NEAR EAST UNIVERSITY

INSTITUTE OF GRADUATE STUDIES

DEPARTMENT OF NURSING

STIGMA TOWARDS MENTAL ILLNESS FOR UNDERGRADUATE NURSING STUDENTS

M.Sc. THESIS

DORIS AFEBANYE ADIE

Nicosia

May, 2022

DORIS AFEBANYE ADIE

STIGMA TOWARDS MENTAL ILLNESS FOR UNDERGRADUATE NURSING STUDENTS

MASTER THESIS

2022

NEAR EAST UNIVERSITY
INSTITUTE OF GRADUATE STUDIES
DEPARTMENT OF NURSING

STIGMA TOWARDS MENTAL ILLNESS FOR UNDERGRADUATE NURSING STUDENTS

MSc. THESIS

DORIS AFEBANYE ADIE

Supervisor

Assist. PROF. DR. SAMINEH ESMAEILZADEH

Nicosia
May, 2022

Approval

We certify that we have read the thesis submitted by Doris Afebanye Adie titled **"Stigma Towards Mental Illness for Undergraduate Nursing Students"** and that in our combined opinion it is fully adequate, in scope and in quality, as a thesis for the degree of Master of Educational Sciences.

Examining Committee	Name-Surname	Signature
Head of the Committee:	Assist Prof. Dr. Ayşegül Savaşan	
Committee Member:	Assist. Prof. Dr. Serap Tekbaş	S.Avcıoğlu
Supervisor:	Assist. Prof. Dr. Samineh Esmaeilzadeh	

Approved by the Head of the Department

16/06/2022

Assist. Prof. Dr. Ayşegül Savaşan
Mental Health Nursing

Approved by the Institute of Graduate Studies

...../...../20..

Prof. Dr. Kemal Hüsnü Can Başer
Head of the Institute

Declaration

I hereby declare that all information, documents, analysis and results in this thesis have been collected and presented according to the academic rules and ethical guidelines of Institute of Graduate Studies, Near East University. I also declare that as required by these rules and conduct, I have fully cited and referenced information and data that are not original to this study.

Doris Afebanye Adie

..7./06/.2022

Day/Month/Year

Acknowledgments

I would like to express my deepest gratitude to God for seeing me through this entire process.

Special thanks goes to my supervisor, Assist. Prof. Samineh Esmaeilzadeh for her guidance, patience, insightful comments, support and vital input during the research and development of this thesis.

I wish to also appreciate my precious husband, Bamikole Ayodele for being of great assistance and support throughout this process.

I would also want to send my appreciation to all the research participants. Without their valuable opinions and ideas on the questionnaire, the research would not have been accomplished.

Special thanks also to my family and friends for their love and support. Also, special thanks to David for his advice and relevant input throughout the entire process.

Doris Afebanye Adie

Abstract

Stigma Towards Mental Illness for Undergraduate Nursing Students

Afebanye Adie, Doris

MA, Department of Nursing

May, 2022, 68 pages

Aim: The aim of this thesis was to investigate and understand patterns of stigma towards mental illness amongst nursing students in Near East University (NEU). Secondarily, the study highlighted the differences between sociodemographic factors and NEU perception towards mental illness.

Materials and Methods: This thesis conducted a survey based quantitative research on 232 undergraduate students from NEU Nursing department. This instrument used for conducting the research was a 15-item Opening Minds Stigma Scale for Health Care Providers (OMS-HC) scale and a sociodemographic questionnaire to measure NEU undergraduate nursing student's beliefs towards mental illness.

Findings: From the results, it can be seen from the attitudes of health care providers towards people with mental illness subscale that the students collectively had a mean score and standard deviation of 14.87±4,22 points. The students aren't fully willing to disclose their own mental illness or seek help. Finally, it was found that there is no statistically significant difference between the socio-demographic factors except for the sociodemographic variable concerned with the mental illness status of the students and their perceived stigma towards the mentally ill. The data was analysed by utilising the Statistical Package for Social Science 24 (IBM SPSS) package program.

Results: These findings imply that the beliefs of nursing students in NEU towards the mentally ill is negative and so, anti-stigma interventions in NEU should considered such as raising awareness on stigmatization through seminars. Therefore, it is absolutely crucial that healthcare professionals conduct themselves properly and do not stigmatize patients that have these conditions. Nursing students are at the verge of joining the healthcare workforce and so, are the future of healthcare itself. From the findings, there was a general stigmatizing beliefs prominent amongst the NEU undergraduate nursing students.

Keywords: Stigma, Belief, Mental Illness, Nursing Students,.

Özet

Lisans Hemşireliği Öğrencilerinde Ruhsal Hastalıklara Yönelik Stigma

Afebanye Adie, Doris

Hemşirelik Mayıs, 2022

Amaç: Bu tezin amacı, Yakın Doğu Üniversitesi (YDÜ) hemşirelik öğrencilerinde ruhsal hastalıklara yönelik damgalanma kalıplarını araştırmaktır.

Gereç ve Yöntem: Bu tez, YDÜ Hemşirelik bölümünde öğrenim gören 232 lisans öğrencisi ile yürütmüştür. Araştırmda Sağlık Hizmeti profesyonellri için Stigma (OMS-HC) ölçeği ve sosdemografik bilgi anketi kullanılmıştır.

Bulgular: YDÜ'deki hemşirelik öğrencilerinin çoğunluğunun ruh hastalarına yönelik olumlu tutuma sahip oldukları belirlendi. Öğrenciler kendi ruhsal hastalıklarını açıklamaya veya yardım aramaya tam olarak istekli değiller. Son olarak, öğrencilerin ruhsal hastalık yönelik algıladıkları damgalanma ve sosyo-demografik faktörler arasında istatistiksel olarak anlamlı bir fark olmadığı bulunmuştur.

Bulgular: Bu bulgular, YDÜ'deki hemşirelik öğrencilerinin ruh hastalarına yönelik olumsuz tutumları için seminerler yoluyla farkındalık yaratmak gibi damgalama karşıtı müdahalelerin dikkate alınması gerektiğini göstermektedir. Bu nedenle, sağlık profesyonellerinin bu tür rahatsızlıklara sahip hastaları damgalamamaları ve doğru davranmaları kesinlikle çok önemlidir. Hemşirelik öğrencileri sağlık iş gücüne katılmanın eşiğindedir ve bu nedenle sağlık hizmetlerinin geleceğidir. Verilerin analizinde İstatistiksel Paket for Social Science 24 (SPSS) paket programı kullanılmıştır.

