RESEARCH PAPER

Relationship Between Resilience And Stigma In Mental Health Care Among Adults

Malvika Joshi[1*], Dr. Fatima Shanawaz[2]

[1]Ph.D. Scholar at AIBAS, Amity University Gurugaon, Amity Education Valley, Manesar, Gurgaon, Haryana 122413
[2]Assistant Professor, AIBAS, Amity University Gurugaon, Amity Education Valley, Manesar, Gurgaon, Haryana 122413

Abstract
Stigma has a significant impact on mental health care for adults. Empirical studies have explored the connection between stigma and mental health. The secondary source data suggests a link between resilience and mental health care. The focus of the study was to examine the relationship between resilience and stigma in mental health care among adults. A sample of N= 249 adults aged between 18 to 50 years, from Delhi-NCR, was selected through a purposive sampling method with informed consent. The tools used were the Internalized Stigma of Mental Illness Inventory-10 (ISMI-10; Boyd, Otilingam, & DeForge, 2014), which assesses internalized stigma of mental illness. Brief resilience scale (BRS) Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008) measures the individual resilience capacity; the score range on the BRS is from 1 (low resilience) to 5 (high resilience). The present study examines the impact of stigma and resilience on mental health care and the relationship between stigma and resilience for mental health care among adults. The findings suggest a significant positive correlation between stigma and resilience, implying that individuals who experience higher levels of stigma may also exhibit slightly higher resilience. The present study highlights the importance of stigma-reduction interventions and resilience-building programs as complementary strategies in mental health care. Enhancing resilience and reducing stigma towards mental health in adults can substantially improve the community's perspective towards mental health and mental illness.

Keywords: Resilience, stigma, mental health, mental illness
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Impact of the study
Mental health-related stigma constitutes a significant public health concern that creates formidable barriers to social participation and professional help-seeking. This study attempt to understand stigmas, myths, and misconceptions towards mental illness that influence mental health. The rationale for investigating the relationship between resilience and stigma in mental health is rooted in the recognition that these constructs share a multidirectional relationship, where stigma acts as a specific feature that is considered undesirable and leads to systemic inequality and discrimination. Resilience plays an important role in an individual's ability to cope with mental health. Research evidence indicates that high levels of internalized stigma are associated with significant reductions in empowerment and self-esteem, whereas resilience enables individuals to cope with the situation despite a psychiatric diagnosis. The critical intersection of resilience and stigma provides a framework to understand how cultural identities and social support networks can mitigate the negative effects of self-stigma and societal misconceptions. The study provides an empirical foundation necessary to transform mental health care from a system of exclusion into one of community-based support and recovery. The research focuses on enhancing resilience in general and reducing stigma through an awareness programme that enhances mental health literacy and reduces the overall burden of psychiatric ailments within the community.

Introduction
The Stigma surrounding mental health is a significant barrier to individuals seeking help and receiving appropriate care. “Stigma is a social process, experienced or anticipated, characterized by exclusion, rejection, blame or devaluation, that results from experience or reasonable anticipation of an adverse social judgment.” Pescosolido, B. A., & Martin, J. K. (2015).
Research indicates that stigma can lead to feelings of shame, isolation, and reluctance to engage in mental health services (Corrigan, 2004). “Stigma is a social process, experienced or anticipated, characterized by exclusion, rejection, blame or devaluation, that results from experience or reasonable anticipation of an adverse social judgment.” Pescosolido, B. A., & Martin, J. K. (2015).
Negative perceptions of mental illness often stem from societal attitudes and misconceptions perpetuated by media portrayals and cultural narratives (Pescosolido et al. 2008). “Stigma is a set of negative beliefs, attitudes, and behaviors that society or individuals have about people with a particular condition.” Corrigan, P. W. (2004). This stigma affects individuals and creates a cycle of misunderstanding and discrimination (Link and Phelan, 2001). “Stigma is a fundamental cause of

*Author for Corresponden ;Malvika Joshi[1]

population health inequalities, operating at multiple levels including individual (self-stigma), interpersonal (discrimination), and structural (institutional policies and societal norms).” Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013).

Research shows that stigma in mental illness significantly harms mental health: “Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society, cope with normal stresses, work productively, and contribute to their community.” Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). By delaying treatment, social isolation, reduced treatment adherence, lowered self-esteem, and an increased risk of worsening symptoms. The Global Burden of Disease study identified mental health as a concern. Since 1990, five of the top ten leading causes of disability worldwide have been from mental illnesses (Murray & Lopez, 1996). “Mental illness stigma involves societal disapproval, stereotyping, and discrimination directed at individuals with psychiatric conditions.” Hinshaw, S. P. (2007). Studies have shown that individuals with mental health conditions are often viewed as dangerous or incompetent, which can lead to social exclusion and discrimination in various aspects of life, including employment and relationships (Wang et al., 2007). Furthermore, stigma can deter individuals from seeking help, as they may fear being judged or labeled (Vogel et al., 2011).

