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## Effectiveness of an Online Intervention Combating Mental Health Stigma on Adolescent Help-Seeking Behaviors

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**Effectiveness of an Online Intervention Combating Mental Health Stigma on Adolescent  
Help-Seeking Behaviors**

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A Capstone Project submitted in partial fulfillment of the  
requirements for the Master of Science Degree in

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Winona State University  
College of Education  
Counselor Education Department

CERTIFICATE OF APPROVAL

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CAPSTONE PROJECT

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Effectiveness of an Online Intervention Combating Mental Health Stigma on Adolescent Help-  
Seeking Behaviors

This is to certify that the Capstone Project of  
Chelsea Krayecki  
Has been approved by the faculty advisor and the CE 695 – Capstone Project  
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**Abstract**

Mental health stigma has been shown to be a barrier to seeking help for mental health concerns. This is especially true for adolescents due to important developmental characteristics. According to the World Health Organization (WHO) (2021), depression is one of the major causes of mental health concerns and disability among adolescents. In addition, the WHO (2021) also states that mental health conditions account for 16% of global burden of illness in people ages 10-19-years-old. The current pandemic has only increased these concerns, as social, emotional, and mental well-being has been impacted by the pandemic (Centers for Disease Control and Prevention, CDC, 2021). It is crucial to target adolescents through mental health stigma interventions to increase help-seeking behaviors. The present article investigates the literature on mental health stigma with adolescents, the connection with help-seeking behaviors, and the impact of an online intervention on mental health stigma and help seeking behaviors.

*Keywords:* COVID-19, mental health, mental health stigma, adolescents, mental health stigma interventions, online interventions

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### **Effectiveness of an Online Intervention Combating Mental Health Stigma on Adolescent Help-Seeking Behaviors**

The current pandemic has caused detrimental effects to many aspects of people's lives. Fear, worry, and stress has become part of the daily norm, as uncertainty is paramount regarding when the pandemic will end. This uncertainty is normal and understandable in the context of the COVID-19 pandemic but has contributed to a mental health crisis. Isolation and deviation from social norms as a result of the pandemic has led to a dramatic increase in anxiety, depression, and many other mental health concerns. According to the Center for Disease Control (CDC, 2021), stress can cause feelings of fear, anger, sadness, worry, numbness, and frustration, changes in appetite, energy, desires, and interests, difficulty concentrating and making decisions, difficulty sleeping and having nightmares, physical reactions such as headaches, body pains, stomach problems, and skin rashes, worsening chronic physical and mental health concerns, and an increase in tobacco, alcohol, and other substance use. This highlights how prolonged stress can have detrimental effects on an individual, leading to a deterioration in daily functioning. In addition, results from a panel survey found that 40.9% of respondents reported at least one adverse mental health condition, including anxiety and depressive disorder (30.9%), symptoms of Trauma-and-Stressor-Related Disorder (TSRD) related to the pandemic (26.3%) and having started or increased substance use in relation to coping with COVID-19 (Czeisler et al., 2020). The lack of functioning caused by the prolonged stress can lead to consequences such as job loss and financial concerns. This can therefore increase stress, leading to an endless cycle of anxiety and depression without implementation of mental health treatment. For adolescents, this cycle is enhanced due to vulnerable developmental characteristics, causing detrimental damage to adolescent mental health. As the pandemic continues, it can be expected that mental health concerns will increase, leading to an increase in importance of help-seeking.

In order to provide help to people struggling with mental health concerns, it is important to understand the barriers to people receiving treatment. One major barrier to people seeking treatment is mental health stigma. According to Shah and Beinecke (2009), “A major cause of stigma associated with mental illness is the myths, misconceptions, and negative stereotypes about mental illness held by many people in the community” (p. 23). These myths, misconceptions, and negative stereotypes must be addressed through interventions in order to increase help-seeking behaviors. This highlights the importance of mental health stigma interventions in reducing stigma and increasing help-seeking behaviors. It is important to target adolescents because mental health concerns can extend to adulthood, which can impair both physical and mental health, which limits opportunities to lead fulfilling lives as adults (WHO, 2021). Since adolescence is an important developmental stage, the impact of mental health interventions can be life-changing and continue into adulthood. With the current pandemic, the importance of online or virtual methods of intervention delivery is crucial. As the pandemic continues, it can be expected that mental health concerns will increase, leading to an increase in importance of help-seeking. The literature review will discuss mental health and COVID-19, specifically discussing the impact of anxiety, uncertainty, and grief, adolescent mental health and COVID-19, the predictors, and barriers to help-seeking, mental health stigma interventions, interventions with adolescents, online interventions, and adolescent online interventions.

## Review of Literature

### Mental Health and COVID-19

The novel coronavirus of 2019 (COVID-19) has had detrimental impacts on mental health. To reduce the spread of the virus, individuals have had to make unanticipated changes in their everyday schedules for the safety of themselves and others (Fitzpatrick et al., p. 17). In addition to changes in schedule, individuals have had to implement social distancing measures. Measures that have been implemented to promote social distancing include limiting the size of gatherings, maintaining at least six feet of distance between people, closure of nonessential businesses, teleworking, distance learning, and shelter-in-place orders (Oosterhoff et al., 2020). Social distancing practices have induced feelings of isolation and disconnection from typical routines, which has put Americans at risk for depression (Summers-Gabr, 2020). People have been required to change their typical ways of connectedness, which can lead to loneliness and a decrease in well-being. This increased risk for depression will have varying effects on mental health functioning that unfold over time. Although no one is immune from potential negative mental health effects, the burden of adverse outcomes will not be equally shared (Mancini, 2020). People who are facing ongoing stressors, such as job loss, financial and occupational stress, childcare needs, social isolation, interpersonal loss, and virus exposure are at a substantially greater risk for negative mental health effects (Mancini, 2020). During the pandemic, there has been reinforcing themes related to “you’re alone or isolated” (Saltzman et al., 2020). This can therefore increase negative well-being. As the pandemic continues, this message will become more prominent in culture and will continue to be detrimental to mental health in America. According to Saltzman et al. (2020), “the term ‘social distancing’ has been a constant call-to-action on TV, radio, and social media versus the more appropriate term ‘physical

