

## Exploring the Perception of Adolescent Students on Self-Stigma towards Mental Health and Counseling

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### Abstract

In my five years of experience as a psycho-social counselor, I have consistently observed significant stigma surrounding mental health and counseling among adolescents, often exacerbated by peer pressure and societal norms. Even in critical circumstances, counseling is routinely refused because of the prevailing stigma. Mindful of this experience, during my MEd in School Counseling studies at Kathmandu University, I conducted this research on self-stigma among adolescent using Social Identity Theory (SIT) and Self-Discrepancy Theory (SDT). I employed qualitative methods that involved in-depth interviews with four adolescent students of Mahendra Ratna Secondary School, and Mechi Multiple Campus, Jhapa, who were purposefully selected. In-depth interviews, and thematic analysis, providing verbatim accounts to highlight the influence of stigma were used to make the interpretations. My findings revealed that fear of social rejection among the adolescents and the need to maintain a strong public appearance contribute to reluctance in seeking help. Addressing self-stigma and incorporating mental health education into school curricula are imperative for improving access to mental health care.

**Keywords:** Social discrepancy theory, social identity theory, societal norms, social rejection.

### Introduction

In my five years journey as a psycho-social counselor, I've consistently encountered the challenge of stigma and reluctance of adolescent students to seek counseling services. Despite facing significant mental health challenges, many adolescents avoid accessing these services due to cultural norms and peer pressure. They often request for privacy out of concern about the stigma surrounding mental health and counseling services.

This concern prompted me to conduct research in this issue as part of my study for the completion of MEd in School Counseling course in June 2024. Throughout my career, I have seen the societal stigmatization of adolescents' students with mental health concerns that is largely caused by prejudice, discrimination, and adverse perceptions. There are many ways that this stigma shows up, and it frequently results in self-stigmatization and results in deep internalization of cultural stereotypes which discourages people from getting mental health treatment and counseling.

Globally, stigma around mental health and counseling is a widespread problem that is further worsened

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by societal factors that lead to marginalization and prejudice. Cultural contexts in Nepal frequently perpetuate these stigmas, which makes it even more difficult for teenagers to get early and effective treatment. To this concern, my research aims to provide light on the social-psychological mechanisms behind stigma and the ways in which these labels affect young adolescents' conceptions of who they are and how they cope. The results provide fresh perspectives on the experiences and coping mechanisms among young adolescents. This stigma creates significant barriers to accessing mental health services, increasing their risk of developing further psychosocial problems.

Research has shown that the stigma attached to psychological problems acts as barriers to mental health services. Also, the stigma associated with mental health is a global problem that exists in many different cultures and countries. Many stigmas and misconceptions about mental illness exist across the world, which makes it common for afflicted people to face discrimination and marginalization. Around the world, there is a great deal of prejudice and exclusion due to the misperceptions and unfavorable stereotypes around mental illness (WHO, 2022). In Nepal, harsh judgments within families and social networks exacerbate this stigma.

Adolescents and young adults are especially prone to developing mental illnesses and facing the associated stigma. Stigmatization involves a combination of stereotypical attitudes, biased beliefs, and discriminatory acts toward out groups or minority members who are perceived as inferior. Although a sizable amount of peer interaction takes place on social media sites, little is known regarding the stigmatization of people with mental illnesses through these platforms and the potential consequences due to the vulnerable nature of such groups (Hinshaw & Stier, 2008). Individuals with mental illnesses are frequently categorized and maligned by stigma, which reduces them to labels or diagnoses like "psychotic." This unfair treatment which includes being treated with contempt and inferiority can worsen their mental health issues.

Public stigma, in this case, meaning people with mental health issues, is the occurrence of social groupings endorsing prejudices about and then acting against a stigmatized group. A person experiences self-stigma when they internalize the unfavorable preconceptions associated with public stigma, which leads to a decline in self-esteem and self-efficacy. Another form of stigma is label avoidance, which according to NHS report (2016) occurs when people choose not to use or seek out mental health treatments in an effort to avoid the detrimental effects of a stigmatizing term.

