

Labelling and Stereotyping: The Impact of Mental Health Stigma on Educational Experiences

Ruma Choudhury

Assistant Teacher, Debkunda SK Abdur Razzak Memorial Girls High Madrasah (H.S),
Beldanga, Murshidabad, West Bengal, India

ABSTRACT

This research paper explores the impact of mental health stigma, specifically the effects of labelling and stereotyping, on the educational experiences of students. Mental health issues are often stigmatized in academic settings, leading to negative consequences such as discrimination, social exclusion, and reduced academic performance. Through an analysis of existing literature and qualitative data, this study examines how labelling students with mental health challenges contributes to reinforcing harmful stereotypes, which in turn affects their self-esteem, peer relationships, and overall educational outcomes. The research highlights how stigma shapes institutional responses, teacher expectations, and peer dynamics, creating barriers to academic success and emotional well-being. By focusing on the intersection of mental health and education, this paper aims to raise awareness about the need for supportive and inclusive educational environments that prioritize mental health literacy and challenge existing stigmas. The findings suggest that addressing mental health stigma through awareness programs, counselling support, and inclusive policies can improve students' educational experiences and foster healthier learning environments.

KEYWORDS: *Mental Health Stigma, Stereotyping, Educational Experiences, Discrimination, Self-esteem, Inclusive Education, Emotional Well-being*

INTRODUCTION

Mental health plays a critical role in shaping an individual's overall well-being, yet it remains one of the most stigmatized aspects of human health. In educational settings, where students spend a significant portion of their formative years, mental health challenges are often compounded by the stigma associated with them. Stigmatization, particularly through labelling and stereotyping, has profound consequences on the academic and social experiences of students facing mental health issues. Despite the growing awareness of mental health as an essential component of student development, the persistent stigma attached to it continues to limit progress toward more inclusive and supportive educational environments.

Labelling occurs when students with mental health challenges are categorized in ways that define their identity by their mental health status, leading to stereotyping that imposes narrow, negative, and often

How to cite this paper: Ruma Choudhury "Labelling and Stereotyping: The Impact of Mental Health Stigma on Educational Experiences" Published in International

Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-8 | Issue-6, December 2024, pp.201-207,

URL: www.ijtsrd.com/papers/ijtsrd70501.pdf



Copyright © 2024 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



inaccurate generalizations about their abilities, behaviour, and potential. These labels—whether formal, such as medical diagnoses, or informal, through peer or institutional judgments—contribute to a range of negative outcomes. Once labelled, students are frequently subject to stereotyping, where preconceived notions about mental illness, such as being "unreliable," "unstable," or "less competent," shape how educators, peers, and even the students themselves perceive their abilities. The resulting stereotypes reinforce social hierarchies within the educational system, often isolating students and exacerbating feelings of inadequacy and self-doubt.

This stigmatization affects several dimensions of the educational experience. Academically, students dealing with mental health challenges may struggle to meet expectations due to the pressures of stigma, often facing lowered expectations from teachers or educational staff, which further limits their potential

for growth and success. Moreover, the fear of being labelled or stereotyped discourages many students from seeking help, leading to unaddressed mental health issues that hinder their academic performance and overall well-being. The internalization of stigma can cause a decrease in self-esteem, reinforcing a cycle of disengagement from the academic environment. Socially, students grappling with mental health stigma may experience exclusion from peer groups, bullying, or social isolation, further aggravating their mental health struggles and creating additional barriers to their educational achievements.

Furthermore, institutional responses to mental health issues often reflect broader societal stigmas. In many educational settings, there is a lack of comprehensive support systems, mental health literacy, and training for educators to understand and accommodate students with mental health needs. As a result, students may encounter environments that are not conducive to their well-being, reinforcing the negative consequences of labelling and stereotyping. The absence of proactive mental health policies and resources often leads to punitive approaches, where students are penalized for behaviours linked to their mental health, further perpetuating the stigma and alienation.

The intersection of mental health and education thus presents a critical area of concern for policymakers, educators, and mental health advocates. With increasing recognition of the importance of mental health in academic success, there is an urgent need to address the stigma surrounding mental health issues in educational contexts. The consequences of ignoring these challenges are far-reaching, affecting not only individual students but also the overall inclusivity and effectiveness of educational systems. By fostering a deeper understanding of how labelling and stereotyping contribute to the mental health stigma in schools and universities, this research aims to uncover the barriers that prevent students from accessing the support they need, while also exploring strategies to create more inclusive, stigma-free learning environments.

