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## **Mental Illness and Stigma**

### **Impact on the Rehabilitation Process**

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Digital Rehabilitation

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**Mental Illness and Stigma**

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### **Abstract**

Mentally ill young people are stigmatized as weak, aggressive, and socially inappropriate. It is also believed that they are unable to hold significant societal positions. Youth who experience stigma and discrimination are less likely to seek help. Approximately 50% of young people by 14 years of age and 75% by 24 years of age suffer from mental illness.

This research explored young people's experiences of stigma and discrimination living with mental illness, as well as the barriers to seeking therapy. It also examined how digital services can help reduce the stigma associated with mental illness.

The study involved ten rehabilitation clients and three caregivers. Clients were interviewed in focus groups and caregivers were surveyed with open-ended questions. A reflexive thematic analysis was used to analyze the data, a qualitative method of discovering people's thoughts, views, experiences, skills, or values.

Discrimination and stigma cause severe mental illness, depression, and isolation in young people. The negative experiences of young people with mental illness can lead them to seek out support from their peers. Treatment barriers are cost, self-denial, attitudes about mental illness, and lack of multi-professional staff. Digital mental health services apps for rehabilitation seem like a promising method of eliminating barriers for the younger generation to seek treatment without being judged.

Society is impacted negatively by mental illness stigmatization. Youth with mental illness has detrimental effects, which must be recognized by the public. People who desire treatment may not know where to start, and therapy can be expensive. It is undeniable that digital mental health services apps will make getting treatment easier, cheaper, and less stigmatizing. The app could remove the difficulties in scheduling an appointment, lower the cost of therapy, and reduce lengthy waiting lists.

### **Keywords/tags (subjects)**

Mental- illness, Stigma, Discrimination, Barriers, Digital app, Rehabilitation, Clients

### **Miscellaneous (Confidential information)**

Rehabilitation for Young People

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## 1 Introduction

The mental well-being of children and adolescents is becoming an increasingly important issue. Globally, 15% of these youngsters suffer from mental illness or show symptoms of mental illness. With 50% of mental illnesses starting by the age of 14 and 75% occurring by the age of 24, the mental well-being of children and young people has developed into a more serious issue in the globe. (Spryridou, Forth, Ougrin, Bruha, 2018) In the field of public health, mental health has recently gained attention and its impact on people's lives is profound, both socially and financially. (Li, Yang, Yang et al., 2022).

Based on the report of Kuehn (2021) at least 13% of teenagers worldwide have a mental illness that is officially recognized; however, access to care is still limited, which has a serious impact on young people all over the world. Five percent of children and teenagers report feeling depressed or losing interest in past hobbies. Suicide is the fourth leading cause of death for youths between the ages of 10 and 19 in the United States, taking the lives of nearly 46,000 of these individuals annually. According to the report, indirect costs for these children and their families, and unstable mental health in youth have a \$387 billion annual financial impact on the world.

A study by Borenstein (2020) discloses that many people continue to have an adverse perception of people suffering from mental illness, even though the general population is aware of the medical or inherited foundation of mental disease as well as the necessity for intervention. Stigma affects not just those with mental illnesses but also their loved ones and perhaps even their families. People from different racial and ethnic cultures may find it challenging to pursue treatment for their mental illnesses due to the stigma attributed to the illness.

Most people who need treatment do not have access to good mental health care. Numerous factors, including stigma, a lack of staff, decentralized treatment approaches, and a lack of research capacity for policy reform and implementation, contribute to the disparity in mental health care that currently exists. A United Nations report estimates

that one in four persons who experience a psychological breakdown at some point in their lives has an impact on millions of people. Suicide claims the lives of nearly one million people annually. Mental diseases, including alcoholism, are among the top ten causes of incapacity in both developed and developing countries. For example, depression, presently the third most prevalent illness globally, is expected to surpass every new disease by 2030. (Njoku 2022).

There is a strong negative effect of discriminating and passing judgment on those who suffer from this illness, regardless of how things might change. Understanding the factors that contribute to stigma and negative perceptions of people with mental illnesses, as well as strategies for addressing and ending them, would be beneficial. Ignorance or fear are frequently the causes of stigma. (Borenstein 2020).

The purpose of this thesis is to outline young individuals' personal experiences of the stigma and discrimination living with mental illness and the barriers they face to seeking therapy. Also, the study will examine whether digital services can be used to reduce the stigma associated with mental illness as well as reduce the risk of not seeking treatment.

## **2 Theoretical framework**

This chapter gives a review of the impacts of discrimination concerning people with mental illness and the barriers to seeking treatment among the youth. More specifically this project identifies these areas that need to be tackled. Understanding the types of stigma and the process that is involved when seeking help. Additionally, it will explore whether digital services can decrease stigma related to mental illness and reduce the risk of seeking help.

## 2.1 Impact of mental illness

From the viewpoint of New South Wales (2022) a mental health condition can have an impact on one's emotions, thoughts, and actions. Their overall health can be impacted like any individual who finds themselves in an unanticipated situation, they could feel overwhelmed, experience feelings of sorrow and grief, and carry anxieties for the future. Everyone experiencing an emotional disorder goes through life differently. Certain individuals can control their emotional state which does not affect their state of working, yet others find it as a huge barrier to getting into employment or studies. If an individual has a psychological problem, they are more inclined to face the economic strain, which can be harmful to their health. The report further stated that emotional problems might contribute to partnerships that are stressed out. Some people with mental disorders could feel separated from society at large and lonely. At times it may be challenging to treat problems with mental health because of factors like diverse adverse reactions to drugs. Prejudice and social stigma impact numerous individuals who suffer from behavioral issues, which may limit their willingness to discuss the issues and obtain therapy.

Individuals' well-being influences the relationships they have among their loved ones, peers, and workplace. This can affect youngsters since they are solely dependent on loved ones and relatives. This can cause breaks in families, separation, and possibly grown-up child neglect. Due to mental health concerns, families frequently endure economic and psychological strain. In a case like this, trying to provide therapy for a mentally unstable child can come at a high cost that can cause financial hardship for the family. Children whose loved ones are mentally ill may take on more stress and more responsibility, which can lead to a lack of sleep and depression. This can also lead to isolation, and psychological and social problems in the future. Families may also avoid social interactions out of fear of judgment from strangers while dealing with the emotional concerns of those they love, further hurting their mental health. (Tulane University 2021).

Tulane University (2021) suggested that an Individual's state of mind influences their academic performance. It might be challenging for a lot of kids who are suffering from mental disorders to get along well with their instructors. Furthermore, some of the young people cannot concentrate, stay motivated, or follow the rules of their school. Consequently, correction is often employed, which could hinder their ability to learn. In one case, based on the Child Mind Institute, the suspension rate among children with mental illnesses is 64% likewise, every year, 28,000 children with health issues including mental health issues leave school.

Additionally, there seems to be a rising understanding of the essential part that mental well-being plays in accomplishing worldwide development objectives in the past few years, as indicated by the incorporation of the topic of mental health in sustainable development goals. Depression represents one underlying the central grounds of incapacity. Suicide is among the top four causes of fatalities among individuals who are at the ages of 15 and 29. There is the possibility of them losing their lives 2 decades earlier because of mental illness disorders. Even though there have been improvements in a few nations, individuals who have psychological illnesses often face serious violations of their fundamental liberties, discrimination, and stigma. Even though several psychological disorders may be treated well for relatively little money, the gap separating the people who need therapy and others who can afford it is still very massive. (World Health Organization 2023).

Society's beliefs regarding various mental diseases contribute to stigma. Some people can handle their mental well-being well sufficient to work, however finding employment might be quite difficult due to employer discrimination. As a result, mental illness has negative repercussions due to how society perceives it in addition to the difficulties brought on by the illness's symptoms. Another problem is that several personalities with mental breakdowns may use the stigma linked with such illnesses against them-

selves and suffer a loss of self-worth. The stigma associated with mental health conditions is a substantial hurdle to diagnosis, therapy, and social acceptance. (Rüsch, Angermeyer, & Corrigan 2005).

The humiliation, discrediting, or social rejection of someone with a mental health illness is known as mental health stigma. Researchers have identified a few aspects or types of the stigma associated with mental health, including self-stigma, public stigma, professional stigma, and institutional stigma. The word "self-stigma," sometimes known as "internalized stigma," refers to a person's negative judgments about their health. Self-stigma has negative effects, including rejection of treatment, disempowerment, a decline in self-efficacy, and a decrease in quality of life. Public stigma is the term used to describe the unfavorable opinions that the general population holds about those who have mental diseases. These opinions are often founded on misinformation, reservations, and prejudice. (Subu et al., 2021).

Due to misunderstanding and fear, people with mental health situations are frequently the focus of stigma. Prejudice is an unfounded and biased set of beliefs, while discrimination is the physical action based on these beliefs. When faced with prejudice and discrimination, people may feel even more helpless and ashamed. Discrimination and prejudice can have significant opposing effects on an individual's well-being, deter numerous from looking for therapy, damage connections by changing how other individuals see them in their final days hurt a person's self-worth by changing the way a person views themselves unfavorably, and influence individuals when they are receiving care, recuperating from difficulties, or feeling them. There are various facets to prejudice because of their mental health diagnoses, as well as their color, culture, religion, sexual orientation, economic status, or age, people may experience prejudice and discrimination. For those who want to get assistance for a mental health issue, many layers of stigma can be a tremendous hurdle. Some claim that their experience of prejudice is worse than their underlying mental health issue. (Kenny, Bizumic & Griffiths, 2008).

Kenny and colleagues (2008) explained that many people who struggle with mental health issues refrain from getting help or continuing therapy because they fear or experience prejudice. Most measurements employed now are focused on a variety of events, making it difficult for researchers to analyze prejudice specifically. As a result, they risk overlooking the fundamental attitudinal component of prejudice that underlies discriminatory behavior. It should be emphasized that issues with the research of prejudice against persons with mental illness might be resolved by integrating a validated generalized prejudice measure and using it to assess prejudice against people with mental illness. However, it does not seem like there is a multifaceted, well-validated measure of discrimination that might be used for people with mental illness.

