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Online First Publication, February 24, 2025. https://dx.doi.org/10.1037/sah0000616

AMERICAN PSYCHOLOGICAL ASSOCIATION

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ISSN: 2376-6972

https://doi.org/10.1037/sah0000616

A Systematic Review and Narrative Synthesis of the Stigma of Psychosis in Middle Eastern Populations

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Mental health stigma is common in the Middle East, particularly the stigma related to psychosis; however, there is limited research in understanding stigma from the individual, family/carer, and public perspective and limited evidence outlining the availability and acceptability of antistigma interventions for this population. The aim was to undertake a systematic review and narrative synthesis examining experiences of the stigma of psychosis from the perspective of Middle Eastern populations (the individual, family/carers, and the public) and examining the effectiveness of available antistigma interventions. Four databases (Medline, APA PsycInfo, Embase, and Web of Science) were searched for eligible studies. Studies were included if (a) participants were Middle Eastern ethnicity adults and (b) they examined experiences of stigma of individuals with psychosis, families/carers, stigmatizing public attitudes, or the utility of psychosis stigma interventions or campaigns. A narrative synthesis was undertaken to analyze results. A total of 18 studies were included in the review. Eight studies addressed the personal stigma experiences from the perspective of the person with psychosis or family member/carer and concluded with themes of rejection, oppression, isolation, lack of awareness, negative labels, and burden. Six addressed the population attitudes to psychosis in the Middle East which reported preferences of distance, lower chances of employability, negative labels, and rejection of close relationships. Four studies evaluated antistigma interventions for psychosis in the Middle East and found that antistigma intervention studies demonstrated that the interventions were feasible and acceptable. Evidence from two trials suggests that antistigma interventions can help reduce internalized stigma for people with psychosis from Middle Eastern populations. Stigmatizing beliefs and attitudes toward psychosis were identified among different Middle Eastern populations; however, the influence of cultural variations should be explored in future research. There are also insufficient data to recommend any specific intervention to reduce stigma related to psychosis in Middle Eastern populations, and further research is needed.

Clinical Impact Statement

We have identified that the stigma of psychosis is present in Middle Eastern societies and can impact the individual and their families. We have shown that stigmatizing attitudes toward psychosis are present in the public and health care professionals. There is some promise that stigma interventions (ones for patients and public) may be helpful. Clinicians should be inquiring about the impacts of stigma as part of any clinical assessment with Middle Eastern individuals with psychosis and their families. Clinicians may want to consider psychoeducation with patients as this might help alleviate the impact of stigma but further research is required.

Keywords: schizophrenia, stigma, interventions, systematic review, narrative synthesis

Supplemental materials: https://doi.org/10.1037/sah0000616.supp

Philip T. Yanos served as action editor.

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The authors' positionality statements follow: To be transparent about the authors' approach to this review, the authors briefly describe their backgrounds. Paria Partovi Tabar is female and of Middle Eastern descent. Two supervisors are female, and two are male. One supervisor identifies as White British, one as White European, one as East Asian, and one as mixed East Asian British.

Paria Partovi Tabar played a lead role in conceptualization, data curation, investigation, methodology, and writing–original draft. Bryn Lloyd-Evans played an equal role in supervision and writing–review and editing. Joseph Low played a supporting role in supervision. Katrina Scior played a supporting role in supervision. Lisa Wood played a lead role in supervision.

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Stigma is defined as an experience where an individual is judged negatively by others and treated differently due to belonging to a stigmatized group (Goffman, 1963). Stigma derives from a lack of knowledge, negative attitudes, and discriminatory behavior and often results in negative consequences for the individual and their families (Schulze & Angermeyer, 2003). Much of literature identifies two forms of stigma, namely, public stigma and self-stigma (otherwise known as internalized stigma). Public stigma refers to the negative attitudes held by the members of public which devalue people based on certain characteristics, such as mental illness. Self-stigma refers to the internalization of the public attitudes and applying it to oneself. In collectivist cultures, individuals are strongly tied to their family, and therefore, families are more likely to experience stigma (Schomerus & Angermeyer, 2008). Therefore, it is important to consider family stigma, also known as courtesy or affiliative stigma (Goffman, 1963), particularly in collectivist cultures, as public stigma is likely to impact beyond the stigmatized individual (Phelan et al., 1998).

Psychosis is a serious mental illness that can involve symptoms such as hearing voices, seeing things that are not there, and feeling paranoid (Schultz et al., 2007). Many individuals diagnosed with psychosis will experience stigma (González-Torres et al., 2007). Mental illnesses like psychosis are stigmatized across societies; however, there are differences between cultures (Abdullah & Brown, 2011). Research has shown that there can be significant differences in mental illness stigma experienced between ethnic groups (Corrigan & Watson, 2007). This is emphasized in the Middle East (a geographical and cultural region in Western Asia predominantly occupied by Arab, Persian, and Turkish populations) where psychosis is reported to be highly stigmatized (Sadeghi et al., 2003; Shahrour & Rehmani, 2009; Taghva et al., 2017). Negative stereotypes of psychosis (e.g., that people with psychosis are dangerous) are often perpetuated by media portrayals and can lead to fear and isolation for those experiencing psychosis, with many nationals preferring to maintain social distance (Alamri, 2016). Similar attitudes to people with psychosis are reported among medical professionals such as psychologists, psychiatrists, and hospital staff in Iran, Oman, and Saudi Arabia (Al-Adawi et al., 2002; Shahrour & Rehmani, 2009; Taghva et al., 2017).

While self-stigma has rarely been investigated in the Middle East, the consequences are apparent from several studies where people with mental illnesses have avoided stigmatization by seeking alternative, traditional, or faith healers (Okasha & Karam, 1998). This notion was demonstrated in a study by Eapen and Ghubash (2004), where 28% of Emiratis would rather not seek help to avoid the stigma attached to it. This was further illustrated in a study in the United Arab Emirates, where nearly half (45%) of patients who were suffering psychiatric symptoms had sought nonprofessional help prior to seeking specialized services (Salem et al., 2009). Furthermore, a recent study in Jordan suggested that being diagnosed with psychosis appeared to produce low self-esteem and isolation among participants (Al-HadiHasan et al., 2017), showcasing the effect of self-stigma on people with psychosis in the Middle East. In a study in Iran by Rezayat et al. (2019), it was found that participants with psychosis were socially rejected, and they were submissive in response to rejection; this is theorized to be as a by-product of self-stigma. More recent Middle Eastern studies also suggested that experiencing the stigma of psychosis led to low self-esteem, isolation, and being submissive to social rejection (Al-HadiHasan et al., 2017; Rezayat et al., 2019).

Mental illnesses often impact family members and carers through affiliate stigma, a form of stigmatization where relatives of individuals with mental illness internalize negative emotions toward themselves. This self-directed stigma arises from their awareness of society's broader stigma toward mental illness, causing feelings of shame, embarrassment, or self-blame (Bos et al., 2013; Van den Bossche & Schoenmakers, 2022; Vázquez et al., 2024). While comparisons of stigma in Middle Eastern populations and other cultural groups are lacking, and there will inevitably be differences in attitudes to psychosis between and within countries and communities included in this review, there are specific factors in Middle Eastern cultural contexts with may affect attitudes and responses to psychosis. Countries in the Middle East generally have a collectivist culture which means stigma can have significant impacts for the family. Qualitative studies have reported that approximately a third of families in Iran hide their family member's mental illness from others (Sadeghi et al., 2003; Shahveysi et al., 2007) to avoid associative stigma. A similar pattern was recorded in the United Arab Emirates, where only 38% of the participants reported seeking help from a specialist in case of a mental illness in family members due to stigma and skepticism of the mental health system and services (Eapen & Ghubash, 2004). A study in Egypt also reported that psychiatric disorders are particularly stigmatized and lead to social rejection and segregation and extend to devaluation of the family members (Coker, 2005). The strong family relationships in the Middle East have many advantages but family members are reported to also internalize stigma leading to family members believing that their reputation may be jeopardized and, for example, lead to a reduction in the female family members' prospects for marriage (Okasha et al., 2013). Consequently, this can lead to hiding the diagnosis of their affected family member or delaying treatment (Al-Krenawi et al., 2009; Aloud & Rathur, 2009; Zolezzi et al., 2018).

Another factor which hinders help-seeking behaviors is the lack of mental health literacy and understanding of mental illnesses which can lead to stigmatizing attitudes (Jorm et al., 1997). It has been shown that Middle Eastern populations often exhibit lower levels of mental health literacy regarding the recognition of mental illnesses, the causes, stigma, and help-seeking behaviors (Al-Krenawi et al., 2009; Fekih-Romdhane et al., 2022; Ghuloum & Bener, 2010). Moreover, a study by Hamid and Furnham (2013) found that Middle Eastern populations demonstrated fewer positive attitudes to help seeking and counseling services than Western populations which further demonstrates the need for further research in this area (Hamid & Furnham, 2013).

It is widely accepted that mental health services are underused by people from non-Westernized backgrounds such as immigrants and ethnic minorities (Cook et al., 2014; Derr, 2016; Cheung & Snowden, 1990); therefore, the views of patients are important to consider to understand the effect of stigma on accessing mental health services and treatment and to increase our understanding of barriers to social inclusion for people with psychosis from different cultural backgrounds.

The views of family/carers are also important to consider, given the impact that stigma can have on the wider family network (Chang et al., 2015; González-Torres et al., 2007). Family and carer involvement is key to supporting patients, and research has demonstrated that it can impact important outcomes such as relapse and readmission (Bird et al., 2010). Moreover, there is research to suggest that family/carer

burden and distress caused by stigma can have adverse effects on patients, for example, causing the patient to withhold their experiences and delay help seeking, which can result in a decline in functioning and increased possibility of hospital admission.

Another factor influencing stigma experiences is the implementation of antistigma interventions, which target stigma at multiple levels: intrapersonal, interpersonal, organizational, community, and governmental (Heijnders & Van Der Meij, 2006; McLeroy et al., 1988; Richard et al., 1996). These interventions have shown positive outcomes in Western countries (Coker, 2003; Henderson, 2020).

For instance, the World Psychiatric Association initiated antistigma programs in Egypt and Morocco, responding to stigma among the public and health care providers. These interventions included brochures, meetings, and seminars aimed at reducing stigma among people with mental illnesses and their families (Sartorius & Schulze, 2005). However, there remains limited knowledge about the effectiveness and acceptability of such interventions in the Middle East.