Stigma has multiple origins (personal, social, or familial) that interact with one another and can lead to a number of issues throughout life. Researches have revealed that the stigma of mental illness might result from a lack of knowledge about information, as well as from the illness's connotation, such as anxiety or unusual conduct (Fernandes, 2021). It persists in the society among various young adults, teenagers and students. Addressing and adjusting the shame attached to mental health is a dire need of present time as this likely promote mentally healthy environment among the youths.

Adolescents can be assisted with stereotypes using a variety of psychological counseling strategies. Psychological counseling is a method that uses particular abilities, such as active listening, empathy, support, paraphrasing, don't judge, don't assume, and guidance, to assist people with psychological issues. Additionally, psychological counseling can lower stress and enhance quality of life for people (Corrigan & Watson, 2014). This study, thus, is focused to exploring the perception of adolescent students on self-stigma towards mental health and counseling.

## Literature Review

### Linkages in stigma and mental health

Research indicates that stigma considerably discourages adolescents from obtaining counseling and mental health treatments. Barriers are created by structural, personal, and public stigma; other contributing factors include cultural taboos, fear of being judged, and misunderstanding about counseling. Help-seeking is discouraged even more by self-stigma because of internalized unfavorable attitudes and societal norms.

Studies indicate that students frequently experience self-stigma. According to Vogel et al. (2005), in his survey regarding the impact of stigma on behavioral health care utilization among the active duty members, he found that 41% of college students experienced self-stigma over seeking mental health treatment, which was associated with worries about their future careers and feelings of weakness. Research findings by Choi et al. (2016) claims that self-stigma is also influenced by cultural attitudes and financial position; minority and immigrant students frequently experience greater levels of it

Social standards and self-stigma are shaped by cultural perspectives on mental health; stigmatizing language promotes internalized unfavorable attitudes and judgmental anxiety. According to Correll and Earley (2003), internalized stigma is a result of unfavorable societal views. In this line, Wade et al. (2015) point out that self-stigma differs depending on one's gender, cultural background, and past experiences, highlighting the need for individualized treatments that take both contextual and individual aspects into account.

The most important effect of self-stigma is that it can discourage students from getting the assistance they need. Research has consistently shown a negative correlation between self-stigma and intentions to seek counseling or psychotherapy (Vogel et al., 2007; Wong et al., 2018). This emphasizes how urgently we need treatments that both question these internalized notions and promote asking for help.

In order to effectively combat self-stigma in counseling, educational programs are essential. Several academic creativities can dispel myths, provide factual information, and increase public awareness regarding mental health issues. Educational initiatives that offer correct information about counseling and psychotherapy and normalize mental health concerns have the potential to be successful (Eisenberg et al., 2016). Furthermore, peer-support initiatives and anonymous online resources can establish secure environments where students can talk about their worries and establish connections with people going through comparable experiences (Wong et al., 2018).

According to a number of studies, self-stigma is worryingly common in students. Over 40% of college students support self-stigmatizing views about getting professional psychiatric care because they worry about their unfavorable self-perceptions and the social repercussions. (Vogel et al., 2006). Furthermore, research by Cheng et al. (2012) and other scholars indicates that cultural values like collectivism and a focus on self-sufficiency might worsen feelings of shame about oneself and a reluctance to ask for assistance.

It takes a diverse approach to address self-stigma. According to Vogel et al. (2010), psycho- educational interventions have demonstrated promising outcomes in lowering self-stigma and raising intentions to seek help. Examples of these interventions include workshops and seminars that dispel common misconceptions about mental illness and psychology. According to Eisenberg et al. (2013) peer support initiatives that mainstream asking for assistance and offer a secure environment for exchanging stories can also be quite successful.

