

American Journal of Psychology and Brain Studies

<https://urfpublishers.com/journal/american-psychology>

Vol: 2 & Iss: 1

Referees Living with a Mental Disorder: A Cross-Sectional Study Analysing Public Perceptions and Stigma

Luke Sullivan

Health and Exercise Sciences, School of Sport, UK

Citation: Sullivan L. Referees Living with a Mental Disorder: A Cross-Sectional Study Analysing Public Perceptions and Stigma. *Am J Psychol & Brain Stud*, 2025;2(1):52-57.

Received: 15 February, 2025; **Accepted:** 26 February, 2025; **Published:** 28 February, 2025

***Corresponding author:** Luke Sullivan, Health and Exercise Sciences, School of Sport, UK

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ABSTRACT

Purpose: Referees face having one of the hardest jobs in sport. Research has shown that many referees experience anxiety and depression symptoms. Little is known, however, of the stigma surrounding mental disorders at the elite level. Therefore, this study analyses gender differences in perceptions of referees with mental disorders before and after disclosure.

Design/methodology: A total of 376 participants who passed the inclusion criteria of being 18 or over and able to speak English took part in the study. Participants were required to complete a RIBS, Symptom Recognition Questionnaire and a referee scenario questionnaire.

Findings: Females exhibited greater mental health literacy than males and greater score on the RIBS indicating they were more willing to live with an individual with a mental disorder. Participants recorded a lower score for the likelihood to employ a referee once a mental disorder was disclosed. Males recorded a bigger decrease in likelihood to employ a referee if they were diagnosed with either Generalised Anxiety Disorder or Major Depressive Disorder compared to females, however both males and females indicated the greatest stigma was felt towards individuals with substance use disorder.

Practical Implications: The findings could discourage referees to disclose mental disorders. Therefore, strategies such as online educational resources should be distributed to eradicate stigma.

Originality/value: This study is the first to analyse public perceptions before and after disclosure in elite level sport.

Keywords: Referees, Mental Disorder, Mental Health Literacy, Major Depressive Disorder, Generalised Anxiety Disorder, Substance Use Disorder, Stigma

Introduction

Football referees arguably have the most formidable job in all sport. In football, referees are severely scrutinised and often receive abuse by players, coaches, fans and people across the world due to the game's global outreach. The abuse received can significantly impact the mental health of referees¹. A mental disorder is defined as a "clinically significant disturbance in an individual's cognition, emotion regulation or behaviour that reflects a dysfunction in psychological, biological or

developmental processes underlying mental functioning"². In the UK, 1 in 4 people experience a mental health issue every year and 1 in 6 experience one at some point in their lifetime. Research shows that referees experience mental health symptoms and disorders for many reasons, including public scrutiny and pressure from coaches and players. Exposure to this stigmatising environment results in the development of mental disorder symptoms such as distress, sleep disturbance and excessive alcohol use³. Kilic et al. discovered that 1 in 10 professional

referees have a mental disorder⁴. There is an apparent prevalence at the elite level; therefore, this study could underpin whether referees feel if they can open up about their diagnosis. The study will examine three separate disorders: Major Depressive Disorder (MDD), Generalised Anxiety Disorder (GAD) and Substance Use Disorder (SUD).

After a review of the literature, it was evident that stigma still exists at the elite level. Public stigma in mental health is referred to as negative attributes and stereotypical beliefs that cause individuals to discriminate against others with mental illness⁵.

Souter, et al. investigated mental health and male athletes at the elite level; many athletes struggled to disclose their problems after their career⁶. The act of reaching out for help can be viewed as weak and this level of discrimination can severely jeopardise an individual's position within a team or potentially joining one. Biggin, Burns and Uphill investigated the perceptions of athletes and coaches of ill mental health and discovered that athletes perceived there to be a higher prevalence in elite athletes than the general population⁷. On the other hand, coaches could not reach a consensus, suggesting that they could not identify the specific and significant pressure that elite athletes feel⁷. Glick, et al. investigated an elite athlete's willingness to disclose mental health issues⁸. They discovered that a large number of athletes displayed an unwillingness to admit poor mental health openly. Therefore, this study's findings can be generalised to a more substantial population, suggesting the misunderstanding of mental health problems in athletes at the elite level.