Though previous research has demonstrated that the stigma of psychosis is a prominent issue in the Middle East's population, person with psychosis, and family members, there is still little research which has investigated the stigma of psychosis in the Middle East. Much of the existing literature includes quantitative data from questionnaires, which has not allowed for in-depth understanding of the participants' views that qualitative data would allow (Al-Krenawi, 2005; Douki et al., 2007; Fakhr El-Islam, 2008; Sartorius & Schulze, 2005; Schomerus et al., 2012). Quantitative data may lack an in-depth understanding of the stigma experiences faced by individuals with psychosis and their families. Such insight can be better achieved through qualitative studies that explore the phenomenology of these experiences (Al-Krenawi, 2005; Douki et al., 2007; Fakhr El-Islam, 2008; Sartorius & Schulze, 2005; Schomerus et al., 2012). Understanding how psychosis stigma is subjectively experienced and in what contexts it is most challenging can inform intervention development and key contexts for reducing stigma.

There are no current syntheses of the available evidence examining the stigma associated with psychosis experienced by people with psychosis, carers, and family members of Middle Eastern background populations. This systematic review was conducted to address this gap in knowledge. More specifically, it aimed to examine the qualitative literature exploring experiences of stigma associated with psychosis from the perspective of people with psychosis and carers or family members of Middle Eastern ethnicity backgrounds, examine public perceptions of psychosis among Middle Eastern populations, and examine the usefulness of antistigma psychosis interventions on Middle Eastern populations. This systematic review will conclude by considering all the retrieved evidence and, if the available evidence allows, proposing recommendations for antistigma interventions for Middle Eastern populations.

The following three questions were addressed in the systematic review and narrative synthesis:

1. What is the experience of people with psychosis and their families or carers of Middle Eastern ethnicity (residing in and outside of the Middle East region) regarding the stigma of psychosis?
2. What are the attitudes to psychosis in Middle Eastern ethnic group populations?
3. What evaluations of antipsychosis stigma interventions have been carried out with people of Middle Eastern ethnicities? What are their key findings?

Method

Design

The systematic review has followed guidance from the Preferred Standards for Systematic Reviews and Meta-Analysis (PRISMA), and the review protocol was prospectively registered on the Prospero international prospective register of systematic reviews website (Prospero ID: CRD42022333118).

Study Inclusion Criteria

Inclusion: Studies were included if the following are met: (a) participants aged 18+; (b) participants of a Middle Eastern ethnicity (defined as grouping of people who identify with each other based on shared attributes, such as tradition, language, history, culture, nation, or religion [either through birth or inherited] from one of the following countries: Afghanistan, Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, Egypt, Libya, Sudan, and Yemen; "Middle East—medical subject headings, National Center for Biotechnology Information," 2022); (c) participants who self-reported as experiencing psychosis or those with a confirmed diagnosis of psychosis, family/carer for someone with psychosis, and member of the public; (d) examined experience of psychosis stigma, the attitude toward people with psychosis, or the effectiveness of an antistigma intervention; (e) were of any qualitative methods design for Aim 1 and quantitative or mixed methods design for Aims 2 and 3; and (f) published in any language.

Studies were excluded if they had (a) children and adolescent participants under 18 and (b) participants of any other ethnic background.

Study Strategy

The search was conducted on January 19, 2023, using four electronic databases (APA PsycInfo [Ovid interface], Embase [Ovid interface], Medline [Ovid Interface], and Web of Science).

The literature search strategies were developed using relevant subject headings, medical subject headings (MeSH terms), and free-text terms related to psychosis, mental illness, Middle East, and stigma. Date restrictions were set from 1990 onwards to include literature relevant to the current social and political context of the Middle East. The full search strategy can be found in Supplemental Table S1. Studies were deduplicated, and titles and abstracts were screened to identify eligible studies to be screened at full text by the lead researcher (PP). Title, abstract, and full texts were then screened for eligibility independently by two researchers (PP and LW). This was followed by forward and backward citation tracking of included articles.

Data Extraction

The Results sections for all included studies were used as data and extracted. PP began by extracting the study characteristics of the

included studies. PP then extracted data from the studies that were deemed as relevant to addressing the aims of the review.

Quality Assessment

The Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) was utilized to critically appraise and assess the quality of eligible studies due to the diversity of the study methodologies.

The initial stage of the MMAT includes questions "are there clear research questions?" and "do the collected data allow to address the research questions?" This is followed by the second stage of the MMAT which includes five checklists depending on the study methodology which includes the most common study designs, that is, qualitative, randomized controlled trial, nonrandomized, quantitative descriptive, and mixed methods studies, and each checklist will have five criteria most relevant to appraise the methodological quality of the study, and each criterion will be rated as a score of either "yes," "cannot tell," or "no." Studies scoring low on the MMAT were not excluded; however, the information was used to assess the quality of the included studies. The detailed quality assessment can be found in Supplemental Table S2.

Data Analysis

Due to the diversity of aims and study methodologies, a narrative synthesis approach was taken following best-practice guidelines (Popay & Roberts, 2006). Narrative synthesis has four key stages: developing a theory of how the intervention works, why, and for whom; developing a preliminary synthesis of findings of included studies; exploring relationships in the data; and assessing the robustness of the synthesis, which have been applied to our synthesis and described further below.

We have approached each of the three aims as independent research questions and analyzed study data to answer each aim individually. The Results sections for all included studies were used as data. We began by tabulating and narratively summarizing the study characteristics of the included studies. We then synthesized data from the studies to address each aim and examined patterns in the data relating to variation in participant groups, service, or national contexts. For Aims 1 and 2, six key themes were generated using content analysis (Hsieh & Shannon, 2005; Patton, 2002). The key themes were created by identifying the different code occurrences and grouping them together to form themes. For Aim 3, we firstly examined the types of interventions and methods utilized and extracted their characteristics, including the types of outcome measures used to examine the impact of the intervention.

Positionality

To be transparent about our approach to this review, we briefly describe our backgrounds. The lead author is female and of Middle Eastern descent. Two supervisors are female, and two are male. One supervisor identifies as White British, one as White European, one as East Asian, and one as mixed East Asian British. We used regular meetings between the lead author and her two main supervisors (LW and BLE) to review the developing data synthesis, refer to the primary studies, and consider our own responses to the data. The six synthesized themes generated for Research Questions 1 and 2 were reviewed by all authors.

Results

Study Selection

After the removal of duplicates, a total of 5,327 studies were identified. After screening titles and abstracts against the eligibility criteria, 5,169 articles were excluded, and 158 articles were screened and examined at full text. A further 140 studies did not meet the eligibility criteria and were excluded (exclusion reasons can be found in Supplemental Table S2). The key exclusion reasons were that the studies were not psychosis-related or stigma-related or did not fit the age or ethnicity criteria. The remaining 18 studies were eligible and have been included in this review. All 18 studies were published in English, and no studies that were identified were published in other languages. No additional studies were retrieved through forward and backward citation tracking of included studies. The study selection process is outlined in the PRISMA diagram in Figure 1.

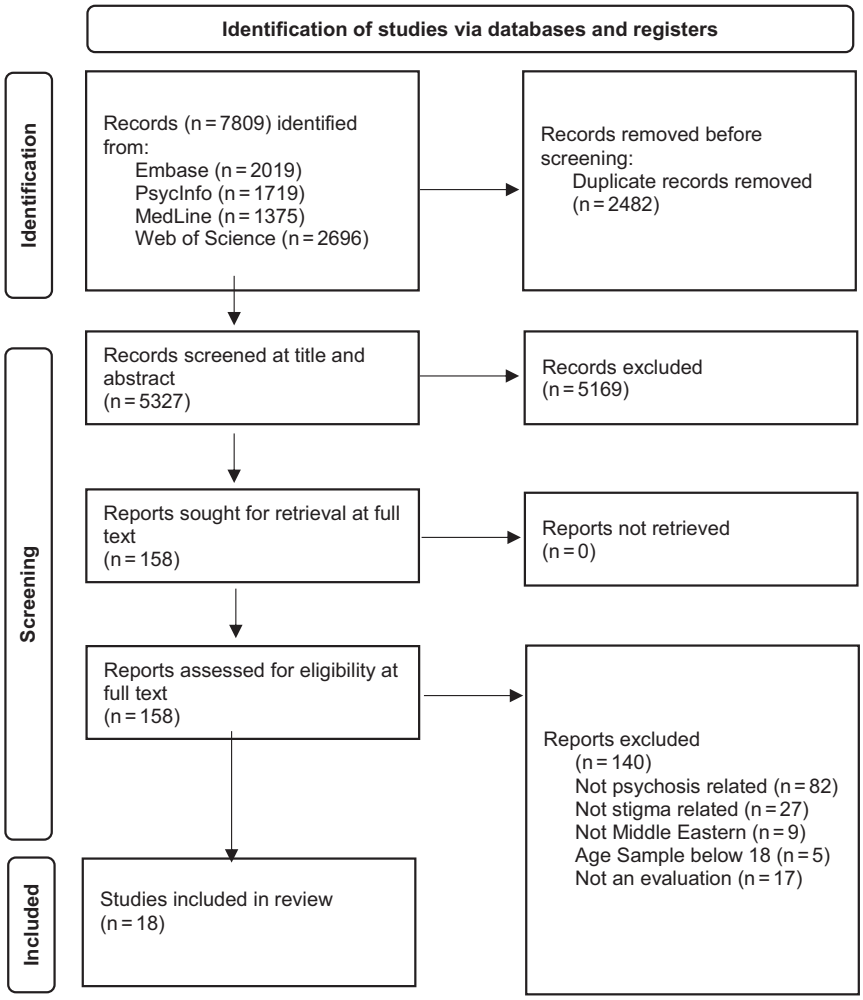
Study Characteristics

The included studies' characteristics can be found in Tables 1–3. The tables have been separated by each aim of the systematic review. Out of the 18 articles, eight articles were qualitative articles examining the personal experiences of psychosis-related stigma from the perspective of patients, families, and carers addressing Aim 1 (Al-HadiHasan et al., 2017; Al-Sawafi et al., 2021; Güner, 2014; Hasan & Musleh, 2017; Karanci et al., 2019; Zabihi Poursaadati et al., 2023; Rezayat et al., 2019). Six articles were quantitative articles examining public attitudes toward people with psychosis using surveys/questionnaires (addressing Aim 2), five of which included vignettes for participants to rate (Aydin et al., 2003; Gearing et al., 2015; Nine et al., 2022; Saad et al., 2022; Taskin et al., 2003) and one examined nurses' attitude toward psychosis through a questionnaire (Kukulu & Ergün, 2007). Three of the articles measured health professional's attitudes (Aydin et al., 2003; Kukulu & Ergün, 2007; Saad et al., 2022), and three measured public attitudes (Gearing et al., 2015; Nine et al., 2022; Taskin et al., 2003). Four articles addressed Aim 3, three examining the effectiveness of antistigma inventions and one examining the effect of a self-stigma intervention. One was a randomized control trial (Hasan & Alasmee, 2022), one was a cluster randomized control trial (Alhadidi et al., 2023), and two were cohort studies (Altindag et al., 2006; Uçok et al., 2006).