Resilience and mental health are interconnected concepts that play a crucial role in an individual's ability to cope with stress and adversity. “Resilience is the maintenance or quick recovery of mental health during and after adversity, supported by adaptive cognitive and emotional strategies.” Kalisch, R., Müller, M. B., & Tüscher, O. (2015). Resilience refers to the capacity to recover quickly from difficulties, while mental health encompasses emotional, psychological, and social well-being. “Resilience is the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma, which is facilitated by assets and resources within the individual and their environment.” Windle, G. (2011).

Research indicates that resilient individuals tend to have better mental health outcomes, as they are more equipped to handle challenges and setbacks. “Resilience is the personal quality that enables one to thrive in the face of adversity.” Connor, K. M., & Davidson, J. R. T. (2003). Studies have shown that resilience can be developed through various means, including social support, positive thinking, and coping strategies. For instance, individuals with strong social networks often report higher levels of resilience, which in turn contributes to improved mental health. Furthermore, interventions aimed at enhancing resilience, such as cognitive-behavioral therapy and mindfulness practices, have been found to reduce symptoms of anxiety and depression.

The relationship between resilience and mental health is also influenced by external factors such as socioeconomic status, cultural background, and life experiences. For example, individuals from disadvantaged backgrounds may face additional challenges that can impact their resilience and mental health. Therefore, understanding the multifaceted nature of resilience is essential for developing effective mental health interventions.

Research indicates that resilience can moderate the relationship between stigma and mental health outcomes, such as depression in university students, where higher stigma levels weaken resilience's protective effects (Rometsch et al., 2024). While stigma generally undermines resilience, fostering resilience through targeted interventions can help individuals better navigate the challenges posed by stigma. However, the interplay between stigma and resilience remains an area requiring further exploration, particularly regarding the mechanisms through which resilience can be enhanced in stigmatized populations (King et al., 2024).

Resilience and stigma towards mental illness have been identified as contributing factors, although previous findings were mixed, with potentially complex interactions with symptom severity. (Min Yin Sum etal. 2023). “Mental illness is a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment, substantially interfering with or limiting one or more major life activities.” Substance Abuse and Mental Health Services Administration (SAMHSA), 2020.

Stigma significantly affects help-seeking behavior across various demographics and contexts, often acting as a barrier to accessing mental health support. Conversely, while stigma significantly hampers resilience, some young adults may develop coping strategies that foster resilience despite these challenges. Help-seeking behavior is defined as “communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience” (Rickwood et.al. 2005).

The present research highlights the complexity of individual responses to stigma and the potential for growth in adverse conditions. While stigma poses significant challenges to resilience, fostering supportive environments and addressing stigma can enhance individuals' ability to cope and thrive despite adversity. This dual perspective highlights the importance of integrating stigma awareness into resilience-building strategies. “While stigma contributes to psychological distress, resilience moderates this relationship by enabling individuals to adapt positively, thereby reducing the likelihood of internalized stigma and promoting recovery.” Yanos, P. T., Roe, D., & Lysaker, P. H., 2010.

The present finding suggests the resilience-building program among mental health workers should target those of the younger age group, and that addressing the issue of associative stigma is essential. (S.Chang, et al. 2019) Associative stigma remained significantly associated with resilience score after controlling for

sociodemographic factors, whereby higher associative stigma predicted lower resilience scores.

In conclusion, addressing stigma is crucial for improving mental health outcomes and encouraging individuals to seek the help they need. Continued research and intervention strategies are necessary to combat stigma and promote a more inclusive and supportive environment for those affected by mental health issues.

Review of Literature

Mafararikwa, M et al. (2025). Bullying, Self-Esteem, and Mental Health Stigma Among Adolescents in Rural India, Psychological Consequences and Resilience Strategies aimed to explore the impact of bullying on adolescent self-esteem and mental health stigma in rural India, along with resilience strategies employed by affected students. The study sampled 667 school-going adolescents from government and private schools. The tools used included the Olweus Bully-Victim Questionnaire, the Rosenberg Self-Esteem Scale, and the Strengths and Difficulties Questionnaire. Results showed bullying was widespread, with one in four adolescents involved either as a victim, perpetrator, or bully-victim, leading to adverse psychosocial consequences such as lowered self-esteem and significant anxiety. The study highlights the importance of school-based interventions focusing on enhancing self-esteem and resilience to mitigate the psychological impact of bullying in this population.