Anahtar Sözcükler: Damgalama, İnanç, Ruhsal Hastalık, Hemşirelik Öğrencileri,.

Table of Contents

CHAPTER 5

List of Tables

List of Figures

CHAPTER 1

Introduction

1.1 Overview and Background

Stigma towards individuals with mental illness is not an uncommon phenomenon as it spans across all cultures and nations of the world. According to Scrambler (2009), stigma can be defined as the social processes that is characterized by rejection, exclusions or separation as well as devaluation of an individual, with respect to the accusing party's perception, experience, or well thought out discernment of the adverse social judgement of the individual (Scrambler, 2009). Moreover, Thornicroft et al. (2008) stated that stigma is an ambiguous term that encompasses prejudices, discrimination, misinformation and ignorance towards individuals resulting in stereotyping and rejection. Therefore, this theory adopted by certain people to stigmatize the mentally ill, can have adverse impact on their recovery, treatments and overall health (Bennett and Stennett, 2015). In addition, stigmatization can be said to be the cause of suffering combined with the illness that is experienced by the mentally ill. Besides that, stigmatization can lead to limited life opportunities, social isolation and delays in seeking help from other people and in some cases, their peers and families. In a research carried out by Schulze and Angermeyer (2003), four dimensions of stigmatizations were identified i.e. the public image of mental illness, interpersonal interactions, structural discrimination and access to the social roles. Furthermore, the mentally ill are labelled by the society and psychologically ostracized as a result of the negative perception the public paints of them. Meaning these individuals struggling with mental illness have to fight two battles: The first is in coping with the symptoms of the mental illness in living their lives and the second, is in dealing with the misunderstanding of the public towards their conditions (Eissa et al., 2020).

In order to cater for the mentally ill, a specialized nursing practice known as mental health nursing was institutionalized. This involves catering to the needs of the mentally ill to help assist in faster recovery and improve the patient's quality of life (Townsend, 2013). Mental health nurses are trained to have a solid understanding on diagnosis, assessment and the treatment of psychiatric disorder, which gives these professional an edge in tackling the challenges they face with these individuals that are mentally ill. They usually work alongside with other health care professionals within the

medical division with a collective objective of providing optimal clinical outcomes to their patients. Some of the responsibilities of these nurses covers the assessment and evaluation of the mental health of the patient, the provision of care and psychotherapy treatment, development of treatment care plan, maintenance of medical records, providing support to family members of the patient, etc. Mental illness is no respecter of ethnicity, origin, socioeconomic status, and age. And so, for this reason, mental health nurses are trained to offer their services to various individuals from varying backgrounds (Gopalkrishnan, 2018). Some studies have validated the integrity of nurses in the health sector, showing a positive attitude exhibited by the nurses towards the mentally ill (Alshowkan, 2015; Ihalainen-Tamlander, 2016). Furthermore, these nurses reported their willingness to assist and expressed feelings of sympathy as well as concerns towards the patients. However, some studies have exposed the bias in the system, where stigmatization of the mentally ill is not only limited to the uninformed public but also to well-trained health care professions and nurses who exhibit stereotypical attitudes towards the mentally ill (Picco et al., 2019). And so, you find in this circle, nursing students who demonstrate negative attitudes towards the mentally ill. Such mental illness encompasses substance abuse (alcohol and drugs), schizophrenia, and depression, where individuals having these conditions have been stereotyped by these students or healthcare professionals (Henderson et al., 2014; Knaak et al., 2017; Subu et al., 2021; Zolezzi et al., 2017). These behaviors show a lack of ethical and professional conduct from these students which eventually corrupts their value system as future health care professionals.

Another aspect that needs to be taken into consideration is the impact stigmatization has on association, as this can lead to social distancing i.e. the acceptability and wiliness to associate with individuals with mental illness. Therefore, nursing students who express stigma towards the mentally ill can have a negative impact on their peers who suffer or have mental illnesses leading to social distancing (Feeg et al., 2014). This usually leads to isolation and depression as the individual will find it difficult to seek council and help because of the fear of being stigmatized.

In this context, this study seeks to investigate the pattern of stigma towards mental illness amongst nursing students in NEU. Moreover, resolution pathways will be discussed to tackle this problem of stigmatization of mental illness in the healthcare industry.

1.2 Objective of the Study

Health care professionals such as nurses are tasked with the responsibility of caring for the mentally ill but this isn't always the case as there are studies that show that nurses show stigma towards the mentally ill. Therefore, the aim of this study is to investigate and understand patterns of stigma towards mental illness amongst nursing students in NEU. Secondarily, the study will attempt to highlight differences between sociodemographic factors and NEU perception towards mental illness.

Furthermore, NEU nursing students' stigma towards the mentally ill will be investigated under three categories i.e. attitudes towards people with mental illness, disclosure/ help seeking (wiliness to disclose their own mental illness to their colleagues or peers) and social distancing (wiliness to associate with individuals with mental illness).

1.3 Research Questions

Therefore, the research question for this thesis are as follows:

1) What is the perceived attitude of nursing students in NEU towards mental illness?
2) Are NEU nursing students willing to disclose their own personal mental illness to colleagues or peers?
3) Are NEU nursing student showing willingness to associate with individuals with mental illness?
4) Do their perceptions towards mental illness differ with respect to their sociodemographic factors?