Quality Assessment

The full quality assessment rating for each study can be found in Supplemental Table S3. The qualitative studies (examined in Aim 1) were of good methodological quality, and data collection was adequate to answer the research questions as semistructured interviews were employed in all studies which provided in-depth insights to understand the concepts, opinions, and/or experiences (Al-HadiHasan et al., 2017; Al-Sawafi et al., 2021; Güner, 2014; Hasan & Musleh, 2017; Karanci et al., 2019; Zabihi Poursaadati et al., 2023; Rezayat et al., 2019). Measures were taken to increase accuracy and strength of some of the qualitative articles which

Figure 1
PRISMA Diagram



Note. Flowchart of the systematic review and article selection process. PRISMA = Preferred Standards for Systematic Reviews and Meta-Analysis.

meant that overall, the studies were of good methodological quality. All interviews were recorded, transcribed verbatim, revisited, and listened to multiple times so that researchers were thoroughly familiar and engaged with the data and were able to report on prevalent themes (Al-HadiHasan et al., 2017; Al-Sawafi et al., 2021; Güner, 2014; Hasan & Musleh, 2017; Karanci et al., 2019; Zabihi Poursaadati et al., 2023; Rezayat et al., 2019).

Overall, the quantitative nonrandomized studies (examined in Aim 2) demonstrated good quality. Out of the six studies, one did not account for confounders in urban and city participants (Gearing et al., 2015), while the remaining five accounted for confounding variables (Aydin et al., 2003; Kukulu & Ergün, 2007; Nine et al., 2022; Saad et al., 2022; Taskin et al., 2003).

In the four intervention studies (examined in Aim 3), there waslow methodological quality in two of the studies. One of the articles could not achieve true randomization due to the study set and only included male participants (Alhadidi et al., 2023), and the second intervention study only reported a 51% follow-up response rate and did not include a control group (Uçok et al., 2006).

No studies were excluded from the analysis as the MMAT (Hong et al., 2018) due to the aims of the study and paucity of the literature.

Aim 1

What is the experience of people with psychosis and their families or carers of Middle Eastern ethnicity (residing in and outside of the Middle East region) regarding the stigma of psychosis?

Study Characteristics of Qualitative Studies

A total of eight studies addressed this aim. Three examined the personal stigma experiences from the perspective of the individual (Hasan & Musleh, 2017; Güner, 2014; Karanci et al., 2019),

Table 1

Qualitative Studies of Individuals With Psychosis and Families' Experience of the Stigma of Psychosis (Aim 1)

Study and location	Aim	Method	Setting	*N*	Demographic	Service user/family	Service user diagnosis
Rezayat et al. (2019), Iran	To explore the way people with schizophrenia and their family members respond to stigma	Semistructured qualitative interviews. Grounded theory	Psychiatric hospital	16	Service users (*N* = 7): Males (*N* = 5); females (*N* = 2); 40–55 years; family members (*N* = 9); males (*N* = 2); females (*N* = 7); age 22–58	Both service user and family/caregivers	Schizophrenia disorder (*N* = 7)
Karanci et al. (2019), Turkey	To explore the perspectives of Turkish people with schizophrenia on how they view the impact of the illness on their lives, the societal reactions and attitudes to schizophrenia, and whether they agree with these reactions	Semistructured qualitative interviews. Thematic analysis	Schizophrenia support association	23	Service users: Males (*N* = 19); females (*N* = 4); 26–61 years	Service users	Schizophrenia (*N* = 23)
Güner (2014), Turkey	To explore the illness perception in people with schizophrenia	Semistructured qualitative interviews. Narrative analysis	Schizophrenia Patient Association	9	Service users: Males (*N* = 8); females (*N* = 1); age 27–54	Service users	Schizophrenia (*N* = 9)
Al-Sawafi et al. (2021), Oman	To explore the experiences of relatives of people diagnosed with schizophrenia	Semistructured qualitative interviews. Framework analysis	Psychiatry inpatient unit	20	Family members/relatives: Males (*N* = 8); females (*N* = 12); 25–60 years	Family members	N/A
Rezayat et al. (2019), Iran	To explore the experience and meaning of stigma in patients with schizophrenia spectrum disorders and their families	Unstructured qualitative interviews. Content analysis	Psychiatric hospital	16	Service users: Males (*N* = 5); females (*N* = 2); 40–55 years; family members (*N* = 9); male (*N* = 2); female (*N* = 7); 31–58 years	Both service users and family members	Schizoaffective disorder (*N* = 1) Schizophrenia disorder (*N* = 6)
Zabihi Poursaadati et al. (2023), Iran	To explore the caregivers' experiences and perspectives of factors associated with relapse in Iranian people with schizophrenia	Semistructured qualitative interviews. Content analysis	Razi Psychiatric Hospital	28	Formal caregiver (*N* = 12); males (*N* = 5); females (*N* = 7); 20–60 years informal caregiver (16); male (*N* = 3); female (*N* = 13)	Formal caregivers	N/A
Hasan and Musleh (2017), Jordan	To explore the barriers to early psychiatric treatment among first-episode schizophrenia patients	Semistructured qualitative semistructured interviews, Inductive thematic analysis	Three outpatient clinics	27	Family members: Males (*N* = 2); females (*N* = 22)	Family	N/A
Al-HadiHasan et al. (2017), Jordan	A qualitative process evaluation to explore potential processes underpinning any observed effect on people diagnosed with schizophrenia and their caregivers	Semistructured qualitative interviews. Qualitative process evaluation	Participants were recruited from a randomised control trial	17	Service users: Males (6); females (2); 20–51 years; primary caregiver male (*N* = 0), female (*N* = 9); 20–51 years.	Service users and caregivers	Schizophrenia (*N* = 4) schizoaffective disorder (*N* = 4)

Note. N/A = not available.

Table 2

Quantitative Studies of Public Attitudes to Psychosis in Middle Eastern Populations (Aim 2)

Study and location	Aim	Method	Setting	*N*	Demographic	Participant	Staff member profession	Service user diagnosis
Kukulu and Ergün (2007), Turkey	To evaluate nurses' opinions about individuals diagnosed with schizophrenia	Questionnaire and descriptive statistics	27 psychiatric ward hospitals, six training and research hospitals, six psychiatric hospitals	543	*Nurses*: 32.3 ± 7.1 *M* years, age range 21–59	Nurses	Nurse	N/A
Gearing et al. (2015), Jordan	To evaluate stigma perceptions and social exclusion among the public related to adolescents with schizophrenia	Experimental vignette survey (two vignettes). Analysis of variance or chi-tests	Public spaces	104	Males (no treatment vignette; $N = 26$); average age 31.4; male (treatment vignette; $N = 26$); average age 33.8; females (no treatment vignette; $N = 25$) 32.9 mean age, female (treatment vignette; $N = 27$) 32.1 average age	Public	N/A	N/A
Saad et al. (2022), Saudi Arabia	To investigate social stigma among health care providers toward patients with schizophrenia and obsessive–compulsive disorders at tertiary hospital in Makkah	Cross-sectional questionnaire-based study. Person's chi-square test was used to compare categorized data	King Abdullah Medical City	283	*Staff members:* Males ($N = 148$); females ($N = 135$); 20–30 years 126 (44.5%), > 30–40 years 126 (44.5%), > 40–50 years 26 (9.2%), > 50–60 years three (1.1%)	Health providers	Medical job physician 77 (27.2%), nurse 112 (39.6%), pharmacist six (2.1%), technician 47 (16.6%), dietitian nine (3.2%), social worker two (0.7%), respiratory therapist five (1.8%), physiotherapist 10 (3.5%), others 13 (4.6%)	Vignette for obsessive–compulsive disorder vignette for schizophrenia
Taskin et al. (2003), Turkey	To determine the public's attitudes to patients with schizophrenia in rural Turkey	Case vignette and public survey form, descriptive analysis, logistic regression analysis	Public area residents of the rural village	208	Males ($N = 108$); females ($N = 100$); age 18–25, 38, 18.3% 26–35, 55, 26.4% 36–45, 45, 21.6% 46–55, 29, 13.9% 55 (+), 41, 19.7%	Public	Psychiatrist ($N = 2$), senior medical student ($N = 8$)	N/A
Nine et al. (2022), Afghanistan	To explore the nature and patterns of mental health stigma among community members in Afghanistan	Case vignette and questionnaire, descriptive and inferential analyses	Random starting points, that is, every 15th house on the right	718	Males ($N = 342$); females ($N = 376$); 18–29 years, 299, (41.6%) 30–39, 182, (25.4%) 40–49, 118, (16.4%) 50–59, 68, (9.5%) 60+, 51, (7.1%)	Public	N/A	N/A
Aydin et al. (2003), Turkey	To investigate and compare hospital workers' attitudes and knowledge toward schizophrenia and depression	Vignette and questionnaire. Data were analyzed using statistical chi-square test	Various non psychiatric clinics of Ataturk University Hospital	160	N/A	Hospital workers	40 resident physicians, 40 nurses, 40 hospital employees, 40 academicians	Vignette about schizophrenia and depression

Note. N/A = not available.

Table 3

Stigma Interventions for Psychosis in Middle Eastern Ethnicity Populations (Aim 3)

Study and location	Aim	Method	Setting	*N*	Demographic	Participant	Staff member profession	Service user diagnosis	Intervention	Control
Alhadidi et al. (2023), Jordan	To evaluate the impact of psychoeducation on people with schizophrenia in long-term care	Cluster randomized controlled trial to compare TAU and TAU plus intervention (psychoeducation)	Government mental health hospital in four hospital wards	122	Male participants intervention group ($N = 66$), male participants control group ($N = 56$)	Impact of psychoeducation on people with schizophrenia	Researcher and nurse supervisors carried out the research	Vignette about schizophrenia and depression	Psychoeducation	TAU
Hasan and Alasmee (2022), Jordan	To evaluate the impact of a self-stigma reduction program on psychosocial outcomes among people with schizophrenia spectrum disorder	Randomized control trial	N/A	278	Intervention group: Male ($N = 45$); female ($N = 95$). Control group: Male ($N = 63$), female ($N = 75$)	Impact of self-stigma reduction program on people with schizophrenia spectrum disorder	N/A	Schizophrenia spectrum disorder	Self-stigma reduction program	TAU
Altindag et al. (2006), Turkey	To explore the effects of an antistigma program on medical students' attitudes toward people with schizophrenia	Nonrandomized comparison study between a group of students who received the program and a group who did not. Pre and post antistigma program questionnaire	Two universities, faculty of medicine	60	Intervention program group $N = 25$, male $N = 18$, female $N = 7$, average age 19.5. Control group $N = 25$, male = 27, female = 8. Average age 19.7	Explore the effects of antistigma program on medical students	N/A	Depiction of schizophrenia	Antistigma program	Control group (no antistigma program)
Uçok et al. (2006), Turkey	To measure the impact of antistigma education on the attitudes of general practitioners regarding schizophrenia	Nonrandomized comparison study and pre- and posteducational intervention questionnaire	71 health institutions	106	Male ($N = 79$), female ($N = 27$) average age 34.5 ± 8.5, age range 24–57.	Measure impact of antistigma education on general practitioners	General practitioner ($N = 106$)	N/A	Educational intervention	N/A

Note. TAU = treatment as usual; N/A = not available.

two from the perspective of the family and carers (Al-Sawafi et al., 2021; Zabihi Poursaadati et al., 2023), and three examined both (Al-HadiHasan et al., 2017; Rezayat et al., 2019). Three studies were conducted with Iranian samples (Rezayat et al., 2019; Zabihi Poursaadati et al., 2023), two studies were conducted with Turkish samples (Güner, 2014; Karanci et al., 2019), two studies were conducted with Jordanian samples (Al-HadiHasan et al., 2017; Hasan & Musleh, 2017), and one study was conducted with an Omani sample (Al-Sawafi et al., 2021).

