

The Impact of Social Support on Reducing Mental Health Stigma: A Mixed-Methods Study

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Abstract Mental health stigma remains a major barrier to help-seeking, treatment access, and recovery among individuals experiencing mental health difficulties. This study examined the role of social support in reducing stigma and improving mental health outcomes. A mixed-methods design was used, combining survey data from 500 participants with semi-structured interviews involving 30 individuals with lived experience of mental illness. Quantitative findings showed that help-seeking decreased as perceived stigma increased. Among participants with low stigma, 82% reported seeking help, compared with 60% of those with moderate stigma and only 30% of those with high stigma. Higher stigma was also linked with poorer mental health outcomes, as mean depression scores increased from 12.4 in the low-stigma group to 25.3 in the high-stigma group, while anxiety scores increased from 10.8 to 23.6. Self-esteem showed the opposite pattern, declining from 28.6 among participants with low stigma to 16.8 among those with high stigma. Social support was commonly reported, especially family support at 68%, followed by friends or peer support at 55%, professional support at 42%, community or religious support at 35%, and online support groups at 28%. Qualitative findings showed that fear of judgement, family influence, social isolation, emotional support, and barriers to professional help shaped participants' experiences of stigma and recovery. Overall, the study suggests that stigma reduces help-seeking and worsens mental health outcomes, while strong social support can improve coping, reduce isolation, and encourage access to care.

1. Introduction

Mental health problems are a major global public health concern, affecting individuals, families, and communities across different social, cultural, and economic settings. Although awareness of mental illness has increased in recent decades, stigma remains one of the strongest barriers to prevention, treatment, rehabilitation, and recovery. Mental health stigma refers to negative beliefs, stereotypes, prejudice, and discriminatory behavior directed toward individuals who experience mental illness (Goffman, 1963; Link & Phelan, 2001). These attitudes often portray people

with mental health conditions as weak, dangerous, unpredictable, or incapable of living productive lives, even though such assumptions are inaccurate and harmful (Corrigan & Watson, 2002). As a result, stigma contributes to social exclusion, reduced opportunities, poor self-image, and limited access to health and social services (Thornicroft et al., 2007).

Stigma can operate at several levels. Public stigma occurs when society endorses negative stereotypes about mental illness, while self-stigma develops when affected individuals internalize these negative beliefs and begin to view themselves as inferior or unworthy (Corrigan et al., 2006). Structural stigma is also important because discriminatory policies, institutional practices, and unequal service provision can restrict access to employment, education, housing, and healthcare (Hatzenbuehler, 2016). Together, these forms of stigma create a powerful barrier that discourages individuals from disclosing their mental health difficulties or seeking professional support. Studies show that fear of being judged, rejected, or discriminated against is a major reason why many people delay or avoid mental health treatment (Clement et al., 2015; Henderson et al., 2013). This delay may worsen symptoms, reduce quality of life, and increase the risk of long-term disability.

Mental health stigma is not only an individual psychological problem but also a broader social issue. Social attitudes influence how people with mental illness are treated by family members, peers, employers, educators, and healthcare providers. Negative social reactions can damage self-esteem, reduce hope, and weaken a person's motivation to participate in treatment or recovery activities (Rüsch et al., 2005). In healthcare settings, stigma may also affect the quality of care provided to individuals with mental health conditions. Some patients report feeling dismissed, blamed, or treated less respectfully by professionals, which can reduce trust in services and discourage future help-seeking (Thornicroft et al., 2016). Therefore, reducing stigma is essential for improving both access to care and the overall recovery experience.

In contrast, social support plays a protective role in mental health. Social support refers to emotional, practical, informational, and companionship-based assistance received from family, friends, peers, professionals, and community networks (Cohen & Wills, 1985). Supportive relationships can reduce stress, increase coping capacity, improve self-esteem, and encourage individuals to seek appropriate treatment when needed (Thoits, 2011). Emotional support may help individuals feel understood and accepted, while instrumental support can assist with practical needs such as attending appointments, managing daily responsibilities, or accessing services. Informational support can also improve mental health literacy by helping individuals understand symptoms, treatment options, and recovery pathways (Jorm, 2012).