## **2.2 How mental illness is described**

Studies by Stuart (2006) underscored how mental health issues are overestimated, misinterpreted, and potentially criminalized across news and entertainment media. This provides an example of how mentally ill people should not be handled, for expelled to reject, scorn, and fear them. Wrong perceptions in the media hurt them. The press is blamed by proponents of behavioral health for fostering stigma and discrimination against people who have mental illnesses. Nevertheless, the media could be one of the supporting tools used in eradicating the negative perception about people living with mental illness. Mental health providers ought to give priority to advocacy and communication with the press to educate the public and advocate for individuals who may be unwilling to speak for themselves. According to Stuart (2006) it may be time to stop cataloging how mental illness is described in the press and concentrate on the thought-provoking issue involving how to make use of the mediums to advance the opportunities of surviving and recovering for those ones in four individuals that are living with mental diseases. This is because the results of studies regarding this topic are consistent.

People's views and opinions about the condition are influenced by a variety of factors, including their own experiences with a mental disorder, exposure with and interaction with individuals going through mental ailments, societal prejudices related to mental ailments, reports in the press, and being acquainted with current and before limitations (such as rules regarding acceptance, jobs, and healthcare insurance). When someone seeks care depends on how they perceive this. After a diagnosis, it was found that people stopped interacting with organizations and made their own discharge decisions. (Choudhry, Mani, Ming & Khan, 2016).

Jewish people have been discovered to view their struggle with mental health as an opportunity to learn from a higher being (God), and they also use this approach to pardon people, they seize this as a great opportunity to offer help. Just like in certain societies just to mention Southeast Asians, attribute mental problems to demons, forces of darkness because of one not adhering to rules by the gods or disregarding them. This does not only occur in Asia but globally. Interestingly, the Western civilizations believe in this ideology. Another study in Swiss discovered that people who are suffering from schizophrenia are said to be because of demons. People in South Asia perceive mental disorders as an inevitable part of the hardship they will experience. (Choudhry et al., 2016).

Portrayers of Mental Illness (2023) in their research revealed that numerous individuals hold erroneous and negative opinions about mental illnesses, according to years of research. Most societal attitudes of those who suffer from a mental disorder are unfavorable and mostly based on misconceptions. It has been suggested that one cause of these negative perceptions is the fact that people's true difficulties in mental illnesses are typically kept from viewpoint, which allows inaccurate and stereotypical images in media coverage to pervade.

The movie is a significant contributor to these images due to the way it utilizes violent and sensationalistic depictions of mental health patients who are stereotyped yet misguided and use their illness to extort funds from the public and the government. Mental

disorder is commonly depicted in movies in a superficial, demeaning, and deceptive manner. Many exaggerate the presence of traditionally unfavorable features among mentally ill persons, such as enmity, rage, and unusual behavior. Additionally, they commonly refer to them in pejorative terminology. Notwithstanding the absence of convincing proof linking mental illness and violence, research shows that a significant number of kids and adults view mentally ill people as violent, dangerous, and unstable. Higher bias is held towards those with mental illnesses because of false assumptions about their propensity for aggression, housing, employment, relation to others, and health. There is discrimination in every aspect of treatment. Along with being violent, the common perception of an individual with a mental disorder also includes someone who is feeble-minded, delayed in growth, and dependent. (Portrayers of Mental Illness 2023).

Hampson, Watt & Hicks (2020) acknowledges that sturdy undesirable stereotypes, including beliefs that these people cannot be predicted, hostile, violent, risky, irrational, less educated, weak in self-control, and terrifying, have been found in studies of the public attitudes. According to studies on social distance, few people would suggest a person with schizophrenia for a job. In addition, (Hampton et al., 2020) exclaimed stigmatizing attitudes toward their patients, including doubts about their employability, have been discovered among mental health professionals. Self-stigmatization has been defined as the internalization of societal stigma by a person, which can exhibit negative effects on one's self-confidence and level of self-efficacy. Ongoing study about disclosing a mental health illness to an employer confirms the existence of stigma and discrimination in work environments. Through several processes, stigma and prejudice have been shown to increase stress at work. Stress at work may further escalate if you must hide a condition from your employer and coworkers. The considerations surrounding whether to reveal a mental health illness to an employer cause stress since there are considerable dangers of disclosure or rewards of not disclosing.

### **2.3 Effects of Stigma and Discrimination**

The burden of mental illness is considerably increased by the stigma attached to it. According to the subjective experiences of those who have undergone mental illness, its consequences are frequently viewed as being more burdensome and upsetting than the actual sickness. The idea of stigma is commonly understood as encompassing "issues of a lack of understanding prejudices and discrimination" and relates to "a societal devaluation of a person" because of a "give it a that is fundamentally humiliating." Discrimination hurts a variety of facets of life, involving interaction with others, education, and employment. Due to the internalized stigma, some individuals with mental illness may come to embrace the negative stereotypes held against them, which lowers their self-esteem and causes them to feel ashamed, alienated, and socially isolated withdrawal. (Semrau et., 2015).

Discrimination and stigma can exacerbate an individual's psychological problems and make it difficult or impossible for them to get the help they need. Isolated from the community, substandard infrastructure, joblessness, and deprivation are all associated with mental disorders. Consequently, stigmatization and prejudice can perpetuate a person's illness. Given the societal prejudice and stigma, there is a lesser likelihood that one will receive therapy, and the signs can get worse. There are several impacts, such as diminished hope, diminished confidence, increased mental health indicators, communication problems, lessening the possibility of remaining through the therapy program, and greater employment difficulties. (Borenstein 2020).

For many people, severe mental disorder poses two difficulties. In a single conjunction, people struggle with the disease's manifestations and its accompanying limitations. On the contrary side, stigma and discrimination which arise from misconceptions concerning mental illness hinder them. These rob people with mental illnesses of the opportunities that define their ability to live to the fullest, such as having a choice of fulfilling

jobs, safe housing, proper healthcare, and affiliation with a range of community organizations. Though much progress has been made in comprehending the signs and symptoms of schizophrenia, explanations for the stigma attached to mental illness have only recently begun. There is still much research to be done to truly comprehend the scope and complexity of bias against individuals suffering from mental illness. (Corrigan & Watson 2002).

The public's misconceptions and concerns have serious repercussions on mental illness. Bullying has been made acceptable by perpetuating stereotypes about mental health issues. Due to their history of mental illness, some people have been refused access to suitable housing, health insurance, and employment. Many people have discovered that they lose their implication of self-worth and find it difficult to make friends because of the stigma attached to the illness. Sometimes the stigma associated with mental health issues is so entrenched that those who believe they may have a mental health issue are unwilling to seek help because of concern for what other people may think. One of the biggest obstacles to living a happy life for them is having experienced stigma and discrimination. (Canadian Mental Health Association 2023).

## **2.4 Barriers to seek treatment**

Young people with mental health illnesses are very common, but they receive little care. To close this discrepancy, it is essential to have an in-depth knowledge of why young individuals believe they should not ask for or receive assistance. Youngsters reported not being aware of where to turn for assistance, whom to speak with, or whether a situation was serious enough to warrant assistance or was mental health associated and beliefs about how asking for help suggests their strength, such as thinking it is a sign of weakness. Young adults usually endorsed the obstacle of unwillingness to ask for help or a willingness to tackle their problems on their own in 39% of the investigations. (Radez et al., 2021).

Around half of the young adults are reluctant to go through the rehabilitation process. People frequently postpone or delay seeking therapy due to worries about their jobs or concerns about being given unfairly. This is because stigma, prejudice, and discrimination against persons who have mental diseases are still serious problems. (Borenstein 2020). Young people described challenges caused by confusion about whether issues were severe enough to call for assistance and assumptions that the matters would determine themselves. Additionally, challenges concerning to lack of enthusiasm to keep choices and follow prescribed treatments were upheld by young people. Most of the research found that young people had doubts about the efficiency of qualified treatment, which was cited as the reason people sought (or did not seek) assistance from professionals. (Radez et al., 2021).

There has been proof that common obstacles such as stigma, family opinions about mental health services and treatments, an absence of mental health literacy, and autonomy are the major reasons why youths and youngsters are not willing to follow-up for help. (Pfeiffer & In-Albon 2022).

Barriers related to inadequate mental health knowledge (difficulty detecting the symptoms of mental disorders, lack of awareness about mental health treatments) and barriers related to public, professed, and self-stigmatizing attitudes about certain mental disorders are also present. They also mentioned barriers brought on by fear, such as a lack of trust and privacy, worries about the individualities of the benefactor, anxiety or fear that surrounds when one seeks help, difficulty, or reluctance to show feelings, a desire to not burden others, and worries about an impending emergency their career in some way. Some teenagers also complained about accessibility issues (such as time, transportation, and cost), while others preferred to turn to family and friends for support rather than mental health services. (Pfeiffer & In-Albon 2022).

The essential initial step to improving life and receiving accessibility to appropriate mental health assistance is asking for help. Increasing public well-being and access to treatment for mental illnesses has been a significant objective of federal campaign efforts, and programs. It has been revealed by the research that although many efforts have been put in place to create awareness about mental illness as well as to decrease the stigma that is attached to it, teenagers are not ready to inquire about the assistance they can get, especially from experts. Some obstacles to receiving help include challenges with availability, trust, an affinity for unauthorized avenues for support, stigma, and concerns about confidentiality. (Salaheddin & Mason 2016).

## **2.5 Using the digital app for treatment**

Considering the huge demand for therapists and the lengthy waiting lists that make it difficult to find a professional, using a mental health app may seem like an alluring and reasonably priced method to obtain assistance. These apps promise to assist with a variety of problems, including addiction, insomnia, anxiety, and schizophrenia. Frequently, they do this by utilizing tools like games, therapy chatbots to communicate, or mood-tracking diaries. (The New York Times, 2022).