1.4 Statement of the Problem

In 2018, mental illness affected over 970million people globally (Our World in Data, 2018). Currently, nearly 1 billion people are subjected to mental disorders and third world countries, over 75% of the individuals do not receive the necessary treatments they require. Furthermore, every year about 3million people die due to substance abuse and also, every 40 seconds, an individual die from committing suicide (World Bank, 2021). These statistics show how mental illness affects a large number of the populace and so, there is an urgent need to tackle this growing problem. Sadly, mental health is one of the most neglected areas in health care globally (Kovacevic, 2021). This was

the case prior to the COVID-19 pandemic. However, the situation has become even worse as the COVID-19 pandemic has worsened the status of mental health. One of the major reason why mental illness is not taken seriously and is overlooked is because of stigmatization. Mentally ill people are viewed as among the most destitute, and vulnerable people on the planet. These individuals must deal not only with the symptoms of their illnesses, but also with the repercussions of receiving such a diagnosis, which carries a negative connotation (Wu et al., 2017). Furthermore, it has also been demonstrated that communal views toward mentally ill people are frequently unfavourable and negative (Overton & Medina, 2008). And so, it no surprise that even well-trained health care professions and nurses exhibit stereotypical attitudes towards the mentally ill (Picco et al., 2019). This becomes challenging, as more nurses that are added to the workforce could have this stigma towards the mentally ill. According to previous papers, mental illness stigma has been shown to have a significant impact on treatment seeking, adherence, and treatment cessation (Michaels et al., 2012; McCann et al., 2017; Wu). Therefore, it is important to research on the attitude of future healthcare nurses towards the mentally ill and generate a system that eliminates and deals with this growing problem. Currently, in TRNC, there is lack of available data on nursing student's perception on mental illness. This opens up the possibility of research in this untapped field by investigating the perception of nursing students towards the mentally ill and arrive at a conclusion of whether or not stigma towards the mentally ill does occur among nursing students.

1.5 Significance of the Study

The results that is accumulated from this research will be significant in understanding stigmatization amongst nursing students. Stigma expressed by nursing students can have a negative impact on their peers who suffer from mental illness, reducing the likelihood of these individuals from seeking help and counsel. Therefore, this research will be relevant for researchers, academicians, as well as healthcare institutions, who want to conduct further research on mental illnesses.

1.6 Structure of the Thesis

The composition of this thesis consists of relevant discussion tied to NEU nursing students' stigma towards the mentally ill by investigating stigmatizing behaviour. In the second chapter, the literature review of this thesis will be discussed. Following

this, in chapter three, the methodology of the research will be highlighted and explained. Chapter four will focus on the data analysis, results and discussion. Finally, chapter five will conclude the thesis findings and offer the necessary recommendations.

CHAPTER 2

Review of Literature

2.1 Mental Illness: Overview and Background

Mental health is perceived to be very vital in maintaining overall health, therefore a person's right to mental health care could also be considered as crucial component their basic human rights (Girma et al., 2013). People who have been diagnosed of a mental illness are challenged by several symptoms that are part of their responsibility to manage (Michaels et al., 2012). Mental illness is sometimes perceived to be related to a variety of feelings, thoughts, and behaviours that might have significant effects a person's personal, professional and social life. (Overton & Medina, 2008). Most of these disorders terribly diminish the individual's ability to engage in several areas of their lives successfully, and they also impact their physical health significantly (Mascayano, Armijo, & Yang, 2015). Mental illness diagnosis is declared when there is a deviation in the behaviour of the individual from the norms that are accepted within a culture thus making mental illness to be a concept dependent on the culture that may be in focus. That leads to several descriptions of mental illness and its stigma related (Rao et al., 2007). The manner in which stigma is related to mental illness has been said to be heavily dependent on the scope in which a specific culture sees or considers to be mental illness (Teh et al., 2014). Therefore, the scope in which a specific culture identifies mental illness can have a significant impact on the process of stigmatization (Teh et al., 2014). People who struggle with mental illness are seen as the group of people challenged with extremely high levels of discrimination and stigmatisation (Overton & Medina, 2008). Overton and Medina who carried out a mental illness study review as well as the stigma that surrounds it in 2008 state that, individuals battling with mental illness are perceived to be one of the most disadvantaged and vulnerable groups of people in the societies they belong to. The beliefs and speculations related to mental illness can be as destructive as much as the illness is (Overton & Medina, 2008). Additionally, studies have shown that not only do people suffering from mental illness get discriminated against, but also those having associations with them, like their families, loved ones and caregivers (Girma et al., 2014; Koschorke et al., 2017; Larson & 13 Corrigan, 2008). It is very important to comprehend the major role that is played stigma in the outcome and progression of mental illness for those who have

gotten the diagnosis (Overton & Medina, 2008). The manifestation of mental illness can affect the life of an individual in several negative ways (Michaels et al., 2012). On top of the various symptoms faced by a person suffering from mental illness, this individual is also challenged with how the society of which they are from perceive their disorder (Michaels et al., 2012). In many instances these perceptions of what mental illness is, are based on misunderstandings, leading to discrimination and exclusion from one's community (Michaels et al., 2012). According to estimates one in four people is likely to experience some kind of mental illness at some point in time in their life (Overton & Medina, 2008). In spite of the conforming evidence of efficacy for several treatments and care for specific illnesses, research has shown that a lot of people suffering from mental illness do no seek treatment and other people who may end up seeking for treatment do not fully stick to the complete advised treatment processes (Corrigan, 2004). Research has also shown that stigmatization is the primary element in the hampering of mental health services utilisation as well as treatment commitment (Vogel, Bitman, Hammer, & Wade, 2013).

2.2 Overview of Stigma

Stigma is an idea that implies that an individual is separated or set apart, on the basis of some seen or unseen negative characteristics (Goffman, 1963). Some define stigma as a characteristic that disrepute the stigmatized individual. People that the society stigmatized usually have limited prospects, and their capability to make up to their potential is greatly reduced as a result (Bates & Stickly, 2013). Moreover, stigma also involves an emotion incorporated multi-layered construct, behaviours and opinions (Overton & Medina, 2008; Gaebel et al., 2017). Stigma includes a lack of comprehension, knowledge and respect towards those who are inconsistent with the norm (Girma et al., 2013; Johnson, & Benson, 2017). In the final analysis, it has been said that the two primary characteristics of stigma are a consciousness of a clear difference and a degradation that is related to that difference (Bos et al., 2013). Goffman (1963), while working on stigma, stated that people rely on stereotypes to guide their relations and group individuals in certain classes. Goffman states that, stigmatization emerges when certain people or groups are seen to be having a certain negative characteristic that is amplified, leading to global devaluation and marginalization. Stereotypes are socially built and have a very strong relationship to our own social interactions and experiences within a certain setting. Social