Two studies utilized a thematic analysis to examine their data (Hasan & Musleh, 2017; Karanci et al., 2019), two used a content analysis (Rezayat et al., 2019; Zabihi Poursaadati et al., 2023), one used grounded theory (Rezayat et al., 2019), one used a narrative analysis (Güner, 2014), one used framework analysis (Al-Sawafi et al., 2021), and one used a qualitative process evaluation (Al-HadiHasan et al., 2017). Out of the eight studies, four directly aimed to examine the personal experiences of stigma from schizophrenia (Güner, 2014; Karanci et al., 2019; Rezayat et al., 2019), and four identified stigma as a subtheme (Al-HadiHasan et al., 2017; Al-Sawafi et al., 2021; Hasan & Musleh, 2017; Zabihi Poursaadati et al., 2023). The sample size ranged from 9 (Güner, 2014) to 28 (Zabihi Poursaadati et al., 2023).

Content Analysis of Study Findings

Overall, the included studies found that stigma was a prominent issue in schizophrenia. The synthesis generated six key themes across the included studies.

Rejection

Out of the included studies, four identified the theme of rejection. Patients and their family and carers described that experiences of rejection were common once the label of schizophrenia was identified. One article described that people with schizophrenia and their family and carers felt socially rejected and were submissive in response to rejection (Rezayat et al., 2019), while another also reported that they were socially rejected and experienced discrimination because of stigma (Rezayat et al., 2019). Two other studies reported that people living with schizophrenia experienced rejection, negative societal reactions, and an increase of the existing burdens which came with living with mental disorder (Güner, 2014; Karanci et al., 2019).

Oppression

Three studies reported that people with schizophrenia and their family members felt oppressed and devalued, experienced injustice, felt that their rights were violated, and were humiliated based on the lack of knowledge and incorrect beliefs held by their communities (Karanci et al., 2019; Rezayat et al., 2019). One of the three studies which reported oppression also attributed it to false judgments resulting to contemptuous and aggressive behaviors toward the person with schizophrenia (Rezayat et al., 2019). A similar pattern was seen in a study by Rezayat et al. (2019) whereby the person with schizophrenia felt like their life was controlled by their family. The third study reported that people with schizophrenia felt that they were often rudely dismissed from possible employment opportunities (Karanci et al., 2019).

Isolation

Five studies identified that people with schizophrenia and their family members/carers felt isolated either directly or indirectly. One study found that being rejected and oppressed led into isolation for the individual and their family members (Rezayat et al., 2019). Al-Sawafi and colleagues found that the perceived shame of mental illness imposed social isolation on the entire family (Al-Sawafi et al., 2021). Two further studies reported that individuals with schizophrenia felt unable to socialize or share their feelings with others as they would be misunderstood, which also led to isolation (Güner, 2014; Karanci et al., 2019). Another study suggested that being diagnosed with schizophrenia appeared to produce low self-esteem and isolation as a result (Al-HadiHasan et al., 2017).

Lack of Awareness

Six studies reported that a lack of awareness from the public about schizophrenia negatively affected them. One study reported that people with schizophrenia were affected by the lack of awareness or knowledge of schizophrenia by those around them, which led to alienation and negative reactions from others (Karanci et al., 2019). Another study found that people with schizophrenia did not understand what schizophrenia was and neither did their family, friends, or doctors (Güner, 2014). Two studies reported needing to improve awareness for family members, as a lack of awareness delayed help seeking which negatively affects the person with schizophrenia (Al-Sawafi et al., 2021; Hasan & Musleh, 2017).

Another study into caregivers' experiences and perspectives on factors associated to relapse suggested that a lack of awareness contributed to stigma and reported that a protective factor in reducing relapse is a high level of awareness (Zabihi Poursaadati et al., 2023). Al-HadiHasan et al. (2017) identified that the lack of awareness was a prominent issue in people with schizophrenia and their family members/carers, as it was associated to self-stigma and shameful and negative feelings, which resulted to lower treatment adherences and poor quality of life.

Negative Labels

Five studies reported the detrimental impacts of negative labeling. Karanci et al. (2019) found that the label of schizophrenia was associated with danger and trouble; thus, participants reported hiding their illness from others or using a different label to avoid being stigmatized, while another study reported that people with schizophrenia would delay access to treatment out of fear of being diagnosed, and therefore labeled (Hasan & Musleh, 2017).

Furthermore, Rezayat et al. (2019) found that family caregivers of the person with schizophrenia accepted the negative label by agreeing with them and remaining silent. This was hypothesized to be due to the Middle Eastern culture, as remaining silent and agreeing reluctantly are used as a method to maintain the respect of the family and social relationships in Iranian culture (Rezayat et al., 2019).

The Burden of Schizophrenia and Its Impact on Functioning

Four studies reported that people with schizophrenia were perceived to be a burden due to the impact schizophrenia had on the individual's functioning. Karanci et al. (2019) reported that schizophrenia is a chronic mental illness which impacts the social and occupational lives of the people living with schizophrenia and their families. Moreover, the negative societal reactions and resultant stigma further exacerbate the impact and broaden the effects to family members. In another study, it was reported that people with schizophrenia who reported experiencing high levels of social stigma were deterred from seeking treatment, which in turn increased the burden of schizophrenia and had detrimental impacts on their functioning (Hasan & Musleh, 2017).

Both caregivers and people with schizophrenia reported being affected by stigma also reported an increase in the perceived burden of the disorder (Rezayat et al., 2019). Additionally, the shame surrounding mental illness also reported to impose social isolation on the entire family, which in turn impacted the burden of schizophrenia as well (Al-Sawafi et al., 2021). Similarly, another study suggested that a lack of support increases burden of illness among carers in Iran (Zabihi Poursaadati et al., 2023).

Aim 2

What are the attitudes to psychosis in Middle Eastern ethnicity populations (residing in and outside of the Middle East region).

Sample Characteristics of Studies

A total of six studies contributed to Aim 2. In relation to sample population, three studies examined health personnel; one included nurses (Kukulu & Ergün, 2007) in Turkey, one included any health care provider, such as physicians, pharmacists, and nurses (Saad et al., 2022) in Saudi Arabia, and one included any hospital staff (resident physicians, nurses, hospital employees, and academics; Aydin et al., 2003) in Turkey. The remaining three studies examined the attitudes of the public; one study in Afghanistan included a combination of community members from both rural and urban areas (Nine et al., 2022), one study in Turkey included rural samples only (Taskin et al., 2003), and one study in Jordan included urban samples only (Gearing et al., 2013). All six studies were cross-sectional and included questionnaires/surveys. The sample sizes ranged from $n = 104$ (Gearing et al., 2013) to $n = 718$ (Nine et al., 2022).

Summary of Study Findings

Overall, the included studies examining stigma among the public and health care professionals found that stigma was a prominent issue. We have grouped findings from the studies into five key subheadings across the included studies.

Closeness Versus Distance

Five studies examined closeness or distance toward people with schizophrenia among different populations. Kukulu and Ergün's (2007) study found that 31.9% of the participants (who were nurses) believed that people with schizophrenia should not be able to move freely in society; however, 57% believed that they could work with someone who has schizophrenia, 43% believed they would not be bothered by having a person with schizophrenia being a neighbor, and 63% reported that they would be willing to rent their homes to people with schizophrenia (Kukulu & Ergün, 2007).

In another study, 41% refused to be neighbors with someone who has schizophrenia which demonstrates preference for social distancing (Saad et al., 2022), with similar findings in Nine et al.'s (2022) article, which demonstrated that 44% of participants did not feel comfortable being neighbors with someone with schizophrenia, socializing with someone who has schizophrenia (45%), or developing a friendship (53%; Nine et al., 2022). More than half of the participants in another study by Taskin et al. (2003) stated that they would be irritated about having a neighbor with schizophrenia (61.5%) and that they would not rent their home to a person with schizophrenia (58%). Following a similar trend, it was found that 78% of resident physicians answered no to renting to someone with schizophrenia, along with 76% of nurses, 75% of academicians, and 71% of hospital staff, and similarly, a high percentage of participants also answered no being neighbors with someone living with schizophrenia (61% of resident physicians answered no and 65% of nurses; Aydin et al., 2003). Interestingly, it appeared that stigma was prevalent in both urban and rural and health care staff, with the highest level of preferred distance being reported by health care personnel in Turkey (Aydin et al., 2003) followed closely by rural occupants in Turkey (Taskin et al., 2003).

Employability

Four studies examined employability. Kukulu and Ergün (2007) found that 57% of the participants believed that they could work with someone who has schizophrenia. However, Saad et al.'s (2022) study also explored the employability of someone with schizophrenia, and only 28% would hire someone with schizophrenia. The study by Taskin et al. (2003) found that 61% of participants did not want to work with someone with schizophrenia, which was very similar to Nine et al.'s (2022) study which reported that 60% of the participants disagreed to being comfortable working with someone who has schizophrenia (Nine et al., 2022). Overall, the studies demonstrate a reluctance to work with someone experiencing schizophrenia.

Rejection of Close Relationships

Four studies examined the rejection of close relationships, and the results were consistent throughout the studies. Ninety-two percent of participants thought they could not marry someone with schizophrenia (Kukulu & Ergün, 2007); similarly in another study, 83% of participants rejected social interactions with a person who has schizophrenia (Saad et al., 2022). Moreover, Taskin et al. (2003) found that 86% of participants reported that they would not get married to a person with schizophrenia. Seventy-eight percent of participants disagreed to being comfortable with having a person with schizophrenia marry into their family, and 72% agreed that it is best to avoid a person with schizophrenia (Nine et al., 2022).