In recent times, perhaps the most important global health emergency has been mental health. With over a million individuals worldwide suffering from depression, treatments are highly dependent on digital health tools like smartphone apps to assist people in self-managing their psychological health. The rising frequency of mental health problems, particularly among the youth has prompted multiple efforts by both academics and professionals. One creative technique is to employ smartphone or touch screen mobile health (m-health) apps to monitor or manage clients' problems with mental health, which also are lauded by students for their increased convenience, accessibility, and adaptability. (Kim, Wang, & Xu, 2022).

Kim et al. (2022) projected that young adults between 18 to 25 years had the highest prevalence of major depressive episodes in the United States. Consequently, most persons with mental illnesses would not disclose such feelings or even identify them as serious, in part because of unfavorable perceptions or societal stigma associated with those who have emotional difficulties. Stigma and discriminatory behavior abound, including the notion that suffering a mental illness, such as depression, equates to someone being feeble, inadequate, inept, or fragile, as well as that the disease is ashamed, embarrassing, or socially unacceptable.

Mobile mental health products, often known as apps, are digital platforms that are supplied via smartphones and offer self-reliant or slightly guided intellectual health services in statement, self-checking, diagnosis, and therapy. These apps provide fast, cost-effective, and subtle avenues for users to manage their mental health to get around user hurdles connected to conventional treatment techniques, such as problems with low accessibility, readily available, and acceptability. (Koh, Tng, & Hartanto 2022).

Besides this, societal stigmatized has indeed been demonstrated to be a major impediment to the reported need for help, as well as care behavior, especially mental health care utilization. For example, university students who had serious or recurring depression felt unwilling to care for concern that others would judge them if they did. Kim et al. (2022) reiterated that college students preferred the use of mental health apps over customary counseling for comfortability, accompanied by privacy and confidentiality stigma, based on comprehensive, and expense savings, implying that students who observe an increased stigma around mental health amenities and thus have little experience in mental health care may be more transparent towards using digital health services.

Young people who are ready to seek support can get over the limitations of conventional clinical settings, such as lengthy waitlists, constrained clinic hours, and residing in areas with limited access to mental healthcare. Users can use applications for on-

demand venting of ideas and feelings instead of waiting an average of 14.5 days to contact a therapist, and they can quickly obtain appropriate knowledge and therapies. Instead of obtaining mental health support people can use applications to access support privately and remotely in face-to-face circumstances where they need to identify their own, avoiding unfavorable societal assessment. (Koh, Tng, & Hartanto 2022).

The development of artificial intelligence and new technological innovations may also be crucial in the fight against mental illness. Digital interventions display ensued suggested as a means of addressing the unmet need for psychological treatment. These involvements compile psychotherapeutic elements into a computer program or mobile app. Due to the growing adoption of digital therapies in both private and public healthcare systems. Researchers discovered that the treatment of depression with digital treatments is successful. "Digital involvements might offer a practical, evidence-based approach to addressing the growing need for mental health care, particularly where people are unable to access face-to-face therapy due to lengthy waiting lists, limited financial resources, or other barriers. (University of Helsinki 2021).

Digital tools like wearable sensors and smartphone apps are gaining popularity across the board in health care. Thousands of applications focusing on mental health disorders are easily accessible for people to download and use, and psychiatry and mental health are no exception. Apps present intriguing opportunities for mental health, with the possibility to support symptom monitoring and potentially administer supplemental therapies. For instance, many applications provide access to exercises and courses based on therapy and the ability to track mood symptoms. There are currently applications for every significant psychiatric condition and therapeutic approach. (American Psychiatric Authority 2023).

The treatment of digital treatments precisely for assisting young adults with severe mental illness has received more attention in recent years. Smartphone therapies have been investigated in initial possibility and model studies for tracking symptoms, en-

hancing managing results, and addressing social anxiety and loneliness. Peer moderators or interactive elements with the appearance and feel of well-known social media platforms have also been carefully incorporated into the enterprise and edge of digital interferences to influence the interests of younger demographic groups. (American Psychiatric Authority 2023).

### **3 Research Implementation Approach**

This chapter covered the implementation approach of the research. It included an overview of the research questions, research approach, and interview.

#### **3.1 Research Questions**

The purpose of this thesis is to outline young individuals' personal experiences of the stigma and discrimination living with mental illness and the barriers they face to seeking therapy. Also, the study will examine whether digital services can be used to reduce the stigma associated with mental illness as well as reduce the risk of people seeking treatment. The following are the research questions:

1. How are young people living with mental illness stigmatized and discriminated against?
2. What are the barriers to seeking treatment for mental illness?
3. How can the use of digital mental health services reduce mental illness stigma?

#### **3.2 Methodology**

This segment provides details about how the study was conducted including the researcher's role and perspective. Also, this section will describe the study technique utilized to uncover young people's accounts of the stigma and discrimination experiences, in addition to the obstacles they encounter while trying to get help. The research will

also look at whether using digital services can lower the stigma attached to mental illness and lessen the likelihood that individuals will seek care. Throughout the following section, the study's objective and methods will be discussed. It will describe the strategy used for data collection as well as the steps involved in analyzing the information. It will also describe any ethical concerns and the limitations of the research, as well as present the group of participants that were selected.

### **3.3 Researcher background**

The researcher is a registered nurse and has all mental health practices at the rehabilitation center and a psychiatric unit. Throughout that period, four weeks of practice were completed in the rehabilitation center, three weeks of internship in the psychiatric unit for children and adolescents with severe mental illness, and five weeks of advanced mental health practice in the rehabilitation center. As a result of that period, strong analytical skills were acquired in the field of mental health. A high level of trust and confidence was developed between the researcher and the clients during the internship.

### **3.4 Research approach**

A qualitative technique was chosen as a research methodology for this research. The method adopted known as the exploratory approach was employed during qualitative research. In the research, a variety of ideas and hypotheses related to the field of study depending on the information obtained. A qualitative method provided more ability to acquire a deeper significance by considering a person's perceptions of discrimination and prejudice as well as the barriers they face when seeking treatment, in contrast to a quantitative strategy, which tends to be more structured, broad in scope, and numerically based. Swaraj (2019) described that exploratory research is used to establish first ideas and understandings as well as to give guidance for any required additional study.

Whenever a researcher wants to discover problems, describe the problem in more detail, and establish any aims or information needed to be answered through further research, an exploratory study is crucial. Exploratory research is qualitative, unorganized, and very adaptable. Exploratory research is when a study is conducted with the intention of either exploring a subject about which insufficient is known or examining the viability of doing a specific research study.

Exploratory research is an initial investigation of an unknown issue that the researcher knows little or nothing about. It is comparable to a doctor's preliminary examination of a patient to determine the cause of an unidentified illness. It lacks organization and is far less concentrated on predefined goals. Typically, it occurs in the shape of an experiment. Exploratory research is flexible, which is one of its characteristics. It is the first step that researchers do when an issue is large and unresolved. Exploratory studies are a useful tool for learning more about whatever is occurring, looking for fresh perspectives, posing questions, and viewing phenomena from a different angle. This type of research seeks to define ideas, describe issues more clearly, accumulate clarification, acquire understanding, displace unrealistic theories, and develop hypotheses. (Swaraj 2019).

### **3.5 Research Interview**

It was a focus group interview. This method was chosen because it provided some crucial information for the research. Gill et al., (2008) maintained that Individual participants would not be enough for such research, and with a larger focus group some participants would dominate the discussions while others would fade into the background. Focus groups proceed past just collecting the same evidence from a big group of people at once, even though they share many similarities with less structured interviews. Focus groups are used to gather information on collective opinions and the meanings that highlight them. They help to fully comprehend the experiences and convictions of the participants. A crucial factor in focus group research is group size.

According to Gill et al., (2008) it is better to slightly over-recruit for a focus group than it is to under-recruit, as the latter puts you at risk of comprising to terminate the meeting or have an inadequate conversation. They warn that there will likely be two absences from each group. Focus groups, which should not include researchers, should contain six to eight individuals successfully with three or fourteen, depending on the situation. Big groups can be hectic, difficult for the representative to control, and frustrating for individuals who feel they do not gather adequate options to speak. Small groups face the risk of not talking much. have

### **3.6 Data collection**

Data was collected in April 2023. The interviews were recorded on a voice recorder and verbatim transcribed. All the research participants are clients and caregivers of a rehabilitation center in Finland. Ten clients and three caregivers participated in the research. Through the caregivers, all clients were contacted by email with information about the study and by phone with more information about the interview. Clients agreed to have the interviews conducted in the rehabilitation facility. In contrast to interviews, described by Nyumba et al., (2018) the researcher does not take center stage during a focus group conversation; instead, they participate on the sidelines. A discussion plan was made in advance to assist with the interview's format and flow. All participants answered the same questions to learn about their encounters with stigma and discrimination as well as the difficulties they encounter when trying to get help.

Each participant was made aware of the voluntary nature of participating before the date for the face-to-face interview. Also, they had been told they could quit the research at any time. All personal details were eliminated to safeguard the participants' privacy. The in-person interview focus group was used to gather the study's data. This approach was used to improve study validity while providing more open-ended discussion. The clients' privacy is crucial because this is a matter of health care. Next, participants were asked to respond to an interview question on the steps that may be taken to lessen

stigma and prejudice against those who seek treatment for mental illness. Participants were urged to offer case studies as well. (Xu et al., 2020).