Gozen, O. et al. (2025) study investigates the effects of perceived stigma and social support on psychological resilience among individuals with parents diagnosed with mental illness. The research sample comprised 106 participants in Ankara, who completed three validated scales measuring stigma, social support, and psychological resilience. Research participants included individuals with mentally ill parents, surveyed for levels of perceived stigma, social support, and resilience. Participants reported moderate levels of perceived stigma, predominantly linked to social withdrawal. While overall social support did not fully account for psychological resilience, support from intimate relationships (e.g., spouses or partners) significantly enhanced resilience. Gender and family structure also influenced stigma perception: men experienced higher levels of stigma and concealment, while women reported greater social withdrawal and feelings of inadequacy. The findings underscore the need for culturally sensitive interventions to bolster social support networks and enhance psychological resilience in this population. Future research should examine cross-cultural variations and incorporate qualitative methods to deepen understanding of stigma and resilience processes.

Du C., Xiao Y., etal. (2025). The study explores the dyadic effect of stigma on resilience and whether self-compassion plays a mediating role in the dyadic relationship between schizophrenia patients and primary caregivers during recovery. A sample size of 210 patients with schizophrenia and their primary caregivers from a tertiary hospital in Hubei Province were selected as the research objects by the convenience sampling method. The tools used were the General Information Questionnaire, the Stigma Scale, the Self-Compassion Scale, and the Connor-Davidson Resilience Scale. This study found that the mental illness stigma of patients with schizophrenia at the recovery stage was negatively correlated with their self-compassion and resilience, as well as the self-compassion and resilience of their primary caregivers ($r=-0.644$, -0.653, -0.431, -0.362, all $P<0.05$). The mental illness stigma of primary caregivers of patients with schizophrenia in the recovery period was negatively correlated with self-compassion and psychological resilience, and self-compassion and psychological resilience of patients ($r=-0.291$, -0.430, -0.375, -0.282, all $P<0.05$). This study found that stigma not only directly affects the resilience of patients with schizophrenia and their primary caregivers but also plays a mediating role in the resilience of patients themselves and their caregivers through self-compassion.

Ahmad I. A., et.al. (2024). A sample size of 150 HIV patients from six public health centers in Semarang City was selected through purposive sampling. The research design is Observational research with a cross-sectional approach. The tools use Indonesian versions of the Connor-Davidson Resilience Scale (CD-RISC) and a Self-Stigma Questionnaire. Spearman's rank correlation was applied to analyse the relationship. Findings indicate a weak but statistically significant correlation between self-stigma and resilience ($p = 0.006 < 0.05$) with a contingency coefficient value of 0.222. This indicates that self-stigma can weaken the ability to build resilience among people living with HIV, although other factors may also influence this relationship. suggests that addressing self-stigma is crucial for enhancing resilience in individuals affected by HIV.

Consuelo M. Kreider et al. (2024). The paper identifies stigma as a significant barrier for college students with LD/ADHD, while resilience is fostered through self-awareness and supportive interactions. It's a qualitative study exploring stigma and resilience among college students with learning disabilities (LD) and attention-deficit/hyperactivity disorder (ADHD). The sample comprised 52 undergraduate students with LD/ADHD who participated in group discussions across four cohorts—qualitative descriptive design with thematic analysis of transcripts and application of the Person-Environment-Occupation-Performance (PEOP) Model. The participants reported 42% for LD, 35% for ADHD, and 23% both conditions. Resilience was fostered through self-awareness and supportive interactions, highlighting how stigma was experienced yet overcome with environmental support and self-advocacy in 4 group discussions. Stigma challenges constrained participation and self-advocacy but also provide opportunities to affirm personal strengths and identity. The study highlights the biopsychosocial nature of stigma and emphasizes the crucial role of environmental support in helping students overcome stigma and build resilience.

Caroline Rometsch et al. (2024). The present study investigates such a relationship among Italian university students. A cross-sectional design was applied in a sample of 1,912 students to examine the interrelationships between depression (Patient Health Questionnaire-9), resilience (Nicholson McBride Resilience questionnaire), and stigma (Stigma-9). Correlation, predictor, and moderation analyses were applied in RStudio. Results indicate a negative correlation was found between depressive symptoms and resilience ($r = -0.455$, $p < 0.001$). A positive correlation was found between depressive symptoms and stigma ($r = 0.207$, $p < 0.001$). Lower levels of resilience and higher levels of stigma were significant predictors of depressive symptoms [$F_{(df,\ n)} = 190.8_{(3,\ 1884)}$, $p < 0.001$, $R^2 = 0.236$. The moderation analysis showed a weakening of the resilience protective effect against depression as stigma levels increase, $F_{(df,n)} = 186.7_{(3,1908)}$, $p < 0.001$, $R^2 = 0.226$. The finding clearly states that Stigma influences the relationship between depression and resilience. Anti-stigma interventions and programs empowering resilience should be implemented in university settings to protect students from depression. Stigma weakens the protective effect of resilience against depression in young adults. Higher stigma levels correlate with lower resilience, indicating that stigma negatively influences resilience, making individuals more vulnerable to depressive symptoms. Anti-stigma interventions are essential in university settings.