Negative Labels

Three studies examined the negative labels associated with schizophrenia. Kukulu and Ergün (2007) reported that 76% of participants believed that people with schizophrenia are aggressive and unable to make decisions on their own lives (81%), and while 96% of participants agreed that schizophrenia is an illness, nearly half of that sample believed that it is a state of emotional weakness (47%; Kukulu & Ergün, 2007). Saad et al. (2022) found that 71% of the participants did not feel that people with schizophrenia are responsible for their actions. Nine et al. (2022) found that 91% of participants agreed that schizophrenia was a sign of personal weakness, and 59% agreed that people with schizophrenia are dangerous.

Etiology

One study reported on view of the etiology of schizophrenia. Kukulu and Ergün's (2007) findings reported that 51% of the nurses believed that social problems caused schizophrenia and 93% believed that the illness is present from birth, while a very small minority (2%) believed that schizophrenia was contagious demonstrating that biological and social causal beliefs were most prevalent.

Aim 3

What is the effectiveness and perceived utility and acceptability of stigma interventions for psychosis (individual and public level) when used with Middle Eastern ethnicity populations?

Sample Characteristics

A total of four studies addressed this aim. Two examined the impact of an antistigma intervention on people with schizophrenia (Alhadidi et al., 2023; Hasan & Alasmee, 2022); one examined the impact of an antistigma intervention on general practitioners (Uçok et al., 2006) and the other on medical students (Altindag et al., 2006). Two studies were conducted with a Turkish sample (Altindag et al., 2006; Uçok et al., 2006), and two studies were conducted with a Jordanian sample (Alhadidi et al., 2023; Hasan & Alasmee, 2022). All of the studies included educational programs. The number of participants varied from 60 (Altindag et al., 2006) to 278 (Hasan & Alasmee, 2022). One study utilized a cluster randomization design (Alhadidi et al., 2023) and another used an individual randomized control trial design (Hasan & Alasmee, 2022), while two used a nonrandomized, two-group comparison study and questionnaire analysis to examine their data (Altindag et al., 2006; Uçok et al., 2006). Three studies included a control group (Alhadidi et al., 2023; Altindag et al., 2006; Hasan & Alasmee, 2022).

Characteristics of Interventions Used

Experimental Conditions. All four studies utilized different approaches to antistigma interventions.

The first two studies examined antistigma interventions for people with schizophrenia. One of the studies utilized seven sessions of psychoeducation in a 3-week period for people with schizophrenia (Alhadidi et al., 2023), while another utilized a program with three modules (psychoeducation, cognitive behavioral therapy, and social skills training) and provided 13 biweekly sessions (Hasan & Alasmee, 2022).

The latter two intervention studies examined antistigma interventions for medical students and general practitioners (GPs) respectively. One of the studies utilized a 2-hr lecture among medical students on stigma and schizophrenia based on education, contact, and viewing a film which depicted a person with schizophrenia (Altindag et al., 2006). Similarly, Uçok et al. (2006) recruited GPs and conducted a brief 45-min educational and interactive session on the diagnosis, treatment, and stigma of schizophrenia, followed by an interactive discussion and handouts.

Control Conditions. Three studies utilized a control group, two of which were studies including patients with schizophrenia, and used treatment as usual (Alhadidi et al., 2023; Hasan & Alasmee, 2022). The remaining study was one which included health care professionals which used a parallel comparison group of medical students who received a 2-hr lecture on an unrelated topic (Altindag et al., 2006).

Examined Outcomes

The four interventions evaluated similar outcomes to examine the effectiveness of their intervention (Table 4); however, all studies used varied outcome measures, and there was no overlap in the measured used. Two studies looked at the effect of antistigma interventions on people with schizophrenia (Alhadidi et al., 2023; Hasan & Alasmee, 2022), and two studies look at the effects of antistigma interventions on medical students (Altindag et al., 2006) and GPs (Uçok et al., 2006).

Summary of Intervention Study Findings

Detailed findings from the primary studies can be found in Supplemental Tables S4 and S5. Two randomised control trial studies of interventions for people with psychosis by Alhadidi et al. (2023) and Al-hadi Hasan and Alasmee (2022) have reported promising and positive findings (Supplemental Table S5). Alhadidi et al. (2023) found that their psychoeducation intervention significantly improved knowledge (Knowledge About Schizophrenia Questionnaire) as well as insight (Birchwood Insight Scale) and reduced mean internalized stigma (Internalized Stigma of Mental Illness Inventory) among participants in the intervention group compared to the control group. Similarly, Hasan and Alasmee (2022) found that participants in the intervention group experienced a significant reduction in the level of self-stigma (Internalized Stigma of Mental Illness Inventory) and psychotic symptoms (Positive and Negative Syndrome Scale) and improved treatment compliance (Psychosocial Treatment Compliance Scale) and self-efficacy (Chinese General Self-Efficacy Scale) postintervention and at the 6-month follow-up.

Altindag et al. (2006) also found a significant change in the attitude among medical students immediately following the antistigma intervention and in the 1-month follow-up compared to the control group, whereas no significant change was reported before and after the program in the control group. Medical students reported more positive attitudes regarding the etiology of schizophrenia, social distance, and the care and management of people with schizophrenia. However, a number of items did not significantly change, and some aspects worsened in the 1-month follow-up, such as "to accept as coworkers." Lastly, Uçok et al. (2006) found statistically significant

Table 4
Examined Outcomes for Aim 3

Article	Outcome measure	Instrument
Alhadidi et al. (2023)	Schizophrenia knowledge, insight into schizophrenia and internalized stigma of mental illness and level of internalized stigma pre- and postintervention	Knowledge About Schizophrenia Questionnaire (Ascher-Svanum, 1999), the Birchwood Insight Scale (Birchwood et al., 1994), the Internalized Stigma of Mental Illness Inventory (Ritsher et al., 2003)
Hasan and Alasmee (2022)	Participants' experience of stigma, engagement in intervention, attendance, and commitment to intervention and self-efficacy	29 scale Internalized Stigma of Mental Illness Inventory (Ritsher & Phelan, 2004). Psychosocial Treatment Compliance Scale (Tsang et al., 2006). Chinese General Self-Efficacy Scale (Chiu & Tsang, 2004). Positive and Negative Syndrome Scale (Kay et al., 1987).
Altindag et al. (2006)	Schizophrenia knowledge and attitudes and responses to schizophrenia	32-item questionnaire comprising of two parts, one being the participants' response to a vignette and second part on the knowledge of schizophrenia, etiology, treatment, attitudes, and social distance
Uçok et al. (2006)	The course of schizophrenia, and opinions toward the general myths associated to schizophrenia. The participants were asked to select one of the two statements, that is, I agree or I do not agree to questions	16 pre- and postintervention questions, Turkish version of the World Psychiatric Association Global Program to Reduce the Stigma and Discrimination Because of Schizophrenia Booklet (Information about Schizophrenia) Volume II, a presentation handout, and a quick reminder card with the prodromal symptom checklist and the medication strategies for schizophrenia

positive changes on five out of 16 items on an attitude's questionnaire pre- and posttraining of GPs including "Schizophrenia patients could be recognized by his/her appearance," "Schizophrenia patients are untrustworthy," "Schizophrenia patients should be kept in hospitals," "Schizophrenia could be treated," and "Patients with schizophrenia could not comprehend nor apply suggested treatment."

Discussion

This systematic review aimed to examine the experience of stigma among people with psychosis and their families or carers; public attitudes toward psychosis; and the effectiveness, utility, and acceptability of stigma interventions for psychosis (individual and public level) in Middle Eastern populations. This review found that stigma is prevalent among people with psychosis and their family members, and stigmatizing attitudes are common in the Middle Eastern population. This systematic review also tentatively found that antistigma interventions yielded some positive changes in attitudes in people with psychosis, suggesting that self-stigma is potentially amenable to change but more research is needed.

The findings from this systematic review propose possible interventions that could reduce the stigma of psychosis. These include sessions where the family and people with psychosis are supported in hospital, community, or home settings and educated on psychosis to overcome the stigma and shame associated (Alhadidi et al., 2023; Hasan & Alasmee, 2022). School, university, and medical degree students are recommended to implement a curriculum which includes topics on stigma. Similarly, medical personnel are recommended to be provided regular antistigma interventions and training as health care workers still display stigmatizing attitudes (Altindag et al., 2006; Uçok et al., 2006). This is particularly important as people with mental illnesses have greater contact with emergency services (Cook et al., 2014), and emergency workers have reported to have an unfavorable approach to people with mental illnesses which can deter help-seeking behaviors (Hazell et al., 2021).

It is further proposed that the media are utilized to broadcast correct information regarding psychosis and enhancing education and awareness of mental illnesses among the younger generation and increasing social interaction and personal contact with people who have been diagnosed with psychosis through antistigma interventions, workshops, advertisements, and leaflets.

Findings in Context

Overall, the qualitative studies showed that individuals and their family and carers had negative experiences of stigma and believed that psychosis was viewed negatively by the public in several countries in the Middle East. This systematic review found that individuals, family, and carers felt rejected, oppressed, and isolated and feared discrimination and negative labeling (Al-HadiHasan et al., 2017; Al-Sawafi et al., 2021; Rezayat et al., 2019). These findings are generally consistent with stigma literature conducted in Western populations (Colizzi et al., 2020; Corrigan & Watson, 2002). A potentially novel finding is that family members and carers appeared to feel as affected by stigma as the individual, which led to rejection or hiding the family member's diagnosis (Hasan & Musleh, 2017; Karanci et al., 2019; Rezayat et al., 2019). This could potentially be explained by cultural differences and the importance of collectivism and honor in Middle Eastern populations (Shahrour & Rehmani, 2009).

This review found that a lack of understanding of psychosis led to delayed help seeking from the individual and their family and that psychoeducation was important in addressing this, which has been identified in previous research (Hasan & Musleh, 2017; Al-Sawafi et al., 2021; Güner, 2014; Karanci et al., 2019). The review identified that individuals with psychosis believed that their social networks and health care providers did not understand psychosis and held stereotyped views of psychosis, which is in line with previous research conducted in Iran and Saudi Arabia which found that the public and medical professionals believe that people with psychosis

are dangerousness and fear and avoid them (Saad, 2022; Shahrour & Rehmani, 2009; Taghva et al., 2017) .