### **Interview themes were as follows**

1. What do you understand by mental health?
2. What are your personal experiences about mental illness from family, loved ones, community, and organizations? Please do not hesitate to provide examples of cases.
3. What is the perception of mental illness or how do people view people living with mental illness? Please do not hesitate to provide examples of cases.
4. What do you identify as a stigma related to mental illness towards mental illness? Please do not hesitate to provide examples of cases.
5. What do think is the main barrier to seeking mental health services? Please do not hesitate to provide examples of cases.
6. What do you think about the use of the digital app to seek treatment? Have you ever used any digital app for treatment before?
7. What kind of improvement needs to be put in place for clients seeking treatment in a medical facility? Please do not hesitate to provide examples of cases.
8. What is your opinion on the use of the digital app for rehabilitation? Do you think it will reduce the barrier to receiving treatment?

### 3.7 Data analysis

The goal of the analysis is to recognize the different story types that were employed to explain the event being studied and those that were in the culture and society, in which it is portrayed. As an illustration, narrative analysis can be used for texts, media, images, films, music, and surroundings that function as stories or have a structure resembling stories. You must be conversant with the narrative theory to categorize the phenomenon in terms of its structure, concepts, terminology, and points of view. The study's use of narrative analysis led to generalizations about how people feel and interpret the event. (Parcell & Baker 2017).

On the first day of the interview, eight participants took part. At the scheduled time of the second interview, five participants dropped out, leaving three participants. Two new participants joined the study, so overall five participants participated on the second interview date. Three caregivers from the rehabilitation center participated in the study. The first interview with eight participants lasted 60 minutes while the second one lasted for 1 hour 32 minutes, with 5 participants. The total transcript of the participants is 63 pages in raw format, the font size is 12 in calibri bright font, and the line spacing is 1.5. In addition, 4 pages of data were retrieved from respondents who were staff members of the rehabilitation center.

The data was analyzed through a reflexive thematic analysis which is a qualitative way of conducting analysis. It is a good technique for learning about people's thoughts, views, experiences, skills, or values as demonstrated by Braun & Clarke (2014) The purpose was to identify and outline young individuals' personal experiences of stigma and discrimination living with mental illness, as well as the barriers they face to seeking therapy. Additionally, this analysis also examines whether digital services can reduce the risk of people seeking treatment.

To provide an accurate analysis, reflexive TA requires a recurrent connection using the dataset. It offers a six-phase approach which helps in learning and practicing reflexive thematic analysis. These steps are not considered a strict procedure to be subsequently followed, but rather a tool to aid in the methodical and rigorous exploration, interpretation, and reporting of a pattern-based analysis using a dataset. The information from the research was collected in its entirety and then examined for themes. According to Braun & Clarke (2014) thematic analysis can be conducted using a variety of methods, but the most popular approach involves six steps: induction, coding, generating themes, reviewing themes, naming, and defining themes, and transcribing, which prevents bias in the analysis. The following gives a vivid description of the steps of the thematic analysis by Braun & Clarke (2014).

*The first step is the familiarization stage*, in which the interview is organized and transcribed, and a thorough reading of the raw material is conducted (Table 1.)

*The second step was to code the interview* using Tilde software, which corresponds to the first coding phase. A code is a summary of an important element of the participants' narratives. The background of the participant's narrative was considered. The data were then analyzed by looking for recurring patterns and highlighting deviations or similarities.

*Reviewing the data in the third phase*, known as generating initial themes, allows for validation or modification of previously made findings and interpretations by revisiting the recordings and codes to ensure consistency of understanding. Transcripts were carefully read through several times to find evidence of stigma, discrimination, barriers to seeking treatment, and use of a digital app to seek treatment.

*Open connections or themes were* used in the early coding of stigma and discrimination barriers. The discrimination node referred to the "actions and behaviors that create barriers to seeking treatment and disadvantage people living with mental illness." For example, in terms of stigma and discrimination, 10 of the participants talked about how

society thinks they are lazy, weak, and very manipulative. They also stated that society assumes that they are faking the illness and just imagining it.

*In the fourth stage, topics are reviewed, defined, and named.* In this step, codes and topics are changed or deleted to allow the most appropriate analysis of the data. As a result, some of the procedures performed in phases two and three of the analysis may need to be repeated. The data elements were collected. The themes of this event emerged from the participants' use of coherence and simple code. The first phase of the research attempted to cooperatively characterize the themes observed through the coded data. Through the sharing of their personal experiences, it became apparent that the youngsters were experiencing discrimination and stigma, which was hindering the recovery process.

*This phase of the analysis considered which themes were appropriate to support the coherence and consistency of the story.* The data set represents the three themes discovered.

*In the sixth and final stage,* all participants and respondents cited stigma and shame as the main barriers to seeking treatment. They stated that there is no immediate help for them because they are not taken seriously. They mentioned the lack of availability of multi-professionals for mental illness, the long lines to get a therapist or even an appointment, and the high cost. Participants believe that the use of the digital tool could help reduce barriers to seeking help and reduce stigma and discrimination. They also emphasized that it would highlight important information about mental illness and related issues and make it easier to access help.

**Table 1. Reflexive Thematic Analysis Process**

<b>Analytical procedure</b>	<b>Description</b>	<b>Action Taken</b>
<b>Data familiarization</b>	<ul style="list-style-type: none"> <li>•The data was examined by searching for patterns of the eight questions</li> </ul>	<ul style="list-style-type: none"> <li>•Transcribing audio data</li> <li>•Note-taking</li> <li>•Reading the data several times</li> </ul>
<b>Generating initial codes</b>	<p>Generating codes from the participant's research Questions:</p> <ul style="list-style-type: none"> <li>•Mental health</li> <li>•Personal experiences</li> <li>•Perception of mental illness</li> <li>•Stigma related to mental illness</li> <li>•Barrier seeking help</li> <li>•Use of digital app</li> <li>•Medical facility improvement</li> <li>•Rehabilitation via app</li> </ul>	<ul style="list-style-type: none"> <li>•Classification and organization of initial codes</li> </ul>
<b>Generating initial Themes</b>	<ul style="list-style-type: none"> <li>•The codes were now assorted into themes that include stigma, personal experiences, and use of the digital app to identify the themes that Correlate</li> </ul>	<ul style="list-style-type: none"> <li>•Map the themes</li> <li>•Write down what the themes consist of</li> </ul>
<b>Reviewing themes</b>	<ul style="list-style-type: none"> <li>•Codes in this phase were identified and modified. The entire data was once again examined</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver effective data supporting a theme</li> <li>• revise and reinterpret themes</li> </ul>
<b>Defining and naming themes</b>	<ul style="list-style-type: none"> <li>•Themes that were selected were appropriate and support the coherence and consistency of the participants.</li> </ul>	<ul style="list-style-type: none"> <li>•Examine the dataset and themes to structure your response to the research question.</li> </ul>
<b>Writing the report</b>	<ul style="list-style-type: none"> <li>•This theme were selected due to authenticity and reliability based on the participants narratives</li> </ul>	<ul style="list-style-type: none"> <li>•A strong argument for answering the research question</li> <li>•Do not just state the themes; develop an intriguing story about them.</li> </ul>

### **3.8 Ethical Considerations and Validity**

Research is conducted to get responses to questions to gain a deeper understanding of an issue or subject matter. It is appropriate to ensure that information obtained from various sources as well as through multiple sources is valid, reliable, and ethical. Should the data gathering methods and the data obtained in the end be unreliable, if both are accurate and consistent, then the findings and results will be impacted greatly. Ethical approval for this study was acquired from the Human Resource Director, Occupational Health, and Safety Manager, from the rehabilitation center. The supervisor of the thesis granted ethical approval prior to the start of the research by the research guidelines. It is unethical to collect details lacking the participants' understanding and communicated desire and informed consent. As a result, participants were informed about the voluntary nature and were also informed and that they could withdraw from the study at any time (Appendix 1.) It was ensured that all participants provided informed consent while participating in this study. (Dobakhti 2020).

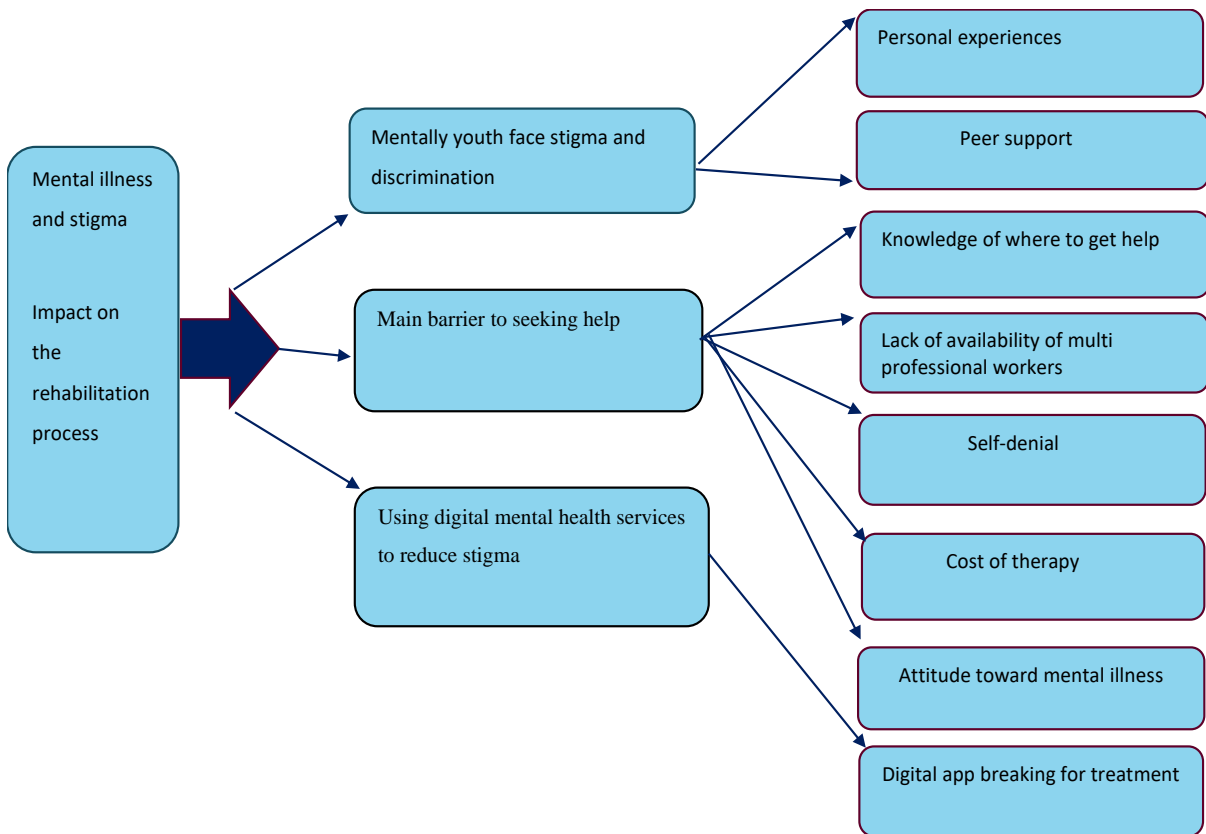
Moreover, they were made aware that they were under no obligation to answer any questions they did not feel safe responding. Prior to the interview, participants received notice, a general description of the subject to be covered, a preview of the type of information that would need to be gathered from them, justifications for why the study had been chosen, and information on how the information they provided would be used. Participants were told of the interview's duration before it began, and adequate time was provided before and after the interview for them to ask any questions about the study's topic. All participants completed a consent form indicating their willingness to take part in the interview while also maintaining their confidentiality during the whole process. Mental health topics may be a sensitive and challenging topic for many people. (Dobakhti 2020).

