survey through social media platforms such as Instagram and Whatsapp, and further participation was established via the snowballing technique. Only participants who were above 18, living in Lebanon and diagnosed with at least one mental illness were eligible to participate. The survey included an informed consent initially to ensure that the participation is voluntary, anonymous, and confidential. Participation required completing the survey which included a section on demographics, The Stigma Scale to measure the level of stigma experienced by individuals with mental disorders, The Rosenberg Self-Esteem Scale to measure the levels of self-esteem among individuals with mental disorders, Attitudes Towards Seeking Professional Psychological Help Scale-short form (ATSPPH-SF) to measure the likelihood of seeking professional psychological help in Lebanon, Kessler

Psychological Distress Scale (K6) to measure the level of psychological distress among people suffering from mental disorders and Self-Stigma Questionnaire SSQ to interpret potential reasons behind stigmatization and how it makes individuals with mental illnesses perceive themselves. Participants were expected to be able to complete the survey in 15 to 20 minutes. The number of participant responses that were excluded from the analysis was 14, and the cause of exclusion was due to incomplete survey responses.

Statistical Analysis

Using SPSS 27, Independent t-test was conducted to check for differences between different groups of residence with stigma as the criterion variable. Independent t-test was also conducted to check for differences between different groups of genders with stigma as the criterion variable. Bivariate correlation was conducted between attitudes towards help-seeking, psychological distress and self-esteem, with stigma.

An independent t-test was conducted in order to compare stigma between participants with anxiety disorders and participants with other disorders.

Results

In order to compare the levels of stigma between the groups of gender (Men and Women), an independent t-test was conducted. There have been no differences between the two groups since the differences were not significant ($p=.186$).

In order to compare the levels of stigma between the 2 areas of residence (Kessewein-Jbeil and Beirut), an Independent t-test was conducted. There have been no differences between the groups since the differences were not significant ($p= .258$).

In order to compare the level of public stigma with adults with anxiety disorders and adults with other mental disorders, an independent t-test was conducted. Participants with anxiety disorders reported significantly lesser (*M*= 3.73, *SD*= .95) stigma than participants with other mental disorders (*M*= 4.05, *SD*= .80), *t*(198) = -2.62, *p* > .05 .

Bivariate correlation was conducted between attitudes towards help-seeking, psychological distress and self-esteem, with stigma for adults diagnosed with mental health disorders. Results showed a significant correlation between attitudes towards help-seeking (*r* = -.664 *p* < .05) psychological distress (*r* = .680 *p* < .05)), self-esteem (*r* = -.804 *p* < .05) and self-stigma (*r* = -.853 *p* < .05) with stigma (See table 1).

Discussion

The impact of stigma on mental health is a major issue globally, and this especially applies in the Lebanese setting. The stigma around mental illness is a significant obstacle to young adults' mental health recovery. For instance, stigma causes individuals who suffer from mental illnesses to have lower self-esteem, have negative attitudes towards seeking assistance from a professional and higher tendencies to self-stigmatize themselves. People with mental health issues are frequently perceived as weak or incapable of handling their own suffering because in Lebanon, mental health is not given the attention and awareness it requires. Young adults are particularly susceptible to this perceived notion because they experience intense social pressure to conform, without being given the chance to understand their own needs and perceptions. As a result, mental illness is perceived as a taboo topic, and young adults with mental health issues are afraid to open up and share their experiences and pain to avoid prejudice, shame, embarrassment and rejection.

Self-Esteem in relation to Stigma

There are numerous negative impacts of stigma on self-esteem. Results in this study highlight the extent to which stigma causes feelings of humiliation and embarrassment, which lead to negative self-perceptions. Young adults with mental health issues are less likely to believe in their own strengths, skills and capabilities when the negative misbeliefs and misconceptions associated with their mental illness are absorbed and instilled in their minds. In extreme instances, this can result in depression and anxiety in parallel to a lack of self-esteem. These findings support the existing literature on how stigma reduces self-esteem by devaluing individuals with mental illness and making them feel less capable because of their disorders, which then leads to marginalization and social isolation (Link & Phelan, 2001). In addition, Corrigan and Watson (2002) agree that stigma leads to feelings of shame and guilt among individuals who suffer from mental illness, which results in low self-esteem. In a recent study, Yanos and his colleagues also shed light on stigma as a main factor to negative illness identity as well as a barrier to mental health recovery and reduced self-esteem and (Yanos et al., 2010). Overall, these sources indicate that stigma can have a significant effect on an individual's self-esteem, which can lead to negative outcomes such as reduced help-seeking behavior and impaired mental health recovery.

El Hayek et al. (2021) conducted a study in the Lebanese context to examine the relation between stigma and self-esteem among Lebanese individuals with mental illnesses. Based on the results, participants reported lower levels of self-esteem and quality of life, as well as higher levels of social isolation when subjected to stigma.