Regarding attitudes toward psychosis, it was found that people generally preferred distance and associated psychosis with lower employability prospects, rejection of close relationships, negative labels, and social problems. Interestingly, the included studies suggest that people with knowledge of psychosis, such as medical professionals, continued displaying negative associations to psychosis (Saad et al., 2022; Taskin et al., 2003). This pattern of attitudes to psychosis among physicians and nurses has been reported in previous research (Ghuloum et al., 2022; Kukulu & Ergün, 2007; Uçok et al., 2004; Valery & Prouteau, 2020) which suggested that negative attitudes toward people with psychosis are common among health care professionals in the Middle East and should be addressed through further training or antistigma campaigns. Saad et al. (2022) also found that participants who had a familiarity of the diagnosis of psychosis reported more negative attitudes, which aligns with previous research that even a high level of literacy about mental illnesses does not necessarily improve the stigma against mental illnesses (Angermeyer & Matschinger, 2003; Wang & Lai, 2008) and could even lead to increased negative consequences (Dietrich et al., 2006; Lauber et al., 2005). This could also be partially due to the misrepresentation of psychosis in the Middle Eastern media, which often links psychosis to dangerousness, unreliability, fear, and social distance (Alamri, 2016).

This notion of media influencing the population is not only limited to the Middle East and can be seen in research conducted in other countries as well, such as the United Kingdom and United States, where media have influenced the image of certain mental disorders such as psychosis in contrast to actual acts of violence by the stigmatized group (Goulden et al., 2011; Reavley et al., 2012). Thus, being more familiar with psychosis did not necessarily lower stigma and could in fact contribute to more negative attitude and stigma, which goes against previous research (Al-Krenawi et al., 2004).

The antistigma intervention studies demonstrated positive changes and may indicate that such interventions could have some potential impact on future outcomes, suggesting that stigma is potentially amenable to change; however, findings should be interpreted tentatively, specifically to intervention literature where there is a very limited number ($n = 4$) of studies which have been identified and have only measured changes in knowledge and attitude, and there is no way of knowing if this has led to any behavior changes. While the findings are promising, it is concluded that there is a need for more evidence to establish if interventions to change public attitudes or mental health staff attitudes can be effective.

Strengths and Limitations

This review has numerous strengths. First, the PRISMA guidelines were rigorously followed when undertaking this review, the review protocol was prospectively registered, and the narrative synthesis guidelines were transparently followed, which are all best practice.

This review is also in a field which is underdeveloped, and there are limited existing literature or reviews of the same nature. We drew from four databases (Embase, Medline, APA PsycInfo, and Web of Science), and while there were a small number of articles identified, we included publication in any language and where it was not certain that a psychosis clinical group was involved to maximize our findings and were able to summarize and make some possible recommendations for future research and practice in this field.

The majority of the studies reported in this systematic review were of moderate to strong quality, which increases the confidence in the review findings.

This review was also led by someone from Middle Eastern descent, which allowed for in-depth understanding of the study findings. However, we also acknowledge that this may bring bias to the review. This was minimized by the keeping of a reflective diary and discussion in supervision.

As for limitations, this systematic review includes several countries in the Middle East, and the available studies were insufficient to explore differences of views and/or experiences of stigma between Middle Eastern countries. Furthermore, there are several variations of how "Middle East" is defined and what countries are included in this category, which may make it difficult to compare to other studies in the future. Moreover, Middle Eastern countries are diverse, and our broad inclusion criteria may mean we have not been able to identify the nuances to individual countries. However, given the dearth of literature, our review is an important step in understanding the stigma of psychosis in Middle Eastern populations. While publications that were not specified as a psychosis clinical group were included, we have set that a minimum threshold of 80% of participants must have a diagnosis of psychosis to be included in this systematic review, and this may have excluded potentially relevant publications that have unspecified severe mental illness (SMI) groups; this includes the narrative enhancement and cognitive therapy publication where diagnosis and findings were undifferentiated for SMI groups (Roe et al., 2014). Cognitive therapy (narrative enhancement and cognitive therapy) publication is where the diagnoses of participants were not reported and findings for SMI or non-SMI groups could not be distinguished (Roe et al., 2014). Also, due to the paucity of studies identified and the different methods, we were unable to undertake any meta-analysis; this is particularly important in terms of understanding the efficacy of the interventions. We also pooled together different themes for stigmatizing beliefs for consistency in this systematic review which may have reduced the precision of the reporting on different aspects of stigma.

Future Research

To address the stigma surrounding psychosis in the Middle Eastern population, culturally adapted interventions are essential. Research should validate tools to measure stigma specifically for the region, as existing instruments from Western or other contexts may not capture the cultural nuances tied to mental illness (Carpenter-Song et al., 2010; Henderson et al., 2016; Pescosolido et al., 2010; Zolezzi et al., 2018). Evidence highlights negative public attitudes and stigma affecting individuals with psychosis and their families. While intervention trials suggest stigma can be reduced, especially through increased contact with individuals experiencing psychosis, long-term impact studies are scarce, particularly for families and carers.

Recommended approaches include community engagement with local leaders, social figures, and organizations to promote culturally resonant education on psychosis. Campaigns should feature culturally

sensitive materials addressing symptoms, prevalence, and the importance of seeking help, supported by media efforts showcasing accurate information and recovery stories. Community-based support groups can provide safe spaces to share experiences, fostering belonging and reducing isolation.

Health care providers should receive routine cultural competency training to enhance patient trust and treatment outcomes. Educational curricula should incorporate mental health awareness to reduce stigma from an early age. By adopting these culturally relevant strategies, Middle Eastern populations can reduce mental health stigma, improve social integration, and enhance overall mental health understanding in the region (Carpenter-Song et al., 2010; Erickson & Al-Timimi, 2001; Henderson et al., 2016; Pescosolido et al., 2010; Zolezzi et al., 2018).

Reflections on Positionality

We are mindful of the biases that may be brought to research by the research team's positionality. We are aware that we may have approaches in the review analysis with biases due to the primary author being from a Middle Eastern background. However, PP kept a reflective log and used supervision to cross-check findings with supervisors who are not from Middle Eastern backgrounds.

Health Impact Statement

The summary of these studies can be used as a foundation to inform future practice by improving overall mental health literacy among the public and particularly health care professionals to address the negative associations to psychosis in a sensitive manner, while also improving the social integration of people with psychosis and increasing personal contact.

Conclusion

In conclusion, it is understood that stigmatizing beliefs, actions, and attitudes toward psychosis are prevalent in the Middle East, often displaying negative attitudes which can affect people with psychosis, family members, and caregivers.

The summary of these studies can be used as a foundation to inform future practice by improving overall mental health literacy and addressing the negative associations to psychosis in a sensitive manner, while also improving the social integration of people with psychosis and increasing personal contact.

References

Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review*, *31*(6), 934–948. https://doi.org/10.1016/j.cpr.2011.05.003

Al-Adawi, S., Dorvlo, A. S., Al-Ismaily, S. S., Al-Ghafry, D. A., Al-Noobi, B. Z., Al-Salmi, A., Burke, D. T., Shah, M. K., Ghassany, H., & Chand, S. P. (2002). Perception of and attitude towards mental illness in Oman. *International Journal of Social Psychiatry*, *48*(4), 305–317. https://doi.org/10.1177/002076402128783334

Al-HadiHasan, A., Callaghan, P., & Lymn, J. S. (2017). Qualitative process evaluation of a psycho-educational intervention targeted at people diagnosed with schizophrenia and their primary caregivers in Jordan. *BMC Psychiatry*, *17*(1), Article 68. https://doi.org/10.1186/s12888-017-1225-2

Al-Krenawi, A. (2005). Mental health practice in Arab countries. *Current Opinion in Psychiatry*, *18*(5), 560–564. https://doi.org/10.1097/01.yco.0000179498.46182.8b

Al-Krenawi, A., Graham, J. R., Al-Bedah, E. A., Kadri, H. M., & Sehwail, M. A. (2009). Cross-national comparison of Middle Eastern university students: Help-seeking behaviors, attitudes toward helping professionals, and cultural beliefs about mental health problems. *Community Mental Health Journal*, *45*(1), 26–36. https://doi.org/10.1007/s10597-008-9175-2

Al-Krenawi, A., Graham, J. R., Dean, Y. Z., & Eltaiba, N. (2004). Cross-national study of attitudes towards seeking professional help: Jordan, United Arab Emirates (UAE), and Arabs in Israel. *International Journal of Social Psychiatry*, *50*(2), 102–114. https://doi.org/10.1177/0020764004040590

Al-Sawafi, A., Lovell, K., Renwick, L., & Husain, N. (2021). Exploring the experience of relatives living with individuals diagnosed with schizophrenia in Oman: A qualitative study. *Journal of Psychiatric and Mental Health Nursing*, *28*(6), 1029–1040. https://doi.org/10.1111/jpm.12786

Alamri, Y. (2016). Mental illness in Saudi Arabia: Stigma and acceptability. *International Journal of Social Psychiatry*, *62*(3), 306–307. https://doi.org/10.1177/0020764016628896

Alhadidi, M., Hadid, L. A. R. A., Danaee, M., Abdullah, K. L., & Yoong, T. L. (2023). Effects of psychoeducation on people with schizophrenia in long-term care: An intervention study. *Journal of Psychosocial Nursing and Mental Health Services*, *61*(2), 9–18. https://doi.org/10.3928/02793695-20220613-02

Aloud, N., & Rathur, A. (2009). Factors affecting attitudes toward seeking and using formal mental health and psychological services among Arab Muslim populations. *Journal of Muslim Mental Health*, *4*(2), 79–103. https://doi.org/10.1080/15564900802487675

Altindag, A., Yanik, M., Ucok, A., Alptekin, K., & Ozkan, M. (2006). Effects of an antistigma program on medical students' attitudes towards people with schizophrenia. *Psychiatry and Clinical Neurosciences*, *60*(3), 283–288. https://doi.org/10.1111/j.1440-1819.2006.01503.x

Angermeyer, M. C., & Matschinger, H. (2003). Public beliefs about schizophrenia and depression: Similarities and differences. *Social Psychiatry and Psychiatric Epidemiology*, *38*(9), 526–534. https://doi.org/10.1007/s00127-003-0676-6

Ascher-Svanum, H. (1999). Development and validation of a measure of patients' knowledge about schizophrenia. *Psychiatric Services*, *50*(4), 561–563. https://doi.org/10.1176/ps.50.4.561

Aydin, N., Yigit, A., Inandi, T., & Kirpinar, I. (2003). Attitudes of hospital staff toward mentally ill patients in a teaching hospital, Turkey. *International Journal of Social Psychiatry*, *49*(1), 17–26. https://doi.org/10.1177/0020764003049001544

Birchwood, M., Smith, J., Drury, V., Healy, J., Macmillan, F., & Slade, M. (1994). A self-report Insight Scale for psychosis: Reliability, validity, and sensitivity to change. *Acta Psychiatrica Scandinavica*, *89*(1), 62–67. https://doi.org/10.1111/j.1600-0447.1994.tb01487.x

Bird, V., Premkumar, P., Kendall, T., Whittington, C., Mitchell, J., & Kuipers, E. (2010). Early intervention services, cognitive-behavioural therapy and family intervention in early psychosis: Systematic review. *The British Journal of Psychiatry*, *197*(5), 350–356. https://doi.org/10.1192/bjp.bp.109.074526