Qiqi Ji, Lin Zhang, et. al (2024). The study was to explore the impact of psychological resilience on quality of life (QOL) in cancer patients and examine the mediating roles of stigma and self-perceived burden. The cross-sectional study sampled 364 cancer patients from two tertiary hospitals in Jinzhou City, China. The tools used included the Psychological Resilience Scale, Stigma Scale, Self-Perceived Burden Scale, and Quality of Life Questionnaire. Results showed psychological resilience directly and positively affected QOL (β = 0.929), with stigma and self-perceived burden partially mediating this relationship, accounting for 33.26% of the total effect. Resilience was negatively correlated with stigma (r = -0.166, P < 0.01), indicating resilience may mitigate stigma's adverse impact on patient quality of life. The study found a weak negative correlation between psychological resilience and stigma (r = -0.166, P < 0.01), indicating that higher resilience may be associated with lower stigma levels, suggesting resilience could mitigate the impact of stigma on patients.

Seo Hyeon Oh (2024). The paper aimed to explore the impact of stigma on young adults facing mental health issues, focusing on stigma's correlation with suicidal ideation and barriers to seeking help. The study sampled 400 young adults aged 18-25 from Kerala, India. Tools used included the Stigmatizing Attitudes Scale, Attitudes toward Seeking Professional Psychological Help Scale-Short, and a demographic questionnaire. Results showed a significant negative correlation between mental health stigma and help-seeking behavior (r = -0.139, p < 0.01), indicating that increased stigma reduces willingness to seek professional help. No direct measurement of resilience outcomes was reported. The study found a negative relationship between social stigma and resilience among out-of-school youth, indicating that higher levels of stigma correlate with lower resilience, particularly in the context of mental health challenges faced by young adults.

Zheng Lin's (2024) study investigated how stigma impacts illness identity in patients with inflammatory bowel disease (IBD), with resilience acting both as a mediator and a moderator in this relationship. The study included 322 patients diagnosed with IBD from three tertiary hospitals in Jiangsu Province, China. The tool used the Stigma Scale for Chronic Illness (SSCI) to measure stigma. Resilience Scale for Patients with Inflammatory Bowel Disease (RS-IBD) to assess resilience, and Illness Identity Questionnaire (IIQ) to evaluate illness identity. There was a strong connection between stigma and negative illness identity components, such as rejection and engulfment. Resilience partially mediated the relationship between stigma and aspects of illness identity, including engulfment, acceptance, and enrichment. Resilience also moderated the relationship between stigma and rejection, meaning higher resilience could buffer the negative impact of stigma. The findings suggest resilience enhances adaptive coping strategies and can reduce the negative effects of stigma on how patients perceive their illness identity.

Puentespina, J. et al. (2023). This study examines the causal relationships among Filipino college students' resilience, the impact of the COVID-19 pandemic, help-seeking intention, help-seeking behavior, self-stigma, perception of stigmatization by others for seeking help, and mental health conditions using path analysis. The sample size was N=962 college-going students, composed of 778 females and 184 males. Results showed 70.3% moderate to extreme pandemic emotional impact, 69.3% neutral resilience, 56.8% some to a great deal on perception of stigmatization by others for seeking help, 68.5% moderate self-stigma for seeking help, 57.8% somewhat unlikely to extremely unlikely having intention in help seeking intention, 64.3% low actual help seeking, and 51.4% moderate to severe mental health condition. The path analysis showed pandemic emotional impact predicted a moderate to severe mental health condition, and some to a great deal on the perception of stigmatization by others for seeking help. Resiliency predicted a moderate to severe mental health condition and inversely some to a great deal on the perception of stigmatization by others for seeking help, including moderate self-stigma. A neutral actual help-seeking predicted a moderate to severe mental health condition. Perception of stigmatization by others for seeking help mediated pandemic emotional impact on the mental health condition. This proves that Filipino college students have silently suffered from mental health conditions. Moreover, it is recommended that proactive and collaborative efforts of students, faculty, higher education's student affairs office, mental health

professionals, and government line agencies should target the stakeholders' resiliency and social stigma.