The archiving and reuse of data collected for research must be constantly disclosed to research participants. One or more of the research documents may contain details regarding conserving and using again. Giving research participants enough, accurate, and

comprehensible information about how the research data is reused is crucial. In contrast, details between study records ought to be circumvented to protect data reuse and guarantee participant rights. (Finnish Social Science Data Archive). The recorder would be disposed of by permanently reformatting it. The paper records will be disposed of in a manner that leaves no possibility for the reconstruction of information by shredding or burning it. Jyväskylä University of Applied Sciences does not save data; the organization (rehabilitation center) will store the data for two years and after that, it can be destroyed.

#### **4 Findings**

This chapter examines the major themes, as well as the findings from the interview procedure and subsequent analysis of the data. In the following sections, the demographic information of the study participants will be presented first, followed by their responses to the open-ended questions, and finally, a summary of the overall findings will be provided. The report on participants' responses of the interview questions is presented in the same order: What has been identified as a stigma related to mental illness toward mental illness, the main barrier to seeking mental health services, the use of the digital app to seek treatment, improvement put in place for clients seeking treatment in a medical facility, opinion on the use of the digital app for rehabilitation. These categories highlight and reflect emerging themes from the data, as well as provide examples of different participant responses. As a result of data analysis, the following key themes emerged in the personal accounts of the stigma and discrimination that young people with mental illnesses experience and barriers to getting help. All the themes have a connection since it became clear from the data analysis the impacts stigma and discrimination play on mental illness.



**Figure 1. Research Findings**

#### 4.1 Stigma and discrimination towards mentally ill

Participants inquired about some of the challenges they identify as stigma and discrimination related to mental illness. They talked about how people view them as lazy, manipulative, and weak. According to the participants, people with mental illness are sometimes seen as lazy and unmotivated because they believe they are faking their illness to avoid working or doing something.

*When I was showing like sign of mental illness as a child, it was seen as laziness, especially in school. I started to skip school because I was physically ill from my mental health. And it was just you're lazy, you just don't want to work. (Participant six.)*

*So people thinking that People with mental illness, such as depression, which is in the most common, is just like laziness or like an excuse. I think one of the biggest stigma is like combined with like, you're just not trying hard enough, that kind of laziness, like you're just not doing enough. That's why you're not working or studying. (Participant one.)*

*How I think others view me because of mental illness is they see it as like laziness and sort of an excuse not do things and it's very hurtful because it's not it's not something I can just fix. They don't feel the pain that you feel unless they're also in the same situation. (Participant six.)*

Some of the participants talked about the stigma they face daily. Because of their illness, society no longer views them as individuals because they believe they are no longer useful to society or are only faking their condition. Society believes that mentally ill people are not trustworthy and cannot be relied upon because they think they are lazy.

*If you're mentally ill, you are unreliable and like untrustworthy figures. Well, because of the symptoms people just assume that you can't be given any tasks because you will fail them or do not want to do them because you're lazy or things like that. (Participant six.)*

*Mostly the stigmatic approach I get is you are not a person anymore. You are the person with depression, and you must have all the things that included you can't be high functioning with depression or borderline personality disorder. I have met a lot that if you don't go by the specific criteria of mental illness, you're not having it, you're faking it mostly. (Participant ten)*

It is believed that suicidal thoughts and emotional manipulation are more common among mentally ill people. In other words, some participants claimed that society believes that they trick people into thinking they are mentally ill by manipulating their thoughts and feelings. The fact that many of the participants perceive this information is derived from what people read in the media about mentally ill people.

*People usually write about us being emotionally manipulative but suicidal all the time and going all around the place with emotions. some of us still have emotional instability. But we are not emotionally manipulative. (Participant ten.)*

#### **4.1.1 Attitude of parents and loved ones**

The participants were allowed to consider their own personal histories, their experiences, and to talk about statements they had heard about mental illness from diverse sources such as their families, communities, and organization. Participants said that their families were the primary source of their messaging regarding mental illness in these groups. Most of these families were reluctant to accept that their loved ones were suffering from mental illness. The older generation with mental illness due to their upbringing are unable to seek help or do not know where to get help.

*Due to stigma, the older generation, and the way that they were raised, are unable to get help or perhaps even realize that they have problems. And that is I think a big part or well a big part of how they themselves react to mental health around them from the perspective of. (Participant Four.)*

One participant shared her experiences on how her parents were abused and it's like generational trauma in the family which has affected their mental well-being.

*So, there's a lot of thickness around ending mental health in my family. There have been years of generational trauma in my family. What I've noticed because my mother talks a lot about how her parents treated her. (Participant eight.)*

One of the participants highlighted how her mother discouraged her from seeking help claiming therapists and other professionals of mental health just want money undermining the existence of mental illness. Another participant shared what she must endure because of her mental illness diagnosis stating that though the parents have problems too but do not want to access it neither do they want to believe that their child is mentally unstable.

*"And so, it's like this weird cycle where I can't, like, talk about my feelings at home, even though I would want to. I know my dad and my mom have, they both have problems, but they just like, they don't want to access that. (Participant four.)*

#### **4.1.2 Peer support**

All respondents touched on an important subject which is openness about the illness and peer support. Another factor is more information should be provided about mental illness. Participants talked about some of their friends who have been great support to them including the ones they met at the rehabilitation center. According to them they openly talk about their diagnosis and their situation and get enough support from one

another. Clearly, the support they get from their peers is more than home. It is evident that their peers understand them more and accept them, so they are open and do not hide any information from them.

*By being open about things and being present to each other. Peer support is also a very important factor in our place where we openly talk about life challenges that anyone is facing. The message is you are not alone. (Caregiver one.)*

#### **4.2 The main barrier to seeking help**

Participants were asked to discuss what they identified as the main barrier in seeking treatment from healthcare facilities. All the participants were passionate about the main barrier and had the view that the main barrier that prevents them from seeking help is the availability of the right workers, the long queue in getting help, the high cost of therapy, stigma, and shame as well as the possibility of them not been taken seriously.

*I think for me personally, it's usually shame and the fear of not being taken seriously most of the time and the longest lines ever. There are so many people in need of help and there's just no time for everybody. it's gonna take forever for me to get in contact with any specialist, it can take months, and I just lose hope before even starting. The biggest one is the knowledge of the waiting lines. I have been waiting for like 3 months to get in touch with a nurse. Not even a doctor but the nurse and I have to be suicidal. (Participant one).*

Some of the participants also talked about how difficult it is to get help. Most of the time they get medication without any form of assessment, and sometimes it takes longer to get an appointment with a doctor, with some of the participants feeling that health care professionals do not really care about their well-being.

*I was in bad mental health I was thinking I was gonna die. I went to crying to a doctor and they were like this is medication, go home and I don't know what to do. They ask no questions like a short assessment. They don't care, they don't have doctors anymore in my place where I go and if you want to go to the doctor you have to wait so like three or six months to see a doctor and they're like go home, you don't get help. (Participant nine.)*

One of the participant recounted how he got an instant help from the emergency line because he mentioned that he was diabetic. It is apparent that it is easy to get help with physical illness or illness that society deem as normal, then getting help for being suicidal or something related to mental illness.

*One time I've gotten like instant help, but I had to call 112 emergency number and I had to get help that time was also because, like, I had to mentioned I'm diabetic, like it was linked to my physical health too. And I was like, I'm feeling suicidal, but I'm also having like a physical emergency. My blood sugar is dropping like super low, and I can't get it up and that's why they came instantly to take me in care. (Participant six).*

Two participants emphasized barriers to seeking help. One mentioned that she called during mental health episodes but did not get immediate help; instead, she did not get an appointment until the next day and the crisis was over. The other participant shared how she wanted to end her life by overdosing. An emergency number was called for her, obviously social workers were also involved, but the participant felt she did not get the right support and was disappointed.

*If we have an emergency with like diabetic, we will get help now because everybody cares about it. When it's like a person is almost suicidal, it that's rough anyways like it's always just super overlooked and it has, always been like that.(Participant six).*

*And I was talking to a social worker for some reason, not even a nurse or anything social worker. I was talking to them and saying that I really feel like I want to end my life. And they said, well there is two options. Either you go home, or you go into Mental health facility. And I said, well, I guess I'll go home. They were like, OK, see you in two or three weeks. And then I was self-harming at the time. (Participant nine).*

#### **4.2.1 Knowledge of where to get help**

In the opinion of the caregivers of the Rehab center through a survey, two of the respondents are of the view that the barrier in seeking treatment for the youngsters that some do not even know where to seek treatment or do not get needed information about their mental status or where to get help.

