Journal of Psychology and Behavioural Sciences

[ISSN 2958-1117]
Volume: 04 Issue: 01 | August-2025

JPBS

Self-Worth and Self-Stigma among Students with Lived Experience of Mental Disorder in Nyahururu, Kenya

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Cite this article in APA

Irungu, N. N., Kiptoo-Tarus, P., & Kingori, I. W. (2025). Self-worth and self-stigma among students with lived experience of mental disorder in Nyahururu, Kenya. *Journal of psychology and behavioural sciences, 4*(1), 82-90. https://doi.org/10.51317/jpbs.v4i1.791

OPEN ACCESS

A publication of Editon Consortium Publishing (online)

Article history

Received: 2025-06-27
Accepted: 2025-07-29
Published: 2025-08-28

Scan this QR to read the paper online

Abstract

The overall purpose of this article is to explore whether self-worth self-narratives have implications on self-stigma among students with lived experience of mental disorder under St Martin, Mental Health Programme in Nyahururu Town, Kenya. Mental disorder self-stigma reduces a student's ability to contribute towards the social and economic development of the country. Research on mental health self-stigma among students in Kenya has focused on self-stigma as a construct of social stigma, omitting the individual's role in self-stigmatisation. Rational Emotive Behavioural and Person-Centred theories were employed. An Interpretive Phenomenological design was utilised. The target population was 29 student beneficiaries with lived experience of stress, depression, anxiety, alcohol and substance abuse and attempted suicide. Proportionate simple random procedure and purposive sampling were used to select a sample of 10 students and four mental health service providers. Data was collected face to face through an interview schedule and analysed manually through data immersion, initial coding, thematic clustering, interpretation of themes, contextualisation and write-up of findings. Results were presented through narratives as emergent themes, participant quotations and the researcher's commentary. Findings were personal appraisal on worthiness, and family and social feedback impacted how the students were likely to evaluate their self-worth. Conclusions were that self-worth had implications on self-stigma among students with lived experience of mental disorder. Counselling professionals working with affected students should aim at targeted interventions that boost positive self-worth narratives so as to mitigate mental disorder self-stigma among those students with experience of mental disorder as a way of improving their academic and social outcomes.

Key terms: Lived experience, mental disorder, narratives, self-stigma, self-worth.

INTRODUCTION

Mental wellbeing is an important factor of overall health and contributes significantly to socio-economic progress. Good mental health contributes enormously towards investment and development of social capital and consequently, the overall economic development of the country. Mental disorders are, therefore, mental challenges that may disrupt mental or physical functions and limit an individual's contribution to society. Significantly, Economou et al. (2020) allude to feelings of shame and confusion which may occur upon a diagnosis of a serious mental disorder. The Kenya Mental Health Policy Framework is proposed to make targeted interventions to schools and learning institutions as a mental health discrimination and stigma intervention.

Mental-disorder self-stigma is assumed to be when persons with mental health problems, sometimes referred to as a lived experience of mental disorder, incorporate others' prejudices and stereotypes about persons with mental conditions into their beliefs about themselves. Consequently, self-stigma may add to the complexity in developing a new identity, depending on the internal and external dialogues or narratives on "self". This, consequently, may add to the complexity of developing a new identity and narratives on the "self". According to Munson et al. (2018), the immediate period after a diagnosis thus represents a critical window when narratives about acceptance, coping, treatment and disorder symptoms management can alter and shape the trajectory of the student's future outcomes depending on how one perceives them as being of value. This self-value or self-worth is therefore one's feeling of importance from their point of view (Hennekam et al., 2021).