distancing,' adding to the perception of isolating oneself socially” (p. 55). The term social distancing seems to have continued to have negative effects on mental health as the pandemic has persisted. It has become almost impossible to avoid the discussions surrounding COVID-19 and people are flooded with bad news daily (Estes & Thompson, 2020). In the current technological age, users can search for newsworthy events at any time due to the availability of online sources, but smartphones can also update users about breaking news throughout the day (Estes & Thompson, 2020). According to Estes and Thompson (2020), “Screens are now filled with news about increasing numbers of confirmed cases of COVID-19, unprecedented unemployment statistics, frightful economic downturn projections, growing social tension, and a steadily rising death toll” (p. 31). The availability of information on the internet has become a catalyst to increasing mental health concerns in America. Throughout the pandemic, there has been a continuous shifting risk, which is exasperated by discussions about the pandemic in both the news and social media and the uncertainty of when the crisis and threat to life will end, which contributes to a prolonged period of stress (Estes & Thompson, 2020). The prolonged period of stress will continue to have negative consequences for people in America even after the pandemic has ended. It should be expected that mental and physical health consequences of the current pandemic will continue to grow without implementation of interventions. The pandemic has seemed to have caused an increase in a variety of mental health concerns, but specifically has increased anxiety, depression, loneliness, and grief in America.

### ***Anxiety***

The pandemic has been a trigger for an increase in anxiety. For people with Obsessive Compulsive Disorder (OCD) and Illness Anxiety Disorder, this increase has been extremely detrimental. The pandemic could be leading people to take on trademark symptoms of OCD and

illness anxiety disorder, which includes preoccupations with being cleanly, hypervigilance to somatic sensations, and fear of infection (Rivera & Carballea, 2020). Attempting to decrease this anxiety, people may be engaging in ritualistic behaviors to cope with worrying about becoming ill (Rivera & Carballea, 2020). Ritualistic behaviors include excessive cleaning and washing, counting, and checking behaviors, and reassurance seeking. According to Rivera and Carballea (2020), “Adjustments and practices stemming from rumination and ritualistic behaviors are not only affecting activities of daily living during the pandemic, but may become normalized, which may impact mental health” (p. 66). An increase in rumination will therefore increase ritualistic behaviors, which therefore increases decompensation. It seems that for people with OCD and illness anxiety disorder, the coronavirus has become a trigger for anxiety, stress, and fear (Rivera & Carballea, 2020). Handling daily stressors for people with these concerns has become more difficult and debilitating. Often, fear of illness or encountering sick individuals results in increased levels of distress and anxiety, which therefore induces ritualistic behaviors as mechanisms to decrease the fear (Rivera & Carballea, 2020). This can lead to avoidance of daily tasks both inside and outside the house, leading to an increase in functional impairment. Due to the current situation, health authorities and loved ones may unintentionally reinforce obsessions and compulsions for people struggling with OCD and illness anxiety disorder (Rivera & Carballea, 2020). Across the world, governments are enforcing the use of face masks as well as promoting the importance of social distancing practices, which will most likely elicit new habits and norms regarding health practices and socialization (Rivera & Carballea, 2020). These new norms for ritualistic sanitary precautions could become triggers and reinforcements for obsessive thinking and compulsive behaviors (Rivera & Carballea, 2020).

### *Uncertainty*

COVID-19 has led to an increase in uncertainty in America. International responses have varied, yet infection has been heterogeneous (Retitje & Daniels, 2020). This creates confusion and uncertainty across the world by questioning COVID-19 preventative measures. Many Asian countries were able to put in place and enforce early draconian containment and contact tracing measures, while this was less appropriate and relevant in the Western context (Durodie, 2020). This seems to have confused many in both Asia and the West, who appear to have preferred to see conformity and adherence to what they understood as the new norms, such as cessation of international travel and local mobility, early in the emergency (Durodie, 2020). In addition, responses to COVID-19 reflect, not just what is happening in the present, but the overall outcome of cultured messages about what is acceptable to fear and how to fear imparted to people through specific incidents, narratives, and social prisms over a protracted period (Durodie, 2020). This is evidenced through Western cultures not implementing safety measures early in the pandemic. Early Western responses to the pandemic were lax compared to Asian cultures, evidencing that Western culture did not take the pandemic as seriously as Asian cultures, who implemented more immediate and strict measures to stop the spread of the virus. According to Durodie (2020), “almost every element of the COVID-19 outbreak today is questioned—from its origins, extent and actions; through its infectivity, durability, and lethality; to the best way to respond to, and eventually redress, the situation” (p. 62). Without more clarification on the pandemic, uncertainty will continue to manifest, leading to an increase in anxiety in America.