Destigmatization initiatives can also benefit from encouraging favorable media portrayals of treatment and mental health (Stuart et al., 2015). In order to lower self-stigma and promote help-seeking among students, it can be quite helpful to foster a campus culture that values mental health and normalizes asking for assistance.

### Theoretical connections

Adolescents' access to mental health care is hampered by self-stigma. It is essential to conduct accurate assessments utilizing qualitative techniques with validated tools. Treatment seeking can be encouraged by fostering a supportive atmosphere through media awareness, psychoeducation, and peer support. Effective intervention requires an understanding of self-stigma and its measurement. To offer clarification and direction for evaluation, I have connected my research with Social Identity Theory (SIT) and Self-discrepancy Theory (SDT).

Tajfel and Turner's (1979) Social Identity Theory (SIT) holds that self-worth is tied to favorable social identities. Self-esteem and willingness to seek treatment can be negatively impacted by identification with stigmatized groups, such as those dealing with mental health concerns (Corrigan & Watson, 2002). Evaluating self-stigma through SIT helps identify internalized stigma from social identities beyond academics, such as extracurricular activities and peer groups, impacting help-seeking behavior. In a highly competitive academic or athletic setting, for example, a student experiencing social anxiety may absorb societal stigmas linking mental health issues to weakness, which may impede their behavior in seeking help.

According to social identity theory, group members discriminate against one another within their groups in an effort to establish, preserve, or strengthen the positive uniqueness of their identities. Group members are driven to maintain their sense of self-worth, which is the regard they have for the version of themselves that makes up their social psychology inside the group. It is where Rubin and Heustone (2007) stress that the concept of social self-esteem entails redefining self-esteem as an attitude toward a collective self-image at the group level

According to Higgins' (1987) Self-Discrepancy Theory (SDT), psychological suffering results from differences between an individual's actual self and their ideal or ought-self. When it comes to self-stigma, students who have internalized negative notions about mental health may have significant differences in how they perceive themselves, which can cause anxiety, shame, and a reluctance to get assistance. Evaluating these discrepancies helps identify negative self-perceptions and guides targeted interventions. Understanding these dynamics aids educators and counselors in addressing how students manage and conceal mental health issues, impacting their help-seeking behavior. Also, seen through Social Discrepancy Theory, the differences between adolescents ideal selves and their ideal or ought selves are what fuel their self-stigma. These internal conflicts make them feel more inadequate, which heightens depression and anxiety, and ultimately discourage them from seeking mental health support.

### Methodology

Qualitative approach was adopted to explore how students' attitudes affect their access to counseling, employing interpretive methods to understand the social context without testing hypotheses (Rowlands, 2005). To this, Interpretivism served as the philosophical foundation of this research. In this sense, the main objective of this study was to learn more about adolescents in order to explore their perspectives on mental health stigma and counseling from a deeper level. This interpretive design, within narrative inquiry approach, reveals how lived experiences shape reality, acknowledging that individuals have

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unique interpretations of events (Adrade, 2009). In order to record subjective meanings, interviews were employed which show social reality as subjective and shaped by human experiences. Narrative research helps individuals convey their experiences, creating meaning from their stories about mental health stigma. Hence, I have applied narrative inquiry as my research design.

Through distinctive stories, narrative research enables us to better comprehend the world. I looked at peer pressure, family, cultural norms, and personal resilience as I investigated adolescent self-stigma around mental health in my study. To this line, following the suggestions from Clandinin and Connelly (2000), my study offers richer insights into help-seeking behaviors and mental health stigma by documenting the lived experiences of young people, providing context-rich perspectives that go beyond simple statistics.