development of reality has to do with to the hypothesis that the manner in which we portray ourselves to others is partly determined by the interactions that we have with other people, and by our life experiences also. The way we were raised up and what we were groomed to think has an effect on how we portray ourselves, how we see others, and how other people see us. To summarize, our point of view of reality are dependent by our backgrounds and thoughts. Our reality is a complex discussion. Our reality largely depends on what we perceive to be socially acceptable (Goffman, 1963). If we are having a social interaction with a stranger and proof arises that that individual has a characteristic that seems to deviate from what is socially acceptable within cultural norms, that characteristic is the origin of stigma. Therefore, stigmas are founded on past experiences that largely affect our perceptions of reality (Kasima, 2014). Behaviours related to stigmas result in prejudice, and prejudice results in negative stereotyping. Making categorical remarks about groups of people is what stereotyping is about. Stigma can result in unnecessary suffering, except individuals who are stigmatized from having part in daily activities or looking for medical treatment because of certain reasons. Although mental illness stigma is regarded as a global phenomenon, it has been stated to being a greater limitation to getting treatment in areas that have low-income and mainly with the individuals of a culture who are perceived to be in a more vulnerable situation (Mascayano et al., 2015). Research on stigma has resulted in the recognition of several manifestations of stigma which are believed to be interconnected (Bos et al., 2013). Reeder and Pryor (2011) developed a model to better explain the ongoing research on the kinds of stigma and how they are related to each other. Although the main point of this research is on stigma of nursing students to mental illness, it is considered to be as useful to briefly explain the various stigmas that are believes to be interconnected.

2.2.1 Self-stigma

Self-stigma has to do with a person who has an attribute that is stigmatised like mental illness, and who then settles with the devaluation laid on them and absorbs the negative stereotypes related to their respective stigmatised characteristic (Pescosolido, 2015; Vogel et al., 2013; Gaebel et al., 2017). Self-stigma also includes the several social and psychological implications that are related to having a certain stigma which has

been recorded to result to lower of self-esteem and self-efficacy also (Bos et al., 2013; Vogel et al., 2013).

2.4.2 Stigma by association

Stigma by association is also known as courtesy stigma, has to do with negative reactions directed to people who are associated or connected to a stigmatised person (Bos et al., 2013). In this kind of stigma, these people do not have the devalued attribute or stigma, but are in one way or the other involved or associated with a stigmatised person and are usually seen as contributing in some way or the other to the stigmatised behaviour (Pescosolido, 2015). In many cases this refers to the families and friends of the stigmatised person (Bos et al., 2013; Pescosolido, 2015).

2.2.3 Structural stigma

Structural stigma refers to the negative reactions to a wider organisational or institutional level not just an individual (Bos et al., 2013; Pescosolido, 2015; Gaebel et al., 2017). Corrigan et al. (2004), states that in this kind of stigma, some policies set by organisations, institutions or governments result in intentional and unintentional outcomes and restrictions towards stigmatised people. Being allowed to get married or to vote for example (Buechter, Pieper, Ueffing, & Zschorlich, 2013).

2.4.4 Public Stigma

Public stigma involves several socio-cultural procedures, which leads to a community declaring preconceived values on certain people who devalue them and which results in these people being discriminated against (Corrigan & Rao, 2012; Gaebel et al., 2017; Michaels et al., 2012). Community behaviour towards mental illness plays a significant role in the community's mental health as these features can be of great significance in promoting the completion of treatment and commitment to treatment (Girma et al., 2013; Johnson, & Benson 2017). Public stigma refers to the perception that the general public holds around certain stigmas related to a person looking for mental health treatment as being unacceptable within the society (Vogel et al., 2013). In addition, research has proved that those who have used mental health services are seen to be less acceptable than those who have never used it (Vogel et al., 2013). Public stigma can be considered to have stereotypes, discrimination and prejudice (Michaels et al., 2012). Stereotypes also refers negative expectations of a person with a mental illness of some sort, prejudice includes the agreement with such stereotypes and the

successive emotional response brought up by such stereotypes and lastly, discrimination refers to the deprivation of some opportunities purely based on their diagnosis of mental illness (Michaels et al., 2012). Consequently, public stigma can create a significant issue as socially based held negative opinions toward a certain group of individuals can lead to their discrimination from the society (Vogel et al., 2013).

2.3 Overview of Mental Health Nursing: Definition, Role and Core Competence

A Mental Health Nurse is someone who practises mental health care and is a nurse that has gone through a mental health care nursing training and has the ability to provide the mental health care, treatment and rehabilitation services that may be prescribed. That nurse has an additional qualification in Mental Health Nursing according to the Mental Health Care Act No.17 of 2002. Consequently, Mental Health Nursing (MHN) is a field on its own that focuses on competencies and expanded roles to better the mental health of all individuals. Mental Health Care Nursing focuses on addressing the mental health care necessities of people, families and groups throughout their lives, including vulnerable population groups that may be emerging. Mental Health Nurses work independently with fundamental, intermediate and high-level clinical expertise that are both nationally and internationally recognised in the mental health care domain. Within the mental health broader community and facilities, they work as independent and interdependent mental health practitioners, consultants and leaders in providing proof-based care to mental illness patients, their families, and the community, as prescribed by the relevant legislative structure.

Statistics show that one in every four people is likely to develop mental illness in their lives, so Mental Health Nursing is an essential need everywhere (Herman et al. 2009). The Mental Health Nurse provides the following services:

- Evaluation and assessment of the patient's mental health
- Constructing a care plan for treatment
- Seeking aid from other health professionals regarding treatment plan
- Care and psychotherapy treatment provision
- Medical records maintenance
- Education and support to the patients and their families

The following principles act as a guide to all the Mental Health Nursing key competencies:

- Mental Health Nursing is sorely based on specific biopsychosocial and mental health theories and modern proof-based knowledge and practices, including an approach that is recovery-focused;
- Adherence to human rights based, culturally sensitive and individual-centred approaches;
- The incorporation of mental health towards care at all levels, from promotion to rehabilitation for a lifetime
- Focuses on individuals, families and communities ((Herman et al. 2009).

2.4 Stigmatizing Attitude

Public sigma towards mental illness is usually associated with negative attitude shown towards the mentally ill. This can have adverse repercussion as the mental ill person might find it difficult to seek help and treatment, leading to even more damaging impact. There have been available evidences that clearly demonstrate stigmatizing attitudes towards the mentally ill. In a research carried out Stickney, Yanosky, Black and Stickney (2013), the objective was to examine the factors that are tied to mental illness. The number of participants were 466 and from the researchers' findings, more stigmatizing attitudes was noticed amongst men than women towards mental illness. Moreover, it was also observed that Hispanic and African American respondents reported significantly lower sigma attitudes than Asia and White respondents.