### *Grief*

Grief has become a major concern in result of the pandemic. During such volatile times, where loss has manifested in a variety of ways, grief appears to be a primary outcome of

COVID-19 (Bertuccio & Runion, 2020). Loss is defined by uncertainty, dreaded future loss, and loss that is persistent, intense, and preoccupying (Bertuccio & Runion, 2020). Ambiguous loss relates to uncertainty, where more seems to be unknown than known. Families are uncertain about how long their unemployment or furlough will last, children are uncertain if or when they will return to school, and many are left wondering if “life as they knew it” will be a distant memory (Bertuccio & Runion, 2020). People are left yearning for normalcy but have looming uncertainty about when, or if, normalcy will resume, which occupies a strong psychological presence in the United States.

The pandemic has led to an increase in anticipatory grief, which is grieving what is expected to come. People may anxiously question whether they or a loved one will contract or possibly die from COVID-19, leading to an increase in anticipatory grief. In addition to mourning over possible health scares or fatal outcomes, many people are also grieving the anticipated losses of major milestones or events, such as graduations, family reunions, and weddings (Bertuccio & Runion, 2020). Due to the unforeseeable future of the pandemic, anticipatory grief continues to increase. The policies and restrictions that were put in place to enforce safety during the pandemic continues to be the norm, leading to uncertainty about when major milestones will be able to take place once again. Some people may feel guilty or selfish for grieving losses unrelated to health, yet no matter what the actual or anticipated loss may be, the reactions are still real and valid (Bertuccio & Runion, 2020). People may struggle to accept this and will lead to a decrease in help-seeking behaviors. In addition to anticipatory grief, complicated grief is similar to anxiety or depression, but is distinct in that it is in direct reaction to loss (Bertuccio & Runion, 2020). Given the current circumstances and stressors limiting the ability to cope, complicated grief may become even more prevalent (Bertuccio & Runion, 2020).

According to Bertuccio and Runion (2020), “Loss is a common experience during the pandemic; thus, it is likely that individuals across the United States will manifest different forms of grief, whether it be ambiguous, anticipatory, complicated, or others” (p. 88). This is important for mental health providers to take into consideration when providing therapy to people struggling with grief.

### **Adolescent Mental Health and COVID-19**

Adolescents have not been excluded from effects caused by the pandemic. The pandemic is a global event that has had detrimental effects on adolescents’ daily lives (Oosterhoff et al., 2020). The effects of stress are heightened for adolescents due to important developmental characteristics (Ellis & Dumas, 2020). Adolescents are more vulnerable to the psychological effects of the pandemic than adults because of their immature cognitive and emotional regulation systems, and they tend to exhibit more negative psychological outcomes (Zhou, 2020).

Adolescents are still developing neurocognitively and negative stimuli, such as the current pandemic, can hinder this growth. Adolescents are portraying negative psychological outcomes as a result of the pandemic. Results from a study by Ellis et al. (2020) showed that adolescents are very concerned about the COVID-19 pandemic as well as schooling and peer relationships, with 43% of the adolescents in the study saying they are “very concerned” about the pandemic. Overall, adolescents’ stress about the pandemic was significantly related to poorer adjustment, including an increase in reported depression and greater loneliness (Ellis et al., 2020).

Adolescents reported worrying about family finances and infection for themselves or loved ones (Ellis et al., 2020). In addition to these worries, social distancing seems to have played a role in adolescent mental health. According to results from a study by Oosterhoff et al. (2020), adolescents who were engaging in social distancing because they did not want to get sick or

because they wanted to avoid judgement reported greater anxiety symptoms. This highlights the importance of isolation in adolescent mental health during COVID-19. Further results from this study showed that adolescents who were engaging in social distancing because they would have otherwise preferred to stay home reported less anxiety and depressive symptoms (Oosterhoff et al., 2020). It can be expected that when social distancing measures are eliminated, anxiety and depression symptoms will increase for people who prefer to stay home. Oosterhoff et al. (2020) also found that adolescents who were social distancing because a friend told them reported greater depressive symptoms. Further information from this study showed that adolescents who were engaging in social distancing because their parents made them reported an increase in belongingness (Oosterhoff et al., 2020). Overall, it seems that the global pandemic has caused an increase in anxiety and depression for many adolescents. With this increase in mental health symptoms, it is crucial to find ways to lessen these effects on depressive and loneliness symptoms in order to avoid chronic mental health concerns.

Ellis et al. (2020) also found that COVID-19 stress was related to more loneliness and depression, especially for adolescents spending more time on social media. Social media has been a catalyst for negative psychological outcomes in adolescents during the pandemic. At the beginning of the COVID-19 crisis, adolescents' social and academic lives were almost exclusively virtual, leading to a marked increase in screen time and social media use (Ellis et al., 2020). According to Ellis et al. (2020), "adolescents who reported watching or reading more COVID-19 news, who spent more time on social media, and who reported working in the community reported even greater COVID-19 stress" (p. 183). This demonstrates the negative impact that social media can have on mental health, even during a time where most activities are completed virtually.

## **Help-Seeking Behaviors**

### *Facilitating Factors*

**Positive Attitudes.** Having a positive outlook on mental health treatment is crucial engaging in help-seeking behaviors. One meaningful factor explaining willingness to seek help for mental health concerns is peoples' own perception of how necessary it is for them to receive psychological help (Topkaya, 2015). This shows that the less a person feels help for mental health concerns is necessary, the less their desire to seek help is (Topkaya, 2015). People may feel that their concerns do not require mental health treatment intervention, therefore decreasing help-seeking behaviors. According to Topkaya (2015), a positive relationship was found between perceived barriers towards using mental health help services and perceived need for those services. Therefore, if a person perceives a lot of barriers, the need for services increases as well.