This paper will analyze the complex relationship between mental health stigma, labelling, and stereotyping, and how these factors affect the educational experiences of students with mental health challenges. Through an examination of the existing literature and qualitative case studies, this research will highlight the systemic and cultural factors that perpetuate stigma within educational settings, and propose actionable recommendations for dismantling these barriers. Ultimately, addressing the impact of mental health stigma in education is

essential for creating supportive environments where all students, regardless of their mental health status, can thrive and reach their full potential.

Objectives:

- To Investigate how being labelled and stereotyped in educational settings affects students' academic performance, social interactions, and emotional well-being.
- To Explore how schools and universities respond to mental health issues and how these responses are influenced by prevailing stigmas, including the adequacy of support systems and policies.
- To Study how students internalize societal and educational stigmas, leading to decreased self-esteem, fear of seeking help, and withdrawal from academic or social participation.

Methodology:

This research has adopted a qualitative approach to explore the impact of labelling and stereotyping on students' educational experiences due to mental health stigma. Data has been collected through in-depth interviews and focus group discussions with students who have experienced mental health challenges in school or university settings. These participants have been selected through purposive sampling to ensure a diverse representation of backgrounds, including variations in gender, socioeconomic status, and academic levels. In addition to student perspectives, interviews with educators, counsellors, and mental health professionals will be conducted to understand institutional responses and the role of stigma in shaping policies and practices.

Investigating the Effects of Labelling and Stereotyping on Students' Academic Performance, Social Interactions, and Emotional Well-being

Labelling and stereotyping in educational settings have profound and multifaceted effects on students, particularly those grappling with mental health challenges. Being labelled with mental health issues often leads to the development of negative stereotypes that can significantly hinder a student's educational experience. These effects manifest in three key areas: academic performance, social interactions, and emotional well-being.

1. Impact on Academic Performance

Labelling students with mental health issues often leads to lowered academic expectations from teachers and school staff. Students labelled as having mental health difficulties may be perceived as less capable, leading to reduced opportunities for participation in advanced academic programs or intellectually stimulating activities. These lowered expectations can become a self-fulfilling prophecy, where students internalize the belief that they are less competent,

resulting in diminished academic motivation, lower grades, and overall underperformance. Additionally, fear of being labelled or stereotyped often discourages students from seeking necessary accommodations, such as extended deadlines or mental health support, which could improve their academic outcomes.

2. Effects on Social Interactions

Social interactions are heavily influenced by the labels and stereotypes assigned to students with mental health challenges. Such students often face social exclusion or bullying from peers, who may view them through the lens of negative stereotypes, such as being "unpredictable" or "weak." These stereotypes create social barriers, preventing students from forming meaningful peer relationships and leading to isolation. Social exclusion can further exacerbate feelings of loneliness and helplessness, which in turn impacts students' social development and overall school experience. Additionally, students who are labelled may avoid group activities or withdraw from social settings due to the fear of stigma, further reinforcing their isolation.

3. Impact on Emotional Well-being

The emotional toll of being labelled and stereotyped in educational environments is significant. When students are consistently categorized based on their mental health status, they may internalize these labels, leading to a diminished sense of self-worth and increased anxiety or depression. The constant stigma can lead to a cycle of self-stigmatization, where students feel shame and guilt about their mental health conditions, further damaging their emotional well-being. As a result, these students may experience heightened stress, emotional exhaustion, and a decline in overall mental health. In some cases, the impact of labelling and stereotyping can discourage students from seeking help or utilizing mental health resources due to fear of further stigma, leading to untreated mental health issues that worsen over time.

Labelling and stereotyping in educational settings have far-reaching consequences for students with mental health challenges. These effects, seen in diminished academic performance, strained social interactions, and worsened emotional well-being, highlight the urgent need for more inclusive and supportive educational practices. Breaking down these barriers requires raising awareness about mental health, reducing stigma, and fostering an environment where all students can thrive without the fear of being labelled or stereotyped.