*I think the barrier to seeking help is that people don't necessarily know where to seek a help and what kind of services are available. Often people are left alone with their problems, and they dont always have the resources to seek help if they don't know where to seek it. And of course, it affects that mental health services have such long queues and people must wait a long time to get help. (Caregiver two).*

*There are probably several reasons. No information on where to find help or what would be the first step. Also, there can be lack of connection and support and one can feel very lonely with their own challenges. (Caregiver three).*

Participants reiterated several times on the difficulties of getting the right source for help some also talked about the fact that when someone is mentally ill, the society see them different from other people.

*I do not know about rehabilitation centers and stuff like that. Well, that's not talking about it enough. Is like mentally ill people are like a separate group of people from everybody else.*

*So it's like you will not know about places like this until you are already in one very mentally ill. (Participant nine).*

#### **4.2.2 Lack of availability of mental health multi-professional body**

After identifying the biggest challenges and barriers to seeking treatment, participants also had to indicate what problems they face. They also cited the lack of mental health multi-professional staff as another barrier to seeking help. Participants talked about how difficult it is to get the right care and staff for their situation. They reiterated that other studies are funded but mental health is ignored.

*"The number of psychiatrists, psychologists, and therapists all of those like goals number one that generally they need to fund their studies the way they fund other studies. (Participant three).*

Two of the participants emphasized that it was difficult to get the help they needed at school because there were not enough topics or information about mental illness at school. They explained that the long lines they must get in to talk to health staff prevent them from getting help. For example, one participant mentioned how frustrated she was after sending hundreds of emails just to get therapy.

*It's hard to get mental health help in schools because everything is so full. There are not enough doctors, nurses, or anything to go and talk to. And the waiting lines are long. (Participant ten).*

*Once I had my doctor changed and they were like, OK, your new Doctor will call you next month and it took nine before I got a doctor and I had to take medication that didn't fit me at all. So, I called like, OK, this medicine is not working for me. I'm feeling more unstable even though this is supposed to be stabling medication and I remember one nurse answering me.*

*This medicine is mentally stable in your mind, there must be something wrong in your personal life. So that's why you're unstable. (Participant nine.)*

### **4.2.3 Self- denial**

Some families live in self-denial and consider mental health a taboo for discussion. It appears that mental illness is not real but made up. Participants expressed frustration that they could not talk to their families about their mental illness, even though some of their relatives are health care providers. One participant tried to make this clearer and emphatically stated that although her mother is a health care provider and, cares for others, mental illness is not an issue for discussion in the family because she can clearly see that her mother also struggles with mental illness, but the main problem is self-denial, and she tries to hide.

*She has been very straightforward that therapists and any like professional mental health workers are like they just want easy money. Like mental health issues aren't real, they do not exist and it's just all make-believe. It's awful that I don't have a family I can talk about my mental health issues. My mother is a nurse. I can clearly see my mother is also struggling. And I would like to help her to do better, to be able to grow and talk about it and seek help because she also deserves it. But it just starts from her, like she's living in self-denial. (Participant eight.)*

Another profound revelation from some participants reveals the cultural beliefs about mental illness that make it difficult for people to seek help. Such beliefs force people to be strong and persistent and not let people know about their pain, in other words, culture also plays another role in people sometimes denying their mental condition just to show how strong they are. Also, a philosophy of self-denial forces people to endure pain rather than express it.

*"I can see the Finnish culture shine in me I was taught this as a kid, like if I get hurt, just don't cry about it. A little kid, who will get hurt, who will feel bad, who will be confused about*

*feelings and how to express them. And it reflects to me as an adult because I was taught that I'm not allowed to talk or express my feelings when I feel bad, like from physical or like social pressure or anything. I was taught that, like not allowed to talk about it. (Participant eight)*

*When I was in Psychiatric ward my father called me and he was very drunk and angry and blamed me for being sick. (Participant five.)*

#### **4.2.4 Cost of therapy**

There are many barriers to seeking help, those who are willing to seek help do not have the means to do so because it is highly expensive. Participants talked about the reimbursement from Kela, yet it is still expensive for them since they are not in any form of employment due to their mental status. Kela, Finland's Social Insurance Institution is a governmental organization aimed at providing fundamental financial stability.

*I must say therapy is expensive. Even though Kela pays huge, of it I still must pay every month I visit once a week €107 EUR 45 minutes. (Participant six.)*

One participant went on to say that although therapy is expensive, one hardly benefits from it because there is not enough time.

*I have to currently say my therapy fee is €90.95 EUR for 45 minutes and I go there once a week and Kela pays part of it, but it's taken out of other necessities and it's still like 45 minutes is an incredibly short time in therapy. So, it does practically nothing. Well, not practically nothing but you barely get started and then your time is over.(Participant one.)*

*I have to continue complaining about my bills, but it used to be 95 euros visit about what I have to pay four times. Two months and my therapist actually told not last week but week before that it's gonna rise up. It's €100 per visit. (Participant ten.)*

*It's really, the cost should be way lower because there most of the people, most of the people looking for therapy, needing psychotherapy are not people who can afford things. So, it like it really should be like easier to, let's say, easier and a bit cheaper. (Participant one.)*

All the participants have one common goals, they need more therapists, interestingly based on the responses from the participants the major challenges of seeking treatment are not only stigma and discrimination but the cost involved is another stronger barrier.

#### **4.2.5 Attitudes toward mental illness**

Participants were asked about their observations and people's perceptions of them, which is also a barrier to seeking help. Their responses clearly indicate that people know little about mental illness and therefore treat it poorly. Participants wished they could have a physical illness that people and their loved ones could feel the effects of, rather than having a mental illness that many people do not know about.

*But how I think others view me because of mental illness is they see it as like laziness and sort of an excuse not do things and it's very hurtful because it's not it's not something I can just fix. They don't feel the pain that you feel unless they're also in the same situation. I used to seriously hope that I would like instead of depression and anxiety, I would have, like, cancer, because then people would understand it and it will affect my life. (Participant six)*

*I wish I had cancer instead of this part. Also, a lot of people have experienced some sort of depression, but it's usually short term, a close one death or something like that. It's not the same as something you struggle with for 10 years Participant one emotionally retorted.*

Some of the participants were open about the challenges and perception of people towards mental illness. Based on research and the narratives of the participants, depression have mood swings which their loved ones are not aware of or not well informed on the illness hence the ill-treatment.

*Depression can always sometimes be like you can function and still be depressed. And it goes the opposite way to like when people see influencers one who say that they are depressed or they have anxiety or anything like that, but their lives are only beautiful that's how people forget that mental illness can be ugly. It's not always what we see on the screen. The first thing people ask when I tell them that I'm depressed is Why am I depressed? And most often there is no reason. (Participant one.)*

One interesting thing a participant shared was that sometimes she must apologize for having a mental illness because people did not understand, like mentioned before people needs more education on mental illness.

*For me, I just start to feel a little funny and apologize because I cannot give you the satisfaction. I'm sorry I cannot give you the reason why I have it. It made me also hide my anxiety and anxious habits very strictly. Because I was so tired of people always asking what is it now? (Participant eight.)*

Touching on the negative attitudes towards mental illness one participant hammered that society thinks they are weaker than everyone else and sees mental illness as it does not exist, or it is just a fallacy.

*I had more points for how other people tend to view mental illness. One of those things is that people with mental illness are one of the weak links of society. The ones who can't cope with the real world and they're just kind of weak. Then there are those people who honestly just view it as mental illness doesn't exist. (Participant two.)*

### **4.3 Using digital mental health services to reduce stigma**

Obviously, the participants were enthusiastic about the digital app as they shared the problems, they encounter on daily basis using digital app. They talked about how most of the websites are jammed up and difficult to get the right information on where to seek help. However, the use of the digital app seems positive to them as some of the participants see it as a way of reducing stigma. Some participants also stated that their family and friends are not aware of their mental status, the use of the digital app would be of great interest to them. Not everyone would like their loved ones seeing them entering the rehabilitation center, having the digital would help expectantly reduce stigma.

*"I think it's going to be very helpful if we have that because if there is everything you must find. Like calling or going anywhere. And I don't talk my friends or family about my mental health. So, if there's app, I could get help, I would like that. (Participant nine.)"*

### **4.4 Digital apps breaking barriers to treatment**

The participants are of the view that the use of digital tool could help reduce the barriers in seeking help. They also highlighted that it would highlight the vital information about mental illness and its related challenges. Digital app will give out more information on mental illness as well as educate the society on the illness. They acknowledged the use of digital services as are useful and efficient tool to extend understanding and knowledge which can reduce the risk of not seeking help. Digital services have been highlighted that provide a straightforward approach in seeking help, particularly for young people who have more knowledge of digital tools.

*Digital services can be an easy way to spread the correct information about mental health and mental health problems. There are a lot of harmful stereotypes about people with mental health issues and because of these stereotypes, some people may have prejudices against people with mental health problems. The right information helps prevent stigma and increases awareness of mental health.*

Getting help is seen as impossible due to the lack of therapists and the long wait times participants must endure to get help. There are many apps available to help people with mental illness. However, the participant would be willing to have access to this app to make their life easier. They also talked about the hurdles they face daily in finding therapists on many websites.

#### **4.5 Summary of the Findings**

The purpose of this section was to provide insight into the findings that resulted from the research interview. As the story of the participants illustrated, barriers to seeking treatment are not only limited to stigma and discrimination but beyond that. It has been demonstrated that barriers to seeking treatment are a result of a lack of mental illness multi-professionals especially therapists, high cost, and lack of knowledge about the illness. The perception of people towards mental illness is that “it is just in their head”, and they are only faking it. Some believed that they are so lazy and weak.