The participants were four purposefully selected adolescent (two males and two females) students from Mechi Multiple Campus, Bhadrapur, Jhapa, and Mahendra Ratna Secondary School, Birtamode. I interviewed the participants using guided questions based on my research questions: "How do adolescent students narrate their experiences on stigma regarding mental health and counseling? How does the perception of the adolescent students influence their attitude on seeking mental health and counseling services?" Following the interview and maintaining rigorous standards of qualitative research, I generated codes, categorized the data, and extracted themes from the transcription. The data was collected, categorized using metaphoric titles. Thereafter, I used Self-Discrepancy Theory (SDT) and Social Identity Theory (SIT) as theoretical referents to discuss the narrative data from interviews I conducted.

## Results

I've discussed the experiences of four participants: Sita, Ramesh, Dinesh and Gita (pseudo name) for the purpose of the meaning making from the data gathered from participant information in the form of narratives.

In order to illustrate the real essence of my study, the participants' voices were also integrated and utilized where needed. The participants' own words are italicized and presented. I noted their experiences and stories they shared regarding the causes of the mental health and stigma. I identified cultural, family, and personal and religious elements as the primary causes of stigma among adolescents.

### Whispers of silence: unveiling the veil of mental health and counseling stigma

Sita, a twenty-year-old student studying social work, who was jolly earlier, had recently been aloof, which worried me. Every day she juggled between college with household works. As a middle child in a busy middle-class family, she had to help her parents to look after the grocery store they owned. As a counselor and teacher, I was worried about her and invited her to my office. We started talking about her difficulties. As our discussion progressed, she revealed her perception of mental health and counselling.

She answered with a lot of confidence at first and seemed to know much about counseling. Sita said, *"Counseling is professional help, often seen as a way to reduce stress and worry."* She stated, *"Mental health involves managing stress, frustration, and problem-solving."* At first her understanding of mental health comforted me, but later as our conversation unfolded, I was shocked when she broke down, disclosing her recent struggles with insomnia, loneliness, and depression after a breakup.

Sita said, *"I'll only seek counseling if things get severe"* in response to my question about whether or not she was getting treatment. *"I don't want to be blamed or seen as weak,"* she said, expressing her

dread of social rejection and judgment. *"Only weak individuals, in my opinion, seek mental health treatments and counseling will be my final resort."* Despite knowing about mental health counseling, Sita avoided it due to social pressure and judgment, hiding her pain under a veil of societal expectations.

### Echoes of mind: the experience on mental health and counseling

When I first met, Ramesh, a sixteen-year-old grade 9 student through his class teacher for my counseling project, he appeared happy. But as I got to know him more, I realized that his experiences in life had not been pleasant. His adversities and challenges were incredibly poignant, exposing a part of himself that was completely distinct from his looks. This insight changed my perspective significantly and made it much more crucial to understand his actual situation. He shared-

*I have personal experience with mental health problems because I have experienced social and personal difficulties as a result of my own anxiety and depression. I feel uncomfortable talking about my troubles right now since remembering those hurts. The flashbacks aggravate my wounds.*

Ramesh, once from a wealthy Rajbanshi household, had a difficult time following the father's alcoholism and death. Having experienced financial hardships and domestic violence as a child, he grew more and more upset during the COVID-19 lockdown. After that, he stopped attending school and experienced, anxiety, depression and anger. He eventually tried suicide, but a neighbor intervened to save him. His narrative emphasizes how important it is to comprehend and address mental health concerns.

Ramesh's horrific experience makes it abundantly evident how significant mental health issues are and how they cause great misery. Without the proper understanding and attention, it becomes increasingly complex. He further shared:

*I don't know, but all I know is that I felt worthless. I missed ten months of school, I ruined my academic career and wasted my entire eight-grade. I used to sleep a lot and I lost a lot of weight. I was acting extremely aggressive as I didn't know what was wrong with me.*

Ramesh clarified that although he received mental health support, he has never attended formal counseling sessions and is hardly aware of it. It is observed in following narratives he shared:

*It was only following my attempted suicide that my family took me to the B.P. Koirala Institute of Health Sciences, Dharan, when neighbors and police arrived at my residence. I spent a month in a mental health ward while taking anxiety and depression medications. I felt lighter after speaking with the physicians and nurses when they came to visit. I used to think that was just a conversation, but after speaking with you, I am now certain that it was counseling.*