Another research carried out by Corrigan et al. (2014) made a comparison between the impact of the psychiatric medication promotional advertisement on the attitudes towards mental illness between individuals that are mentally ill and those that are not. The sample size consisted 107 individuals having no mental illness and 74 individuals with self-identified mental illness. All respondents watched three TV advertisement. One was on an antidepressant promo and the other was on Adidas sport shoes and Heineken light beer. The results showed that the group without mental illness harboured more stigmatizing attitudes towards people with mental illness after watching the advertisement on antidepressants. And so, this group were less likely to offer help and wrote off people with mental illness as hopeless cases that were unlikely to recover. Furthermore, another research carried out by Richards, Hori, Sartorius and

Kunugi (2014) explored the attitudes towards schizophrenia by participants from the United States and Japan, who participated in a survey. It was found that 172 of the U.S participants had more positive attitudes towards individuals with schizophrenia. However, 30% of the participants stated that people with schizophrenia are not trust worthy. Meanwhile, fewer than half of the of the respondents were not in favour of the idea of welcoming a marriage between a family member and schizophrenia person.

Finally, in a research carried out by Laubscher (2020), the aim was to quantify the degree towards which public stigma existed and evaluate as well as understand the attitudes towards the mentally ill held by individuals staying in Windhoek. The study employed the use of a mixed based research methodology, using the Community Attitudes towards the Mentally Ill (CAMI) scale by surveying a 150 people. The data was analysed and the findings showed the overall level of public sigma, according to the scale was 41%. Moreover, the elderly, men and individuals that had lower education possessed higher levels of public sigma towards the mentally ill. Interestingly, the lower socioeconomic groups had way more misinformation and misconception on the idea of mental illness than middle to higher socioeconomic groups. As seen in this review of public attitude towards the mentally ill, there is a large number of data that support negative attitude towards the mentally ill. The next section will focus more on the scope of this thesis i.e. Nurses' attitude towards mental illness and attitude towards help seeking and disclosure of mental illness. In the next major header, stigmatization action will be reviewed and more focus will be on social distancing towards the mentally ill.

2.4.1 Attitude Towards Mental Illness Amongst Nurses

Mental illness is no respecter of ethnicity, origin, socioeconomic status, and age. And so, for this reason health care professionals are trained to offer their services to various individuals from varying backgrounds (Gopalkrishnan, 2018). Though health care professionals and more specifically, nurses are tasked with the responsibility of caring for the mentally ill, there is still bias in the system. Stigmatization of the mentally ill is not only limited to the uninformed public but also to well-trained health care professions and nurses who exhibit stereotypical attitudes towards the mentally ill (Picco et al., 2019). Within this circle, you find nurses as well as nursing students who demonstrate negative attitudes towards the mentally ill. Such mental illness encompasses substance abuse (alcohol and drugs), schizophrenia, and depression,

where individuals having these conditions have been stereotyped by these students or healthcare professionals (Henderson et al., 2014; Knaak et al., 2017; Subu et al., 2021; Zolezzi et al., 2017). These behaviours show a lack of ethical and professional conduct from these nurses which eventually corrupts their value, and for the case of nursing student, it compromises their future health care professional value system. There have been available evidences that clearly demonstrates that nurses as well as nursing students, hold negative attitudes towards the mentally ill. Nursing is one of the largest healthcare workforce profession globally, with nurses spending more time with patients than any other health care professionals. Therefore, nurses having negative attitude towards mentally ill patients will contribute or impede the recovery timeframe of the patients to nurse. And so, it is critical to understand the attitude of nurses towards patients that are mentally ill and given that this research focus on nursing student beliefs towards mental illness, an integrative literature review is undertaken in this section.

In a research carried out by Bennett and Stennett (2015), the objective of the research was to investigate the attitudes of nursing students towards mental illness. A questionnaire based survey was distributed to 143 third-year bachelor students. The data was carried out by utilizing the Attitude Towards Acute Mental Health Scale (ATAMHS). From the results, it was seen that the nursing students held an overall negative attitude towards the mentally ill, considering these individuals are dangerous. However, the students were divided in their opinion on a number of questions signalling a conflict of arguments. Similarly, in a research carried out by Shehat and Abdeldaim (2020), were the objective was to investigate the stigmatization beliefs of students (i.e. in the pharmaceutical, science, and medical faculties) in Tanta University in Egypt. The results showed that students in the pharmaceutical faculties were more negative in attitudes towards the mentally ill than the overall group. Furthermore, there are other studies that have also had similar results were students expressed negative attitudes towards the mentally ill (Zolezzi et al., 2017; Poreddi et al., 2015).

Furthermore, in a research carried out by Alexander, Ellis and Barrett (2016), a literature review with primary focus on medical-surgical nurses' attitude towards caring for patients that were mentally ill was undertaken. Based on a careful review of nine studies, the findings of the research showed that that the nurses had identified various problems with caring for the mentally ill. For some, they had no idea how to

efficiently care for those patients. Other nurses did not consider those patients important or worth caring for in comparison to other patients. Additionally, other nurses stated that these mentally ill patients were disruptive, dangerous and some of the nurses reported that they lacked the right training to cater for the patients. However, some of the nurses did report being comfortable handling the patients with mental illness (Alexander, Ellis, & Barrett, 2016).

