

Supplementary Material S1

Stigma-Related Components of the ACE Intervention

The intervention implemented in the present study was the **authorized Chinese version of Applied Acceptance and Commitment to Empowerment (ACE) for Mental Illness Stigma Reduction and Mental Health Promotion** (Fung et al., 2021). The ACE model integrates Acceptance and Commitment Therapy (ACT) with Group Empowerment Psychoeducation (GEP) and was explicitly designed to address mental illness stigma alongside mental health promotion.

According to the ACE-LYNX Training Manual (Linking Hearts, Building Resilience), each module (Modules 2–6)—except Module 1: Introduction & Building Group Norms—includes exercises with specific applications for stigma. The manual provides detailed “Specific Application – Stigma” sections for every major exercise.

Among these, Module 2 – 3. Stigma Rules and Stories and Module 6 – 3. Committed Action Plan directly focus on stigma:

Module 2

3. Stigma Rules and Stories: This exercise guides participants to reflect on and identify the impact of personal and societal stigma surrounding mental illness through implicit rules or narratives.

Module 6

3. Committed Action Plan: This activity helps participants identify their own values and formulate specific goals and actions to reduce stigma and/or promote mental health.

In addition, the manual describes the stigma-related applications for other major exercises as follows:

Module 2 – Defusion

1. Leaves on a Stream: Participants recognize negative or biased judgments toward themselves or others (e.g., viewing certain groups as weak or abnormal). The mindfulness practice increases awareness of judgmental thoughts, promotes defusion from them, and cultivates compassion for self and others.

2. Paired Sharing: Participants explore self-stigmatizing thoughts (e.g., “It must be my fault” or “I can never be like others”) and practice defusion to appreciate themselves and others compassionately and equitably, reducing the power of negative beliefs and fostering social connection.

Module 3 – Acceptance and Social Justice

1. Chair Sculpture of Suffering: Participants recall experiences of being stigmatized, discriminated against, or excluded and explore the emotions that arise, increasing awareness and acceptance of stigma-related suffering.

2. Exclusion Circle: Participants experience marginalization and reflect on how fusion with stigma-related rules sustains exclusion. They discuss biases based on mental illness, gender, social class, body image, or other attributes and practice acting in line with compassion and equity to promote collective wellbeing.

Module 4 – Self-as-Context and Interdependence

1. Le’Go Exercise: Participants reflect on experiences of stigma or exclusion and discuss internalized stigma. They learn that self-worth is not defined by stigmatizing labels and are empowered to resist such internalized messages.

2. Three Things I Did Today: Participants discuss how daily actions can decrease stigma and enhance collective wellbeing, considering what systemic or policy changes may be necessary.

3. Loving-Kindness Meditation: Participants practice self-compassion to release internalized stigma and extend kindness to others, strengthening motivation to alleviate suffering.

Module 5 – Values

1. Cultural and Personal Values: Participants identify values that may contribute to stigma when distorted and consider alternative values (e.g., compassion, respect, equity) that can reduce stigma and promote inclusion.

2. Your Legacy: Participants reflect on values, choices, and actions that can reduce stigma and promote equity and wellbeing for themselves, their families, and their communities.

Module 6 – Committed Action and Collective Empowerment

1. Bull’s-Eye: Participants identify actions to reduce stigma and promote equity and wellbeing in daily life (e.g., initiating conversations about mental illness with friends or family).

2. Bus Driver: Participants reflect on internalized stigma that hinders valued actions and commit to behaviors promoting equity and wellbeing despite negative self-beliefs.

These exercises were implemented exactly as described in the authorized Chinese version, maintaining full fidelity to their stigma-related applications. Through these integrated components, the ACE model effectively addresses stigma while

simultaneously promoting mental health.

All exercises were delivered in accordance with the authorized Chinese ACE materials. The stigma-related applications were implemented as intended, maintaining fidelity to the original ACE framework while adapting language and examples to the local cultural context.

Access to Full Materials

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