Ramesh had a sense of suffocation but discovered comfort after unexpectedly receiving counseling sessions during treatment, highlighting the psychological advantages of seeking expert assistance. His experience demonstrates how mental health problems can go undiagnosed until an emergency occurs and how raising awareness can change people's opinions. Although early intervention by teachers and family support can benefit in recovery, stigma around mental health issues is frequently amplified by peers, family, and educators. As Ramesh stated:

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*Everyone calls me crazy and an addict. I feel isolated and disconnected. My brother turns around and changes in direction at home and in streets as soon as he spots me. My two closest friends are the only ones who haven't bullied me.*

### The tapestry of support: weaving together peers, teachers and family in mental health and counseling

Dinesh, who was raised in an impoverished slum and had extreme financial struggle, was severely traumatized at the age of eight from an assault by a neighbor that he chose to keep secret. His problems were made worse by the abuse and death of his father. He started using a gay dating app in search of company, but two men subsequently sexually assaulted him, leading to his HIV positive diagnosis in December 2019. His personality has been profoundly impacted after this diagnosis. Dinesh shared:

*You know how people in slums are, right? Since my mother is the only a provider for our family and already puts in a lot of effort to earn money, how can I put further strain on her? Moreover, my mother finds it difficult to accept mental health. I am also concerned about my future with this illness condition and with this worry I can't sleep at night. In addition, I am already receiving antiretroviral therapy (ART) for HIV and taking medication for seborrheic dermatitis.*

He felt safe before, but now he is more concerned about the stigma associated with his sexual orientation and HIV status. He normally keeps his identity a secret since he thinks that if people find out about his condition, they won't accept him. *"To be honest, I have difficulty going to the doctor for treatment on a regular basis. I occasionally get depressive episodes, become socially isolated, have trouble falling asleep, and get fever and palpitations".*

Societies still hold misconceptions about mental health conditions, viewing them as personal failings rather than legitimate medical concerns. Adolescents may fear judgment or discrimination from their family, peers and teacher if they admit to struggling with mental health issues or seek counseling. Concerns about being labeled as "different" or "abnormal" can prevent them from seeking the support they need. Dinesh added:

*Initially I took antidepressants, but I stopped after six months. Especially since I already had to hide my HIV medication, I didn't want other people to make assumptions about me based on my sexual orientation, depression, or HIV. I fear adding mental health concerns would be too much burden for me.*

### Sacred shadows: the influence of religion and culture on adolescents' views of mental health and counseling

Gita, a 20-year-old undergraduate student, has been battling a rare mental illness for the past three years after her grandfather passed away. She became depressed and frequently felt lost after his death, spending a lot of time looking at walls and other objects. She was deeply devastated by his death.

Gita feels disoriented and confused, and she thinks there must be a religious explanation behind it. She has unusual behavior every fifteen days around particular religious days (Ausi/Poornima/Panchami Tithi). She shakes, talks to herself, and hears voices within her head. She tries to manage and conceal her symptoms in spite of these outbursts. She expressed:

*In religious ceremonies like as Shraddha and Puja, I scream and adopt my grandfather's demeanor, as if he is residing within me. I believe these episodes are*

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*due to unfinished ancestral ceremonies, especially since my grandfather was a sanyasi and we should have held special funeral practices.*

The way adolescents view and management of mental health issues are significantly influenced by their religious views. Some find solace, courage, and hope in their religious beliefs during difficult circumstances. Feelings of shame or inadequacy, however, can also be influenced by religious doctrine or cultural standards, especially if mental health problems are perceived as a symptom of moral failings or spiritual weakness. Also, Gita Shared:

*We frequently visit mata and dhami because we are religious people. We have sought assistance from a local Mata (traditional healer) as well as tried some local treatments. The mata uses black magic and a mantra to summon the spirits of the dead. My condition has improved since she gave me buti and some ayurvedic medications.*

In many cultures, the association of mental health illnesses with supernatural or social factors might impede prompt access to skilled assistance.

