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Research Article

Breaking the Silence: Ten Alarming Insights into Mental Health Stigma Among Jordanian Youth (18–24) — Research Towards an Anti-Stigma Awareness Campaign

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ARTICLE INFO **ABSTRACT** Received: 10 Feb 2025 **Background**: Stigma of Mental Health is a barrier against those who seek help, this paper summarizes 10 alarming messages towards the Stigma of Mental Health Revised: 17 March 2025 in Young Adults in Jordan. Accepted: 25 March 2025 **Methods**: The researcher used a mixed method approach through a qualitative and quantitative Questionnaire that investigates Mental Health in general and stigma of Mental Health in particular. **Results**: The study found that while most Jordanian youth (18-24) are open to discussing mental health, 70% lack sufficient knowledge, and 75% are unsure if they've experienced a disorder. Stigma remains a major barrier, with 93% recognising its presence and 71% saying it would stop them from seeking help. Only 12% said they would seek professional support. Despite this, there is strong belief in recovery, and over 80% support using social media, visuals, and bilingual content to raise awareness. The findings highlight a clear gap between openness and action, pointing to the need for culturally relevant, youth-focused campaigns. Conclusion: The study indicated that stigma of Mental Health is deeply rooted in the younger generation of Jordan especially those between 18-24 years of age, lack of seeking help due to stigma, and the socio-cultural barriers against Mental-Health. Keywords: Mental Health, Mental Health Stigma, Young Adults, Jordan, Awareness Campaign

Mental health stands as one of the most pressing issues of the 21st century, intricately linked to social, cultural, and economic dynamics that shape how individuals perceive, experience, and respond to psychological challenges. In many parts of the world, particularly across the Middle East, mental health continues to be a taboo subject—frequently discussed in hushed tones, burdened by stigma, and largely misunderstood.

Jordan, officially known as the Hashemite Kingdom of Jordan, is home to approximately 11 million people and faces similar challenges to other nations in addressing mental health. The landscape is shaped by intersecting factors, including economic conditions, cultural beliefs, and limited access to psychological care. Alarmingly, Jordan reportedly has only around 10 psychiatrists per million people—equating to roughly 110 professionals available nationwide, a number vastly inadequate for its population (Al-Rawashdeh et al., 2018). This shortage is further compounded by the powerful influence of religious and sociocultural frameworks. Many individuals continue to seek healing through religious or spiritual practitioners, often interpreting mental illness as a divine test or fate, thereby delaying or avoiding clinical intervention altogether (WHO TEAM, 2021).

The significance of mental health in shaping public health policy was underlined in a recent systematic review by Salameh et al. (2023), which revealed that Jordan has a high prevalence of mental health

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disorders. The impact of the COVID-19 pandemic further exacerbated these issues, overwhelming healthcare systems—particularly in a country with a substantial refugee population—and triggering a notable rise in stress-related conditions such as PTSD, anxiety, and depression.

Meanwhile, Gearing et al. (2014) identified stigma as the most persistent barrier to mental health treatment in Jordan. Their findings emphasised how both men and women are affected, though societal pressure and gender norms intensify the impact on women. The study also noted that many in Jordanian society still believe mental health issues should be managed privately within the family, rather than through professional therapy, reinforcing cycles of silence and neglect.

Data collection methods

The following resources were used by the researcher to gather and process data:

Primary data:

A series of questions were used to gather primary data (Questionnaire, Interview, and Focus Group).

Secondary data:

The literature pertaining to the study's variables, including scientific books, research papers, master's theses, doctoral dissertations, and publications in contemporary, specialised scientific journals, was reviewed in order to gather secondary data.

Study tool

The questionnaire was designed with reference to approved standards from previous studies in the same field for the purpose of measuring variables, and some items were modified and deleted to suit the nature of this study. A questionnaire composed of two parts was developed, based on previous studies related to the current study. A five-part Likert scale was used, where The grades were determined from (1, 2, 3, 4, 5), where the grades represent the following answers, respectively: strongly disagree, disagree, neutral, agree, strongly agree. The questionnaire consisted of one part and was as follows:

Validity and reliability of the study tool

A. Apparent honesty (honesty of arbitrators):

A panel of university academics judges the questionnaire questions in order to ascertain the apparent validity of the questionnaire.