Bos, A. E. R., Pryor, J. B., Reeder, G. D., & Stutterheim, S. E. (2013). Stigma: Advances in theory and research. *Basic and Applied Social Psychology*, *35*(1), 1–9. https://doi.org/10.1080/01973533.2012.746147

Carpenter-Song, E., Chu, E., Drake, R. E., Ritsema, M., Smith, B., & Alverson, H. (2010). Ethno-cultural variations in the experience and meaning of mental illness and treatment: Implications for access and utilization. *Transcultural Psychiatry*, *47*(2), 224–251. https://doi.org/10.1177/1363461510368906

Chang, W. C., Chan, G. H., Jim, O. T., Lau, E. S., Hui, C. L., Chan, S. K., Lee, E. H., & Chen, E. Y. (2015). Optimal duration of an early intervention

programme for first-episode psychosis: Randomised controlled trial. *British Journal of Psychiatry*, *206*(6), 492–500. https://doi.org/10.1192/bjp.bp.114.150144

Cheung, F. K., & Snowden, L. R. (1990). Community mental health and ethnic minority populations. *Community Mental Health Journal*, *26*(3), 277–291. https://doi.org/10.1007/BF00752778

Chiu, F. P. F., & Tsang, H. W. H. (2004). Validation of the Chinese general self-efficacy scale among individuals with schizophrenia in Hong Kong. *International Journal of Rehabilitation Research*, *27*(2), 159–161. https://doi.org/10.1097/01.mrr.0000127640.55118.6b

Coker, E. M. (2003). Narrative strategies in medical discourse: Constructing the psychiatric 'case' in a non-western setting. *Social Science & Medicine*, *57*(4), 655–669. https://doi.org/10.1016/s0277-9536(02)00459-8

Coker, E. M. (2005). Selfhood and social distance: Toward a cultural understanding of psychiatric stigma in Egypt. *Social Science & Medicine*, *61*(5), 920–930. https://doi.org/10.1016/j.socscimed.2005.01.009

Colizzi, M., Ruggeri, M., & Lasalvia, A. (2020). Should we be concerned about stigma and discrimination in people at risk for psychosis? A systematic review. *Psychological Medicine*, *50*(5), 705–726. https://doi.org/10.1017/S0033291720000148

Cook, B. L., Zuvekas, S. H., Carson, N., Wayne, G. F., Vesper, A., & McGuire, T. G. (2014). Assessing racial/ethnic disparities in treatment across episodes of mental health care. *Health Services Research*, *49*(1), 206–229. https://doi.org/10.1111/1475-6773.12095

Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology: Science and Practice*, *9*(1), 35–53. https://doi.org/10.1093/clipsy.9.1.35

Corrigan, P. W., & Watson, A. C. (2007). How children stigmatize people with mental illness. *International Journal of Social Psychiatry*, *53*(6), 526–546. https://doi.org/10.1177/0020764007078359

Derr, A. S. (2016). Mental health service use among immigrants in the United States: A systematic review. *Psychiatric Services*, *67*(3), 265–274. https://doi.org/10.1176/appi.ps.201500004

Dietrich, S., Heider, D., Matschinger, H., & Angermeyer, M. C. (2006). Influence of newspaper reporting on adolescents' attitudes toward people with mental illness. *Social Psychiatry and Psychiatric Epidemiology*, *41*(4), 318–322. https://doi.org/10.1007/s00127-006-0050-5

Douki, S., Nacef, F., Benzineb, S., & Ben Amor, C. (2007). Schizophrénie et culture: Réalités et perspectives à partir de l'expérience tunisienne [Schizophrenia and culture: Reality and perspectives based on the Tunisian experience]. *L'Encéphale*, *33*(1), 21–29. https://doi.org/10.1016/S0013-7006(07)91555-9

Eapen, V., & Ghubash, R. (2004). Help-seeking for mental health problems of children: Preferences and attitudes in the United Arab Emirates. *Psychological Reports*, *94*(2), 663–667. https://doi.org/10.2466/pr0.94.2.663-667

Erickson, C. D., & Al-Timimi, N. R. (2001). Providing mental health services to Arab Americans: Recommendations and considerations. *Cultural Diversity and Ethnic Minority Psychology*, *7*(4), 308–327. https://doi.org/10.1037/1099-9809.7.4.308

Fakhr El-Islam, M. (2008). Arab culture and mental health care. *Transcultural Psychiatry*, *45*(4), 671–682. https://doi.org/10.1177/1363461508100788

Fekih-Romdhane, F., Jahrami, H., Stambouli, M., Alhuwailah, A., Helmy, M., Shuwiekh, H. A. M., Mohamed Lemine, C. M. F., Radwan, E., Saquib, J., Saquib, N., Fawaz, M., Zarrouq, B., Naser, A. Y., Obeid, S., Hallit, S., Saleh, M., Haider, S., Daher-Nashif, S., Miloud, L., … Cheour, M. (2022). Cross-cultural comparison of mental illness stigma and help-seeking attitudes: A multinational population-based study from 16 Arab countries and 10,036 individuals. *Social Psychiatry and Psychiatric Epidemiology*, *58*(5), 763–773. https://doi.org/10.1007/s00127-022-02403-x

Gearing, R. E., Brewer, K. B., Schwalbe, C. S., MacKenzie, M. J., & Ibrahim, R. W. (2013). Stigma and adolescents with psychosis in the Middle East: Implications for engaging in mental health treatment. *Journal of Nervous and Mental Disease*, *201*(1), 68–71. https://doi.org/10.1097/NMD.0b013e31827ab283

Gearing, R. E., MacKenzie, M. J., Ibrahim, R. W., Brewer, K. B., Batayneh, J. S., & Schwalbe, C. S. J. (2015). Stigma and mental health treatment of adolescents with depression in Jordan. *Community Mental Health Journal*, *51*(1), 111–117. https://doi.org/10.1007/s10597-014-9756-1

Ghuloum, S., & Bener, A. (2010). Ethnic differences in satisfaction with mental health services among psychiatry patients. *The Open Psychiatry Journal*, *4*(1), 19–23. https://doi.org/10.2174/1874354401004010019

Ghuloum, S., Mahfoud, Z. R., Al-Amin, H., Marji, T., & Kehyayan, V. (2022). Healthcare professionals' attitudes toward patients with mental illness: A cross-sectional study in Qatar. *Frontiers in Psychiatry*, *13*, Article 884947. https://doi.org/10.3389/fpsyt.2022.884947

Goffman, E. (1963). Embarrassment and social organization. In N. J. Smelser & W. T. Smelser (Eds.), *Personality and social systems* (pp. 541–548). Wiley. https://doi.org/10.1037/11302-050

González-Torres, M. A., Oraa, R., Arístegui, M., Fernández-Rivas, A., & Guimon, J. (2007). Stigma and discrimination towards people with schizophrenia and their family members. A qualitative study with focus groups. *Social Psychiatry and Psychiatric Epidemiology*, *42*(1), 14–23. https://doi.org/10.1007/s00127-006-0126-3

Goulden, R., Corker, E., Evans-Lacko, S., Rose, D., Thornicroft, G., & Henderson, C. (2011). Newspaper coverage of mental illness in the U.K., 1992–2008. *BMC Public Health*, *11*(1), Article 796. https://doi.org/10.1186/1471-2458-11-796

Güner, P. (2014). Illness perception in Turkish schizophrenia patients: A qualitative explorative study. *Archives of Psychiatric Nursing*, *28*(6), 405–412. https://doi.org/10.1016/j.apnu.2014.08.016

Hamid, A., & Furnham, A. (2013). Factors affecting attitude towards seeking professional help for mental illness: A UK Arab perspective. *Mental Health, Religion & Culture*, *16*(7), 741–758. https://doi.org/10.1080/13674676.2012.718753

Hasan, A. A., & Alasmee, N. (2022). Evaluation of the impact of a self-stigma reduction programme on psychosocial outcomes among people with schizophrenia spectrum disorder. *Journal of Mental Health*, *31*(1), 83–91. https://doi.org/10.1080/09638237.2021.1922628

Hasan, A. A., & Musleh, M. (2017). Barriers to seeking early psychiatric treatment amongst first-episode psychosis patients: A qualitative study. *Issues in Mental Health Nursing*, *38*(8), 669–677. https://doi.org/10.1080/01612840.2017.1317307

Hazell, C. M., Koc, Y., O'Brien, S., Fielding-Smith, S., & Hayward, M. (2021). Enhancing mental health awareness in emergency services (the ENHANcE I project): Cross-sectional survey on mental health stigma among emergency services staff. *BJPsych Open*, *7*(3), e77. https://doi.org/10.1192/bjo.2021.37

Heijnders, M., & Van Der Meij, S. (2006). The fight against stigma: An overview of stigma-reduction strategies and interventions. *Psychology, Health & Medicine*, *11*(3), 353–363. https://doi.org/10.1080/13548500600595327

Henderson, C. (2020). Commentary on "Effect of contact-based interventions on stigma and discrimination". *Psychiatric Services*, *71*(7), 738–739. https://doi.org/10.1176/appi.ps.202000210

Henderson, C., Stuart, H., & Hansson, L. (2016). Lessons from the results of three national antistigma programmes. *Acta Psychiatrica Scandinavica*, *134*(S446), 3–5. https://doi.org/10.1111/acps.12605

Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M.-P., Griffiths, F., Nicolau, B., O'Cathain, A., Rousseau, M.-C., Vedel, I., & Pluye, P. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Education for Information*, *34*(4), 285–291. https://doi.org/10.3233/EFI-180221

Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277–1288. https://doi.org/10.1177/1049732305276687

Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). Mental health literacy: A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, *166*(4), 182–186. https://doi.org/10.5694/j.1326-5377.1997.tb140071.x

Karanci, N. A., Aras, A., Kumpasoğlu, G. B., Can, D., Çakır, E., Karaaslan, C., Semerci, M., & Tüzün, D. (2019). Living with schizophrenia: Perspectives of Turkish people with schizophrenia from two patient associations on how the illness affects their lives. *International Journal of Social Psychiatry*, *65*(2), 98–106. https://doi.org/10.1177/0020764018820879

Kay, S. R., Fiszbein, A., & Opler, L. A. (1987). The Positive and Negative Syndrome Scale (PANSS) for schizophrenia. *Schizophrenia Bulletin*, *13*(2), 261–276. https://doi.org/10.1093/schbul/13.2.261

Kukulu, K., & Ergün, G. (2007). Stigmatization by nurses against schizophrenia in Turkey: A questionnaire survey. *Journal of Psychiatric and Mental Health Nursing*, *14*(3), 302–309. https://doi.org/10.1111/j.1365-2850.2007.01082.x

Lauber, C., Carlos, N., & Rössler, W. (2005). Lay beliefs about treatments for people with mental illness and their implications for antistigma strategies. *Canadian Journal of Psychiatry*, *50*(12), 765–772. https://doi.org/10.1177/070674370505001203

McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, *15*(4), 351–377. https://doi.org/10.1177/109019818801500401

Nine, S. B., Najm, A. F., Allan, E. B., & Gronholm, P. C. (2022). Mental health stigma among community members in Afghanistan: A cross-sectional survey. *International Journal of Social Psychiatry*, *68*(7), 1470–1485. https://doi.org/10.1177/00207640211036169

Okasha, A., & Karam, E. (1998). Mental health services and research in the Arab world. *Acta Psychiatrica Scandinavica*, *98*(5), 406–413. https://doi.org/10.1111/j.1600-0447.1998.tb10106.x

Okasha, A., Karam, E., & Okasha, T. (2013). Mental health services in the Arab world. *World Psychiatry*, *12*(1), 56–58. https://doi.org/10.1016/j.wpsyc.2012.01.008

Patton, M. Q. (2002). *Qualitative research & evaluation methods*. Sage Publications.