Further, this study supports Biggin, et al⁷, suggesting a severe level of stigma in elite sport. Moreover, both athletes and coaches agreed that the prevalence of stigma was the most significant barrier to athletes seeking support. Several studies, including Biggin, et al⁷, utilise a small sample size, with the survey only having 35 participants who met the criteria, which affects the generalisability of the results. This study, however, aims for a large recruitment size with anyone over the age of 18 able to fill the questionnaire, allowing for greater generalisation.

The current project studies if a referee with an openly disclosed mental disorder would be viewed negatively in sport⁹ by the wider population and the perceptions around stigma and prejudices associated¹⁰. After analysing the current literature, there is a small pool of resources concerning mental disorder perceptions within a sporting context, which is where the exploration of this research area came from^{11,12,6}. More specifically, literature is absent regarding perceptions of football referees, which this study will look to fill. Very few studies have analysed gender differences in opinions and how mental health affects opinions in a sporting context. Therefore, this study investigates these variables further.

This project aims to analyse public perceptions surrounding referees who have openly disclosed a mental health disorder. Also, regarding existing, recent literature, to explore how perceptions change after disclosing a mental disorder and the perception around stigma. Although the questionnaire was conducted regarding the coaches, athletes and referees, this project will focus on and conclude about referees solely. Further, to identify if there are differences in knowledge concerning gender that underpins the perceptions of mental ill-health. Also, to discover if mental health knowledge and previous history with mental health diagnosis affect these opinions. The null

hypothesis for this project is that there will be no change in perceptions after disclosing a mental disorder.

Method

Participants

Participants were any member of the general public over the age of 18 (n=376) and consented to participate. Participants were a mixture of male (n=202), female (n=173) and prefer not to say (n=1). The exclusion criteria included those who did not understand English and were under the age of 18 at the time of recruitment. Participants were recruited in January 2021 online. All participants were provided with a participant information sheet prior to beginning and ticked a box to provide informed consent. Any questionnaires that were incomplete or if the participants did not provide consent or withdrew consent resulted in exclusion.

Design

The project design involved taking an observational, cross-sectional approach, investigating participants' perceptions of players, coaches and referees with and without mental health disorders. This study will focus on outcomes related to the referees solely. The study was conducted and distributed online using google forms. Completing the form online was beneficial to participants as the questionnaire could be completed in a safe and comfortable environment which is significant due to the topic's sensitivity. Further, completing a questionnaire rather than an interview took away a lot of the pressure placed on an individual as the questionnaire can be completed at their own pace. The use of a scaled online questionnaire enabled it to be easier to identify trends. An online questionnaire further enables more accessible data collection and analysis due to responses being recorded on a spreadsheet immediately after the form is submitted. The variable measured was the reporting of differing perceptions relating to the scenarios.

Materials/Measures

Demographic data. Demographic information was collected, including age, gender, sexuality, ethnicity, highest education level, previous history of MDD, GAD or SUD and level of interest in football.

Reported and Intended Behaviour Scale (RIBS). The RIBS analyses stigma and enquires about reported and intended behaviour among four different contexts: (1. Living with, 2. Living nearby, 3. Working with, 4. Continuing a relationship with an individual with a mental health problem). RIBS consists of 12 statements¹³. The first four require a yes/no/don't know and the last eight statements range from agree strongly to disagree strongly. The RIBS had a Cronbach's α of 0.866, indicating excellent internal consistency.

Symptom Recognition Questionnaire (SRQ). The SRQ assesses the ability of participants to recognise individual symptoms of each disorder mentioned in the current study. Participants indicated which symptoms out of the five listed for each disorder were the correct symptoms.

Scaled Scenario Questionnaire. The current study utilised a twelve-part scaled scenario questionnaire¹⁴. The scenario questionnaire contained four scenarios for each disorder. Participants had to answer from 1 (not likely) to 5 (very likely), how likely they were to sign a referee after disclosing a mental

disorder. A higher score indicates stronger attitudes towards the set scenario.

Procedure

The study was reviewed and approved by the University of Portsmouth's ethic committee. The participants were provided with a participant information sheet on the face of the questionnaire. Participants then provided informed consent by ticking a box at the bottom of the cover page and then could begin the questionnaire. Participants were informed that they could remove consent by either closing their current tab or not submitting the questionnaire. Appropriate mental health services were signposted for participants due to the possibility of arousing trauma.