Another important factor related to positive attitudes about mental health treatment is believing in the benefits of psychological services. People who believe that mental health treatment is beneficial are more likely to engage in help-seeking behaviors. According to Topkaya (2015), "individuals who believe in the benefits of the psychological counseling process are more likely to not only be more willing to seek psychological help, but also more likely to benefit from the use of such psychological help services" (p. 29). Positive outlooks on mental health treatment increases help-seeking behaviors as well as benefit from these services. Promoting mental health help services is a major factor in facilitating one's decision to seek help as it results in easy access and normalization (Topkaya, 2015). This therefore increases positive outlooks on mental health, which will increase help-seeking behaviors. Facilitating factors for engaging in help-seeking behaviors includes seeking psychological help as a last resort, the belief that one may sometimes need help in handling his/her problems, and the expected benefits

(Topkaya, 2015). It is important to express the importance and benefits of mental health services in order to increase help-seeking behaviors. Experts offering psychological help should provide clarifying information to the public about what mental health help is and how they work in order to increase help-seeking behaviors (Topkaya, 2015).

### *Preventing Factors*

**Mental Health Stigma.** A major barrier to seeking mental health services is stigma. Stigma is a multi-faceted construct and affects all aspects of a person's life (Chen, Koller, Krupa, Stuart, 2016). Stigma limits life opportunities of people who struggle with mental illness (Oexle et al., 2018). Society may see people who receive psychological help as mad or crazy, which decreases their help-seeking behaviors (Topkaya, 2015). Similarly, individuals who perceive others to have negative attitudes towards mental health may be more likely to devalue and avoid people with mental illness in order to fit the perceived social norms (Hackler et al., 2016). Stereotypes typically play an important role in mental health stigma. Common stereotypes include dangerousness, responsibility and controllability, and incompetence (Kosyluk et al., 2017). Additional common stereotypes include ideas that individuals with mental health concerns are incompetent, weak, or dangerous (Bulanda et al., 2014). These beliefs lead to emotional reactions of fear, blame, and pity (Kosyluk et al., 2017). As a result of these stereotypes, individuals with mental health concerns experience discrimination in the form of avoidance and withdrawal, coercion, and segregation (Kosyluk et al., 2017). This can therefore increase mental health concerns in people who struggle with these concerns. According to Vogel et al. (2007), the fear of stigmatization deters individuals from acknowledging their illness, seeking help, and remaining in treatment, which creates unnecessary suffering. In addition, the stigma around mental illnesses often makes it difficult for people with a mental illness to access

services and to fully participate in society (Chen et al., 2016). Societal views often play a vital role as well. These views can lead to prejudice, which is the belief in stereotypes and decisions made on this basis (Bulanda et al., 2014). All these concerns lead to an increase in negative emotions, which can be debilitating for individuals struggling with mental health concerns. Due to the stigma and the desire to avoid these negative emotions, individuals may refuse treatment (Bulanda et al., 2014). These reports stress the importance of better understanding the role of stigma in seeking care so that interventions to reduce stigma can be implemented (Vogel et al., 2007).

**Public Stigma.** Public stigma refers to stigma that develops as a result of public opinion. Public stigma is the perception held by others, such as society, that an individual is socially unacceptable (Vogel et al., 2007). These stereotypes can be enhanced by news reports and fictional portrayals of people with mental health concerns that tend to focus on people who are violent, suicidal, and dysfunctional (Romer & Bock, 2008). This can therefore lead to an increase in public stigma. According to Vogel et al. (2006), “Public stigma is the perception held by a group or society that an individual is socially unacceptable and often leads to negative reactions towards them” (p. 325). Therefore, someone who seeks psychological treatment is undesirable or socially unacceptable (Vogel et al., 2006). It also seems that it is not just having a disorder but seeking psychological services that is stigmatized by the public (Vogel et al., 2007). People who are struggling with mental health concerns may internalize this stigma, which can lead to a decrease in help-seeking behaviors due to fear of being stigmatized by the public. Results from a study by Vogel et al. (2013) support the notion that public stigma can serve as a direct barrier to seeking treatment as well as people’s ability to form positive and healthy attitudes about themselves and their capabilities. In addition, Topkaya (2015) found that public stigma toward

seeking mental health treatment was the most important factor preventing people from seeking help. These studies highlight the negative relationship between public stigma and help-seeking behaviors. According to results from a study by Vogel et al., (2007), perceptions of public stigma associated with mental health predicted the self-stigma associated with seeking help, which therefore predicted attitudes toward seeking help as well as willingness to seek counseling services for psychological and interpersonal concerns. Additional results from this study showed that public stigma was positively related to self-stigma, and that self-stigma is negatively associated with the attitudes people have towards seeking help as well as these attitudes being positively associated with willingness to seek help for psychological and interpersonal concerns (Vogel et al., 2007). This indicates that as public stigma increases, self-stigma increases, which decreases help-seeking behaviors. Vogel et al. (2007) found evidence that public stigma can lead to negative internalization of the stigma, and that self-stigma plays a role in the formation of attitudes toward and willingness to seek counseling services. Public stigma can be very difficult to change due to multiple levels of society being involved but is an important factor to combat with mental health stigma interventions.