Exploring School and University Responses to Mental Health Issues: The Role of Stigma, Support Systems, and Policies

Schools and universities play a critical role in shaping students' mental health experiences, yet their responses to mental health challenges are often heavily influenced by prevailing stigmas. The way educational institutions handle mental health issues can either support students in overcoming challenges or perpetuate the very stigmas that hinder progress. To better understand these dynamics, it is essential to explore how institutional responses are shaped by mental health stigmas, the adequacy of available support systems, and the effectiveness of mental health policies.

1. Institutional Responses and Stigma

Prevailing mental health stigmas significantly shape how schools and universities respond to students' mental health needs. In many educational settings, mental health issues are often misunderstood, leading to institutional practices that are reactive rather than proactive. For example, students displaying symptoms of mental health struggles may be seen as disruptive or non-compliant, leading to punitive actions such as suspension, isolation, or expulsion rather than receiving supportive interventions. This approach reflects a broader societal tendency to stigmatize mental health issues, treating them as behavioural problems rather than legitimate health concerns that require care and understanding.

The stigma around mental health can also cause educational institutions to downplay the seriousness of mental health issues. Some schools and universities may fail to acknowledge mental health as a priority, leading to a lack of sufficient mental health resources, minimal faculty training on the subject, or inadequate accommodations for students struggling with mental health conditions. In some cases, mental health concerns are viewed as private matters to be handled outside of the educational setting, which further discourages institutional involvement and proactive support.

2. Adequacy of Support Systems

The adequacy of mental health support systems in schools and universities is often directly impacted by stigma. In many institutions, the availability of counselling services, mental health professionals, and peer support programs is insufficient to meet the growing demand for mental health care. While some universities have developed comprehensive mental health centres that offer counselling, therapy, and wellness programs, many institutions—especially schools with limited resources—fall short in providing these essential services.

Students often report that mental health services are either underfunded or difficult to access, leading to long wait times, limited counselling sessions, or overworked staff. The lack of mental health awareness and education among faculty and staff further compounds the issue. Teachers, academic advisors, and other key personnel often receive little to no training on how to identify or support students with mental health concerns. As a result, students may not receive the interventions they need, or their struggles may go unnoticed altogether.

Moreover, the social stigma attached to seeking mental health care can deter students from accessing available support services, even when they are offered. Fear of being labelled or discriminated against may prevent students from seeking help, particularly in competitive academic environments where students feel pressured to maintain a facade of strength and resilience.

3. Mental Health Policies in Educational Institutions

Mental health policies in schools and universities vary widely, and their effectiveness is often influenced by the institution's commitment to reducing stigma. In more progressive institutions, mental health policies may include accommodations for students with mental health conditions, such as flexible deadlines, reduced coursework, or leaves of absence without penalty. These policies aim to create a supportive and inclusive environment that recognizes mental health as integral to academic success.

However, many schools and universities still lack comprehensive mental health policies, leaving students without formal mechanisms for seeking accommodations or addressing their needs. In some cases, the absence of clear mental health policies leads to inconsistent responses from educators, where support depends on individual teachers' understanding or willingness to help. This lack of uniformity creates uncertainty for students about how and when they can access the support they need.

Even in institutions that do have policies in place, stigma can undermine their effectiveness. For example, students may hesitate to request mental health accommodations out of fear of being judged by peers or educators. Additionally, policies that require extensive documentation or formal diagnoses for mental health accommodations can create barriers for students who may not have access to mental health care or feel uncomfortable disclosing personal information.

4. Addressing Stigma and Improving Responses

Addressing the stigma surrounding mental health in educational settings is crucial to improving institutional responses. Schools and universities must work to normalize mental health challenges by integrating mental health education into the curriculum, training faculty and staff on mental health awareness, and fostering a campus culture that prioritizes well-being over performance.

Increasing access to mental health services is also essential. Educational institutions should invest in expanding mental health support systems, including hiring more counsellors, reducing wait times for appointments, and offering a broader range of mental health programs. Peer support networks and student-led mental health advocacy groups can also play a vital role in reducing stigma and providing support to those who may be hesitant to seek formal care.

Lastly, mental health policies must be both comprehensive and flexible, ensuring that all students can access the accommodations and support they need without fear of judgment or penalty. Schools and universities should actively promote these policies and ensure that students are aware of their rights to mental health accommodations.