B. Stability of the study tool

To ensure the reliability of the study tool, the value of Cronbach's Alpha Coefficient was calculated to indicate the extent of internal consistency of the study items, and demonstrates the quality of construction of the questionnaire items and the strength of their cohesion.

- Statistical analysis methods

- **First:** Descriptive Statistical Measures methods:
- For the purposes of describing the demographic characteristics of the study sample, it included the following:
- o **Frequencies:** to describe personal and job characteristics.
- o **Percentages:** to measure frequency distributions.
- o **Arithmetic means:** to measure the average of the study's answers to the questionnaire items.
- o **Standard deviation:** To measure the extent to which answers are dispersed from their arithmetic mean.

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- **Level of relative importance:** It is determined when commenting on the averages according to an approved formula, and according to the five-point Likert scale for the answer alternatives for each item, which was determined according to the following equation:

Class length = upper limit of the alternative - lower limit of the alternative / number of levels

$$5-1/3 = 4/3 = 1.33$$

Thus, the level of relative importance is as follows:

- Low relative importance if the arithmetic mean value from 1 to less than 2.33
- Medium relative importance if the arithmetic mean value is between 2.33 and less than 3.66
- High relative importance if the arithmetic mean value reaches 3.66 5
- **Second:** Analytical statistics:
- Cronbach Alpha reliability coefficient to determine the consistency of the study measures.
- Simple regression coefficient to test the sub-hypotheses of the first main hypothesis.
- Multicollinearity test: To determine the suitability of the study data for multiple regression analysis, and to verify that the data are free of the problem of almost perfect linear correlation between two or more dimensions, where the Pearson Correlation was used to identify the autocorrelation between the dimensions of the pharmacist's role in management. The coefficient was also tested. VarianceInflationFactor to ensure that there is no high correlation between the dimensions of the variables.

• Autocorrelation test:

To determine the suitability of the study data for multiple regression analysis, and to verify that the data are free of the autocorrelation problem in the regression model, using the Durbin-Watson regression test to verify the model's ability to predict.

Ensure the suitability of the study model

• First: Multicollinearity

The Pearson coefficient was used to correlate the opinion of young people in Jordan in global campaigns to raise awareness about mental health due to the lack of multiple linear correlation between its dimensions.

Discussion

The researcher collected the data through conducting a mixed-method questionnaire that was focused on young adults (18-24) who are in Amman, Jordan. The results showed the majority of the participants were in the age group of the study between 18-24 years of age, the majority of the participants as well were males (**See Figure 1-1**).

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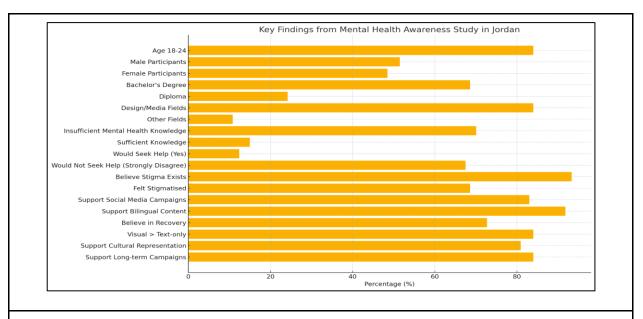


Figure 1-1: Key Findings from Mental Health Awareness Study in Jordan

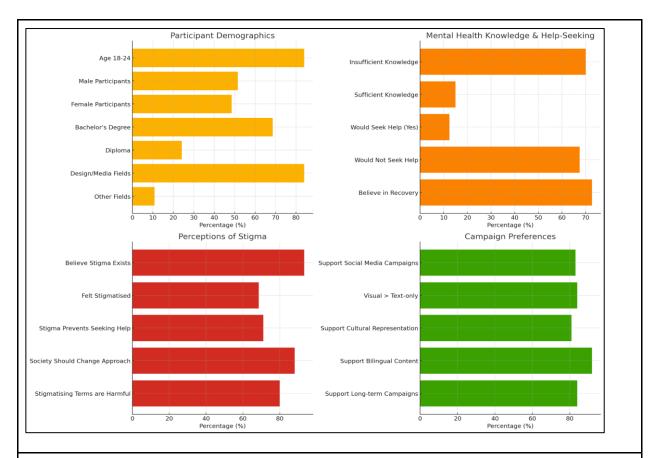


Figure 1-2: Perceptions, Preferences, Knowledge and Participants in the Anti-Stigma of Mental Health Awareness Campaign