**Self-Stigma.** Self-stigma is focused on the individual and the internalization of stereotypes. This diminishes self-esteem, self-efficacy, and self-respect (Oexle et al., 2016). According to Vogel et al. (2006), “Self-stigma is the reduction of an individual’s self-esteem or self-worth caused by the individual self-labeling herself or himself as someone who is socially unacceptable” (p. 325). This can lead to an increase in mental health concerns. According to Modified Labeling Theory (MLT), negative external messages from public stigmatization can have a harmful impact on a person’s internal sense of self (Vogel et al., 2013). The internalization of self-stigma can lead to a decrease in help-seeking behaviors. There is clear

support that awareness of stigma related to seeking treatment has a negative impact on people's attitudes toward seeking help and keeps many people from seeking help even when they are struggling with significant problems (Vogel et al., 2007). This decrease in help-seeking behavior can lead to an increase in mental health concerns. Self-stigma plays a powerful and unique role in developing attitudes toward mental health concerns and seeking treatment (Vogel et al., 2013). A study by Vogel et al. (2007) aimed to determine the relationship between perceived public stigma and willingness to seek counseling. Results from this study showed that public stigma can lead to negative internalization of stigma, highlighting the fact that self-stigma plays a role in formation of attitudes toward and willingness to seek counseling services (Vogel et al., 2007). The results further showed that public stigma is positively related to self-stigma, that self-stigma is negatively associated with the attitudes people have towards counseling, and that these attitudes are positively associated with the willingness to seek help for mental health concerns (Vogel et al., 2007). The role of self-stigma is an important predictor of help-seeking attitudes, willingness, and behaviors and is a more crucial indicator than perceived public stigma (Vogel et al., 2007). The combination of public stigma and self-stigma create negative attitudes of help-seeking, leading to decreased help-seeking behaviors and an increase in mental health symptoms. Changing the public's attitudes towards mental health help-seeking is an important step, but counselors should also assist people in learning how to manage or overcome the negative effects of internalizing stigma (Vogel et al., 2007). This highlights the importance of implementing mental health stigma interventions. Interventions that focus on eliminating public stigma should therefore decrease self-stigma, leading to an increase in help-seeking behaviors.

### ***Mental Health Stigma and Adolescents***

Mental health stigma can have devastating effects for adolescents in a variety of ways. Adolescents in middle school are tasked with navigating a tumultuous developmental period, as they become more independent from their family systems, learn to cope with complicated peer relationships while managing school, home responsibilities, and extracurricular activities (Bulanda et al., 2014). Adolescents who have a mental health concern may be exacerbated by these stressors, which complicates this developmental period even further (Bulanda et al., 2014). As adolescents are exploring this period, they also may struggle with stigma related to mental health. Adolescents are concerned with being labelled as an outsider and care about peer reactions as well as being considered a deviant (Chen et al., 2016). Accord to Chen et al. (2016), “Students with mental health issues especially tend to hide the ‘discrediting secret’ from peers and are restricted in activities and school social roles as a consequence” (p. 291). This restriction can lead to an increase in mental health concerns and a decrease in help-seeking behaviors. In addition, mental health stigma could prevent adolescents from seeking help for mental health concerns, and could leave adolescents even more isolated, as they experience rejection from their peers (Bulanda et al., 2014). This restriction and rejection can lead to social exclusion by peers, which can affect how the adolescent sees themselves (Bulanda et al., 2014).

### **Mental Health Stigma Interventions**

Interventions combating mental health stigma is a crucial element for eliciting change at both the public and individual levels. Changing society’s views toward mental health concerns and help-seeking remains an important step and may be the ultimate goal of mental health stigma interventions (Vogel et al., 2013). According to Vogel et al. (2013), mental health stigma interventions should focus on strategies and techniques to combat the influence of public stigma and therefore reduce self-stigma. In order to increase help-seeking behaviors, it is important to

promote mental health services. Educating people about stereotypes and how they are invalid is a crucial component of mental health stigma interventions. In addition, Topkaya (2015) found that promoting psychological help services was the most important factor in facilitating a person's decision to seek help because it results in easy access and normalization. This increase in access and normalization can lead to a decrease in mental health stigma, therefore increasing help-seeking behaviors. According to Topkaya (2015), "These findings highlight that both the increasing number of services offering psychological help and easy access to them may enhance the percentage of those using psychological help services" (p. 29). By developing and implementing mental health stigma interventions, there should be an increase in help-seeking behaviors, leading to a decrease in mental health symptoms for people struggling with these concerns. These interventions need to identify communication strategies that can combat both mental health stigma and the perception that treatment is often ineffective (Romer & Bock, 2008). These two criteria are crucial when developing mental health stigma interventions.

### ***Processes and Vehicles***

Protest strategies are one process utilized in combating mental health stigma. Protest strategies highlight the injustices of stigma, reprimanding the offenders for their attitudes and behaviors (Corrigan & Kosyluk, 2013). Education processes refers to educating people on information about mental illness. Educational approaches attempt to challenge inaccurate stereotypes and replace these stereotypes with factual information (Corrigan & Kosyluk, 2013). Educational interventions also use didactic methods to increase knowledge about mental health and resources (Lindow et al., 2019). The goal is to increase mental health literacy, which is, "one's knowledge, beliefs and understanding of psychological disorders, where to seek mental health information and treatments, and facilitative attitudes towards help-seeking" (Shandley et

al., 2010, p. 64). This is completed by contrasting myths about mental health, such as people with mental health concerns are unpredictably violent, with facts (Corrigan & Kosyluk, 2013). This can therefore decrease stigma and increase help-seeking behaviors. Contact processes refers to coming into direct contact with members of a stigmatized group. This process fundamentally relies on disclosure (Corrigan & Kosyluk, 2013). Contact-based education refers to the involvement of people with mental illnesses in sharing their personal stories of recovery with audiences and conveying positive messages about recovery (Chen et al., 2016). In addition to contact-based interventions, campaigns can be utilized to promote mental health help-seeking. According to Topkaya (2015), “it is deemed that the campaigns about psychological help aiming to increase public awareness should focus on the benefits of the psychological help process (p. 29). This can be implemented both through media and contact-based interventions. Both should have a focus on the benefits of mental health treatment and education on the help-seeking process. According to Romer and Bock (2008), “Presentation of such counterstereotypical (CS) information has included face-to-face contact as well as the use of mental imagery and written or spoken narratives that highlight the existence of persons who do not fit the stereotype” (p. 74). This highlights the fact that interventions utilizing information combating mental health stigma can be offered in a variety of methods.