Although the papers reviewed so far point towards that nurses demonstrating negative attitudes towards the mentally ill, there are some studies that show evidence of positive attitude being demonstrated by nurses towards mentally ill. In one research carried out by Alshowkan (2015), the objective was to investigate the attitude of nurses towards individuals that are mentally ill as well as the sociodemographic factors associated with attitude. Data was collected from 225 registered nurses employing the use of the community attitude towards mental illness scale and the data was analysed using SPSS. The results showed that nurse's attitude towards individuals with mental illness was positive. This positive attitude exhibited by the nurses correlated with the year of experience, age, gender, and previous contact with individuals that are mentally ill. Similarly, according to Ihalainen-Tamlander (2016), the objective of the study was to investigate the attitude of the nurses towards mental illness as well as examine the factors that are correlated with their attitudes in primary healthcare. 264 Nurses participated in the study from 15 major health care centers in two Finish cities. The results showed that the attitude of the Nurses towards the people that are mentally ill were generally positive. Moreover, the nurses report their willingness to assist and expressed feelings of sympathy as well as concerns towards the patients

Likewise, in a research carried out by Ihalainen-Tamlander et al. (2016), a cross section study was undertaken to investigate the attitudes of nurses towards mental illness. There were 218 nurses who worked in 15 primary care centres that participated from Finland. The participants read a vignette that described a hypothetical mentally ill person that was diagnosed with schizophrenia and responses were gotten based on a survey. The findings of the research showed that the attitude of the nurses were mostly positive towards the described mentally ill person in the vignette. Moreover, there was high willingness to assist and didn't see such a person as dangerous. Also, report of pity was observed. The only negative attitude the researchers reported, was

that the nurses agreed that a more forceful approach be used in getting the patients to take medications even against their will.

2.4.3 Attitude Towards Help Seeking and Disclosure of Mental Illness

There are evidences from literature to support the impact of stigmatization on the individual's self-disclosure of mental illness. This usually leads to isolation and depression as the individual facing this mental illness will find it difficult to seek council and help because of the fear of being stigmatized. In the research carried out by Clement et al. (2015), the researchers reported that stigma was ranked as the fourth barrier toward seeking help from mental illness. This finding was reported by 25 to 33% of the respondents that participated in the research. Some of the critical findings from the research that highlighted important barriers towards seeking help were: (1) The drastically low perception to seek help and council among those that were having mental illness. (2) The preference to handle the issue by themselves preventing them from seeking help. (3) Structural barrier challenges such as the lack of a health insurance or locating a suitable health care provider. Following these observations made by the authors, it was concluded that mental health related stigma was tied to low to moderate association with seeking help from mental illness. Moreover, the researchers found out that some of the participants had previously bad experience with supposed health care professionals, which included being talked to contemptuously, being blamed for their misfortune, and being treated unfairly (sarcastic comments, written off as deserving their punishments, being disrespected etc.) (Clement et al., 2015).

Additionally, some health care professionals having mental illness also face self-disclosure and help seeking problems due to stigmatization. In a research carried out by Lindsay et al. (2019), the objective of the study was to describe the patterns of self-disclosure of long term conditions at work by health care professionals at a health service. From the results, respondents that had a mental health condition were more cautious and selective about disclosing information of themselves and more likely to disclose to their supervisors than their colleagues or peers (Lindsay et al. 2019).

2.5 Stigmatizing Action

Stigmatizing actions can be considered as the actions taken as a result of stigmatization. One of the prominent actions that is taken as a result of stigmatization

towards the mentally ill is cutting off association with individuals having this problem. This results in social distancing i.e. the acceptability and willingness to associate with individuals with mental illness. In a research carried out by Pescosolido et al. (2010), the findings of the research reported that 62% of their respondents are unwilling to work with people having problems of schizophrenia and a staggering 52% stated that they wouldn't even want to associated themselves with such people. Interestingly, in a research carried out Boyd et al. (2010) stated that higher levels of contact with individuals that are mentally ill were associated with lower levels of stigmatizing actions. From the research, it was seen that women were more likely to be stereotypical of individuals that are mentally ill and will social distance themselves from such people than men. Interestingly, in a research conducted by Smith et al. (2011), the participants that were surveyed that had more knowledge about mental illness and schizophrenia in particular, were less likely to social distance themselves from people with schizophrenia. Furthermore, in a research carried out by Anderson et al. (2015), the objective of the research was to examine the stigmatizing actions of university students towards individuals that were generally mentally ill in comparison to those that had social anxiety or were depressed. From the research, the authors measured the stigmatizing actions with respect to social distancing factor. The survey was done on 244 participants who received partial credit in psychology course for their participation. From the results, it was seen that there wasn't any significant difference between women and men with respect to their desire to social distance from people that were mentally ill. There was stronger desire by the participants to social distance themselves from individuals that faced depression than from individuals with social anxiety or mental illness. Also, the desire to socially distance themselves increases as the dangerousness of the mentally ill person increased (Anderson et al., 2015).

Additionally, nurses or nursing students who express stigma towards the mentally ill can have a negative impact on their peers who suffer or have mental illnesses. In a study carried out by Feeg et al. (2014), to investigate the impact of stigma, through social distancing amongst tertiary students. From the results, the students expressed unwillingness to associate with the mentally ill, as the attitudes of students were negative towards the idea, leaning towards social distancing. In all, social distancing towards the mentally ill is a product of stigmatization. Therefore, there is need to

resolve this through certain means and strategies, especially for nurses that are at the frontline of the taking care of these patients. This is discussed in the next section.

2.6 Resolution Pathways for Mental Illness Stigmatization

Most of anti-stigma interventions made for health care providers made use of contact-based training with the following programme: training concerning mental health, presenting videos or films and involving individuals with mental illness to present their experiences through the interaction with a certain population in a several of ways. Interventions focused on education, having no social contact were put to use in some of the researches. These educational based interventions made use of strategies like mental health training, lectures, distance learning through the internet, simulations and discussion groups. Additionally, one research was focused the effects of an anti-stigma campaign on the internet on stigmatizing behaviours within the health care providers.

2.6.1 Contact-based education

An ant-stigma intervention strategy called social contact was recognised as a key resolution strategy in the research that are mentioned in this discussion. One research that explained the outcomes of an anti-stigma intervention that was carried out on four target groups: the young, health professionals, the media and workplaces, it spotted out the key challenges and the lessons learned as well. Regarding the health care provider group in this discussion, a four-hour contact-based educational seminar was given to boost knowledge and skills when it comes to working with individuals with mental illness. Health care providers displayed continuous improvements three and six months after completing the intervention without any booster sessions. Such results show that when health care providers put their attained skills into practice, they reach a point where they more settled and confident in their capabilities to care for and interact individuals with mental illness. The analysis shows that contact-based education has the capability to minimise harmful behaviours and better the way people with mental illness are socially accepted by health care providers (Stuart et al., 2014).

