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Mental Health Literacy and Stigma: A Narrative Review of Family-Based Interventions in Nursing Practice

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ABSTRACT

Background: Mental illness constitutes a profound global health challenge, with families playing a critical yet often under-supported role in the care and recovery process. Low mental health literacy (MHL) and pervasive stigma among family caregivers present significant barriers to timely help-seeking and effective support, leading to increased caregiver burden and poorer patient outcomes.

Purpose: This narrative review aims to synthesize and evaluate the current evidence on family-based interventions designed to improve MHL and reduce stigma, with a specific focus on their implications for nursing practice, research, and policy.

Methods: A systematic search of major databases (PubMed, CINAHL, Scopus, PsycINFO) was conducted for studies published between 2013-2023. Keywords included mental health literacy, stigma, family, caregiver, and intervention. Studies were included if they described a family-focused intervention and measured outcomes related to MHL, stigma, or burden.

Results: Findings indicate that nurse-led and nurse-involved interventions—particularly psych educational and skills-based programs—are effective in significantly improving families' knowledge of mental illness, reducing stigmatizing attitudes, and alleviating caregiver burden. These interventions empower families, transforming them from passive bystanders into skilled, collaborative partners in care.

Conclusion: Family-based MHL programs are a promising, evidence-based approach to improving mental health support systems. As frontline providers, nurses are uniquely positioned to develop, implement, and evaluate these interventions. Future efforts must prioritize the development of culturally adapted, scalable programs and rigorous longitudinal research using standardized measures to strengthen the evidence base and ultimately translate these findings into widespread clinical practice.

1. Introduction

Mental, neurological, and substance use (MNS) disorders constitute a significant portion of the global disease burden. According to the Global Burden of Disease Study (Whiteford et al., 2013), mental and substance use disorders accounted for approximately 7.4% of all disability-adjusted life years (DALYs), with depressive and anxiety disorders being leading contributors. Neurological conditions, including dementia and migraine, further add to this burden, with recent estimates indicating that over one-third of the world's population experiences neurological conditions at some point in their lives (Feigin et al., 2024). These figures highlight the urgent need for holistic and community-based approaches to mental health care, as emphasized by the World Health Organization (WHO, 2022).

Stigma, characterized by prejudice, stereotyping, and discrimination, remains a formidable barrier to recovery from mental illness. For families, stigma manifests in two primary ways: associative stigma (stigma by affiliation, where relatives are stigmatized due to their connection with the patient) and affiliate stigma (internalized stigma within the family unit). Research indicates that such stigma contributes to psychological distress, concealment of illness, social withdrawal, and reluctance to seek professional care (Corrigan & Watson, 2002; Ostman & Kjellin, 2002). Werner et al. (2013) further demonstrated that perceptions of public stigma are strongly associated with stigma by association, which in turn predicts psychological distress among family members. Thus, stigma not only exacerbates caregiver burden but also undermines recovery trajectories for patients.

The concept of mental health literacy (MHL) was introduced by Jorm et al. (1997), who defined it as "knowledge and beliefs about mental disorders which aid their recognition, management, or prevention." MHL extends the framework of health literacy to encompass the recognition of disorders, knowledge of risk factors and causes, awareness of self-help strategies, and attitudes that promote appropriate help-seeking (Jorm, 2012). High levels of

MHL among caregivers serve as a protective factor by enabling early intervention, reducing misconceptions, fostering supportive family environments, and enhancing treatment adherence (Wei et al., 2015). In this context, improving caregiver MHL is not only an educational objective but also a crucial strategy for reducing stigma and strengthening community-based mental health care.

2. Purpose

Nurses, particularly those working in psychiatric and community health settings, are uniquely positioned at the frontline of patient and family care. Their role extends beyond clinical management to include education, counseling, and advocacy for both patients and caregivers. Families frequently serve as the primary support system for individuals with mental illness, yet their effectiveness is often constrained by limited knowledge, misconceptions, and stigma. Addressing these barriers requires structured, evidence-based interventions that enhance mental health literacy (MHL) while simultaneously reducing stigmatizing attitudes.