Data analysis

All data analysis was conducted using IBM SPSS statistics software¹⁵. Differences in perceptions were explored using analyses of descriptives of age, sexuality, gender and previous mental health diagnosis. Pearson's correlations were used to examine relationships between measures. A one-way ANOVA test was completed to assess differences between genders.

Results

Demographic Information

A total of 376 participants were recruited and took part in the survey (mean \pm SD: age = 25.8 \pm 11.1). There were 202 males (age: 25.8 \pm 10.9), 173 females (age: 25.8 \pm 11.5) and one participant who did not specify a gender (age = 22) who participated in the study. The majority of participants self-identified as heterosexual (89.9 per cent) and the majority reached a highest education level of an undergraduate degree (41.0 per cent), followed by A-levels or equivalent (38.8 per cent). A total of 8.8 per cent of respondents reported a history of Major Depressive Disorder (MDD). 12.2 per cent reported history with Generalised Anxiety Disorder (GAD) and 0.5 per cent reported history with Substance Use Disorder (SUD). The mean average level of interest in football was 3.18 (SD = 1.48).

RIBS (Reported and Intended Behaviour Scale)

The mean for all participants for the RIBS was 17.3 (SD = 3.01). There was a statistically significant difference between groups as determined by one-way ANOVA ($F(2,373) = 5.16, p = 0.006$). Male participants produced a mean for RIBS of 16.9 (SD = 3.31), lower than the female mean of 17.8 (SD = 2.72). One individual who preferred not to state their gender recorded a mean of 12, significantly lower than the male and female means.

Symptom Recognition Questionnaire

The participants scored highest for identifying symptoms for MDD (M = 4.18, SD = 1.16). Followed by SUD (M = 4.07, SD = 1.32) and the lowest rating was for GAD (M = 3.95, SD = 1.22).

Major Depressive Disorder

Firstly, females scored higher for MDD (M = 4.40, SD = 1.02) compared to males (M = 3.99, SD = 1.24). The undisclosed gender individual recorded a mean of 5, indicating high literacy for symptoms of MDD. There was a statistical significance between genders for MDD symptoms recognition as determined by the one-way ANOVA ($F(2,273) = 6.52, p = .002$).

Generalised Anxiety Disorder

Females also scored higher in identifying symptoms for GAD (M = 4.22, SD = 1.08) compared to males (M = 3.70, SD = 1.29). The individual who preferred not to state a gender recorded a maximum score of 5, indicating high literacy for symptoms of GAD. There was another statistically significant difference between genders for GAD symptom recognition ($F(2, 273) = 9.23, p < 0.001$).

Substance Use Disorder

Females also scored higher for identifying symptoms of SUD (M = 4.23, SD = 1.25) compared to males (M = 3.93, SD = 1.37). The individual who preferred not to state a gender recorded another maximum score of 5, indicating high literacy for all three disorders. However, the one-way ANOVA showed no significant difference between genders for SUD symptom recognition ($F(2, 273) = 2.68, p = 0.70$) (Table 1).

Table 1: Symptoms Report Gender Breakdown.

Gender		MDD Total Symptoms	GAD Total Symptoms	SUD Total Symptoms
Male	Mean	3.99	3.70	3.93
	Std. Deviation	1.24	1.29	1.37
Female	Mean	4.40	4.23	4.23
	Std. Deviation	1.02	1.08	1.25
Prefer not to say	Mean	5.00	5.00	5.00
	Std. Deviation	-	-	-
Total	Mean	4.18	3.95	4.23
	Std. Deviation	1.16	1.22	1.32

Referee Scenario Questionnaire

The mean for perceptions before disclosure of mental disorders was 4.68 (SD = .78). The mean likelihood of males of employing referees before disclosure of a mental disorder was 4.77 (SD = .64) which was higher than the mean recorded by females of 4.57 (SD = .90). One individual who preferred not to state a gender recorded a score of 5 which was higher than both males and females. The mean total score for likelihood to employ a referee with MDD was 3.77 (SD = 1.13). The mean for GAD was 3.57 (SD = 1.18). The lowest total mean likelihood for employing a referee was if they were diagnosed with SUD, producing a mean value of 2.58 (SD = 1.28). The means reported demonstrated that opinions of those with disclosure of SUD were lowest amongst all conditions examined.