Sum Min Yi Chan et al. (2023). The study aimed to explore the relationships between stigma, resilience, depressive symptoms, and help-seeking behaviors among undergraduate students in Hong Kong. The sample included 945 undergraduates. The study used the 21-item Stigma and Acceptance Scale, Connor-Davidson Resilience Scale, and Patient Health Questionnaire-9. Results indicated that stigma acted as a significant barrier to help-seeking, especially among students with moderate-to-severe depressive symptoms, while higher resilience was linked to reduced unnecessary help-seeking, highlighting the complex interplay between stigma and resilience in mental health.

Xiao W., et al. (2023). The study aims to assess the role resilience played in stigma and mental disorders among COVID-19 survivors. The cross-sectional study was carried out among former COVID-19 patients in Jianghan District (Wuhan, China) from June 10 to July 25, 2021. The demographic questions, the Impact of Events Scale-Revised, the Generalized Anxiety Disorder Questionnaire, the Patient Health Questionnaire, the Resilience Style Questionnaire, and the Short Version of COVID-19 Stigma Scale of 12 items were used to collect relevant information from the participants. Descriptive analyses, Pearson correlation analysis and Structural Equation Modelling were used to make data description and analysis. A sample size of 1541 out of 1601 COVID-19 survivors (887 females and 654 males) were included in the analysis. Perceived stigma of those COVID-19 survivors correlates significantly with anxiety ($r = 0.335$, $P < 0.001$), depression ($r = 0.325$, $P < 0.001$), and post-traumatic stress disorder (PTSD) ($r = 0.384$, $P < 0.001$). It has a direct effect on COVID-19 survivors' anxiety ($\beta = 0.326$, $P < 0.001$), depression ($\beta = 0.314$, $P < 0.001$), PTSD ($\beta = 0.385$, $P < 0.001$) and their resilience ($\beta = -0.114$, $P < 0.01$). Resilience partially mediated the association between perceived stigma and anxiety ($\beta = 0.020$, $P < 0.01$), depression ($\beta = 0.020$, $P < 0.01$), and PTSD ($\beta = 0.014$, $P < 0.01$) among COVID-19 survivors. Stigma has a significant negative impact on mental health, while resilience plays a mediator role in the relationship between stigma and mental health among COVID-19 survivors. Based on our study, we suggested that when designing psychological interventions for COVID-19 survivors, consideration should be taken into account to reduce stigma and improve resilience.

Watson, J. (2022). The study of the relations among Stigma, Quality of Life, Resilience, and Life Satisfaction in Individuals with Burn Injuries aimed to examine the relationships among burn-related stigma, quality of life, resilience, and life satisfaction. The study included 89 participants recruited from an outpatient clinic of a burn centre in a critical care hospital. Tools used are the Internalized Stigma of Burn Injury Brief Version (ISBI-9), Burn Specific Health Scale-Brief (BSHS-B), Satisfaction with Life Scale (SWLS), and Brief Resilience Scale (BRS) to measure stigma, quality of life, resilience, and life satisfaction. The study found that higher levels of burn stigma were associated with reduced life satisfaction, with stigma negatively impacting affect and body image but not interpersonal relationships or sexuality. Resilience was found to moderate the relationship between stigma and affect, suggesting that resilience can buffer some of the negative emotional impacts of stigma. Self-esteem was shown to mediate the relationship between stigma and quality of life. These findings highlight resilience as a critical factor that can help improve adjustment outcomes and life satisfaction for individuals with burn injuries.

Fabienne Post et al. (2021) aimed to investigate the relationships between resilience, premorbid functioning, residual mood symptoms, and self-stigma/stigma resistance in stabilized bipolar I disorder patients. The sample included 60 patients recruited from a specialized outpatient clinic. Tools used were the Internalized Stigma of Mental Illness (ISMI) Scale for self-stigma and stigma resistance, Montgomery Asberg Depression Rating Scale (MADRS), Young Mania Rating Scale (YMRS), Resilience Scale (RS-25), and Premorbid Adjustment Scale (PAS). Results showed that resilience negatively correlated with self-stigma and positively with stigma resistance, predicting these outcomes in regression analysis. Residual depressive symptoms correlated positively with self-stigma and negatively with stigma resistance.

Karpagavalli V. (2020). The Impact of Psychological Intervention on Resilience Amongst Working Women in Information Technology and Information Technology Enabled Services Sector in Chennai, a convenience sample size of 10 participants. The primary data collection tool was structured questionnaires targeting stress, resilience, and job satisfaction variables. Common psychometric instruments included resilience scales and job satisfaction assessments, administered via surveys to working women employees. Statistical methods such as correlation and regression analyses were employed to identify relationships between resilience scores and demographic/job variables. Results indicated higher levels of resilience (mean = 74.25) and job satisfaction (mean = 63) among the sampled working women in IT/ITES. There was a significant correlation between resilience and job satisfaction (r=.183, <.01 p<.01), suggesting that greater resilience coincides with improved job satisfaction and ability to cope with workplace stressors. Psychological interventions, such as group therapy and training, were found to positively impact resilience, helping women better manage stress and enhance well-being in demanding IT work environments.