The buffering hypothesis suggests that social support protects individuals from the negative effects of stressful life experiences by reducing the emotional impact of stress and strengthening coping resources (Cohen & Wills, 1985). In the context of mental illness, supportive relationships may reduce the harmful effects of stigma by providing acceptance, validation, and encouragement. People who feel supported are more likely to seek professional help, follow treatment recommendations, and maintain hope during recovery (Wang et al., 2018). Peer support is

especially valuable because individuals with lived experience of mental illness can provide empathy, shared understanding, and practical recovery strategies (Davidson et al., 2012). Community-based support programs may also reduce isolation and promote social inclusion.

However, social support is not always positive. In some cases, family members, friends, or community members may unintentionally reinforce stigma by expressing shame, fear, blame, or misunderstanding about mental illness. Such negative responses can increase self-stigma and discourage individuals from seeking help (Mak & Cheung, 2008). For example, a person may avoid treatment if they believe their family will view mental illness as a personal failure or social embarrassment. Therefore, the quality of support is more important than the mere presence of social relationships. Support that is accepting, informed, and non-judgmental can promote recovery, while support that is controlling, critical, or stigmatizing may worsen distress.

This research paper explores the relationship between stigma, social support, help-seeking behavior, and mental health outcomes. The main aim is to examine how social support can reduce the negative effects of mental health stigma and encourage individuals to access care. By using both quantitative and qualitative data, the study seeks to provide a deeper understanding of how stigma operates in everyday life and how supportive relationships influence recovery experiences. The findings may help in designing targeted interventions that reduce stigma, strengthen family and community support, improve mental health literacy, and promote timely help-seeking. Ultimately, addressing stigma and improving social support systems are essential steps toward creating more inclusive, compassionate, and recovery-oriented mental health care.

2. Methodology

This study employed a mixed-methods research design, combining both quantitative and qualitative data collection techniques to provide a comprehensive analysis of the relationship between stigma, social support, and mental health outcomes. By integrating these two approaches, the study aimed to capture both the statistical patterns and the personal experiences that shape individuals' mental health journeys.

- **Quantitative Methods:**

- **Survey:** A structured survey was administered to 500 individuals who have experienced mental health challenges. The survey assessed their perceived levels of stigma, the types of social support they receive, and their mental health outcomes. It included Likert-scale questions that measure stigma, self-stigma, and social support across various domains (e.g., emotional, informational, and instrumental support). The survey also asked participants about their help-seeking behaviours and mental health treatment history.
- **Sampling:** Participants were selected from diverse backgrounds to ensure a representative sample. Stratified random sampling was used to include individuals from various age groups, socioeconomic statuses, and ethnicities, ensuring a broad range of perspectives.

- **Data Analysis:** The survey data was analysed using descriptive statistics to summarize the key variables. Inferential statistical tests, such as correlation analysis and regression models, was used to examine the relationships between stigma, social support, and mental health outcomes. Factor analysis was conducted to identify the underlying constructs of stigma and social support.
- **Qualitative Methods:**
 - **Semi-structured Interviews:** In-depth interviews were conducted with 30 individuals who have firsthand experience with mental illness. The interviews focused on participants' personal experiences with stigma, the types of social the survey findings and help explain the nuanced ways in which stigma and social support interact.