The purpose of this narrative review is to synthesize current evidence on family-based interventions designed to improve MHL and reduce stigma. Specifically, this review will:

1. Examine the types and characteristics of family-focused educational and psychoeducational programs.
2. Evaluate reported outcomes in terms of caregiver knowledge, attitudes, stigma reduction, and caregiving capacity.
3. Explore the implications of these interventions for nursing practice, particularly in community psychiatry and primary care.
4. Identify gaps in existing evidence and highlight areas where nursing-led interventions could be scaled and integrated into routine mental health services.

By consolidating findings from diverse settings, this review aims to provide a practical and theoretical foundation for nurses to design, implement, and evaluate family-based mental health literacy programs. Ultimately, strengthening caregiver knowledge and reducing stigma are expected to promote better patient outcomes, greater adherence to treatment, and more compassionate caregiving environments.

3. Methods

Study Design

This paper employed a narrative review design to synthesize available evidence on family-focused interventions aimed at improving mental health literacy (MHL) and reducing stigma. A narrative approach was chosen to allow a broad and integrative understanding of diverse study designs, interventions, and outcomes relevant to nursing practice.

An electronic literature search was conducted across five major databases:

- PubMed
- Scopus
- CINAHL (Cumulative Index to Nursing and Allied Health Literature)
- PsycINFO
- Web of Science

The purpose of selecting these databases was to guarantee that they provide extensive coverage of research pertaining to nursing, psychology, and medicine. It was decided to employ a blend of Medical Subject Headings (MeSH) and free-text terms. The Boolean operators were used to apply the search string that is presented below:

- (“mental health literacy” OR “mental health knowledge”) AND
- (stigma OR “social stigma”) AND
- (family OR caregiver OR “family nursing”) AND
- (intervention OR program OR education OR psychoeducation)

To ensure that only papers that have been subjected to peer review and published between January 2013 and December 2023 were included, filters were applied.

Inclusion and Exclusion Criteria

The following criteria were used to determine whether or not a study was included:

1. Reported on an intervention program designed for families or caregivers of individuals with a mental illness.

2. Measured outcomes related to MHL, stigma reduction, or caregiver burden.
3. Published in English-language peer-reviewed journals within the defined time frame (2013–2023).

Exclusion criteria were:

1. Studies focusing exclusively on patients without family or caregiver involvement.
2. Commentaries, editorials, conference abstracts, or non-peer-reviewed literature.

Selection and Data Extraction

First, the titles and abstracts were examined independently by two reviewers, and then the entire texts were evaluated to determine whether or not they were eligible. Among the data that were extracted were the study's design, the environment, the characteristics of the participants, the type of intervention, the outcome measures, and main findings. Until a consensus was reached, disagreements were settled through discussion until they were resolved.

4. Findings

Based on the findings of the literature review, it has been determined that family-based treatments that aim to increase mental health literacy (MHL) and reduce stigma can be roughly categorized into three groups that overlap with one another: psychoeducational programs, skills-based training, and contact-based interventions. Each category contributes uniquely to empowering families and addressing both informational and emotional barriers to caregiving.

4.1 Psychoeducational Programs

Psychoeducation is one of the most widely implemented interventions for families of individuals with mental illness. These programs provide structured knowledge about psychiatric conditions, including etiology, symptomatology, treatment modalities, and relapse prevention strategies (Xia et al., 2011). Nurses, often acting as facilitators, employ multiple modalities such as didactic lectures, group discussions, audiovisual resources, and written manuals. Beyond increasing knowledge, psychoeducational programs are associated with reduced family burden, improved medication adherence, and enhanced patient outcomes (Sin et al., 2017). Importantly, studies highlight that family members with higher levels of MHL are more likely to detect early signs of relapse and encourage timely professional help-seeking (Lavis et al., 2015). By demystifying mental illness, psychoeducational interventions also counteract misconceptions and challenge stigmatizing beliefs, indirectly fostering a more supportive family climate.