The response of schools and universities to mental health issues is deeply influenced by the stigma surrounding mental health, affecting the adequacy of support systems and the implementation of effective policies. While some institutions have made progress in reducing stigma and providing mental health care, many continue to struggle with outdated perceptions of mental health and inadequate resources. To create truly inclusive and supportive educational environments, institutions must prioritize mental health literacy, expand access to services, and develop policies that accommodate the diverse needs of students, free from the stigma that currently hampers progress.

Internalization of Societal and Educational Stigmas: Impact on Self-esteem, Help-seeking Behaviours, and Academic/Social Withdrawal

Stigmas related to mental health are not just external pressures; they often become internalized by students, leading to a host of negative psychological and behavioural consequences. Internalized stigma refers to the process by which individuals accept negative stereotypes and prejudices about their own mental health conditions, which can profoundly affect their sense of self-worth, willingness to seek help, and participation in academic and social life. This internalization of societal and educational stigmas has damaging effects on students, including decreased

self-esteem, fear of seeking help, and withdrawal from both academic and social environments.

1. Decreased Self-esteem and Self-worth

When students are consistently exposed to negative stereotypes about mental health—whether through peers, teachers, or broader societal messages—they may begin to accept these stigmatizing beliefs as truths about themselves. This process leads to a significant decrease in self-esteem and self-worth. Students internalize the notion that they are "broken," "weak," or "unfit" for success simply because of their mental health challenges. These feelings of inadequacy and shame can undermine their confidence in academic performance, resulting in lower motivation and participation. Students may also experience imposter syndrome, feeling that they do not belong in academic settings or that their achievements are invalidated due to their mental health struggles. Over time, this erosion of self-esteem can severely limit their academic potential, as they may avoid taking on challenging tasks or pursuing opportunities that require a strong sense of self-efficacy.

2. Fear of Seeking Help

One of the most harmful effects of internalized stigma is the fear of seeking help. Students who have internalized negative attitudes toward mental health are less likely to reach out for the support they need, fearing judgment, rejection, or being labelled as "unstable." This reluctance to seek help is compounded by the fear of reinforcing the very stereotypes they are trying to distance themselves from. For example, students may avoid counselling services or mental health accommodations because they fear their peers or educators will view them as incapable of managing their academic responsibilities. The stigma of needing mental health assistance can be so powerful that students opt to suffer in silence rather than access resources that could improve their well-being and academic outcomes.

Furthermore, internalized stigma often leads to feelings of self-blame, where students perceive their mental health struggles as personal failures or moral weaknesses, making it even harder to ask for help. They may feel unworthy of support, believing that they should be able to "handle" their problems on their own, despite the mental and emotional toll it takes. This creates a dangerous cycle in which mental health problems go untreated, further exacerbating academic difficulties and social isolation.

3. Withdrawal from Academic and Social Participation

The internalization of stigma can also lead to a gradual withdrawal from academic and social life. Students who internalize negative beliefs about their mental health often isolate themselves, both to avoid the judgment of others and to protect themselves from potential failure. In academic settings, this may manifest as reduced class participation, disengagement from group work, or even absenteeism. Students may avoid academic challenges altogether, fearing that failure would confirm the negative stereotypes they have internalized. Over time, this withdrawal can lead to declining academic performance and missed opportunities for personal growth and development.

Social withdrawal is another significant consequence of internalized stigma. Students may pull away from friendships, extracurricular activities, and social events due to feelings of shame, unworthiness, or fear of being judged. The stigma they experience creates a sense of "otherness," leading them to believe that they are different from their peers and do not belong in social spaces. This social isolation can worsen mental health issues, leading to loneliness, depression, and anxiety, which further alienate students from their educational and social environments.

In severe cases, the combined effects of academic and social withdrawal can result in students leaving school entirely. This is especially true for those who lack adequate support systems or who face persistent stigma in their school environment. The internalization of mental health stigma thus not only undermines students' immediate academic and social experiences but also has long-term implications for their educational attainment, career prospects, and overall well-being.

4. Breaking the Cycle of Internalized Stigma

To address the issue of internalized stigma, schools and universities must foster environments where mental health is normalized and support-seeking behaviours are encouraged. This includes integrating mental health education into the curriculum, offering regular workshops or discussions that challenge stigmatizing beliefs, and creating peer support networks where students feel safe discussing their mental health challenges without fear of judgment.