A small-scale preliminary study tried the implementation and feasibility of 2 interventions which were: social contact, including the comments from individuals with mental illness; and education involving a seminar on stigma and the impact it has on the lives of individuals suffering from mental illness. This was to better the behaviours and outlook of health care providers on individuals with mental illness.

The outcome suggested that neither the educational intervention nor contact intervention led to the decrease in stigma among health care providers toward patients. The analysis of the small-scale preliminary study suggests that interventions using social or education contact alone are not sufficient to decrease stigmatizing behaviours among health care providers. The small-time budget of the intervention might have been an ingredient that prevented a significant change in the behaviours of the participants (Mittal et al., 2020).

In relation to direct social contact, one research examined the magnitude to which a 3-hour seminar about Dialectical Behaviour Therapy was impactful at bettering the attitudes and behaviours of health care providers towards individuals with bipolar disorder. This research also examined the effect of the intervention on decreasing stigma related to bipolar disorder. The seminar was based on several educational strategies to better interaction expertise with individuals suffering from bipolar disorder and eliminate beliefs regarding bipolar disorder. Social contact through personal testimony of an individual with experience of bipolar disorder also participated in the seminar. The outcomes suggested that bipolar disorder is greatly stigmatized among health care providers, that strengthens the point that there need to create specific interventions for bipolar disorder (Knaak et al., 2015).

Another research also focussed on assessing the effect of an intervention by examining the confidence levels and the capability for basic care physicians to give non-stigmatizing care. The outcomes only showed significant betterment in decreasing desire for social distance among participants, which does not suggest the overall effect of the intervention on the decrease of stigma, therefore the research has to be repeated. The intervention included a seminar for fifteen weeks, in which health care providers attended and made contact with individuals with mental illness who talked about their experiences (Beaulieu et al., 2017).

In regard to anti-stigma intervention strategy indirect social contact, a few researches used art and films performances to deal with stigma. One research analysed the effects of showing films about experience to several populations and health care providers also. This research showed a much significant advancement in stigmatizing behaviours among health care providers than other groups like students, people with mental illness and their families, and the general public. Since stigmatizing behaviours are resistant

to change or long-lasting, modern guidance demands for sustainable, continuous and long-term decrease in stigma interventions, rather than short-term interventions (Hawke et al., 2013).

2.5.2 Educational interventions

Educational interventions that had no social contact were put to use as anti-stigma intervention approaches for health care providers in five researches. As a way to advance the level of knowledge and understanding of mental health practitioners about mental illness, mainly schizophrenia and bipolar disorder, and also to decrease stigma within a short workshop as an intervention, one research explained training comprising of two modules, highlighting information about mental illness and stigma and its impact. The workshop significantly improved participant's behaviours towards mental illness, reduced social distance between community mental health providers and individuals with mental illness and also somewhat improved the knowledge and understanding of participants with bipolar and schizophrenia disorder using narratives about certain cases. Nonetheless, the conductors of the research suggest long-term training, that might include long-term follow-up or booster seminars, would advance knowledge and behaviours among the community mental health providers (Li et al., 2014).

One research expounded on an educational workshop created to accommodate the management and recognition of implies stigma among health care teams. A four-hour seminar that used educational strategies like didactic lecture on the effects of stigma, role play simulation, group discussion self-reflection exercises and case discussions was conducted. Although this implicit stigma decrease approach had conflicting outcomes, it showed to be a potential substitute approach to traditional educational approaches for stigma reduction (Sukhera et al., 2020).

Another research examined the Bettercare Maternal Mental Health book as a form of distance learning intervention for health care teams. This educational strategy resulted in a significant advancement in mental health knowledge, nevertheless it was not effective at bettering participants' behaviours towards mental illness. After the examination, the authors suggested the need for interventions that include social contact, since they proved to be effective in the short-term compared to other

interventions at decreasing stigmatizing behaviours among health care teams (Field et al., 2019).

As a way to advance mental health knowledge and decrease stigmatization, one research examined the effect of a new workshops and supervision seminars for community mental health providers. The workshop lasted for fourteen days and made use of course-based educational approaches that consisted of an educational module, a stigma module and a practical clinical module. After the workshop, knowledge concerning mental health was advanced, stigmatizing behaviours reduced and the health care service providers were more willing to get into contact with individual suffering from mental illness (Li et al., 2015).

2.5.3 Protest

Only one research examined an internet anti-stigma campaign made for health care providers. The study suggested that anti-stigma campaigns can be impactful in decreasing stigma toward individuals with mental illness. Nevertheless, it was clear that sufficient planning is crucial, since the information given in the campaign affect some stigmatizing behaviours. Since this research sorely relied on the internet to communicate anti-stigma and showed some effectiveness, the authors concluded that the internet can be a powerful communication tool for spreading anti-stigma information (Bayar et al., 2010).

CHAPTER 3

Research Methodology

In this chapter, a systematic procedure is adopted to arrive at a dependable solution. These procedures include the specification of the appropriate method for processing and data collection. Therefore, a breakdown of the research is done, with prime focus on the research design, population and sample size, the research instrument, data analysis and ethical consideration.

3.1 Research Overview

The Open Minds Stigma Scale for Health Care Providers (OMS-HC) will be utilized for investigating stigma towards mental illness amongst NEU nursing students. Based on this scale, nursing students in NEU will be evaluated under two components i.e. attitudes towards people with mental illness (acceptability and wiliness to associate with individuals with substances) and disclosure/ help seeking (wiliness to disclose their own mental illness to their colleagues or peers). And so, the research question for this thesis is as follows:

1. What is the perceived attitude of nursing students in NEU towards mental illness?
2. Are NEU nursing students willing to disclose their own personal mental illness to colleagues or peers?
3. Do their perceptions towards mental illness differ with respect to their sociodemographic factors?

Therefore, the goal of this study is to investigate and understand patterns of stigma towards mental illness amongst nursing students in NEU. Secondarily, the study will attempt to highlight differences between sociodemographic factors and NEU perception towards mental illness.