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The Alarming Messages:

The researcher synthesised the participants' responses into ten key alarming messages, intended to serve as the foundation for developing a targeted anti-stigma awareness campaign. These messages highlight the most urgent barriers, misconceptions, and opportunities surrounding mental health among young adults in Jordan, offering a clear direction for culturally resonant intervention strategies.

1. Youth Are Aware, But Not Informed

- While the majority of participants are young (18–24), they **lack sufficient knowledge** about mental health disorders (70.1%).
- There's a gap between awareness and understanding, meaning educational efforts are critical.

2. Mental Health Stigma is Deeply Rooted in Jordan

- A staggering 93.3% believe stigma exists in their community.
- 71.1% say stigma would prevent them from seeking help.
- Many participants have **personally felt stigmatised** (68.6%).

3. Social Media is the Preferred Platform for Change

- Over **80% believe social media is effective** for spreading awareness.
- Platforms like Instagram and Facebook are favoured for anti-stigma campaigns.
- Visual storytelling, including **real-life testimonials and diverse representation**, is highly encouraged.

4. Most Do Not Seek Professional Help

- Only **12.4% would seek help** if facing mental health challenges.
- **67.5% strongly disagreed** with the idea of seeking professional support stigma and misinformation are likely barriers.

5. People Believe in Recovery and Normalcy

- 72.7% believe people with mental health conditions can lead normal lives.
- This suggests a **strong foundation of hope**, which campaigns can amplify.

6. Art, Design, and Emotionally Engaging Visuals Matter

- Artistic, emotional, and abstract visuals are widely supported (79–84%).
- Visual storytelling (photos, illustrations, videos) is seen as more powerful than text-only content.
- Using **emotion and representation of day-to-day life** helps break stigma.

7. Language and Cultural Relevance Are Essential

• 91.8% support bilingual (Arabic & English) content.

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 Participants value culturally tailored messaging and visuals suited for both urban and rural audiences.

8. Campaigns Should Be Personal and Empathetic

- **83.5% agree** that sharing personal stories of overcoming stigma can inspire others.
- This suggests a shift away from impersonal PSA-style messaging towards human-centred narratives.

9. Longevity & Continuity Are Crucial

- Participants advocate for **ongoing campaigns** (84%) with **regularly updated visuals** (87.1%).
- There's strong support for actionable tips and community-focused messaging, not just one-off
 efforts.

10. Young Adults Need Special Focus

• 82.5% want campaigns to **address mental health challenges specific to young people** — the campaign must reflect their lived realities, pressures, and coping mechanisms.

Conclusion

This study offers critical insight into the complex intersection of mental health, stigma, media engagement, and cultural perceptions among young adults in Jordan (See Figure 1-1). Despite a clear willingness to discuss mental health issues, the data reveals a concerning gap in mental health literacy—70% of participants reported insufficient knowledge, and over 75% were uncertain about their own experiences with mental health conditions. Stigma remains a dominant force, with 93% acknowledging its presence and over two-thirds stating it would deter them from seeking professional help (See Figure 1-1).

However, the findings also point toward a hopeful and strategic pathway for change. A strong majority believe that people with mental health conditions can lead normal lives and express openness to using social media and visual storytelling as vehicles for awareness and change. The preference for bilingual content (Arabic and English), emotional and culturally relevant visuals, and the inclusion of diverse representations reflect a generation ready for a more inclusive and authentic mental health dialogue (See Figure 1-2).

The study reinforces the urgency of developing long-term, youth-oriented mental health campaigns in Jordan that are not only visually compelling but also culturally and linguistically tailored. By addressing stigma head-on, empowering narratives, and leveraging both digital and traditional platforms, there is a real opportunity to shift perceptions, reduce discrimination, and promote help-seeking behaviours among young Jordanians (See Figure 1-2).