### ***Interventions***

The National Alliance on Mental Illness (NAMI) has produced a variety of anti-stigma campaigns. An important aspect of NAMI is that individuals with mental illness can move toward wellness as an outcome, which is defined individually (Brennan & McGrew, 2013). NAMI’s *In Our Own Voice* employs psychoeducation and direct contact to help improve misperceptions and offer encouraging messages about recovery for those with and without

mental health concerns (Brennan & McGrew, 2013). This program is designed to educate the public about the concept of recovery by those in active recovery from mental illness sharing their own stories (Brennan & McGrew, 2013). IOOV involves both psychoeducation and direct contact in a 90-minute multimedia presentation that is led by two trained individuals who present their own stories of recovery to audiences in various community settings (Brennen & McGrew, 2013). The topics that are discussed include those viewed by NAMI as integral to the individual's journey of recovery and include Dark Days, Acceptance, Treatment, Coping Strategies, and Successes, Hopes and Dreams (Brennen & McGrew, 2013). Individuals discuss these topics in detail in hopes of promoting positive attitudes towards mental health. Results from a study by Brennen and McGrew (2014) showed that the large majority of IOOV viewers offered positive comments (86%) and when asked to make ratings, overwhelmingly rated the program as interesting and easy to follow (94%), as useful (95%), and making the viewers feel comfortable asking questions of presenters (90%). Additionally, it was found that more than one third of participants volunteered spontaneously that they felt educated and/or hopeful about recovery after viewing IOOV (Brennen & McGrew, 2013).

An additional contact-based mental health stigma reduction program is This Is My Brave (TIMB). TIMB is situated in theaters and is meant to reduce stigma, increase beliefs about empowerment and recovery, and improve attitudes towards treatment seeking for mental health concerns (Kosyluk et al., 2017). According to Kosyluk et al., (2017), essential ingredients of contact-based anti-stigma programs include the message being delivered through contact-based interventions, such as on-the-way down stories highlighting the challenges of a person's mental illness and on-the-way-up stories that together feature recovery, resilience, and the attainment of personal goals, and a call to action, that informs the audience of behavioral changes they can

make that may decrease stigma and promote opportunity. Taking this information into consideration, potential cast members for TIMB are provided with instructions that include striving to tell their story naturally, sharing their struggles, and their story of recovery, wellness, and hope, including creativity in their story telling (Kosyluk et al., 2017). The TIMB website provides these instructions to potential cast members who are interested in eliminating mental health stigma while being vulnerable to the public. Results from a study by Kosyluk et al. (2017), “it seems that TIMB performances have a positive impact on public stigma, attitudes towards recovery, and willingness to seek treatment for mental health concerns” (p. 279). These results highlight the fact that contact-based anti-stigma programs can have a positive impact on eliminating mental health stigma.

Video interventions can be useful in combating stigma as well. A study by Hackler et al. (2016) examined the effectiveness of a video intervention that depicts the experiences of friends and family members of people with a mental health concern. The hypothesis of the study includes that the results of the video intervention would reduce both desired social distance from those with mental health concerns and devaluating and discriminating perceptions of mental illness. The content of the two intervention videos included coping with the effects of having a mental illness diagnosis and the possibility for continued life satisfaction, and the difficulties and successes that occurred in the recovery process (Hackler et al., 2016). Results of the study included that the personal-contact video resulted in reduced desire for social distance and reduced devaluation and discrimination (Hackler et al., 2016). This shows that a video intervention can be beneficial in reducing mental health stigma.

### **Mental Health Stigma Interventions with Adolescents**

There have been various interventions utilized with adolescents in combating mental health stigma. One stigma-reduction intervention called “Serenity in the Storm” was developed by a country music artist (Jason DeShaw) living with Bipolar 1 disorder that integrated musical performance with Jason DeShaw’s personal experience living with mental health concerns (Lindow et al., 2019). This intervention included a structured, 1-hour performance with four domains that include, information about mental disorders (mental health literacy), help-seeking, stigma, and hope (Lindow et al., 2019). Specifically, information was provided on issues associated with bipolar disorder, mania, and depression, about suicide prevention and the benefits of seeking help, promoted acceptance of oneself and others with mental health concerns to create a supportive, nonbullying culture, and stressed the importance of hope when faced with mental health concerns (Lindow et al., 2019). Results from a study by Lindow et al. (2019) showed that among rural youth, the intervention seemed to reduce mental health-related stigma and have positive impacts on help-seeking attitudes and interest in working in a mental health field. By increasing mental health literacy among youth, this could create more supportive environments for those with mental health concerns, encourage awareness of mental health disparities, and increase youths’ interest in future mental health care careers, potentially helping to fill a major mental health service gap (Lindow et al., 2019).