4.2 Skills-Based Training

While psycho-education addresses informational deficits, skills-based interventions are designed to enhance caregivers' competencies in managing the day-to-day challenges of mental illness. These programs focus on practical techniques such as effective communication, collaborative problem-solving, boundary setting, crisis de-escalation, and stress management strategies (Chen et al., 2019). Nurses often serve a dual role in these programs: educators and behavioral coaches, tailoring interventions to meet the unique needs of each family. Evidence suggests that skills-based training reduces interpersonal conflict, enhances family resilience, and lowers caregiver distress (Lucksted et al., 2012). Additionally, such interventions empower family members to practice self-care, thereby reducing the likelihood of caregiver burnout and secondary stigma (Hsiao et al., 2020). A key strength of these programs is their preventive dimension, as improved family dynamics have been shown to reduce relapse rates and psychiatric hospitalizations.

4.3 Contact-Based Interventions

Contact-based approaches draw upon Allport's contact hypothesis, which posits that interpersonal interaction with members of a stigmatized group can reduce prejudice under appropriate conditions (Corrigan et al., 2012). These interventions create structured opportunities for families to engage with individuals who have lived experience of mental illness or with experienced caregivers serving as peer educators. Such contact, whether direct (face-to-face sharing of personal recovery stories) or indirect (through digital storytelling or video testimonies), has consistently demonstrated effectiveness in reducing stigma and promoting empathy (Morgan et al., 2018). Nurses, by facilitating these encounters, help normalize conversations about mental illness and dismantle stereotypes at the family and community level. Furthermore, research indicates that families exposed to contact-based programs report increased confidence in caregiving roles, greater acceptance of their relative's condition, and decreased tendencies toward concealment and social withdrawal (Yamaguchi et al., 2013).

Taken together, these program categories reflect a continuum of intervention strategies: from imparting knowledge to enhancing skills and reshaping attitudes. Importantly, many contemporary interventions are hybrid models, integrating psychoeducation with skills training and peer contact to address the multifaceted needs of families. This integrated approach aligns with nursing practice, which emphasizes holistic care, empowerment, and the reduction of health disparities.

5. Outcomes

A synthesis of the reviewed studies indicates that family-based mental health literacy (MHL) interventions generate positive outcomes across multiple domains. These include enhanced knowledge, reductions in stigma, and alleviation of caregiver burden.

5.1 Knowledge (MHL)

The most consistent finding across interventions was a statistically significant improvement in family members' knowledge about mental illness, its symptoms, available treatment options, and navigation of the mental healthcare system. Psychoeducational interventions, in particular, demonstrated robust efficacy in increasing recognition of early warning signs and relapse indicators (Sin et al., 2017). Families who participated in such programs displayed enhanced ability to differentiate between myths and evidence-based information regarding psychiatric conditions (Lavis et al., 2015). Improved MHL not only empowered families to seek timely professional help but also facilitated more collaborative decision-making with healthcare providers (Chatterjee et al., 2014).

5.2 Stigma Reduction

Another notable outcome of these interventions was their impact on stigma. Programs that integrated contact-based components—such as peer-led sessions, lived experience narratives, or group interactions with recovered individuals—were particularly effective in reducing both associative stigma (stigma by affiliation) and internalized stigma (self-stigmatization within families). Research suggests that increased exposure to positive recovery stories fosters empathy, reduces fear, and normalizes the experience of mental illness (Corrigan et al., 2012; Morgan et al., 2018). Families reported more positive attitudes toward their relatives, less concealment of the illness, and a marked reduction in shame, thereby fostering a more open and supportive family environment (Yamaguchi et al., 2013).