Sharing their experiences about mental health illness, people who are supposed to be a support system for them rather redraw from them due to the illness. Moreover, some of the participant acknowledges that mental illnesses “run in their family”. Their responses clearly show people have little knowledge about mental illness and hence ill treatments towards them. They wish they could have a physical illness that will make society feel the impact of it than having a mental illness which a lot of people did not understand what they go through daily.

The results of this research make it evident that using digital apps for rehabilitation could reduce stigma and shame, and the right app could spread the right information about mental illness. Especially, for young people who are accustomed to using digital tools, digital services would make it simpler to receive assistance.

## **5 Discussions**

The main objectives of this research are to outline young individuals' personal experiences of the stigma and discrimination of living with mental illness, and the barriers they face to seeking treatment. Also, the study was to examine whether digital services can be used to reduce the stigma associated with mental illness as well as reduce the risk of people seeking treatment. This chapter will interpret the findings acquired; it will demonstrate why the findings are significant to the research and will relate the findings to other research conducted. The findings of this study are based on the interpretation and analysis of data acquired from focus group interviews and survey approach with 10 individuals who are living with mental illness and getting rehabilitation as well as 3 of their caregivers.

### **5.1 Understanding the findings in relation to research question**

Stigma and discrimination are the biggest challenges for people with mental illness. It can have a negative impact on their daily lives, causing them to become depressed, lonely, feel rejected, and lose their identity. For some people, mental health has deteriorated because of perceptions of mental illness by families, loved ones, organizations, schools, and medical professionals. Stigma and discrimination can exacerbate a person's mental health problems and discourage them from seeking treatment. The im-

impact on individuals cannot be underestimated. The finding is consistent with Borenstein's (2020) comparison that a person's mental health problems can be exacerbated, making it difficult or impossible for them to access the help they need, as well as Corrigan's (2002) research that states that the effects of mental illness deprive people of many opportunities.

Another interesting finding was the individual's personal experience with mental illness. Based on the research, it has been detected that most families are reluctant to accept that they have close relatives suffering from mental illness or living in self-denial and consider mental health a taboo subject to discuss. From the research, mentally ill people are seen as "crazy", chaotic, as it is assumed that they are faking it, or it is just in their head. These findings are consistent with research by Stuart (2006) and Choudhry et al. (2016) which indicate that people have negative perceptions of mental illness. Despite the negative attitudes and many myths surrounding it, some participants acknowledge that mental illness is becoming a more casual and culturally friendly topic that is well accepted today.

Additional finding from this research that is very important is openness about the illness and peer support. It seemed that Participants received more support from their peers than families. Participants talked about some of their friends who have been great support to them including the ones they met at the rehabilitation center which is another contributing factor that helped them to openly talk about their diagnosis which is seen as a recovery process for them. Apparently, the support they get from their peers is more than home.

The theme that emerged in the study is the main barrier that participants cited in seeking treatment at a healthcare facility. Participants were passionate about those barrier and felt that it discouraged them from seeking help, such as the availability of the right staff, long queues, high cost of therapy, stigma and shame, and the possibility of not being taken seriously. The challenges faced by people with mental illness are

evident and consistent with the findings of Wainberg et al., (2007) who suggest that quality mental health services are not available to most people in need of treatment, because of staff shortages and decentralized approaches to treatment.

It is clear from the findings that, some of the clients are willing to seek for treatment but they do not have information on where to get the needed help. Some also pointed it out that they got information about the rehabilitation from a friend or through their own search which make them feel they are fighting their diagnosis alone. Radez et al., (2021) argued that youngsters not aware where to turn for assistance, whom to speak with, or whether a situation was serious enough to warrant assistance.

Another issue that came up during the research was that some families live in self-denial and perceived mental illness as a taboo for discussion. It just seems that mental illness is not real but is just made up. From the narratives, some of the participants were furious that they could not talk to their loved one about mental illness. The most surprising discovery from this research is one participant reiterated that her mother work in healthcare firm but do not see the importance of the participants seeking help. This emphasizes on the fact that denial of mental illness can cause tension for both person and those who are close to them.

Majority of the participants exhibits their willingness to seek help but are unable to do so due to the high the cost of therapy. The cost of an individual therapy makes it difficult to seek for a competent treatment. From the analysis, even though the cost of therapy is expensive, the participants hardly benefit from it, some participant recognized the time given for the therapy is not enough even though it is highly expensive. One of the participants acknowledged that he has never been to therapy before, asserting it is for the rich only. According to Pfeiffer & In-Albon's (2022) observations, some youth complained about accessibility issues such as time, transportation, and cost, while others preferred to turn to family and friends for support rather than seeking mental health services. Even if they receive reimbursement from Kela, it is still expensive for them

because they are unable to pursue employment due to their mental health condition. Kela, the Finnish Social Insurance Institution, is a government organization designed to provide basic financial stability. It was interesting to note from the research that, booking a therapist is 45 minutes per week which is not enough and beneficial due to the time limit.

From the research perspective, people attitude towards mental illness set as another boundary to seek help. People have little knowledge about mental illness and therefore ill treatment towards people who are living with it. As some participants wished they have a physical illness that will make people and their loved ones feel the impact of it than having a mental illness which a lot of people did not understand what they go through on daily basis. One of the participant admitted she would be better to have a cancer that the family could feel her pain than having mental illness, they assumed it is not real. Canadian Mental Health Association (2023) touched on the fact people are unwilling to seek help because of how society view them. One of the biggest obstacles to living a happy life for them is having experienced stigma and discrimination.

It is apparent that one major challenge of not seeking help is the fear of not being taken seriously and the long queue they must join to to get help. Another theme that emerged from the research is the shortage of multi-professional mental health workers. As this could be seen from the narratives of the participants as a strong barrier. It is interesting from the research that participants are reluctant to seek help because of the always changing of healthcare professionals. They do not have an officially assigned healthcare who knows their journey of diagnosis and it will be more beneficial to continue with only one, but they are changed all the time, and this causes delay in the healing process and discourage them from getting help.

The use of digital apps to seek treatment seems new to some of the participants, but they were enthusiastic about the introduction of this app. Amazingly, participants were excited of how digital app could help to ease stress of getting help. For example, the

stress in getting an appointment with a healthcare worker or for treatment. However, one participant talked about a mental health services app for rehabilitation in the United States of America (USA). These findings support research by the New York Times (2022), Kim et al. (2022), the American Psychiatric Authority (2023), and Koh et al., (2022), who share the finding that with high demand for therapists and long waiting lists making it difficult to find a professional, using a mental health app seems to be a tempting and inexpensive way to get help. The use of mental health apps has the potential to curb variety of mental health problems.

Participants were clearly enthusiastic about the introduction of digital app. They talked about how most websites are overcrowded and it is difficult to get the right information about where to seek help. However, using the digital app seems positive to them, as some of the participants see it to reducing stigma. Based on the information gathered from the research, it is fascinating that not all participants would like to be seen by family and loved ones entering rehabilitation center, having the digital app would help to reduce stigma and discrimination. The use of digital tool could help the reduce the barriers in seeking help. Digital services have been highlighted that provide a straightforward approach in seeking help, particularly for young people who have more knowledge of digital tools.

## **5.2 Personal observation and reflection**

Holmes (2020) defined positionality as a person's perspective as well as the viewpoint from which they take on a study endeavor and its political and social environment. One's viewpoint or 'where the person conducting the study originates from' worries the ontological presumptions (a person's beliefs concerning the foundations of the social realm in addition to what is understood regarding the world as a whole), conceptual presumptions (an a person's beliefs for the the natural world of knowledge), and presumptions with human nature and agency (person's misconceptions as to how we communicate with one another and connect to our the environment).

To maintain positionality, the researcher must both acknowledge and make room for opinions, values, and and opinions regarding the planning, execution, and results. A reflexive mindset and self-reflection are both a continuing procedure and a requirement that must be met for the researcher to recognize, create, evaluate, and explain their positionality. Just to recap declared, the idea of reflexivity is one that scholars ought to recognize and reveal who they are in their investigation, attempting to comprehend their role in it, or exert an impact upon its adaptability establishes positionality. The researcher must explicitly be aware of and evaluate themselves. regarding their opinions and stances and the potential may have had a direct or indirect impact on the planning, carrying out, and interpreting the study findings. (Holmes 2020).

Algeo (2013) conveyed that the relationship concerning a researcher and participant is crucial to the accuracy of the research results. Some of the fundamental stages towards building an effective collaboration is identifying suitable participants and obtaining their willingness to participate in the research project. To maintain the relationship, an intense degree of confidence must be built and cautiously fostered so that it is maintained over every phase of the study's undertaking, allowing for satisfactory results. Reliability is crucial to research because it specifies respect as well as honesty as prerequisites for searching for truths.

The research was conducted by a Ghanaian from the western part of Africa, with a bachelor's degree in health care, and currently pursuing a master's degree at Jyväskylä University of Applied Sciences. As a master's degree student, I have access to all the resources needed to do research. However, I recognize that privilege and access to resources may impact my position, and cautious not to draw conclusions based on my own experiences and ideas. I had all the mental health practices in the rehabilitation center including where the research was conducted. I completed a three-week internship in the psychiatric unit with children and adolescents with severe mental illness. During the advanced mental health practice, more clients were interviewed from the

rehabilitation center where many of them openly shared the challenges they faced, such as stigmatization and discrimination.

I did the interpretation and analysis of the findings and conclusions. Nevertheless, it is possible that my expertise and previous interactions with the rehabilitation center could influence the findings and analysis. In conducting this research, I sought to exclude prior prejudices or preconceptions to refrain from interpreting the information being analyzed. To eliminate bias, notes were made on all preconceived notions concerning the research that developed to exclude these preconceived ideas throughout the data gathering and analysis phase. (Lincoln & Guba, 1985).