An additional intervention utilized with adolescents is called *Opening Minds*. The Opening Minds anti-stigma initiative was launched in 2009 to change the attitudes and behaviors of Canadians towards people with mental health concerns (Chen et al., 2016). The contact could be provided through direct, a live presentation by speakers with a mental health concern, or indirect through videos, plays, or online communications (Chen et al., 2016). This intervention is unique because of flexibility that can be utilized in implementation. Results from a study by

Chen et al. (2016) showed that “contact” was a central theme in the anti-stigma education. This crucial component involves speakers with lived experiences who share their personal stories. An overarching theme that was identified was “engaging contact reduces stigma” and three major constructs pertaining to key speaker characteristics, the nature of the message, and the nature of the interaction were also identified (Chen et al., 2016). Key speaker characteristics included that speakers are in recovery and ready to share their personal story, speakers are equipped with skills and knowledge to deliver the program, and speakers act as a role model to embody recovery (Chen et al., 2016). These characteristics were found to be the most influential in reducing stigma with adolescents regarding speaker characteristics. The second construct, message, is also a crucial component of anti-stigma interventions. According to Chen et al. (2016), crucial messages that should be utilized in anti-stigma interventions includes the concept of recovery, the correction of misperceptions, and resources for mental health information. The last construct, interaction, includes positive interaction within participations. According to Chen et al. (2016), positive interaction occurred through three domains, which include preparing for and following-up with students, engaging and connecting with students, and empowering students and advocating against stigma. These three constructs act as a guideline for developing current and future beneficial anti-stigma interventions. Results from a study by Chen et al. (2016) found that, “young people’s involvement in the program design and program deliver can have greater impact on both their future life and the school culture” (p. 291). Specifically, it was found that using adolescent culture is a critical strategy to engaging and connecting with adolescents, therefore eliciting positive change.

Further research in the literature uncovered a program called “Share, Peace, Equality, Awareness, and Knowledge” (S.P.E.A.K.). S.P.E.A.K was developed as a youth-led program to

address mental health stigma in a middle school setting (Bulanda et al., 2014). High school students led workshops about mental health for middle school students who were considered at-risk (Bulanda et al., 2014). Adolescents in this group developed innovative ways to use the “Say It Out Loud” (SIOL) campaign with middle school students. According to Bulanda et al. (2014), this program was designed to, “decrease stigma attached to mental illness and encourage help-seeking behaviors” (p. 75). The adolescent leaders of this program developed presentations that addressed common mental health disorders among adolescents, which include, depression, eating disorders, attention deficit/hyperactivity disorder, anxiety, and autism (Bulanda et al., 2014). In addition, the description of stigma and appropriate ways to help themselves or others when struggling with mental health concerns, was presented (Bulanda et al., 2014). There were two short public service announcements (PSAs) included in the presentation as well. These PSAs were videotapes of a teenage girl being teased and then seeking help for her mental health concerns (Bulanda et al., 2014). Results from a study by Bulanda et al. (2014) found that there were beneficial effects that result of the very brief intervention with adolescents surrounding the topic of mental health awareness. These results further showed that the at-risk students in a middle school setting could make statistically significant gains in their knowledge and attitudes of mental health and stigma as a result of this minimal intervention (Bulanda et al., 2014). In addition, introducing counterstereotypes as a mechanism for eliciting mental health stereotype change has been effective. By introducing treatment information about people with mental health concerns, the homogeneity of that group and the stigma associated with it should decline (Romer & Bock, 2008). This highlights the fact that providing accurate treatment information is crucial to promoting mental health stigma change.

Adolescence is a critical time for attitude change. Early implementation of anti-stigma interventions to increase awareness and knowledge of mental illnesses may therefore encourage adolescents timely help-seeking, promote respect, diversity, and inclusion in the school environment and impact their adult behaviors in relation to the effects of stigma (Chen et al., 2016). According to Bulanda et al. (2014), “Given the high likelihood that adolescents will experience mental distress or encounter a peer with a mental illness, it is important that youths have adequate mental health literacy” (p. 73-74). This highlights the importance of anti-stigma programs incorporating mental health education when targeting adolescents. As mental health literacy increases, adolescents will be more likely to understand their symptoms, seek help when needed, and help peers struggling with mental health concerns (Bulanda et al., 2014).

### **Online Mental Health Stigma Interventions**

As the current pandemic continues, it is important to provide interventions that can be accessed from a distance, such as online. An emerging area that offers promise is the use of digital video-based interventions (Whitley et al., 2020). Participatory video (PV) is an intervention that is utilized with groups to produce an educational video about their own lived experience and related concerns. These videos are then shown at organized screenings to initiate change, as well as uploaded to social media accounts and websites (Whitley et al., 2020). A study by Whitley et al. (2020) aimed to document which aspects of a PV project participation are self-reported to positively influence recovery as well as to assess the impact of project involvement on specific dimensions of recovery. Results from this study showed five themes, which include skill acquisition, platform and voice, connectedness, a meaningful focus, and personal development (Whitley et al., 2020). Participants in the study reported that involvement in the project gave them a variety of new and transferable skills and identified that these skills

had a lasting effect, therefore giving participants valued and enduring abilities that can be used elsewhere (Whitley et al., 2020). Participants also reported gaining a range of practical skills that aided in recovery, such as critical thinking, teamwork, and perseverance (Whitley et al., 2020). In addition to these skills, participants also reported that the PV project gave them a platform to “tell their story” (Whitley et al., 2020). Participants are given a voice to share their own personal story with others, which can lead to a release of emotions. Connectedness was also an important theme found in the study. Many of the participants referred to other participants as family and friends throughout the intervention, which was due to teamwork that is integral to the PV process. The PV process also led to a meaningful focus, giving participants something meaningful to focus on, which was lacking before their involvement in the project (Whitley et al., 2020). This gave participants a sense of personal and civic responsibility, which shows that participants were intrinsically motivated to focus on the project and follow the routines (Whitley et al., 2020). The final theme, personal development, revolves around confidence and self-esteem, which participants stated increased as a result of the intervention. Overall, the key finding of the study is that the participants reported that their continuous and routine involvement in a PV project was highly therapeutic and helped develop their recovery in a variety of ways (Whitley et al., 2020).

