Cultural and Social Exclusion Dimensions of Mental Health Stigma in South-East Asia: A Narrative Review

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Background

- Mental health stigma in SEA is deeply shaped by cultural norms, family honor, and religious beliefs, often leading to concealment and delayed care.
- This contributes to social exclusion and sustain a large treatment gap despite rising burdens of depression, anxiety, and suicide in the region.

Objective

This review synthesizes recent evidence on how cultural and social-exclusion dimensions influence stigma and care pathways in the region.

Methodology

Databases: PubMed & Google Scholar

- Period: 2020–2025
- Keywords: mental health, stigma, + SE Asia country terms
- Inclusion: qualitative, quantitative, mixed-methods, reviews.
- Exclusion: outside region, no cultural focus, non-peer-reviewed
- Process: .., records identified → screened → 15 studies included

Results

- SE Asia has the world's highest self-stigma in mental illness
- Cultural norms, family shame, and criminalization sustain stigma.
- Stigma blocks help-seeking via fear of disclosure, job loss, and exclusion.
- Youth, LGBT, and women are especially vulnerable.
- Provider and structural stigma persist in health systems.

Conclusion

- Stigma is a major barrier to care and driver of social exclusion.
- Multi-level action is needed: cultural change, legal reform, provider training, and community engagement.

References

Analysis

Author, year	Country	Design / Data	Population	Key Findings
Dubreuca et al., 2021	Global incl. SE Asia	Systematic review	People with SMI	SE Asia has the world's highest self-stigma, lowering self-esteem and quality of life.
Subu et al., 2021	Indonesia	Qualitative	Patients & nurses	Stigma as shame, rejection, family denial, job loss, provider bias.
Ching et al., 2024	Malaysia	Mediation analysis	412 adults	Self-stigma mediates public stigma → less help-seeking.
Wong et al., 2022	Malaysia	Cross-sectional	Urban poor	Stigma worsened distress and reduced care-seeking during COVID-19.
Misran, Ma'rof & Kamarudin, 2023	Malaysia (Johor)	Cross-sectional (COVID-19)	Youth	Self-stigma ↑ distress; mindfulness strongest protective factor.
Arif & Blagoje, 2024	Malaysia	Survey	451 adults	Religiosity mostly neutral, but some practices reinforced stigma.
Ma'rof & Abdullah 2024	Malaysia	Survey	Young adults	Self-stigma ↑ distress; mindfulness buffered effects.
Ma'rof, Abdullah & Azmi, 202	Malaysia	Cross-sectional survey	413 young adults	Mindfulness reduced distress despite self-stigma.
Deshpande et al., 2022	Malaysia	Cross-sectional	Private university students	Students showed stigma, misconceptions, and social distance.
Tan et al., 2024	Malaysia	Survey (Kami Survey, n=640)	LGBT+ adults	Enacted & anticipated stigma under criminalization linked to depression, self-harm, suicidality.
Doctor (Dinamarlyn), 2025	Philipines	Narrative review	National context	Stigma is the main barrier, reinforced by cost, shame, fear.
Albudbud, 2025	Philipines	Narrative review	Sexual minority men	Patriarchy & homophobia fueled stigma and exclusion.
Joo (Ang) et al., 2022	Singapore	Cross-sectional survey	Doctors & nurses (ED)	Providers showed stigma, poor literacy, and low confidence in psychiatric care.
Subramaniam et al., 2022	Singapore	Qualitative interviews	Policymakers/advisors	Stigma blocks care via disclosure fears, job risk, family shame, and systemic barriers.
Thi et al., 2024	Vietnam	Mixed-methods realist	500 pregnant women	Nearly half hid symptoms due to stigma, fearing exclusion.