## Discussion and Conclusion

I studied how social identities and self-concept affect adolescents' views of stigma around mental health by using Social Identity Theory and Self-Discrepancy Theory. This revealed the complex interplay between social influences and stigma. Self-Discrepancy Theory includes three self-guides: the actual self (traits one believes they possess), the ought self (qualities one feels obliged to have, connected to obligations and responsibilities), the ideal self (qualities one strives to) (Mason et al., 2019). Adolescents view seeking help or acknowledging mental health issues as a danger to their social identity among their peers or to society standards in the context of mental health stigma. They might absorb derogatory preconceptions about mental illness, which would stigmatize them.

According to social identity theory, people's self-concept is maintained and protected by the social groups they belong to, which helps them define their identities. It entails categorizing groups into "in-groups" and "out-groups," with a tendency to think better of one's own group than of outsiders (Islam, 2014). Discrepancies between these identities give rise to unpleasant feelings like worry, humiliation, or guilt. Adolescents who encounter mental health stigma may become self-stigmatized because of a misalignment between their ideal or ought selves, who view mental health problems as flaws or failures and their real selves, who struggle with mental health.

Adolescents who suffer from self-stigma want to project strength and independence, even in the face of feeling trapped and hurt. They also dread being rejected. Studies demonstrate the significant consequences of mental health disorders and the difficulties associated with low awareness. Good counseling can be helpful, but postponement or avoidance make relapses more likely. Teachers, friends, and family can decrease and increase the stigma associated with mental illness. Teachers can identify early indicators of problems, and supportive families can facilitate healing. Sometimes, misinformation propagated by peers exacerbate stigma. Misconceptions in society frequently perceive mental health disorders as personal shortcomings instead of medical conditions, which instills a fear of condemnation. Adolescents' mental health experiences might be complicated by their religious beliefs, which can either provide them comfort or aggravate feelings of shame.

Using Social Identity Theory (SIT) and Self-Discrepancy Theory (SDT), I investigated how adolescents' perceptions of stigma around mental health are influenced by conflicts between their ideal and true



selves. When SIT and SDT were combined, it became clear how self-perception differences and internalized stigmas lead to self-stigma. While SDT describes how differences between ideal and actual selves heighten self-stigma, SIT demonstrates how social identities impact self-worth and stigma. This integrated strategy directs treatments to bring self-perceptions into line with the realities of mental health and provides insights into self-stigma.

Adolescents' motives and obstacles to getting treatment might be better understood by looking at how they view themselves when it comes to mental health and counseling. In light of societal, cultural, and religious views that associate mental health problems with failure on a personal level, the study reveals that all participants had stigmatizing attitudes toward mental health. Their tendency to seek counseling is greatly impacted by self-stigma, which is fueled by rejection and judgmental concerns. Strong social support increases treatments intake, and educational interventions and accurate mental health information can help alleviate self-stigma. Self-stigma also varies by gender, with women typically feeling more stigma because of societal expectations. Addressing these issues requires maintaining privacy and creating a supportive atmosphere.

## Limitation, Implications and Future Directions

A potential limitation of this research is the limited sample size, which could not accurately reflect the wide range of experiences among adolescents dealing with self-stigma. Furthermore, the study mostly employed self-reported data by the participants, which is subject to social desirability bias. The findings of the study highlight the necessity of comprehensive approaches to deal with adolescent self-stigma. Personalized support and further investigation into the long-term impacts of self-stigma and the efficacy of interventions are essential. Adolescents may prioritize their mental health without fear of stigma if an inclusive, knowledgeable atmosphere is created. Future research and policies need to equip educators and counselors to help adolescents incorporate mental health education into curricula, and promote a psychologically healthy school climate.

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