Mental illness is a very sensitive topic that not many like to talk about. In Ghana, individuals who experience mental illnesses are frequently stigmatized and prejudiced due to lack of education and knowledge regarding it. In concurring with Harden et al., (2023) during the research has been discovered that many factors, including beliefs among a society that psychological illnesses occur due to a curse, the works of demons, or God's punishment on an individual. Individuals who have experienced trauma may be viewed as violent, dangerous, and erratic. They frequently experience violence, abuse, and isolation from their neighborhood as well as relatives in addition to being treated harshly which is one reason why refuse assistance.

I knew very little about mental illness when I was in Ghana. Mental illness resulted in hostile persons roaming the streets. People who are mentally unstable rights are always violated, restraint, isolated, and sometimes forcibly taken into admission or the rehabilitation center without their consent (Harden et al., 2023) It also interesting to note that some of the mentally ill people are chained in prayer camps to cast out evil spirit out of them since mental illness is presumed to be caused by an evil spirit.

Since moving to Finland, I have never seen mentally ill individuals walking around naked on the streets; however, in Ghana, some individuals with mental illnesses end up there. Although family abandonment has been the primary cause of most cases, neglected

individuals with mental health disorders often lack access to appropriate social assistance. Bonsu et al., (2023). The only difference between this scenario is that there is enough intervention that prevent mentally ill people in Finland to be seen on the street. In Ghana, the stigma associated with mental illness is a powerful force that prevents people from seeking treatment. Living with mental illness in Ghana is like having a very contagious sickness that will infect you if you come close to the person. When someone mentally unstable is being discharged from a hospital or rehabilitation center, they are often neglected by family due to stigma. (Barke, Nyarko & Klecha 2011).

Due to stigma and discrimination about mental illness in Africa, especially in Ghana, many people living with the condition are not willing to disclose their diagnosis or seek help. Disclosure of one's mental status could cause a loss of job or social exclusion.

My initial conception of mental illness was that those who experienced it were bewitched or possessed by a higher power. During my research, I discovered that the cost of therapy is expensive. I initially assumed that therapy was provided for free, but I discovered that it still requires payment, even with Kela's reimbursement. Therapy costs should be reduced to make it accessible for everyone, along with receiving additional funds from the government and other organizations for comprehensive mental health education. This will help address the shortage of multi-professional workers and generate public interest in mental health.

This study taught me the value of acceptance, love, compassion, and empathy. It is critical to take personal responsibility for changing society's perception of mentally ill people. We can reach as many people as possible about mental illness by using our platforms. Social media is a powerful tool for quickly disseminating information and can be used to educate people and support those experiencing mental health crises. I have heard a lot of people talk about depression without offering any counsel on how to deal with it in the past. I could now assist with mental health and rehabilitation issues. Furthermore, using mental health digital services is a powerful tool that has the potential to reduce discrimination and stigma. What was discovered during the research was

profound, there is a digital rehabilitation services in Ghana. It also implies that using digital mental health services would help to reduce stigma and encourage more people to seek help. Technology will eventually reduce the shortage of mental health professionals, lower the cost of therapy, and do several other things to the benefits and well-being of people living with mental illness.

### **5.3 Strength and limitations of the study**

While conducting this study, the research encountered limitations. Ultimately, the tiny sample size required careful consideration when expanding on the results. Any form of study should be conducted on a wider, deeper scale to enable a more thorough understanding of the issue. The utilization of focused group interviews, however, was quite effective in getting rich, insightful information from the participants. While tedious, the interviewing technique has been shown to be a highly effective way to get details from the group of people in an open and honest way, giving the research crucial insight into the 13 participants' individual experiences with stigma and discrimination as well as the barriers they faced seeking treatment. (Keserlioglu, Kilicoglu & ter Riet 2019).

A further obstacle is a bias that usually occurs when conducting a research which can happen in any study effort and is particularly problematic when data collection is disorganized. This study tried to be cognizant of and vigilant about any research bias. Even though it can be difficult to eliminate bias from the study, the result of this result is solid results and can be extended to bigger populations. Furthermore, it may be argued that the collected data can be interpreted more broadly than, for example, statistical information.

Another limitation is the language barrier. This research was planned to be a semi-structured interview but ended up having a focus group interview. In the interview

when the generalized question is being asked and there are no understanding other participants helped to explain as well as give responses.

The research encountered another limitation, which means the interviews held with the caregivers had to be deleted. There was not enough time for the caregivers to have this interview, so it was scheduled during the lunch break. Due to excessive background noise, their interview could not be used. Three caregivers were contacted, and it was agreed to submit their responses via email. One of the caregiver did not respond due to the language barrier, but another voluntarily participated in the survey, making a total of three respondents. The survey was returned within one week. A survey approach with open-ended questions was utilized in this data collection.

#### **5.4 Recommendation**

There is inadequate information and education about mental illness disorders contributing to the stigma associated with them. There is little knowledge of the causes and solutions for mental health illnesses, and people who have been diagnosed are viewed as weak, lazy, or dangerous or they are just framing it up. As a result, many people were reluctant to ask for assistance for fear of being judged or rejected by society. Though there is education about mental illness through many organizations on different platforms and in the media on the disease. More thorough education from early childhood education would be more advantageous. Mental illness should be a subject taught in a very low grade for children to have prior knowledge about it. With this is easy to spread the information through them and, they can be used as a source channel to spread this information.

Another recommendation for future research should focus specifically on ways to tackle the shortage of mental health professionals and funding for mental illness to reduce the shortage and encourage more people to

choose this as a career. Significantly, much literature has dealt with closing the mental healthcare staffing discrepancy in nations with middle and low incomes and increasing the mental health staffing levels required for managing youngsters with severe psychological disorders. It would help to curb these challenges if additional study was carried out on it.

## **5.5 Conclusions**

The objective of this study was to determine mental illness and stigma, impacts on the rehabilitation process. The above chapters studied how young people living with mental illness are stigmatized and discriminated against. This study also investigated the barriers to seeking treatment from a medical facility. Additionally, the use of digital mental health services to reduce mental illness stigma was also examined.

The questions of the research were studied using qualitative methods in the form of focus group interviews and survey approach. This method was utilized because it gives the participant opportunity share their personal experiences of stigma and barriers seeking treatment acknowledging the good and the bad side which was talked about in an open manner, this allows the explanation and analysis of the finding to be more communicative.

A review of the literature was portrayed which corresponds to the research topic of mental illness and stigma and the rehabilitation process. Ultimately, an interpretation of the findings acquired was provided, alongside it also discussing why the findings of this research were significant compared with another research being carried to now. The findings of this study are important to larger research of the impacts of stigma, barriers in seeking treatment and the use of digital to seek treatment affect young children.

The role stigma of mental illness plays in society is fundamental and the negative impacts it has on those living with mental illness. Those who are not affected would not

understand what people who are living with it must endure daily. This research also emphasizes that the impact of stigma stands as a barrier that affects everyone living with the illness, but the impact was mostly felt more by the participants.

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## Appendices

### Appendix 1. Letter of Consent

#### Investigator.

My name is Antoinette Mintah-Asare, I am a master's degree student of Jyväskylä University of the Applied Sciences (Jamk), Institute of Rehabilitation. I would like to invite you to take part in a research study. Participation in the study is entirely voluntary, so you may choose whether to take part. I will now describe the study to you. Please ask any questions you have regarding the research; I will be pleased to clarify anything in full detail.

I'm interested in finding out more about the measures that can be put in place to reduce stigmatization and discrimination against young people living with mental illness and the barriers to getting help. I would also like to examine the use of digital mental health services among clients as well as the type of digital mental health services provided by caregivers. You will be required to participate in a face-to-face interview and an open discussion on this research. This will require roughly 45/1-hour minutes of your time. All information will be preserved confidentially throughout the process.

I will assign a number to identify you instead of your real name and I will be the only one that will be able to know which number belongs to which participant. I will use fake name to address you in the research work and I will not disclose or change anything about where you work, where you live, or any personal information about you.

The advantage of this research is that you will be assisting to explore the perception and stigma of mental illness and the rehabilitation process from the point of view of

young adults as well as healthcare providers. This information should assist us in understanding if the use of digital mental health app can reduce stigma and give us different perception about mental illness.

The risks of participation in this study are as follows: you may experience emotional discomfort when asked to discuss your own perceptions of mental health stigma and consider your past experiences. These dangers will be reduced by not delving much into your personal lives but just your opinion. If you choose not to continue, you have the right to withdraw from the study at any moment, without penalty.

**Participant** - All my questions and worries concerning this study have been answered. I voluntarily decide to take part in this research project. I certify that I am over the age of 18 years of age-----.

Name of participant:

Signature of participant, date:

Name of Researcher:

Signature of investigator:

## **Appendix 2. Structured Interview Questions**

1. What do you understand by mental health?
  
2. What are your personal experiences about mental illness from family, loved ones, community, and organizations? Please do not hesitate to provide examples of cases.
  
3. What is the perception of mental illness or how do people view people living with mental illness? Please do not hesitate to provide examples of cases.
  
4. What do you identify as a stigma related towards mental illness? Please do not hesitate to provide examples of cases.
  
5. What do think you is the main barrier to seeking mental health services? Please do not hesitate to provide examples of cases.
  
6. What do you think about the use of the digital app to seek treatment? Have you ever used any digital app for treatment before?
  
7. What kind of improvement needs to be implemented for clients seeking treatment in a medical facility? Please do not hesitate to provide examples of cases.
  
8. What is your opinion on the use of the digital app for rehabilitation? Do you think it will reduce the barrier to receiving treatment?

### Appendix 3. Questions for the caregivers

Please select a statement that best defines you, STAFF.

1. How long have you been working in rehabilitation services?

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2. How long have you provided therapeutic services specifically to youngsters seeking mental health treatment?

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3. In what ways do you think digital services can reduce the stigma associated with mental illness and reduce the risk of seeking help?

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4. What do you think is the barrier to seeking help for mental illness treatment?

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5. What measures can be put in place to reduce stigma and prejudice for them to seek treatment?

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