According to the World Economic Forum (WEF, 2020), Mental disorders are the number one threat to the wellbeing and productivity of young people, with 75 per cent of mental disorders having an onset before the age of 25 years. Further, WEF reported that 50 per cent of young people will have experienced at least one period of mental ill health by the time they are 25 years old. McMillan et al. (2022) contend that three-quarters of psychotic disorders emerge before the age of 25 years. However, Marcussen et al. (2021) observe that the emotional trauma resulting from a mental disorder diagnosis may be more intense and stigmatising than the symptoms of the mental disorder itself. Indeed, mental illness has been described in various literature as more self-stigmatising compared to any physical illness due to the common tendency to see mental illness as a signal of personal weakness (Yanos et al., 2021). Notably, the youthful population in Kenya comprises approximately 70 per cent of the total population, translating into a sizable proportion of the country's social capital. Studies on student mental disorder and stigma note the sequential order that the two constructs seem to follow. Mental disorder self-stigma in students may lead to disorders progressing to psychosis, lower academic performance and reduced social empowerment. Such outcomes may reduce the ability to contribute towards the social and economic development of the country.

Consequently, on one extreme, there is a propensity for a student who has experienced a mental disorder to feel degraded; and in that case, self-pity; hence, possibly resort to self-stigmatisation as Satghare et al. (2019) observe. This may be contrasted with a desire to prove to themselves and others that they are still worthy human beings, and therefore able to pursue their academic and social goals. There is, therefore, a need for a student who has lived with a disorder to focus on their unique abilities. Failure to which, the student may tend to remain focused on the mental condition, which may lead to self-stigma; as opposed to the more empowering alternative of learning how to live beyond their mental disorder, and consequently, attain an enhanced sense of self-worth regardless of the mental disorder experience.

According to Munson et al. (2018), individual narratives of mental health are a subject matter that clients and counsellors need to uncover together as part of a therapeutic relationship. Consequently, this is a critical part in keeping students who have experienced mental disorder and young people at large invested in their own healing and coping after a mental disorder lived experience (Munson et al., 2018). According to Woodgate et al. (2020), receiving a mental disorder diagnosis may affect a young person's self-image and self-narratives. Woodgate et al. point to the possibility of the youth experiencing friendship loss with peers, assumptions of distrust, pity and gossip from family members and fear, dislike and avoidance among such other negative outcomes. These reactions from others may cause a negative

feeling of self-worth. However, Eriksson (2019) postulates that researchers persist in taking for granted that social prejudice causes self-stigma, even while empirical evidence shows that it is not necessarily the case.

Franklin (2020) alludes to a similar position by observing that persons with mental disorders may vary not just in the extent to which they endorse their self-stigmatising thoughts, but also in the extent to which the self-stigmatising thoughts recur. Thus, the prevailing concept of self-stigma in the majority of research findings is based on a representational account of selfhood; this appears not to take into account the resilience of each individual (Eriksson, 2019). This thus seems to negate the role of the individual with the lived experience in the construction of self-stigma. In that regard, Gonsalves et al. (2019) opine that external and internal dialogues or self-narratives offer an insight into the young person's self-identified priorities and challenges, in relation to their mental disorder challenges.

Previous research on mental health self-stigma among students in Kenya has focused mainly on self-stigma as a construct of social stigma. However, the role of the individual in self-stigmatisation seems not to have received adequate attention, thus creating both a knowledge and practice gap. This study sought to assess the implications of self-worth narratives or the self-worth dialogues and whether they had implications on self-stigma among students with lived experience of mental disorder under the St Martin Mental Health Programme in Nyahururu Town, Kenya. Such availed knowledge would shed more light as to whether mental disorder self-stigma may also originate from individuals through self-narratives from mental disorder self-stereotyping. Such knowledge may contribute to other possible ways of ensuring that such students do not self-stigmatise and therefore play their role as the social capital of the country.