Psychological Distress in relation to Stigma

Independent t-test showed no significant association between stigma and higher levels of psychological distress. These results were not consistent with the existing literature that has shown a strong association between these two variables in different countries (Schomerus et al., 2008; Corrigan, 2004; Link & Phelan, 2001; Livingston & Boyd, 2010), and in Lebanon specifically (Karam et al., 2008; Chaaya et al., 2002). The unexpected findings raise important considerations such as the study sample, culture-specific factors, coping mechanisms and the type of questions that may have contributed to these results. Overall, the difference in findings highlight the importance for further investigation within the Lebanese context.

The association between Stigma and Help-Seeking Behavior

One of the most important findings to emerge from this research is the reported help-seeking perspectives and behaviors in regards to mental health. The majority of participants agree that stigma has a significant negative effect on people with mental illnesses seeking assistance. The present findings are in line with the findings of Vogel et al. (2006), who concluded that stigma was determined to be a significant deterrent to help-seeking behavior among college students. According to the research, students who reported experiencing higher levels of mental health stigma were less inclined to seek therapy for their psychological issues. Another study discovered that stigma was linked to adults using fewer mental health services, even when accessible and affordable (Sirey et al., 2001) . These results underline the necessity of initiatives to lessen the stigma associated with mental illness and to encourage those in need to seek the help and acceptance they deserve. Overall, based on the study's sample, young adults' help-seeking behavior is highly dependent on the stigma around mental illness.

Stigma, according to research done in Lebanon, prevents many young adults from seeking mental health treatment (Karam et al., 2019). A study conducted by Dalky (2012), found that stigma was a main consideration among Lebanese people suffering from mental illnesses, and that many people preferred to hide their illness rather than seek treatment due to the fear of prejudice and discrimination. The study also highlighted the fact that many Lebanese students felt like a disgrace and disappointment to their families because of their mental disorders. These results imply that stigma plays a major role in preventing some people in Lebanon from accessing mental health services and seeking professional psychological help.

Potential Reasons Behind Stigma and Self-Stigma

A unique contribution of this present study is the potential reasons behind the ongoing stigma and internalized stigma around mental health. The Self-Stigma Questionnaire (SSQ) identifies a number of possible causes of stigma which consist firstly of stereotypes and prejudice. For instance, because of presumptions and preconceptions that exist in society, many individuals with mental illnesses are stigmatized. In the majority of cases for example, people with mental illnesses are not dangerous or unpredictable, despite popular beliefs to the contrary. When society perceives individuals who suffer from mental illnesses as violent and risky to be around, this unjustifiable fear leads to more stigma and self-stigma. A second potential reason for stigma is insufficient knowledge around mental health. In other words, lack of information and awareness about mental diseases can also contribute to stigma. One example is when people think that mental illness is a sign of personal vulnerability and weakness, or the outcome of poor decisions rather than a disease that needs to be treated. This further stigmatizes mental health and leads to more suffering that could be easily avoided with education and awareness. Thirdly,

stigma can also result from fear and discomfort associated with mental illness. For instance, it is possible that some people are reluctant to engage with or discuss mental illness with others, leading to social exclusion and non-conformity. While individuals with mental health issues need support and acceptance, most of what they encounter is avoidance and discrimination. Finally, a fourth potential reason is internalized stigma, which is the acceptance of unfavorable stereotypes and attitudes regarding mental conditions, and it is a final stigma that some people with mental illnesses may experience.

This study's findings are in line with previous evidence that tackles the reasons behind stigma around mental health in Lebanon. For instance, Charara et al. (2017) proved that lack of enough education and awareness contributes to limited understanding of mental health and its importance in the Lebanese context. This leads to misconceptions and negative attitudes towards individuals who suffer from mental illnesses, such as fear of being around them and high tendencies to label them. Another study by Merhej (2019) brings light to the socio-cultural approaches to mental illness in the Arab world. Her study emphasizes the added layer of suffering experienced by individuals with mental health issues because of the way they are wrongfully perceived and treated. Low self-esteem, psychological distress, shame, guilt, and a reluctance to seek therapy can result from this. Understanding these potential causes of stigma can aid in its reduction and the development of a community that is more accepting and supportive of those who suffer from mental illness, which in turn decreases their extra pain and suffering.

Limitations and Future Research

Limitations and future research directions for the study on stigma in Lebanon would firstly include the sample size, which could limit the ability to generalize the study's findings. Future researchers could aim for a sample size larger than 200 participants that could in turn enhance representativeness of future results. Another limitation could be the Lebanese cultural context, which may not help capture the full range of diversity and experiences within different Lebanese communities. Future research could explore specific cultural factors that contribute to enhanced stigma in the Lebanese context. A third research direction for future studies might include conducting a longitudinal design that explores the changes in levels of stigma, self-stigma, self-esteem, psychological distress and help-seeking tendencies at several and specific points in time and mental conditions. Moreover, a fourth direction for future research would include a qualitative approach to the study such as interviews to help provide a deeper understanding of individuals' experiences and perceptions. A final limitation for this study might be the absence of effective interventions aimed at reducing public and self-stigma in Lebanon. For instance, future research could involve the evaluation of the impact of current educational campaigns and develop new anti-stigma programs to promote mental health awareness and expose individuals to this information at a young stage of life. By addressing these limitations and pursuing future research in the Lebanese context, mental health stigma can be combated and individuals' suffering can be easily reduced.