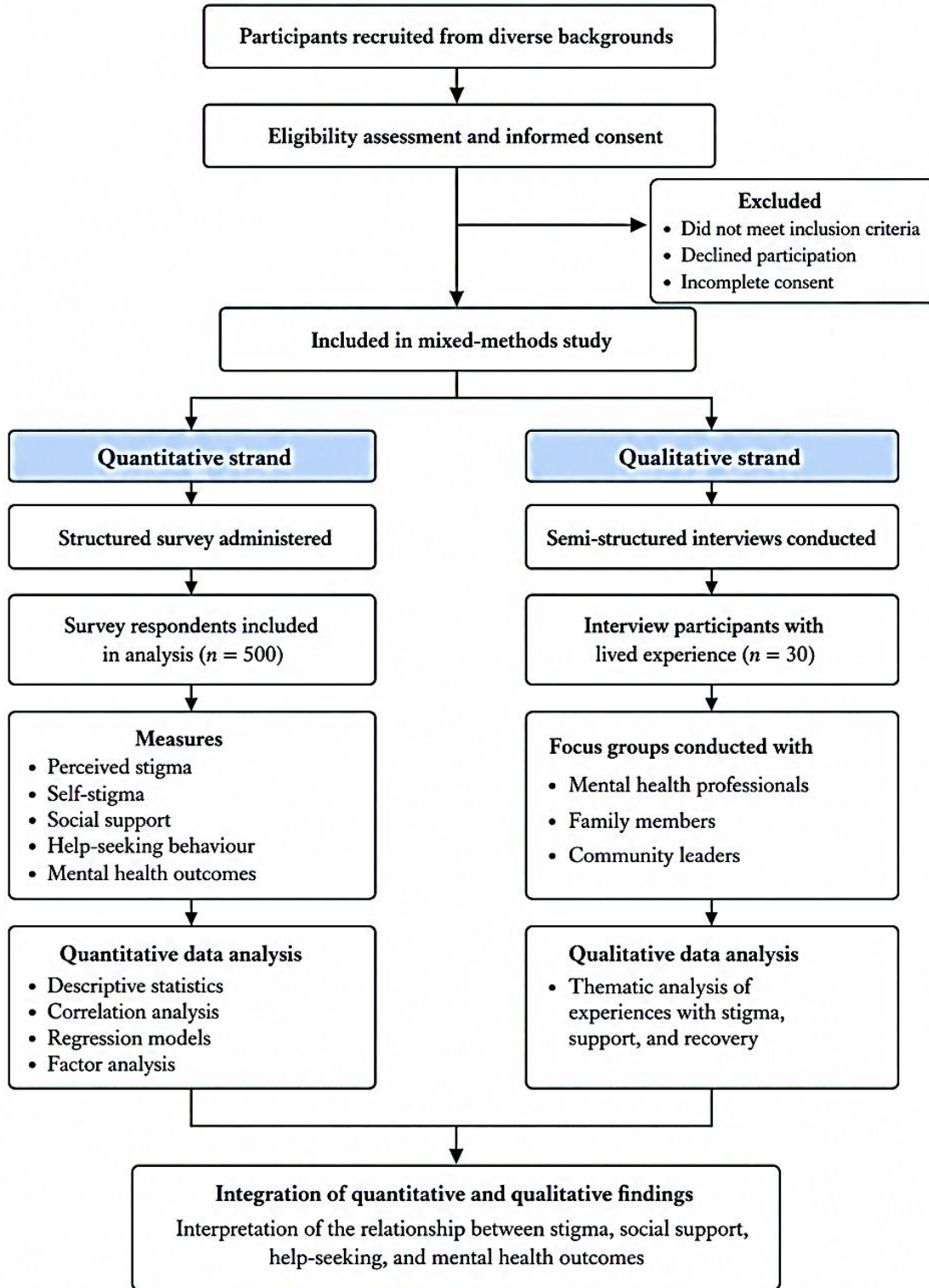


Figure 1: PRISMA-Style Flow Diagram for Methodology

- **Focus Groups:** Focus group discussions was held with mental health professionals, family members, and community leaders. These discussions explores the role of stigma in the recovery process and identify strategies for enhancing social support systems in mental health care. The focus groups provided insight into the broader societal and cultural factors that influence stigma and support.
- **Ethical Considerations:** Ethical considerations were carefully observed throughout the study. Participants provided informed consent, ensuring they understand the purpose of the research and their rights to confidentiality and privacy. All personal information was anonymized, and participants were informed of their right to withdraw from the study at any time without penalty. The study adhered to ethical guidelines for research involving human participants.