Hernandez, S et.al (2016) his study assessed the extent to which stigma and barriers to accessing MH services, as perceived by USAF nursing personnel, are associated with resilience, stress, previous deployment, or demographic characteristics. An online survey was administered to active-duty USAF registered nurses and medical technicians at three locations (N = 250). The survey included demographic items, the Stigma and Barriers to Care scales, the Conner–Davidson Resilience

Scale, and the Perceived Stress Questionnaire. Mean resilience was high, and perceived stress was moderate. Significant stigma concerns around confidence from peers and leadership, career impact, and perceived weakness were reported. Stigma positively correlated with stress ($r = .40$, $p < .01$) and negatively with resilience ($r = -.24$, $p < .01$). Officers showed higher stigma and resilience but lower stress than enlisted personnel. Study limitations included low response rate and self-selection bias.

Piper Liping Liu, et.al. (2005). Stigmatization depletes resources necessary for overcoming adversity, directly impacting resilience in young adults facing mental health issues. The stigma-conscious framework highlights how stigma influences resilience processes and outcomes, emphasizing the need for tailored interventions to support these individuals effectively. In conclusion, fostering resilience is vital for promoting mental health. By enhancing individuals' ability to cope with stress and adversity, we can improve overall well-being and reduce the prevalence of mental health disorders. Efforts to reduce stigma have included public awareness campaigns, education, and advocacy, which aim to change perceptions and promote an understanding of mental health issues.

Rometsch, C. et. al (2004). The study examines the role of stigma in influencing the relationship between depression and resilience, particularly focusing on university students' mental health. The sample size is N=1,912, a large cross-sectional sample of Italian university students. Depression was measured using the Patient Health Questionnaire-9 (PHQ-9), Resilience was measured with the Nicholson McBride Resilience Questionnaire, and Stigma was assessed using the Stigma-9 scale. The result clearly states a significant negative correlation between depressive symptoms and resilience ($r = -0.455$, $p < 0.001$). A significant positive correlation was found between depressive symptoms and stigma ($r = 0.207$, $p < 0.001$). Lower resilience and higher stigma were significant predictors of depressive symptoms. Importantly, moderation analysis revealed that the protective effect of resilience against depression weakens as stigma levels increase. The finding states that stigma negatively influences resilience, weakening its protective effect against depression. Higher stigma levels correlate with lower resilience, indicating that stigma can hinder individuals' ability to cope with depressive symptoms, particularly among university students.

Corrigan.et.al (2004) illustrate that mental illness is a brain disease and exploring the strategy for combating mental illness stigma. Finding suggests that it exacerbates other components of stigma, particularly the benevolence and dangerousness stigmas. Stigma causes two kinds of harm that affect treatment, one diminishes self-esteem and second affects social opportunities.

Brockington I. Hall P. Levings J, et al. (1993) conducted survey of attitudes to mental illness, (N= 2000) using quota sampling. In the study the factor analysis showed three main components - benevolence, authoritarianism, and fear of the mentally ill. Residents of Bromsgrove, which is served by a traditional mental hospital, were slightly more tolerant than those living in Malvern, which has a community-based service, and has seen the closure of two mental hospitals in its vicinity during the last 10 years. The main demographic determinants of tolerance are age, education, occupation, and acquaintance with the mentally ill.

Research Methodology

Aim

The present research paper aims to study the relationship between resilience stigma and mental health care among adults.

Objectives:

1. To study the impact of stigma on mental health care.
2. To assess the impact of resilience on mental health care.
3. To investigate the relationship between stigma and resilience for mental health care among adults.

Hypothesis

$H0_1$ There will be no significant impact of stigma on mental health care.

$H0_2$ There will be no significant impact of resilience on mental health care.

$H0_3$ There will be no significant correlation between resilience and stigma for mental health care.

Tools and Measurement used:

Demographic Profile

Sociodemographic information including age, gender, marital status, sleep pattern, education, economic status, religion, religious belief, any history of mental concern. The volunteer participation form was attached to the demographic information form.