Additionally, educational institutions should provide accessible mental health services and ensure that students know these resources are available and confidential. Teachers and staff should be trained to recognize signs of internalized stigma and encourage students to seek help when needed, while ensuring that students who seek help are not treated differently

or negatively labelled as a result. Mental health services should be seen as a routine part of student care, rather than a last resort for those in crisis.

Empowering students to talk openly about their mental health and challenging the societal narratives around mental illness are essential steps in reducing the internalization of stigma. By fostering a supportive, inclusive, and stigma-free educational environment, schools and universities can help students build self-esteem, seek help when needed, and fully engage in both academic and social life.

The internalization of societal and educational stigmas has far-reaching consequences for students' self-esteem, help-seeking behaviours, and participation in academic and social settings. Students who internalize mental health stigmas are more likely to suffer from reduced self-worth, avoid seeking help, and withdraw from both academic and social activities, which only exacerbates their struggles. Breaking this cycle requires concerted efforts from educational institutions to create inclusive, supportive environments that challenge stigma and empower students to address their mental health openly and without fear. By doing so, schools and universities can play a key role in reducing the internalization of stigma and fostering environments where all students can thrive.

Findings:

The research on "Labelling and Stereotyping: The Impact of Mental Health Stigma on Educational Experiences" reveals several critical insights into how stigma affects students with mental health challenges in academic settings.

1. Negative Effects on Academic Performance:

Students who are labelled or stereotyped due to their mental health conditions experience significant academic challenges. These students often face reduced expectations from educators and staff, leading to fewer academic opportunities and lower participation in advanced or competitive programs. The internalization of these lowered expectations results in diminished academic self-confidence and a greater likelihood of underachievement, with some students reporting a fear of failure that further reduces their willingness to take academic risks.

2. Social Isolation and Exclusion: The study found that students dealing with mental health stigmas are more likely to experience social exclusion or bullying from peers. These students are often perceived as different or "unpredictable," which leads to their isolation in social environments. As a result, they may avoid participating in group activities or social events due to fear of judgment

or negative peer reactions, exacerbating feelings of loneliness and social anxiety.

3. Emotional and Psychological Impacts: The emotional toll of labelling and stereotyping is substantial. Many students report experiencing heightened anxiety, depression, and feelings of worthlessness as a result of the stigma they face. The research highlights that this stigma often leads to self-stigmatization, where students internalize negative labels, which further deteriorates their emotional well-being. This, in turn, exacerbates mental health challenges, creating a vicious cycle of deteriorating mental health and academic disengagement.

4. Reluctance to Seek Help: One of the most concerning findings is that students facing mental health stigma are often hesitant to seek help, fearing further stigmatization. Students worry about being judged by their peers or faculty and are reluctant to use available mental health resources, such as counselling services or academic accommodations. This reluctance often results in untreated mental health conditions, which negatively impact both academic performance and personal well-being.

5. Institutional Responses and Policies: The study shows that many educational institutions are not adequately equipped to address mental health stigma or provide sufficient support for affected students. While some schools and universities have developed mental health services, stigma surrounding mental health often prevents students from using these services. Additionally, a lack of comprehensive mental health policies, inconsistent faculty training, and limited awareness further contribute to an environment that does not fully support students facing mental health challenges.

Conclusion:

The research underscores the profound impact that labelling and stereotyping related to mental health stigma have on students' educational experiences. Stigma not only hinders academic performance but also damages students' social interactions and emotional well-being, often leading to a cycle of withdrawal from academic and social participation. Students are less likely to seek the support they need due to fear of judgment, resulting in untreated mental health conditions that further hinder their educational success. To address these issues, it is essential for schools and universities to prioritize mental health awareness, reduce stigma, and create supportive environments where all students can thrive. This can be achieved through comprehensive mental health

education, peer support programs, and policies that encourage students to seek help without fear of stigmatization. By fostering inclusive and stigma-free educational settings, institutions can help students overcome the barriers posed by mental health stigma, enabling them to achieve their full academic potential and improve their overall well-being.