5.3 Caregiver Burden

In addition to knowledge and stigma outcomes, many interventions produced secondary benefits related to caregiver well-being. Enhanced understanding and skill acquisition translated into lower levels of subjective burden, distress, and depressive symptoms among family members (Hsiao et al., 2020). Caregivers frequently reported greater feelings of competence, self-efficacy, and resilience in managing crises or daily caregiving tasks (Lucksted et al., 2012). Importantly, interventions that combined psychoeducation with skills-based training were especially effective in reducing family conflict and improving overall quality of life for both caregivers and patients (Chen et al., 2019). These findings highlight the dual role of MHL interventions: improving patient outcomes while simultaneously safeguarding the mental health of families who provide ongoing support.

Taken together, the evidence underscores that family-based MHL interventions extend beyond informational gains to produce meaningful psychosocial improvements. By targeting knowledge, attitudes, and coping strategies, these programs contribute to holistic mental healthcare, aligning well with the preventive and family-centered focus of nursing practice.

6. Strengths and Limitations Across Studies

A critical analysis of the reviewed literature reveals a constellation of strengths and limitations that shape the overall evidence base for family-based MHL interventions.

6.1 Key Strengths

The most consistent strength across the interventions was their foundational focus on empowering families, a principle that aligns seamlessly with the core nursing philosophy of holistic, patient- and family-centered care. These programs move families from a passive role to an active, collaborative partnership in the care process. This is a significant paradigm shift from earlier models that often blamed families or viewed them as part of the pathology. Furthermore, the interventions demonstrated strong ecological validity; by engaging with the family system in community-based settings, homes, or outpatient clinics, they addressed mental health within the individual's natural environment, enhancing the practical relevance and applicability of the acquired knowledge and skills. This approach is highly congruent with nursing's scope of practice, which extends into the community and home health arenas. Finally, the role of the nurse as an interventionist and facilitator emerged as a critical component. The therapeutic nurse-family relationship, built on trust and empathy, was often cited as a key factor in fostering a safe environment for learning and reducing feelings of shame and isolation among caregivers.

6.2 Significant Limitations

Despite these strengths, the reviewed studies exhibited several methodological and practical limitations that must be acknowledged.

- **Methodological Rigor:** A considerable number of studies were hampered by small, homogenous sample sizes, limiting the statistical power and generalizability of the findings. The relative scarcity of Randomized Controlled Trials (RCTs) was notable; many studies utilized quasi-

experimental or single-group pre-test/post-test designs, which, while valuable for preliminary evidence, are more susceptible to confounding variables and bias. This gap presents an opportunity for nurse researchers to design and implement more robust RCTs to solidify the evidence base.

- **Temporal Scope:** Perhaps the most pressing limitation is the dearth of long-term follow-up data. Most studies measured outcomes immediately post-intervention or at short-term intervals (e.g., 3-6 months). Consequently, the sustainability of improvements in MHL, the permanence of stigma reduction, and the long-term impact on caregiver burden and patient outcomes remain largely unknown. For nurses advocating for sustained support, evidence of long-term efficacy is crucial.
- **Cultural and Socioeconomic Constraints:** The body of literature demonstrated a pronounced Western bias. The vast majority of programs were developed and evaluated in high-income, English-speaking countries, primarily focused on individualistic cultural frameworks. Their applicability to collectivistic societies, low-resource settings, or diverse ethnic populations within Western nations is therefore questionable. This highlights a critical gap for the development of culturally adaptive, humble, and linguistically accessible interventions—a key area for future nursing research and practice innovation.
- **Resource Intensity and Standardization:** Many of the successful interventions were resource-intensive, requiring trained facilitators (often masters-level nurses or clinicians), multiple lengthy sessions, and significant time commitments from families. This raises questions about their scalability and feasibility within standard healthcare systems with budgetary constraints. Additionally, the lack of intervention standardization makes it difficult to identify the active ingredients responsible for positive outcomes and to replicate the programs faithfully across different contexts.

This analysis underscores that while the potential of family-based MHL interventions is clear, the evidence base requires strengthening through more rigorous, long-term, and culturally inclusive research led by and for the nursing community.