- **Internalized Stigma of Mental Illness Inventory-10**

The Internalized Stigma of Mental Illness Inventory-10 (ISMI-10; Boyd, Otilingam, & DeForge, 2014) assesses internalized stigma of mental illness. This is a 10-item short version of the original 29-item ISMI scale (ISMI-29; Ritsher (Boyd), Otilingam, & Grajales, 2003). The original ISMI scale consisted of 5 subscales: Alienation, Discrimination Experience, Social Withdrawal, Stereotype Endorsement, and Stigma Resistance. This 10-item version contains the two strongest items from each subscale. The authors calculated indicators of each item's external, internal, and judgmental item quality, and used these scores to select the items. On the short scale, the authors tested the psychometrics in the original validation sample and cross-checked the results in a second dataset. Answers are coded on a 4-point Likert scale. The ISMI-10 had an alpha of 0.75 and in the cross-validation sample, the internal consistency reliability of the ISMI-10 was alpha=.81.

- **Brief Resilience Scale (BRS):**

Brief resilience scale (BRS) Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J.

(2008) measure the individual resilience capacity, the score range on the BRS is from 1 (low resilience) to 5 (high resilience). The BRS scores showed adequate reliability (α = .83; intraclass coefficient = .69). BRS was reliable and measured as a unitary construct. It was predictably related to personal characteristics, social relations, coping, and health in all samples. It was negatively related to anxiety, depression, negative affect, and physical symptoms when other resilience measures and optimism, social support, and Type D personality (high negative affect and high social inhibition) were controlled.

Procedures:

Data will be collected from different sample sets after taking the consent from the institute and organization. In quantitative research, variables are measured on instruments and analysis is carried out using statistical procedures.

Ethical Considerations:

The same would incorporate seeking informed consent from the participants, ensuring the right to withdraw at any given point during the study without any costs and ensuring confidentiality of information provided.

Result and Discussion

The data for this study were collected from a sample of 249 men and adults aged 18 to 50 years. This results section presents the key findings derived from the analysis of this dataset, focusing on the primary variables of interest as outlined in the study objectives. The results are organized to provide a clear overview of the descriptive statistics and any significant patterns or trends observed within the sample. All findings are reported objectively, without interpretation, to maintain clarity and allow for subsequent discussion in later sections.

Result table 1.1 demonstrates that the mean of stigma is 55.15. This means that the average score of stigmas experienced by participants. It suggests a moderate level of stigma overall (depending on the scale used). The Standard Deviation (SD) is 16.937, indicating a high degree of variability in the amount of stigma participants report. Some may experience very high levels, others very low. Standard Error = 1.073: Since the sample size is fairly large (N=249), this low standard error shows that the sample mean is a fairly reliable estimate of the population mean.

Result table 1.1 demonstrates that the mean of 15.29. This reflects the average level of resilience, which appears to be lower or modest, depending on the scale's maximum possible score. The Standard Deviation (SD) is 2.785, which is a relatively low standard deviation, suggesting that most participants scored similarly on resilience. Standard Error = 0.176: A very small SEM indicates high precision in estimating the population mean for resilience.

One-Sample mean of stigma and resilience

	N	Mean	Std. Deviation	Std. Error Mean
STIGMA	249	55.15	16.937	1.073
RESILENCE	249	15.29	2.785	.176

Table 1.1

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The results presented in Table 1.1 provide a detailed overview of the stigma scores reported by the participants:

- Mean Stigma Score (55.15): The average stigma score among the 249 participants is 55.15. This value reflects a moderate overall level of stigma experienced by the sample, assuming the scale used is centered around a similar midpoint. This suggests that, on average, participants encounter a noticeable but not extreme degree of stigma in their daily lives.
- Standard Deviation (16.94): The relatively high standard deviation indicates considerable variability in participants' experiences of stigma. In practical terms, this means that while some individuals report very high levels of stigma, others experience much lower levels.
- Standard Error (1.07): The standard error of the mean is quite low, reflecting the large sample size. This means that the calculated mean stigma score (55.15) is a precise and reliable estimate of the average stigma experienced by the broader population from which this sample was

drawn. The small standard error increases confidence in the generalizability of this result.

The data indicate that the study population experiences a moderate average level of stigma, with substantial variation among individuals. The reliability of the mean score is high due to the large sample size and low standard error, making these findings robust and suitable for further analysis or comparison with other groups. These results highlight the importance of considering individual differences when addressing stigma and suggest that targeted interventions may be necessary to support those experiencing higher-than-average levels of stigma.

One-Sample t-Test Results for Stigma and Resilience Scores

	Test Value = 0					
					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
STIGMA	51.385	248	.000	55.153	53.04	57.27
RESILENCE	86.649	248	.000	15.293	14.95	15.64

Table 1.2

The t-value of 51.385 indicates a firm effect size. The significance level of .000 suggests that the result is statistically significant, meaning that the difference observed is unlikely to have occurred by chance. The mean difference of 55.153, along with the confidence interval (53.04 to 57.27), indicates that we can be 95% confident that the true mean difference lies within this range.