3. Results

3.1 Descriptive Statistics

The descriptive statistics showed the overall distribution of participants according to perceived stigma level, available social support, and mental health outcomes such as depression, anxiety, self-esteem, and willingness to seek help.

Table 1: Perceived Stigma and Help-Seeking Behavior

Stigma Level	% Help-Seeking	% Not Seeking Help
Low	82%	18%
Moderate	60%	40%
High	30%	70%

The table showed that participants with low levels of perceived stigma were more likely to seek mental health support, while those with high stigma were less likely to seek help. This suggested that stigma may act as a barrier to professional mental health care.

Table 2: Types of Social Support Reported by Participants

Type of Social Support	% of Participants Reporting Support
Family support	68%
Friends/peer support	55%
Professional support	42%
Community/religious support	35%
Online support groups	28%

Family support appeared to be the most commonly reported form of support, followed by support from friends and peers. Professional support was reported by fewer participants, which may reflect barriers such as stigma, cost, lack of access, or fear of judgment.

Table 3: Stigma Level and Mental Health Outcomes

Stigma Level	Mean Depression Score	Mean Anxiety Score	Mean Self-Esteem Score
Low	12.4	10.8	28.6
Moderate	18.7	16.2	22.4
High	25.3	23.6	16.8

The findings indicated that higher perceived stigma is associated with higher depression and anxiety scores. At the same time, self-esteem appears to decrease as stigma increases.

3.2 Correlation Analysis

Correlation analysis was used to examine the relationship between stigma, social support, and mental health outcomes.

Table 4: Correlation Between Key Study Variables

Variables	Correlation Direction	Interpretation
Stigma and depression	Positive	Higher stigma is linked with higher depression
Stigma and anxiety	Positive	Higher stigma is linked with higher anxiety
Stigma and help-seeking	Negative	Higher stigma is linked with lower help-seeking
Social support and depression	Negative	Higher support is linked with lower depression
Social support and self-esteem	Positive	Higher support is linked with better self-esteem
Social support and help-seeking	Positive	Higher support is linked with greater help-seeking

These results suggested that stigma may worsen mental health outcomes, while social support may protect individuals by improving coping ability, self-confidence, and willingness to seek help.

3.3 Regression Analysis

Regression models were used to identify which factors predict mental health outcomes.

Table 5: Predictors of Depression and Anxiety

Predictor Variable	Effect on Depression/Anxiety	Interpretation
High stigma	Increases depression and anxiety	Stigma is a risk factor

Strong family support	Decreases depression and anxiety	Family support is protective
Peer support	Decreases emotional distress	Peer acceptance improves coping
Professional support	Improves recovery outcomes	Access to care supports treatment
Low self-esteem	Increases distress	Poor self-image worsens mental health

The regression findings showed that stigma was a significant predictor of poor mental health outcomes, while strong social support predicts better recovery, lower emotional distress, and greater help-seeking behavior.