Conclusion

In conclusion, this study sheds light on the frequency and impact of stigma on individuals suffering from mental illnesses in Lebanon. The findings highlight the need for further investigations and future strategies that address stigma-related issues in the Lebanese context. By considering this study's limitations and directions for future research, a deeper understanding of stigma and its effects in Lebanon might be a turning point for developing effective interventions and promoting mental health as important and as treatable as physical health.

Table 1

Intercorrelations Among Key Study Variables

Variable	1	2	3	4	5
Stigma Total	-				
Self Esteem Total	-.804**	-			
Help Seeking Total	-.664**	.559**	-		
Psychological Distress	.680**	-.654**	-.350**	-	
Self Stigma Total	-.853**	.743**	.552**	-.647	-

*p <.05; **p <.01

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NOTICE OF IRB APPROVAL – EXEMPT STATUS

To: Ms. Chloe Joy Younnes – Mr. Jad Jaber
Dr. Myriam El Khoury Malhame
Assistant Professor
School of Arts & Sciences

NOTICE ISSUED: 8 March 2023
EXPIRATION DATE: 8 March 2025
REVIEW TYPE: EXEMPT CATEGORY B

Date: March 8, 2023
RE: *IRB #:* LAU.SAS.MM2.8/Mar/2023
Protocol Title: The Impact of Stigma on Self-esteem, Psychological Distress and Help-seeking among Young Adults with Mental Disorders in Lebanon

Your application for the above referenced research project has been reviewed by the Lebanese American University, Institutional Review Board (LAU IRB). This research project qualifies as exempt under the category noted in the Review Type.

This notice is limited to the activities described in the Protocol Exempt Application and all submitted documents listed on page 2 of this letter. **Final reviewed consent documents or recruitment materials and data collection tools released with this notice are part of this determination and must be used in this research project.**

CONDITIONS FOR ALL *LAU* NOTICE OF *IRB* EXEMPTION DETERMINATION

LAU RESEARCH POLICIES: *All individuals engaged in the research project must adhere to the approved protocol and all applicable LAU IRB Research Policies. PARTICIPANTS must NOT be involved in any research related activity prior to IRB notice date or after the expiration date.*

EXEMPT CATEGORIES: *Activities that are exempt from IRB review are not exempt from IRB ethical review and the necessity for ethical conduct.*

PROTOCOL EXPIRATION: PROTOCOL EXPIRATION: *The LAU IRB notice expiry date for studies that fall under Exemption is 2 years after this notice, as noted above. If the study will continue beyond this date, a request for an extension must be submitted at least 2 weeks prior to the Expiry date.*

MODIFICATIONS AND AMENDMENTS: *Certain changes may change the review criteria and disqualify the research from exemption status; therefore, any proposed changes to the previously IRB reviewed exempt study must be reviewed and cleared by the IRB before implementation.*

RETENTION: *Study files must be retained for a period of 3 years from the date of project completion.*

IN THE EVENT OF NON-COMPLIANCE WITH ABOVE CONDITIONS, THE PRINCIPAL INVESTIGATOR SHOULD MEET WITH THE REPRESENTATIVES OF THE *IRB* OFFICE IN ORDER TO RESOLVE SUCH CONDITIONS. *IRB* CLEARANCE CANNOT BE GRANTED UNTIL NON-COMPLIANT ISSUES HAVE BEEN RESOLVED.

If you have any questions concerning this information, please contact the IRB office by email at irb@lau.edu.lb

The IRB operates in compliance with the national regulations pertaining to research under the Lebanese Minister of Public Health's Decision No.141 dated 27/1/2016 under LAU IRB Authorization reference 2016/3708, the international guidelines for Good Clinical Practice, the US Office of Human Research Protection (45CFR46) and the Food and Drug Administration (21CFR56). LAU IRB U.S. Identifier as an international institution: FWA00014723 and IRB Registration # IRB00006954 LAUIRB#1

Dr. Joseph Stephan
Chair, Institutional Review Board

DOCUMENTS SUBMITTED:

IRB Exempt Application	Received 1 March 2023
Research Protocol	Received 1 March 2023
Informed Consent Form	Received 1 March 2023
Link to online survey	Received 1 March 2023, amended 2 March 2023
IRB Comments sent: 2 March 2023	**PI response dated:** 2 March 2023
CITI Training – Myriam El Khoury Malhame	Cert.# 45181489 Dated (2 October 2021)
CITI Training – Chloe Joy Younnes	Cert.# 41626845 Dated (15 March 2021)
CITI Training –Jad Jaber	Cert.# 41806460 Dated (25 March 2021)

Institutional Review Board
Lebanese American University

08 MAR 2023

APPROVED