The SPSS output showed gender differences in perceptions after disclosure of mental disorders. The mean score for likelihood to employ a referee with MDD was 3.72 (SD = 1.14) for males and 3.83 (SD = 1.12) for females. One individual who preferred not to state a gender recorded a score of 3. The one-way ANOVA test displayed a significant difference among the gender's perceptions of referees with no disclosed mental health disorders and referees who have disclosed MDD ($F(2, 373) = 4.43, p = .013$).

There is a similar difference for mean likelihood to employ a referee with GAD. The mean score for males was 3.43 (SD = 1.22) and 3.75 (SD = 1.11) for females. The individual who preferred not to state a gender recorded a score of 3 which was the lowest mean score across genders. There was another statistically significant difference displayed among gender

perceptions between referees with no disclosed mental health disorder and referees who have disclosed GAD ($F(2, 373) = 9.59, p < 0.001$).

However, there was the same males and females recorded the same mean score for the likelihood to sign a referee if they were diagnosed with SUD of 2.58 (SD for males = 1.31, SD for females = 1.24), however the undisclosed gender individual recorded a mean score of 1 which was significantly lower than males and females. However, no statistically significant difference between gender perceptions was found between referees with no disclosed mental disorder and referees disclosing SUD ($F(2, 373) = 1.75, p = .176$).

Table 2: Likelihood to employ a referee scenario questionnaire.

Gender		None	MDD	GAD	SUD
Male	Mean	4.77	3.72	3.43	2.58
	Std. Deviation	0.64	1.14	1.22	1.31
Female	Mean	4.57	3.83	3.75	2.58
	Std. Deviation	0.90	1.12	1.11	1.24
Prefer not to say	Mean	5.00	3.00	3.00	1.00
	Std. Deviation	-	-	-	-
Total	Mean	4.68	3.77	3.57	2.58
	Std. Deviation	0.78	1.13	1.18	1.28

Discussion

The purpose of this study was to ascertain the level of public stigma about referees who have openly disclosed a mental disorder. The study aimed to investigate if the likelihood of employing a professional referee was affected if they had a diagnosed mental disorder. Further to analyse gender differences with regards to perceptions of mental disorders. The study also analysed mental health literacy using a symptom recognition questionnaire.

Reported and Intended Behaviour Scale (RIBS)

Women recorded a statistically significant higher level for the Reported and Intended Behaviour scale, demonstrating more positive attitudes than males. The overall average score of the participants recruited in this study of 17.3 is significantly higher than other studies that utilised RIBS. Zalazar, et al. analysed perceptions towards people with mental disorders in Argentina¹⁶. A total of 1,156 participants completed the RIBS and yielded an average of 16.4. Further, Winkler, et al analysed differences of reported and intended behaviour towards those with mental health problems between English and Czechs¹⁷. The overall average for English participants was 16.1 and for Czechs was 11.0. These are both significantly lower than the average found in the current study. The studies mentioned above did not provide a gender breakdown, unlike the current study; therefore, gender differences and trends between studies cannot be examined. Therefore, demonstrating strong positive attitudes for both men and women; however, women's attitudes were stronger than males. Future research is needed to analyse this discrepancy in more detail.

Symptom Recognition

The symptom questionnaire was utilised to demonstrate participants' mental health literacy. Women displayed a greater level of mental health literacy compared to men, having successfully identified more symptoms for each disorder. This finding is consistent with previous studies¹⁸⁻²¹. Researchers

have often utilised a Mental Health Literacy Scale (MHLS) to examine literacy. In the current study, the participants scored lowest for symptom identification for Generalised Anxiety Disorder, which is different to previous research. Gorczynski, et al. analysed mental health literacy among university students and discovered that 30.0% of participants successfully identified GAD²², but only 22.9% could identify MDD. In this current study, participants recognised symptoms of MDD better than for GAD.