LITERATURE REVIEW

Social Perspective of Worth

Today's competitive culture impresses on a person to be special and above others in order to feel good about oneself (Crocker, 2019). According to Crocker, this searching for self-worth by constantly comparing oneself with others is a losing battle. Self-worth, one of the "self" domains, has been associated with how individuals generally appraise themselves; and therefore, one's feeling of importance from their point of view (Hennekam et al., 2021). This may be so especially in situations where their sense of selfhood has been perceived as compromised. Negative self-concept, according to Hennekam et al, may lead to feelings of worthlessness and suicide ideation. This may be attributed to the possibility that they may feel nobody would miss their presence, as they do not matter anyway. They may also decide to self-isolate and withdraw from the social arena. For instance, the person may intentionally cut off relationships on the assumption that nobody could possibly like them. Though this, from the surface, may sound illogical, this behaviour may be a way of self-preservation from rejection, which reverts back to feelings of worthlessness.

According to Woodgate et al. (2020), receiving a mental disorder diagnosis may affect a young person's self-image and self-narratives. Woodgate et al. point to the possibility of the youth experiencing friendship loss with peers, assumptions of distrust, pity and gossip from family members and fear, dislike and avoidance among other negative outcomes. These reactions from others may cause a negative feeling of self-worth. Burwell and Bias (2024) reported similar findings, which emphasise how community connectedness and support were significantly involved in mediating self-worth among those who have experienced one form or the other of a mental disorder.

Personal Evaluation of Worth

Personal evaluations may be significant in how a student perceives their self-image upon a mental disorder diagnosis. Consequently, on one extreme, there is a propensity for a student who has experienced a mental disorder to feel degraded; and in that case, self-pity; hence, possibly resort to self-stigmatisation as Satghare et al. (2019) observe. This may be contrasted with a desire to prove to themselves and others that they are still worthy human beings, and therefore able to pursue their academic and social goals. There is therefore a need for a student who has lived with a disorder experience to focus on their unique abilities or what Neff (2020) refers to as a need for self-compassion. Failure to which, the student may tend to remain focused on the

mental condition, which may lead to self-stigma; as opposed to the more empowering alternative of learning how to live beyond their mental disorder, and consequently, attain an enhanced sense of self-worth regardless of the mental disorder experience.

In Canada, Woodgate et al. (2020) reported findings of an Interpretive Phenomenological study that sought to establish how mental disorder self-stigma affected the life of a youth. The study consisted of a youth sample living with anxiety in the province of Manitoba. The cited study employed semi-structured interviews and art-based methods to collect data. Findings showed that self-stigma seemed to affect various domains of self, among them self-worth. In the Canadian study, participants reportedly shared the frustration of not being understood and therefore felt hopeless even trying to challenge what others wrongly viewed them, with some fearing being singled out or being judged (Woodgate et al.,2020).

Likewise, Kutcher et al. (2019) reported findings from a study on teacher mental health literacy on depression in Malawi. The results showed a positive behaviour change towards self-acceptance, indicated by all the participating teachers, after the duration of training. Though not showing direct link to self-worth and self-stigma, there seems to be some correlation on how the students interacted with the trained teachers, and which may have impacted on the students positively in terms of the self-worth (Kutcher et al., 2019).

Academic Expectations

Additionally, Nguyen et al. (2020) posit that a feeling of control over personal life is an important component in psychological and physical wellbeing. Thus, when a student perceives they may not meet their academic, social or professional goals, they are consequently more likely to feel useless and even worthless. Among the youth, self-stigma from a mental disorder may derail the ability of the young person to reach full potential academically, which may result in shame and a sense of worthlessness. Ponte (2021) alludes to this in their personal journey with the lived experience of a mental health challenge. Equally, Shamiri Institute, which runs a programme for youth mental health and wellbeing in Kenya, reported a 2.5 per cent increase in academic grades. This was after youth with different mental challenges were taken through their programme (Shamiri Institute, n.d.).