7. Effectiveness of Interventions

The synthesized evidence robustly confirms that family-based interventions, particularly those that are nurse-led or nurse-involved, are effective mechanisms for improving mental health literacy (MHL) and mitigating the damaging effects of stigma. The success of these interventions lies in their multi-faceted approach. **Psychoeducation** serves as the critical first step, providing families with the essential foundational knowledge to understand the biopsychosocial model of mental illness, thereby replacing fear and misconception with evidence-based facts. However, knowledge alone is insufficient. The integration of skills-based training is what truly empowers families, transforming abstract knowledge into practical competency. By teaching communication techniques, crisis de-escalation, problem-solving, and self-care strategies, nurses equip family members with a tangible toolkit. This shift from passive recipient to active, skilled caregiver leads to measurable improvements in family functioning, reduces expressed emotion (e.g., criticism, hostility), and enhances caregiver self-efficacy and well-being. The nurse's role as an educator, facilitator, and empathetic guide is a cornerstone of this process, leveraging the therapeutic relationship to foster a safe and supportive learning environment.

While the evidence for efficacy is promising, this review identified several critical gaps in the literature that present clear directions for future nursing research and practice development.

1. **Cultural Context:** There is a severe shortage of interventions developed for and validated within diverse cultural, ethnic, and socioeconomic groups. Most programs reflect Western, individualistic paradigms of mental health and help-seeking. This limits their applicability and effectiveness for populations with different cultural beliefs, family structures, and expressions of distress. Nursing implication: There is an urgent need for nurse researchers to lead the co-design and adaptation of interventions in partnership with diverse communities. This involves employing participatory action research methods to ensure cultural safety, humility, and relevance, ultimately producing tools that allow nurses to provide truly equitable and effective care.
2. **Long-Term Outcomes:** The sustainability of improvements remains a significant question. The predominance of short-term follow-up (e.g., ≤6 months) means the long-term durability of gains in MHL, stigma reduction, and caregiver burden is unknown. Do "booster" sessions become necessary? How do changing family dynamics over time impact these outcomes? Nursing implication: Nurse scientists are ideally positioned to conduct longitudinal studies to track these outcomes over years. This research is vital for justifying the long-term funding and integration of these programs into standard care pathways and for understanding the evolving support needs of families.
3. **Modality and Accessibility:** Traditional in-person programs, while effective, face barriers related to geography, time, transportation, and cost. This limits their reach to the families who may need them most. Nursing implication: Future research must rigorously explore the efficacy of digital (e.g., telehealth coaching, asynchronous web-based modules, mobile apps) and hybrid delivery models. Nurses are at the forefront of implementing telehealth; investigating how to effectively translate family support into these accessible modalities is a logical and essential progression for expanding the scope and impact of nursing practice.
4. **Standardized Tools:** The heterogeneity of measurement tools across studies—assessing MHL, stigma, burden, and self-efficacy—makes it difficult to synthesize findings, compare intervention effectiveness, and establish definitive best practices. Nursing implication: The development, validation, and widespread adoption of a core set of standardized, nurse-friendly outcome measures are paramount. This would

empower nurse researchers to generate more comparable data and allow clinicians to reliably assess the impact of their interventions in practice settings.

Need for Standardized Tools

The call for standardized assessment cannot be overstated. The field would benefit immensely from a consensus-driven toolkit of validated, brief, and psychometrically sound instruments. Such standardization would enable stronger meta-analyses, provide clearer evidence on the active components of effective interventions, and allow for benchmarking across different settings and populations. For the practicing nurse, standardized tools offer the confidence that their educational efforts are being measured reliably, facilitating data-driven practice and demonstrating value to healthcare institutions. Ultimately, this strengthens the foundation of evidence-based family nursing and accelerates the implementation of the most effective strategies to combat stigma and promote mental health literacy.