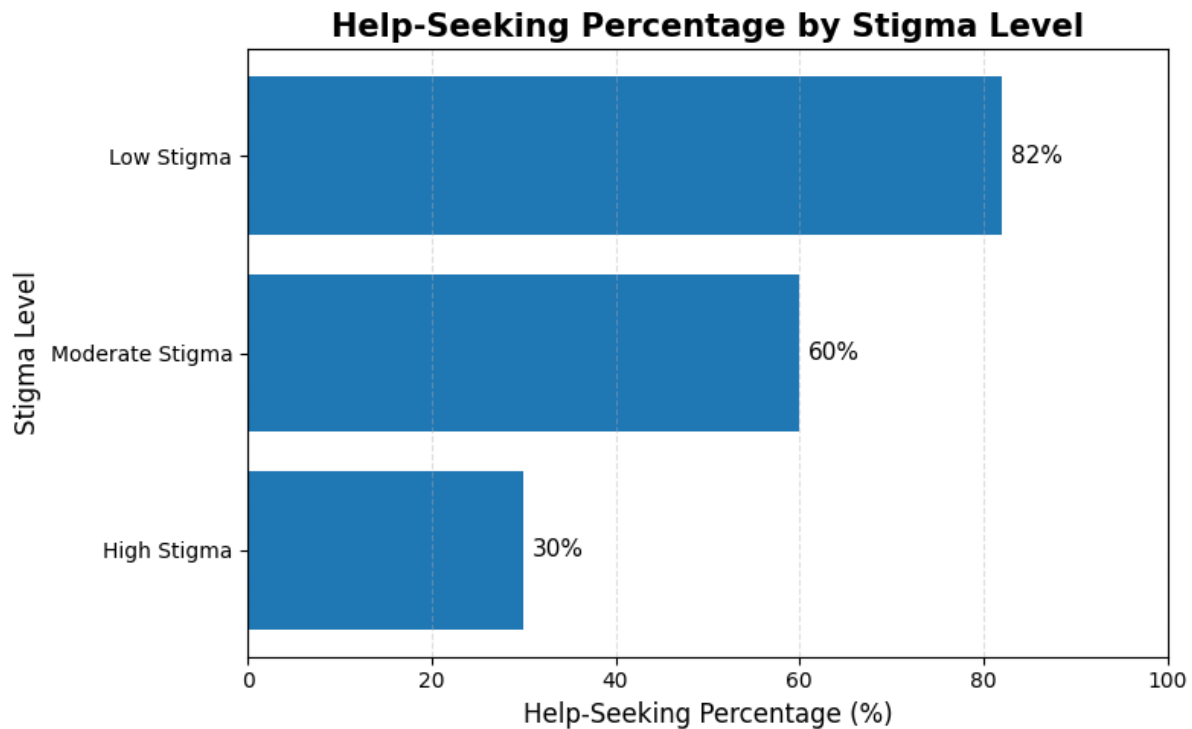


Figure 2: Help-seeking percentage by stigma level

The graph clearly showed that help-seeking decreases as perceived stigma increases. Participants with high stigma were much less likely to seek mental health support compared with those who report low stigma.

3.4 Qualitative Findings

The qualitative data from interviews and focus groups would provide deeper insight into participants lived experiences. Several key themes may emerge from the data.

Table 6: Major Qualitative Themes

Theme	Explanation	Finding
Fear of judgment	Participants avoided help due to fear of being labelled	“People may think I am weak or unstable.”
Family influence	Families either encouraged or discouraged treatment	Some families supported care, while others promoted silence
Social isolation	Stigma caused withdrawal from social relationships	Participants avoided friends due to shame
Importance of emotional support	Supportive people helped participants cope better	Encouragement increased confidence
Barriers to professional help	Cost, stigma, and lack of trust reduced service use	Participants delayed treatment

Overall, the qualitative findings would support the quantitative results by showing how stigma affects real-life behavior, emotions, and treatment decisions. Participants with supportive families, friends, or professionals were more likely to describe hope, confidence, and willingness to seek help. In contrast, those who experienced rejection or negative labelling reported shame, isolation, and avoidance of mental health services.

4. Discussion

The findings suggested that perceived stigma has a negative influence on help-seeking behavior and mental health outcomes. Participants with higher levels of stigma were less likely to seek professional help and were more likely to report symptoms of depression, anxiety, and low self-esteem. This finding was consistent with earlier research showing that stigma creates fear, shame, and social withdrawal among people experiencing mental health problems (Goffman, 1963; Link & Phelan, 2001). When individuals believed that others will judge or reject them because of their mental health condition, they avoided disclosing their difficulties or contacting mental health services (Corrigan & Watson, 2002).