Family Factors

Self-worth is most often derived from self and significant others such as family and friends; thus, an absence of family support may lead to lowered self-worth (DeLuca et al., 2021). Self-worth and mental-disorder self-stigma have previously been linked, as studies cited from various parts of the world have suggested. For example, in an American study among 66 participants, whose objective was to better understand the correlates of internalised stigma among a clinical sample of youth with a mental disorder, DeLuca et al. (2021) reported findings that indicated lower family functioning was significantly associated with higher aspects of internalised stigma. Additionally, Ferrie et al. (2020) report from their study findings that family and mental health may determine how a young person perceives their overall perception and, indeed, attitude towards psychiatric medication use.

In a Kenyan study, Mbuthia et al. (2018) reported that 5 out of the 10 participants in their study, among young people attending the Psychiatric clinic in Kenyatta Hospital, felt rejected and judged by their families, which is a strong indicator of a negative self-perception and possibly of self-stigmatisation.

Religious and Cultural Factors

Equally, a study in the Middle East, as reported by Musa et al. (2020), made observations that are quite relevant to this study, though the study design was different. From the Middle East, where fear of losing societal face is deeply entrenched in culture, Musa et al. cite findings from a cross-sectional study whose objective was to compare depressive symptoms among university students from various nationalities. The study carried out among Egyptians, Emirati, Czechs, Turkish and American students showed that the majority of the 134 Emiratis and 105 Egyptians indicated the most perceived stigma. Respectfully, the Arab culture towards mental illness may have contributed to the cited results, which could have led to feelings of low self-worth. Wasil et al. (2022) also point out the same concerning Indian culture, whose cultural value of emotional restraint and avoiding shame may contribute to how one constructs their self, and may point towards how they end up impacting their experience of mental illness self-stigma (Wasil et al., 2022). In Kenya, some cultural and religious beliefs attribute mental challenges to either

evil spiritual causes or a lack of adequate faith; these beliefs may therefore lead to an affected person self-stigmatising and even self-isolating (BasicNeeds, n.d)

In conclusion, though literature on student mental disorder self-stigma has been expanding rapidly, most of these studies have been influenced by Corrigan's Model of "Why try" effect". The "why try" Model envisages that a person with a mental health challenge often anticipates and internalises public or social attitudes reflecting devaluation and discrimination; and thus self-stigmatises (Corrigan & Rao, 2012). The Model hence conceptualises mental health self-stigma as a social construct (Shah et al., 2022). The Model assumes that self-stigma progressively goes through four stages of awareness, agree, apply, and self-harm. In other words, the person with a particular mental disorder is aware of their condition (Awareness). The person may, in turn, agree that these public stereotypes are true (Agreement). Consequently, the person concurs that these stereotypes apply to them (Apply), and finally experiences self-stigma (self-harm).

Notwithstanding, there seems to be a dearth of published literature on self-worth and self-stigma among students with lived experience of mental disorder, particularly in the African or Kenyan situation. Inevitably, this creates a gap in knowledge on whether the student with lived experience of a mental health challenge has a responsibility in the construction of their self-stigma experience. Accordingly, negating this aspect of self-stigma may portray the individual as helpless and a victim, which may be counterproductive in empowering the person with a mental health challenge to live positively and pursue their life goals.

Regardless, Munson et al. (2018) observe that individual narratives of mental health are a subject matter that clients and counsellors need to uncover together as part of a therapeutic relationship. Consequently, this is a critical part in keeping students who have experienced mental disorder and young people at large invested in their own healing and coping after a mental disorder lived experience (Munson et al., 2018)In that regard, this article seeks to contribute on the implications of self-worth and self-stigma among students with lived experience of mental disorder as one of the possible ways of ensuring such students play their role as the social capital of the country.

METHODOLOGY

This study employed an Interpretive Phenomenological design. Interpretive Phenomenology is embedded in the wider Phenomenology, which, as a concept, describes reality as the conscious experience of human beings (van Manen & van Manen, 2021). For a more idiographic focus and detailed case-by-case analysis of individual transcripts, a small sample size was utilised. The aim in that regard is not to generate data for generalisation but to give insight into how a given person, in a given context, makes sense of their given contextual situation.