References:

- [1] Alexander-Passe, N. (2015). The dyslexia experience: Difference, disclosure, labelling, discrimination and stigma. *Asia Pacific Journal of Developmental Differences*, 2(2), 202-233.
- [2] Aggarwal, N. R. (2012). Attitudes of students towards people with mental ill health and impact on learning and well-being. *Journal of Research in Special Educational Needs*, 12(1), 37-44.
- [3] Corrigan, P. W. (2007). How clinical diagnosis might exacerbate the stigma of mental illness. *Social work*, 52(1), 31-39.
- [4] Doll, C. M., Michel, C., Betz, L. T., Schimmelmah, B. G., & Schultze-Lutter, F. (2022). The important role of stereotypes in the relation between mental health literacy and stigmatization of depression and psychosis in the community. *Community mental health journal*, 58(3), 474-486.
- [5] Dinos, S., Stevens, S., Serfaty, M., Weich, S., & King, M. (2004). Stigma: the feelings and experiences of 46 people with mental illness: qualitative study. *The British Journal of Psychiatry*, 184(2), 176-181.
- [6] Ferrie, J., Miller, H., & Hunter, S. C. (2020). Psychosocial outcomes of mental illness stigma in children and adolescents: A mixed-methods systematic review. *Children and Youth Services Review*, 113, 104961.
- [7] Gray, A. J. (2002). Stigma in psychiatry. *Journal of the royal society of medicine*, 95(2), 72-76.
- [8] Huggett, C., Birtel, M. D., Awenat, Y. F., Fleming, P., Wilkes, S., Williams, S., & Haddock, G. (2018). A qualitative study: experiences of stigma by people with mental health problems. *Psychology and Psychotherapy: Theory, Research and Practice*, 91(3), 380-397.
- [9] Haft, S. L., Greiner de Magalhães, C., & Hoeft, F. (2023). A systematic review of the consequences of stigma and stereotype threat for individuals with specific learning disabilities. *Journal of Learning Disabilities*, 56(3), 193-209.
- [10] Kaushik, A., Kostaki, E., & Kyriakopoulos, M. (2016). The stigma of mental illness in children and adolescents: A systematic review. *Psychiatry research*, 243, 469-494.
- [11] Lyons, M., & Ziviani, J. (1995). Stereotypes, stigma, and mental illness: Learning from fieldwork experiences. *The American Journal of Occupational Therapy*, 49(10), 1002-1008.
- [12] Østerud, K. L. (2023). Mental illness stigma and employer evaluation in hiring: Stereotypes, discrimination and the role of experience. *Sociology of Health & Illness*, 45(1), 90-108.
- [13] O'Driscoll, C., Heary, C., Hennessy, E., & McKeague, L. (2012). Explicit and implicit stigma towards peers with mental health problems in childhood and adolescence. *Journal of child psychology and psychiatry*, 53(10), 1054-1062.
- [14] O'Connor, C., Brassil, M., O'Sullivan, S., Seery, C., & Nearchou, F. (2022). How does diagnostic labelling affect social responses to people with mental illness? A systematic review of experimental studies using vignette-based designs. *Journal of Mental Health*, 31(1), 115-130.
- [15] Rüsch, N., Angermeyer, M. C., & Corrigan, P. W. (2005). Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. *European psychiatry*, 20(8), 529-539.
- [16] Sukhera, J., Miller, K., Milne, A., Scerbo, C., Lim, R., Cooper, A., & Watling, C. (2017). Labelling of mental illness in a paediatric emergency department and its implications for stigma reduction education. *Perspectives on Medical Education*, 6, 165-172.
- [17] Shifrer, D. (2013). Stigma of a label: Educational expectations for high school students labeled with learning disabilities. *Journal of health and social behavior*, 54(4), 462-480.
- [18] Thoits, P. A. (2011). Resisting the stigma of mental illness. *Social Psychology Quarterly*, 74(1), 6-28.
- [19] Thornicroft, G., Sunkel, C., Aliev, A. A., Baker, S., Brohan, E., El Chammay, R., ... & Winkler, P. (2022). The Lancet Commission on ending stigma and discrimination in mental health. *The Lancet*, 400(10361), 1438-1480.
- [20] Wright, A., Jorm, A. F., & Mackinnon, A. J. (2011). Labeling of mental disorders and stigma in young people. *Social science & medicine*, 73(4), 498-506.