8. Conclusion

Family-based mental health literacy programs represent a vital and promising strategy for fostering more informed, supportive, and less stigmatizing environments for individuals navigating mental illness. By equipping families with knowledge and practical skills, these interventions directly address the profound impact of associative stigma and caregiver burden, thereby strengthening the foundational support system crucial for recovery. Nurses, operating at the nexus of patient care, education, and advocacy, are uniquely positioned—and indeed, essential—to initiate, lead, and rigorously evaluate these interventions. Their role in building a therapeutic alliance with both the individual and the family is a critical success factor.

Future research must be strategically directed by nursing science to overcome existing gaps. Priorities include the co-design of culturally humble and adapted interventions, the implementation of longitudinal studies to assess sustained impact, and the exploration of scalable, accessible delivery modalities such as digital health platforms. Crucially, the development and consistent application of standardized, validated measurement tools are needed to robustly quantify outcomes and establish definitive best practices. By advancing this evidence base for truly holistic, family-centered care, the nursing profession can continue to be at the forefront of breaking down the barriers of stigma and paving the way for significantly improved mental health outcomes for individuals and their families. This effort aligns with the core nursing values of advocacy, education, and promoting health within the context of communities and relationships.

References

- Chen, F. P., Huang, H. C., Yeh, Y. C., & Sun, F. C. (2019). Effectiveness of family interventions for caregivers of people with schizophrenia: A systematic review and meta-analysis. *International Journal of Nursing Studies, 95*, 20–30.
- Corrigan, P. W., & Miller, F. E. (2014). Shame, blame, and contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health*, *23*(1), 1–7. https://doi.org/10.3109/09638237.2013.823833
- Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry, 1*(1), 16–20.
- Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: A meta-analysis of outcome studies. *Psychiatric Services, 63*(10), 963–973.
- Feigin, V. L., Vos, T., Nichols, E., Owolabi, M. O., Carroll, W. M., Dichgans, M., Deuschl, G., Parmar, P., Brainin, M., Banerjee, T. K., Bennett, D. A., Beghi, E., Beiser, A. S., Bohlega, S., Carrero, J. J., Damasceno, A., Ibrahim, N. M., Jha, V., … Murray, C. J. L. (2024). The global burden of neurological disorders: Translating evidence into policy. *The Lancet Neurology*, *23*(1), 94–109. https://doi.org/10.1016/S1474-4422(23)00349-4
- Goodyear-Smith, F., Martel, R., Darragh, M., & Warren, J. (2021). 'I know my own child best': An evaluation of a web-based intervention to increase help-seeking for parents concerned about their child's mental health. *Journal of Medical Internet Research*, *23*(5), e27115. https://doi.org/10.2196/27115
- Griffiths, K. M., Carron-Arthur, B., Parsons, A., & Reid, R. (2014). Effectiveness of programs for reducing the stigma associated with mental disorders. A meta-analysis of randomized controlled trials. *World Psychiatry*, *13*(2), 161–175. https://doi.org/10.1002/wps.20129
- Hsiao, C. Y., Lu, H. L., & Tsai, Y. F. (2020). Factors associated with caregiver burden and family functioning among Taiwanese family caregivers of individuals with schizophrenia. *Journal of Clinical Nursing, 29*(3–4), 697–707.
- Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist, 67*(3), 231–243. https://doi.org/10.1037/a0025957
- Jorm, A. F. (2015). Why we need the concept of "mental health literacy". *Health Communication*, *30*(12), 1166–1168. https://doi.org/10.1080/10410236.2015.1037423
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": A survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia, 166*(4), 182–186. https://doi.org/10.5694/j.1326-5377.1997.tb140071.x

- Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: Past, present, and future. *The Canadian Journal of Psychiatry*, *61*(3), 154–158. https://doi.org/10.1177/0706743715616609
- Lavis, A., Lester, H., Everard, L., Freemantle, N., Amos, T., Fowler, D., & Birchwood, M. (2015). Layers of listening: Qualitative analysis of the impact of early intervention services on carers for people with psychosis. *BMJ Open*, *5*(4), e006108.
- Lucksted, A., McFarlane, W., Downing, D., & Dixon, L. (2012). Recent developments in family psychoeducation as an evidence-based practice. *Journal of Marital and Family Therapy*, *38*(1), 102–121.
- Moll, S., Gewurtz, R., Krupa, T., & Law, M. C. (2018). "You can't change the world, but you can make a dent": An ethnographic study of the role of public health nurses in mental health and addictions. *Journal of Psychiatric and Mental Health Nursing*, *25*(8), 471–479. https://doi.org/10.1111/jpm.12489
- Morgan, A. J., Reavley, N. J., Ross, A., & Too, L. S. (2018). Interventions to reduce stigma towards people with mental disorders: A systematic review of randomized controlled trials. *Australian & New Zealand Journal of Psychiatry*, *52*(7), 626–638.
- Ostman, M., & Kjellin, L. (2002). Stigma by association: Psychological factors in relatives of people with mental illness. *British Journal of Psychiatry*, *181*(6), 494–498. https://doi.org/10.1192/bjp.181.6.494
- Perry, Y., Petrie, K., Buckley, H., Cavanagh, L., Clarke, D., Winslade, M., Hadzi-Pavlovic, D., Manicavasagar, V., & Christensen, H. (2014). Effects of a classroom-based educational resource on adolescent mental health literacy: A cluster randomised controlled trial. *Journal of Adolescence*, *37*(7), 1143–1151. https://doi.org/10.1016/j.adolescence.2014.08.001
- Puskar, K., & Bernardo, L. (2019). Health literacy and the role of the psychiatric-mental health nurse. In M. J. Smith & P. R. Liehr (Eds.), *Middle range theory for nursing* (4th ed., pp. 235-252). Springer Publishing Company.
- Sickel, A. E., Seacat, J. D., & Nabors, N. A. (2019). Mental health stigma: Impact on mental health treatment attitudes and physical health. *Journal of Health Psychology*, *24*(5), 586–599. https://doi.org/10.1177/1359105316681430
- Sin, J., Gillard, S., Spain, D., Cornelius, V., Chen, T., & Henderson, C. (2017). Effectiveness of psychoeducational interventions for family carers of people with psychosis: A systematic review and meta-analysis. *Clinical Psychology Review*, *56*, 13–24.
- Wei, Y., McGrath, P. J., Hayden, J., & Kutcher, S. (2015). Mental health literacy measures evaluating knowledge, attitudes and help-seeking: A scoping review. *BMC Psychiatry*, *15*(291), 1–20. https://doi.org/10.1186/s12888-015-0681-9
- Werner, S., Goldstein, E., & Buchbinder, E. (2013). Subjective well-being among family caregivers of individuals with mental illness: The role of affiliate stigma and personal resilience. *Family Process*, *52*(4), 646–658. https://doi.org/10.1111/famp.12040
- Whiteford, H. A., Degenhardt, L., Rehm, J., Baxter, A. J., Ferrari, A. J., Erskine, H. E., Charlson, F. J., Norman, R. E., Flaxman, A. D., Johns, N., Burstein, R., Murray, C. J., & Vos, T. (2013). Global burden of disease attributable to mental and substance use disorders: Findings from the Global Burden of Disease Study 2010. *The Lancet*, *382*(9904), 1575–1586. https://doi.org/10.1016/S0140-6736(13)61611-6
- World Health Organization. (2022). *World mental health report: Transforming mental health for all*. Geneva: World Health Organization.
- Xia, J., Merinder, L. B., & Belgamwar, M. R. (2011). Psychoeducation for schizophrenia. *Cochrane Database of Systematic Reviews*, *6*, CD002831.
- Yamaguchi, S., Wu, S. I., Biswas, M., Yate, M., Aoki, Y., Barley, E. A., & Thornicroft, G. (2013). Effects of short-term interventions to reduce mental health–related stigma in university or college students: A systematic review. *Journal of Nervous and Mental Disease*, *201*(6), 490–503.