A proportionate simple random procedure was applied to select ten (10) students with lived experience of mental disorder under the St Martin Mental Health Programme. Only those student participants on the programme for management of stress and anxiety disorders, depression, alcohol and substance abuse, and attempted suicide, between 18-25 years, and psychologically able to participate in the study, and able to sign a consent form were included. Children and student beneficiaries deemed by the mental health service providers as not being psychologically and emotionally stable to participate were excluded. Mental health service providers were purposively selected and interviewed as key informants for their experience in offering mental health services to the study population. Data was analysed manually, subjected to IPA procedures, namely, familiarisation of the data, reading and re-reading data in its original state, initial coding, developing emergent themes, integrating themes, and finally connecting various themes; reported utilising direct quotations from participants and commentary by the researcher.

Table 1: Sample Size of Participants Distribution for St Martin Mental Health Programme

Gender	Population Size	Sample Size
Male	17 (59%)	6
Female	12 (41%)	4
Total	29 (100%)	10

Source: St Martin Mental Health Programme (2023).

Table 1 shows that the sample size comprised six (6) males and four (4) females, for a total of 10 student participants.

Ethical Considerations

The study was guided by ethical principles as stipulated by the American Psychological Association's Research Guidelines. Thus, the researcher informed the participant of the purpose of the research, and the expected duration was anticipated to be 60 minutes for each participant's interview procedure. In consideration that the student study participants were categorised as a vulnerable population, consent to participate in the study was also sought from the participants' caregivers. Participants were asked to indicate their consent by signing a consent form. All participants were accorded dignity while maintaining confidentiality of their personal and medical details by omitting their names and replacing them with codes on collected data and reporting. Consequently, codes were applied to identify individual participants. Data collected and recorded through interview notes were kept under lock to be accessible only to the researcher.

The collected data would be destroyed upon completion of the study. The participant was also requested permission to audio record the interview information. Audio-recorded data was encrypted to maintain confidentiality. The researcher upheld and communicated the participant's right to decline participation in the research as well as withdraw at any desired stage without any consequences for such a decision. Finally, the student participants were debriefed at the end of every session by the researcher, who is a professional counsellor, and also informed of available counselling services in the Mental Health Programme, on the occasion that a participant felt the need to seek the services even after the study duration.

RESULTS AND DISCUSSION

Family and Social Support Perspective

When asked to describe to what extent they felt valued by their family members, others, and friends, participants shared varied perspectives on their sense of self-worth across different social circles. Five participants narrated a perception of not feeling valued by family, friends and other people. Further, some of the participants narrated that derogatory labels such as "crazy" heightened the feeling of worthlessness. Woodgate et al. (2020) cite similar findings where feelings of low self-worth were exacerbated by a perception of not being valued by significant others. Two participants appeared to appreciate the fact that they were accepted by their significant others, and therefore of value, whereas 1 participant narrated feeling valued and loved by both family and friends. 1 Participants expressed feeling not understood, besides also not being valued. The findings on family and friends as a source of positive social support are supported by those of DeLuca et al. (2021), who found that social support may act as a validation that persons with mental health challenges are accepted as they are by their significant others.

On Mental Health Programme experience and self-worth appraisal, participants' reflections on their sense of worth since joining St. Martin Mental Health Programme reveal a range of positive outcomes, demonstrating how the programme had impacted their self-value, motivation, and overall feelings of worth. These reflections can be grouped into the following themes: enhanced self-value, renewed motivation and hope, personal growth, and improved support and care. For example,1 participant expressed that they felt their family was definitely proud of them and showed love. Another participant shared a positive experience, stating that they felt their family had now started trusting them, gave them responsibilities and even provided financial support for their education. These changes in self-worth may have been a result of both acceptance and mental

health literacy fostered at the mental health programme; an outcome that is supported by Kutcher et al. (2019), regarding change in overall self-acceptance nurtured by mental health literacy and perceived acceptance.