### ***With Adolescents***

As social media continues to play a crucial role in adolescent culture, it is important to have online interventions available. One intervention called Reach Out Central (ROC) is an online gaming program designed to support the mental health of people between the ages of 16-25 (Shandley et al., 2010). ROC utilizes cognitive-behavioral concepts to assist the adolescent to identify and develop practical coping skills for dealing with life stressors that may lead to mental

health concerns (Shandley et al., 2010). The game begins by players taking on a role of a character that is new in town. Once a character is selected, the player must learn how to settle in, make new friends, and find their way around (Shandley et al., 2010). In ROC, there are fixed characters in categories of major, minor, and extras. ‘Major’ characters have fully developed backstories with their own plotlines, as well as dialog that is scripted in detail (Shandley et al., 2010). ‘Minor’ characters have minimal backstory and have no plotline of their own but may play a small part in the plotline of another character and request things from the player or offer simple tasks (Shandley et al., 2010). ‘Extras’ have no backstory and have minimal actions, with dialog relating to their role in the world, such as a shopkeeper selling an item to the player (Shandley et al., 2010). In addition to the major, minor, and extra characters, each player has their own coach, who acts as an available guide and mentor in situations and issues presented throughout the game. ROC includes ‘real-life’ scenarios and uses roleplay to encourage young people to think about solutions to problems, combine skills learned, and implement them offline (Shandley et al., 2010). One aspect of ROC is that the player’s mood influences conversation and social interactions. This encourages players to perform various game actions that can improve their mood meter in order to more easily progress in the game.

A study by Shandley et al. (2010) strived to determine whether playing ROC could enhance protective factors among young people, with focus on alcohol use, use of coping strategies, psychological distress, resilience, and satisfaction with life. Results from the study showed that by utilizing ROC, there was a reduction in the use of maladaptive coping behaviors, such as alcohol use and avoidance, while increasing the young person’s ability to handle aversive events and facilitate healthier coping behaviors (Shandley et al., 2010). According to Shandley et al. (2010), “programs such as ROC that are specifically designed to appeal to a younger audience

have the potential to enhance protective factors that decrease the likelihood of clinical psychological problems developing” (p. 572). Overall, it seems that programs such as ROC could be used in addition with mental health literacy programs to deliver and develop skills for young people.

An additional social media intervention for adolescents is called *In One Voice*. This intervention involved a two-minute public service announcement (PSA) featuring a popular player on a professional Canadian hockey team called the Vancouver Canucks (Livingston et al., 2014). This PSA included the player talking about mental health concerns and promoting a website called mindcheck.ca, which is a youth-focused educational website (Livingston et al., 2014). The campaign was launched in January 2012 and ended in March 2012 (Livingston et al., 2014). This PSA was designed to reach adolescents and young adults through internet-based, social media methods (Livingston et al., 2014). The PSA and website were published on the Vancouver Canucks’ Facebook and Twitter pages, which have more than 800,000 and 400,000 followers, respectively (Livingston et al., 2014). With the number of followers that this team has, there is great potential for a broad audience to be reached. There is an increase in opportunity for exposure to factual mental health information, which could decrease stigma and increase help-seeking behaviors. There were two goals of the campaign, which includes increasing activity on the mindcheck.ca website as a vehicle for improving mental health knowledge and awareness, as well as to improve attitudes and behaviors towards mental health concerns (Livingston et al., 2014). Results from a study by Livingston et al. (2014) showed that by one-year post-intervention, exposure to the campaign had grown, especially among females, and awareness and use of a youth-focused mental health website was sustained. In addition, Livingston et al. (2014) found that one year post intervention showed that levels of personal stigma and social distance

were significantly lower compared to before the intervention. It was also found that individuals who were exposed to the campaign one-year post-intervention still demonstrated lower levels of personal stigma than those who were not exposed (Livingston et al., 2014). Even though the campaign has ended, the online material has remained available on YouTube and various websites. This increases the capacity for exposure, which can improve mental health views to anyone with access to the internet.

## Discussion

There are numerous studies that have been completed to determine the effects of mental health stigma on help-seeking with adolescents as well as interventions to combat stigma. Results show that COVID-19 has caused an increase in mental health concerns for the general public as well as adolescents, which continues to increase due to the uncertainty of the pandemic. Interventions combating mental health stigma have been put in place in order to increase help-seeking behaviors for the general public as well as adolescents through various methods. The importance of online interventions is paramount during the pandemic, as many places have declared states of emergency and implicated strict public health measures, therefore putting cities under lockdown (Ellis & Dumas, 2020). Online interventions targeted at adolescents have been shown to decrease mental health stigma and to increase help-seeking behaviors.

Even though there is ample evidence of the effectiveness of mental health stigma interventions with adolescents, there are limitations that are important to remember. Since the pandemic is relatively new, there is limited research available on the mental health effects caused by the pandemic. The limited research available provides insight into the current and future mental health crisis, but more research is needed to gather a more accurate representation of the data. With the rise in online and digital platforms for delivery of interventions, there is limited evidence of the effectiveness of these interventions, especially in relation to the current pandemic. Further research is needed to understand the mental health consequences of the pandemic and the effectiveness of online interventions, especially with adolescents.

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