Pescosolido, B. A., Martin, J. K., Long, J. S., Medina, T. R., Phelan, J. C., & Link, B. G. (2010). "A disease like any other"? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. *The American Journal of Psychiatry*, *167*(11), 1321–1330. https://doi.org/10.1176/appi.ajp.2010.09121743

Phelan, J. C., Bromet, E. J., & Link, B. G. (1998). Psychiatric illness and family stigma. *Schizophrenia Bulletin*, *24*(1), 115–126. https://doi.org/10.1093/oxfordjournals.schbul.a033304

Popay, J., & Roberts, H. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews: A product from the ESRC Methods Programme*. Lancaster University. https://doi.org/10.13140/2.1.1018.4643

Reavley, N. J., Jorm, A. F., & Morgan, A. J. (2012). Beliefs about dangerousness of people with mental health problems: The role of media reports and personal exposure to threat or harm. *Social Psychiatry and Psychiatric Epidemiology*, *47*(1), 51–59. https://doi.org/10.1007/s00127-011-0377-7

Rezayat, F., Mohammadi, E., Fallahi-Khoshknab, M., & Sharifi, V. (2019). Experience and the meaning of stigma in patients with schizophrenia spectrum disorders and their families: A qualitative study. *Japan Journal of Nursing Science*, *16*(1), 62–70. https://doi.org/10.1111/jjns.12212

Rhydderch, D., Krooupa, A. M., Shefer, G., Goulden, R., Williams, P., Thornicroft, A., Rose, D., Thornicroft, G., & Henderson, C. (2016). Changes in newspaper coverage of mental illness from 2008 to 2014 in England. *Acta Psychiatrica Scandinavica*, *134*(S446), 45–52. https://doi.org/10.1111/acps.12606

Richard, L., Potvin, L., Kishchuk, N., Prlic, H., & Green, L. W. (1996). Assessment of the integration of the ecological approach in health promotion programs. *American Journal of Health Promotion*, *10*(4), 318–328. https://doi.org/10.4278/0890-1171-10.4.318

Ritsher, J. B., Otilingam, P. G., & Grajales, M. (2003). Internalized stigma of mental illness: Psychometric properties of a new measure. *Psychiatry Research*, *121*(1), 31–49. https://doi.org/10.1016/j.psychres.2003.08.008

Ritsher, J. B., & Phelan, J. C. (2004). Internalized stigma predicts erosion of morale among psychiatric outpatients. *Psychiatry Research*, *129*(3), 257–265. https://doi.org/10.1016/j.psychres.2004.08.003

Roe, D., Hasson-Ohayon, I., Mashiach-Eizenberg, M., Derhy, O., Lysaker, P. H., & Yanos, P. T. (2014). Narrative enhancement and cognitive therapy (NECT) effectiveness: A quasi-experimental study. *Journal of Clinical Psychology*, *70*(4), 303–312. https://doi.org/10.1002/jclp.22050

Saad, S. (2022). The soft stigma: Hidden manifestations of mental health workers' stigma against people experiencing mental illness. *International Journal of Medicine in Developing Countries*, *6*(9), 1171–1175. https://doi.org/10.24911/IJMDC.51-1657497594

Saad, S., Bshawri, J. A., Alsaedi, S. M., Radi, R. E., Ghonim, R. M., Nasraldain, H. M., & Gadeer, A. A. (2022). Social stigma among healthcare providers toward patients with schizophrenia and obsessive-compulsive disorders at a tertiary hospital in Makkah, Saudi Arabia. *Mental Health Review Journal*, *27*(3), 281–294. https://doi.org/10.1108/MHRJ-11-2021-0078

Sadeghi, M., Kaviani, H., & Rezai, R. (2003). Stigma of mental disorder among families of patients with major depressive disorder, bipolar disorder, and schizophrenia. *Advances in Cognitive Sciences*, *5*(2), 16–25. http://icssjournal.ir/article-1-163-en.html

Salem, M. O., Saleh, B., Yousef, S., & Sabri, S. (2009). Help-seeking behaviour of patients attending the psychiatric service in a sample of United Arab Emirates population. *International Journal of Social Psychiatry*, *55*(2), 141–148. https://doi.org/10.1177/0020764008093373

Sartorius, N., & Schulze, H. (2005). *Reducing the stigma of mental illness: A report from a global programme of the World Psychiatric Association*. Cambridge University Press. https://doi.org/10.1017/CBO9780511544255

Schomerus, G., & Angermeyer, M. C. (2008). Stigma and its impact on help-seeking for mental disorders: What do we know? *Epidemiologia e Psichiatria Sociale*, *17*(1), 31–37. https://doi.org/10.1017/S1121189X00002669

Schomerus, G., Schwahn, C., Holzinger, A., Corrigan, P. W., Grabe, H. J., Carta, M. G., & Angermeyer, M. C. (2012). Evolution of public attitudes about mental illness: A systematic review and meta-analysis. *Acta Psychiatrica Scandinavica*, *125*(6), 440–452. https://doi.org/10.1111/j.1600-0447.2012.01826.x

Schultz, S. H., North, S. W., & Shields, C. G. (2007). Schizophrenia: A review. *American Family Physician*, *75*(12), 1821–1829.

Schulze, B., & Angermeyer, M. C. (2003). Subjective experiences of stigma. A focus group study of schizophrenic patients, their relatives and mental health professionals. *Social Science & Medicine*, *56*(2), 299–312. https://doi.org/10.1016/S0277-9536(02)00028-X

Shahrour, M. T., & Rehmani, R. S. (2009). Testing psychiatric stigma in a General Hospital in Saudi Arabia. *Saudi Medical Journal*, *30*(10), 1336–1339. https://www.researchgate.net/publication/38019588_Testing_psychiatric_stigma_in_a_general_hospital_in_Saudi_Arabia

Shahveysi, B., Shoja-Shefti, S., Fadaei, F., & Dolatshahi, B. (2007). Comparison of mental illness stigmatization in families of schizophrenic and major depressive disorder patients without psychotic features. *Archives of Rehabilitation*, *8*(2), 21–27. https://rehabilitationj.uswr.ac.ir/browse.php?a_id=125&sid=1&slc_lang=en

Taghva, A., Farsi, Z., Javanmard, Y., Atashi, A., Hajebi, A., & Noorbala, A. A. (2017). Strategies to reduce the stigma toward people with mental disorders in Iran: Stakeholders' perspectives. *BMC Psychiatry*, *17*(1), Article 17. https://doi.org/10.1186/s12888-016-1169-y

Taskin, E. O., Sen, F. S., Aydemir, O., Demet, M. M., Ozmen, E., & Icelli, I. (2003). Public attitudes to schizophrenia in rural Turkey. *Social Psychiatry and Psychiatric Epidemiology*, *38*(10), 586–592. https://doi.org/10.1007/s00127-003-0655-y

Tsang, H. W. H., Fung, K. M. T., & Corrigan, P. W. (2006). Psychosocial treatment compliance scale for people with psychotic disorders. *International Journal of Social Psychiatry*, *52*(3), 198–206. https://doi.org/10.1111/j.1440-1614.2006.01839.x

Uçok, A., Polat, A., Sartorius, N., Erkoc, S., & Atakli, C. (2004). Attitudes of psychiatrists toward patients with schizophrenia. *Acta Psychiatrica Scandinavica*, *110*(6), 419–423. https://doi.org/10.1111/j.1440-1819.2004.01198.x

Uçok, A., Soygür, H., Atakli, C., Kuşcu, K., Sartorius, N., Duman, Z. C., Polat, A., & Erkoç, S. (2006). The impact of antistigma education on the attitudes of general practitioners regarding schizophrenia. *Psychiatry and Clinical Neurosciences*, *60*(4), 439–443. https://doi.org/10.1111/j.1440-1819.2006.01529.x

Valery, K.-M., & Prouteau, A. (2020). Schizophrenia stigma in mental health professionals and associated factors: A systematic review. *Psychiatry Research*, *290*, Article 113068. https://doi.org/10.1016/j.psychres.2020.113068

Van den Bossche, P., & Schoenmakers, B. (2022). The impact of dementia's affiliate stigma on the mental health of relatives: A cross-section survey. *Frontiers in Psychology*, *12*, Article 789105. https://doi.org/10.3389/fpsyg.2021.789105

Vázquez, A. L., Domenech Rodríguez, M. M., Navarro Flores, C. M., Abreu, R. L., & Barrett, T. S. (2024). La vergüenza [the shame]: Measuring affiliate stigma associated with youth mental health problems among Latinx caregivers. *Journal of Latinx Psychology*, *12*(1), 18–33. https://doi.org/10.1037/lat0000235

Wang, J., & Lai, D. (2008). The relationship between mental health literacy, personal contacts and personal stigma against depression. *Journal of Affective Disorders*, *110*(1–2), 191–196. https://doi.org/10.1016/j.jad.2008.01.005

Zabihi Poursaadati, M., Maarefvand, M., Bolhari, J., Hosseinzadeh, S., Songhori, N., Derakhshan, L., & Khubchandani, J. (2023). Caregivers' experiences and perspectives of factors associated with relapse in Iranian people living with Schizophrenia: A qualitative study. *International Journal of Social Psychiatry*, *69*(1), 86–100. https://doi.org/10.1177/00207640211068977

Zolezzi, M., Alamri, M., Shaar, S., & Rainkie, D. (2018). Stigma associated with mental illness and its treatment in the Arab culture: A systematic review. *International Journal of Social Psychiatry*, *64*(6), 597–609. https://doi.org/10.1177/0020764018789200

Received January 18, 2024
Revision received December 17, 2024
Accepted December 20, 2024 ■