Further still, with respect to enhanced self-value, all nine student participants seemed to have experienced positive self-value since joining the mental health programme. For instance,1 participant is quoted as saying: *"Self-worth is high. I feel good. Making new friends and avoiding bad company."* This reflects the impact on self-value from the participants' encounter with the programme. Similarly, another participant narrated, *"Self-esteem is high. I can interact freely,"* indicating a boost in confidence and social engagement facilitated by the programme. These findings are supported by Hennekam et al.(2021), who contend that self-worth, it appears, has more to do with the sense of worth a person places on themselves as opposed to what worth one feels is placed on them.

Regarding improved support and care, practically all student participants seemed to be in consensus about how the mental health programme had impacted their self-worth positively; with one participant saying: *"I feel good since they support me in everything I need. They sometimes give me food"*. This practical assistance has contributed significantly to their overall sense of appreciation. Participant 8 noted, *"I feel that someone cares about me and loves me,"* emphasising the emotional support provided by the Mental Health Programme. Example, 1 participant narrated they felt supported, thus sharing: *"I feel that people love me and care about my future. I feel encouraged to continue working harder"*. The findings are supported by Burwell and Bias (2024), who submitted that a lack of social-self contingencies may situate individuals with mental health conditions at increased risk of self-stigma, which thus accentuates the impact of social support in enhancing self-worth.

The Evolved Self and Self-Stigma

On renewed motivation, the student participants expressed a renewed sense of hope, worth and vision, as amplified by a participant who stated, *"I feel motivated. I feel that all is not lost. I feel I have not lost hope"*, while another participant captures the change in self-worth by narrating as quoted. *"I have changed my thinking"* This renewed sense of motivation and hope reflects the mental health programme's role in fostering a positive shift in self-appraisal. Thus, indicating significant progress in mental health, which contributed to their sense of personal growth, recovery and hope. These findings highlight how the shift in perceived social support and relationships fostered in the mental health programme impacted overall self-image. These findings seem in agreement with findings by Woodgate et al. (2020), which suggested that perceived social support played a crucial role in building a sense of worth among persons with lived mental health challenges.

CONCLUSION AND RECOMMENDATIONS

Conclusion: Findings from the study suggested that self-worth narratives had some implications on self-stigma among student beneficiaries with lived experience of mental disorder under the St Martin Mental Health Programme in Nyahururu Town, Kenya. Participants, however, indicated that labels such as being referred to as "crazy" and other derogatory terms contributed to feelings of worthlessness. Consequently, the conclusion of the study was that self-worth narratives had implications on self-stigma, but additionally, family and social narratives equally had some implications on self-worth narratives on self-stigma.

Consequently, there were notable differences in how participants narrated their individual view of self. In general, the findings appeared to suggest that both personal appraisal of one's sense of worth and family and social feedback impacted how students with a lived experience of a mental disorder were likely to evaluate their sense of self-worth. The conclusion was that personal resilience and coping mechanisms varied from participant to participant, thus indicating how they were individually likely to experience their worth and maybe even propensity to self-stigma.

Recommendations: Based on the findings of the study, the following recommendations have been proposed:

Targeted interventions

Guidance and Psychological counselling professionals working with students with a lived experience of a mental disorder should aim at developing targeted interventions. These interventions should incorporate personalised resilience-building strategies that boost

positive self-worth in response to mental disorder challenges, which consequently may address possible self-stigmatisation.

Role of community-based mental health organisations and mental health self-stigma

There is a need to examine the self-stigma interventions and the impact of community-based Mental Health Organisations in determining the overall self-concept narratives among students with mental disorder lived experience.

Employment of different study designs

There is a need for a replication study with a change of design to be carried out to establish whether the findings of this study may be attributed to the methodological approach.

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