Scenario Questionnaire

Several previous studies identified and acknowledged stigma in sport^{9,23,24}. Therefore, the current study's findings support these studies as there was a significant decrease in participant perception when referees disclosed a mental disorder. In the current study, after disclosing a mental disorder, there was a significant, adverse change in the likelihood of employing a referee if they were diagnosed with any of the three mental disorders. The most significant reduction in the likelihood to employ a referee was if they were diagnosed with Substance Use Disorder. Further, women displayed more positive attitudes for both Major Depressive Disorder and Generalised Anxiety Disorder. However, both men and women recorded the same mean score for Substance Use Disorder. The greatest stigma was perceived towards Substance Use Disorder, as participants indicated they would be less willing to employ a referee diagnosed with SUD than referees diagnosed with GAD or MDD. Previous research produced similar findings with regards to negative attitudes towards SUD. Mendiola et al. discovered that participants had lower regard for patients diagnosed with Substance Use Disorder than other medical conditions²⁵. Findings from further studies are consistent with the conclusion on SUD²⁶⁻²⁸. Additional research is required to analyse underlying factors and develop interventions to challenge negative attitudes towards individuals with SUD.

Strengths

A number of strengths and weaknesses should be mentioned about the current study. Firstly, to the best of our knowledge, this is the first study to examine public perceptions of individuals before and after disclosure in sport and the first to analyse perception towards referees with mental disorders. Previous studies in the UK^{3,29,30} have analysed perceptions of mental disorders but not a comparison of opinions before and after disclosing a mental disorder. The RIBS indicated good internal consistency, illustrating that the questionnaire reliably measured the intended construct of stigma. Due to the broad, large sample size being used, the conclusions can be generalised to broader populations, indicating general public stigma levels. The broad sample size provided a diverse analysis of mental health literacy and mental disorder perceptions due to the participant population's range of education levels and ages.

Limitations

There are a few limitations of the current study that must be considered. Firstly, due to the cross-sectional nature of the study, causality cannot be inferred. Secondly, this study only analyses three specific mental disorders. Therefore, affecting the generalisability of the findings due to certain mental disorders being excluded from the study. Further, there is currently little evidence of professional referees who have openly disclosed a mental disorder, so, therefore, it is difficult for participants to

analyse how this disclosure impacts a referee's performance. Due to the large sample size, research is needed into more specific group stigma. An additional limitation to the study is participant bias; participants may change their responses to what they think the researchers desire when filling the questionnaire. By giving theoretical scenarios, participants may have answered what seemed more ideal for the research and not their honest perception. If this was a real-life scenario, their attitudes towards referees might not have been the same as their questionnaire responses.

Practical Implications

The current study provides an insight into public stigma towards referees in elite level sport. Moreover, the findings could impact whether a referee with a diagnosed mental disorder discloses this information with employers and the public. This is due to the fear of how they would be viewed as the findings from the current study indicate disclosure results in less positive attitudes. Further, the findings show that women have more significant mental health literacy and recorded more positive attitudes than men. Although this is well known in the current literature, this paper's findings for elite sport display the stigma that men face when disclosing their mental health disorder, particularly from other men³¹. Therefore, this will impact the disclosure of mental disorders in male sport.

Therefore, strategies such as online educational resources should be distributed to eradicate stigma. This will reduce stigma towards individuals with mental disorders and enable individuals with mental disorders to seek help. As long as stigma exists, particularly at elite levels sport, referees and other professionals will be less likely to disclose mental disorders. Education interventions have shown to have medium immediate effectiveness³². However, more research is required to examine how to sustain benefits over a longer duration. Moreover, to examine the most active aspects of interventions to maximise their effectiveness of tackling stigma.

Conclusion

The current study illustrates the stigma felt towards elite level sport as the findings indicate an adverse change in the likelihood of employing a referee after disclosing a mental disorder. Participants indicated they were less likely to employ a referee if they had either of the three mental disorders as there was a significant decrease in mean likelihood to employ from before a mental disorder was disclosed. The lowest likelihood to employ a referee was if the referee was diagnosed with SUD. Women were found to have greater mental health literacy and more positive attitudes towards an individual once a mental disorder is disclosed. However, women still recorded a decrease in perceptions after disclosure. Indicating that works needs to be done to eradicate these opposing views and attitudes towards individuals with mental disorders. Further research is required to identify reasons for stigma and identify if having a mental disorder impacts a referee's decision making.

Acknowledgements

I firstly would like to thank my supervisor, Paul Gorczynski, whose guidance and expertise was key in creating this project. I would also like to thank my fellow research group members in their support for the data collection, which was required for this project, along with the individuals who gave up their time to take part in this research study. Finally, I would like to thank my

family who have supported me immensely during these tough times and for motivating me to see the project through.

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