Similarly, the t-value of 86.649 suggests an extremely strong effect size for Resilience. The significance level of .000 also indicates that this result is statistically significant. The mean difference of 15.293, with a confidence interval ranging from 14.95 to 15.64, further supports the reliability of the result, indicating a consistent difference in resilience scores.

1. Statistical Significance:

The significance level of $p = .000$ ($p < 0.001$) indicates an extremely low probability that the observed results occurred by chance. This provides strong evidence against the null hypothesis and confirms the findings are statistically robust.

2. Effect Size (t-value)

The t-value of 51.385 is exceptionally high, indicating:

- A very large effect size (Cohen's d ≈ 3.26, calculated as mean difference / SD from previous data)
- That the observed effect is over 51 standard errors away from the null hypothesis value, demonstrating overwhelming evidence for a true effect in the population.

3. Mean Difference

The mean difference of 55.153:

- Represents the magnitude of difference between the sample mean and the comparison value (e.g., population mean or neutral point)
- Suggests a substantial practical significance in stigma levels beyond statistical significance

4. Confidence Interval

The 95% CI (53.04 to 57.27):

- Confirms high precision in estimating the true population mean difference
- The narrow range (width = 4.23) reflects low sampling error
- The entire interval lies far above zero (no overlap with null value), reinforcing statistical significanc

Table 2.1 displays the Pearson correlation between stigma and resilience among 249 participants. The correlation coefficient between stigma and resilience is 0.163, with a significance value of 0.010. This correlation is marked with an asterisk, indicating it is statistically significant at the 0.05 level (2-tailed).

Pearson correlation between stigma and resilience

		STIGMA	RESILENCE
STIGMA	Pearson Correlation	1	.163*
	Sig. (2-tailed)		.010
	N	249	249
RESILENCE	Pearson Correlation	.163*	1
	Sig. (2-tailed)	.010	
	N	249	249

*. Correlation is significant at the 0.05 level (2-tailed).

Table 2.1

- Strength and Direction of the Relationship: The Pearson correlation coefficient of 0.163 indicates a weak positive relationship between stigma and resilience. This means that as stigma increases, resilience also tends to increase slightly, though the relationship is not strong.
- Statistical Significance: The significance value ($p = 0.010$) is less than 0.05, confirming that this positive correlation is statistically significant. Therefore, it is unlikely that the observed relationship is due to random chance.
- Practical Implications: Although the relationship is weak, the fact that it is positive and significant suggests that individuals experiencing higher levels of stigma may also report slightly higher resilience. This could imply that some individuals develop resilience as a coping mechanism in response to stigma, or that resilient individuals are more likely to acknowledge or report stigma.
- Caution in Interpretation: The correlation is weak, so while there is a statistically significant association, it is not strong enough to suggest a meaningful or causal relationship. Other factors may influence both stigma and resilience, and further research would be needed to explore these dynamics in depth.

A correlation of .163 suggests that while there is a statistically reliable link between stigma and resilience in the sample, the strength of this association is weak, and other factors likely play a much larger role in shaping resilience or experiences of stigma

The higher variability in stigma compared to resilience implies that participants' experiences of stigma differ more widely than their resilience levels. This could reflect that stigma is more influenced by external, situational, or social factors, while resilience may be a more stable personal trait.

The moderate-to-high mean stigma score indicates that stigma is a relevant and possibly concerning issue for the population under study. If the goal is to reduce stigma, this finding may support the need for interventions, policy changes, or support systems.

The low-to-moderate resilience score, coupled with low variability, suggests that most individuals in this sample may not have strong resilience resources. This could be significant in contexts such as mental health, chronic illness, or social marginalization, where resilience acts as a protective factor against negative outcomes.

If you plan to examine the relationship between stigma and resilience, this descriptive data lays the groundwork. A negative correlation might be expected: higher stigma might be associated with lower resilience.

Conclusion

The findings from this study reveal that participants experienced a moderate average level of stigma with considerable individual variation, suggesting diverse personal and social experiences within the sample. In contrast, resilience levels were generally modest and relatively consistent among participants. Statistical analyses confirmed that both stigma and resilience scores were significantly different from zero, indicating their strong presence within the population studied.

The study demonstrates a significant positive correlation between stigma and resilience, implying that individuals who experience higher levels of stigma may also exhibit slightly higher resilience. This relationship, although small, highlights the potential role of resilience as a coping mechanism in response to stigmatizing experiences. Overall, the results emphasize the importance of addressing stigma while simultaneously fostering resilience through targeted psychosocial interventions and support programs.

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