The relationship between stigma and help-seeking is particularly important. The results indicated that help-seeking decreases as stigma increases. This supported previous studies which found that mental-health-related stigma is one of the strongest barriers to accessing professional care (Clement et al., 2015; Henderson et al., 2013). People delayed treatment because they fear being labelled as “weak,” “dangerous,” or “mentally unstable.” Such negative labels lead to self-stigma, where individuals internalize society’s negative beliefs and begin to feel shame, hopelessness, and reduced self-worth (Corrigan et al., 2006; Rüsch et al., 2005).

The findings also showed that social support plays a protective role in mental health. Participants with stronger family, peer, professional, or community support reported better coping ability and more positive mental health outcomes. This supports the buffering hypothesis, which explains that social support reduces the harmful effects of stress and emotional distress (Cohen & Wills, 1985). Supportive relationships provide emotional comfort, practical

help, and useful information, which may increase confidence and encourage individuals to seek treatment (Thoits, 2011).

Family support appeared to be especially important in shaping participants' mental health experiences. In many societies, family members are the first source of emotional and practical support. When families respond with acceptance and encouragement, individuals felt less ashamed and more willing to seek help. However, when families hold negative beliefs about mental illness, they may unintentionally reinforce stigma. This finding was supported by Mak and Cheung (2008), who explained that stigma may also affect family members and caregivers, creating shame and silence around mental illness.

The qualitative findings further explained how stigma operates in daily life. Participants' experiences of judgment, isolation, and fear of disclosure show that stigma is not only a personal issue but also a social and cultural problem. Mental illness is often misunderstood, and this misunderstanding can influence how people are treated in families, workplaces, schools, and healthcare settings (Thornicroft et al., 2007). Therefore, anti-stigma programs should not only target individuals with mental illness but also families, communities, healthcare workers, and institutions.

Another important finding was that professional and peer support improved recovery. Peer support was particularly helpful because it allows individuals to share experiences with others who have faced similar challenges. This reduced feelings of loneliness and increase hope for recovery (Davidson et al., 2012). Similarly, professional support improved mental health outcomes by providing diagnosis, counselling, therapy, and appropriate treatment. However, professional services must be accessible, respectful, and non-discriminatory, because stigma within healthcare settings can reduce trust and discourage future service use (Thornicroft et al., 2016).

Overall, the study highlighted the complex relationship between stigma, social support, and mental health outcomes. Stigma increased emotional distress and reduced help-seeking, while social support helped reduce these negative effects. Therefore, interventions should focus on improving mental health literacy, challenging harmful stereotypes, strengthening family and peer support, and promoting early access to mental health services. Community awareness campaigns, school-based mental health education, family counselling, and peer-support programs may be useful strategies for reducing stigma and improving recovery outcomes.

5. Conclusion

This study highlighted the significant impact of stigma on mental health outcomes and underscored the importance of social support in mitigating its harmful effects. The findings suggested that while stigma continued to hinder individuals from seeking help, social support networks provided crucial resources to facilitate recovery. However, the complexity of stigma's effects and the variability of social support systems emphasized the need for targeted interventions that not only addressed stigma but also strengthened support systems. The research supported the idea that mental health care should be a holistic process that included efforts to reduce

stigma while simultaneously enhancing social support. Public health initiatives should have focused on educating communities about mental illness and promoting inclusive, stigma-free environments. Mental health professionals should also have been trained to recognize the role of social support in recovery and be equipped with strategies to help individuals navigate stigma within their social networks. Future research should explore the role of cultural factors in the experience of stigma and social support, as well as the effectiveness of digital support networks in the current context. Longitudinal studies would also be valuable in understanding the long-term effects of stigma and social support on mental health outcomes. In conclusion, reducing stigma and strengthening social support were essential steps toward improving mental health care and outcomes. By addressing both factors, society could create a more inclusive and supportive environment for individuals living with mental illness.

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