3.2 Research Design

In this thesis, a quantitative based research approach will be utilised through the use of both an online and paper based questionnaire. The efficacy of this research approach was verified by Williams (2011), who described quantitative research as a holistic

approach for carrying out research and this sort of methodology deals with the quantification and thorough analysis of the variables of the study, in order to arrive at an accurate result. Moreover, in this methodology, descriptive design utilising a cross-sectional survey method was used for this study. A cross-sectional study incorporates a type of observational study design that requires observing the data from a sample size of the population at a specific point within a time period. Likewise, in a cross-sectional study, the researchers aim to measure both the exposure and outcome of the study subjects instantaneously. Hence, it is described as taking a snapshot of the group, unlike the cohort study (where the general idea is to select the participants based on the status results or outcome) or the case-control study (where the participants are selected based on the exposure status) (Wang and Cheng, 2020). Therefore, the essence of this descriptive and cross-sectional survey method is to quantify and measure the stigma of nursing students towards mental illness in Near East University. Also, the descriptive design objective is to provide data on the relationships, attitudes, and processes of a specific group as well as observing he correlations that develop between the variables of the research (Neuman, 2014). As stated previously, both a printed questionnaire and an online based questionnaire will be adopted in this study, and one of the advantages of this data collection scheme is the relative ease of data collection on a large sample size and in this case, NEU nursing students. However, there are some disadvantages to the use of questionnaires i.e. the respondents might fail to fill in the questionnaire properly and this can skew or compromise the results (Heikkilä, 2008, p.20). Also, there could be some misunderstanding in filling the questionnaire, especially when there is limited knowledge on the topic. According to

Hirsjärvi et al. (2007), these challenges with filling data inconsistently can be limited or avoided completely by administering the questions accurately and developing strategies that ensure proper filling of the material. Furthermore, a cover letter should be incorporated which states the purpose behind the data collection, as well as brief description of the subject to give a generic idea of what the participants is expected to add to the research. Important information such as the selection processes, authors, contents of the survey and the results use should be stated openly (Vehkalahti, 2008).

3.3 Population and Sample Size

According to the research carried out by Coolican (2013), a population can be defined as a specific group of individuals from which the sample is extracted from. In this thesis, the target population is made of nursing students enrolled in Near East University (NEU), in Lefkosia, TRNC. Near East University has a student population of over 27,000 students from a 100 countries all across the globe. For the case of this study, the inclusion criteria that was employed for the population of NEUwhere undergraduate students that were enrolled in nursing..

A sample can be thought of as a group consisting of a smaller part of the defined larger population that have been selected to participate in a research (Neuman and Robson, 2014). The sampling method that was utilised for this research is the non-probability sampling. This is a type of sampling method were a random selection approach for the respondents isn't used (Coolican, 2013). As a matter of fact, the type of the non-probability sampling method utilised is convenience sampling, which allows for the respondents to participate based on their availability (Elfil and Negida, 2017). The targeted sample size was 300 NEU nursing students. However, due to inconsistency and erroneous data being filled, it was streamlined to 232.

3.4 Research Instruments

In this research, the instrument utilised for the study comprises of a self-reported questionnaire which includes two main parts, which will be utilized in the study. The first part will consist of sociodemographic factors such as age, gender, residency, education, disposable income, status of clinical placement, mental illness history, etc, for the past one year of enrolment in the nursing department. The total number of questions under this category will be 11 questions. The second part will consist of the

Opening Minds Stigma Scale for Health Care Providers (OMS-HC). More information on this scale, will be discussed in the next section.

3.4.1 Opening Minds Stigma Scale for Health Care Providers

This thesis adopts the 15-item OMS-HC scale to measure NEU undergraduate nursing student's attitude towards mental illness. According to Kassam et al. (2012), the scale was reduced from an initial number of 20 to 15 items due to low item-total correlation observed, this means that r-square value was less than 0.20. Moreover, cross loading was observed in five items in another study. Furthermore, in a research carried out by Modgill et al. (2014), which involved health care practitioners such as social workers, medical staff, nursing students and physicians. The data studied showed that the subscales and the 15 item scale were reported to have a high level of internal consistency (i.e. α=0.67-0.68 and α=0.74—0.79, respectively). The scale is 15 items OMS-HC scale is rated on the five point Likert scale which ranges from strongly agree (5-the highest value) to strongly disagree (1- the lowest value). Furthermore, the score ranges from the lowest value of 15 collectively to 75. This score indicates the level of stigmatization NEU undergraduate students have towards mental illness. The 15 item set are subdivided under three subscales, which are: (a) Attitudes of health care providers towards people with mental illness, (b) Disclosure/help-seeking and finally, (c) Social Distance. The nursing students will be asked to measure their level of agreement with the items rated on a 5 point Likert scale. As stated previously, this ranges from strongly disagree, disagree, neutral, agree and disagree, such that each item is assigned a score from 1 to 5, respectively. The item that required reverse coding was done and the total score was realised from the collective set of 15 items. The scores for the subscales was calculated by summing the raw scores of all the items for each of the factors (Modgill et al., 2014). Higher scores mean that the undergraduate students at NEU are aligning themselves with a negative attitude, greater social distancing, and less disclosure towards mental illness.

3.5 Research Procedure

The distribution scheme was in two fold, involving both onsite distribution of the survey at NEU campus and online distribution of the survey via text messages, mails, and social media. The study timeframe took place in the month of February to April. Following this 1month was dedicated for data collection and 2 weeks was dedicated

for data analysis, discussion and conclusion. Due to the inconsistency of filling of the data by some of the nursing students, from the initial 300 respondents, just 232 responses were utilised in the research. Some of the challenge faced was the conformity to COVID-19 guidelines and some hesitation of some students to participate. Nonetheless, the research was conducted and the process was seamless.

3.6 Data Analysis

The data was analysed by utilising the Statistical Package for Social Science 24 (IBM SPSS) package program. The analysis that will carried out will basically revolve around descriptive statistics and will be done on the SPSS software. A Kolmogrov-Smirnov (K-S) Test, which is one of the normality tests, will be applied to examine whether the data set shows normal distribution or not in order to determine whether or not to carry out a Kruskal-Wallis H test. The Kruskal-Wallis H test, which is one of the nonparametric hypotheses tests, is used for comparing two or more independent and dependent variables. Based on the test, socio-demographic factors (i.e. gender, age, disposable income, relationship status, and residency, status of clinical placement, academic year, and mental illness status) will be compared to the OMS-HC Scale and Subscale. Statistical significance is identified when there is a p-value of less than 0.05. Moreover, a reliability test will also be carried out.

3.7 Ethical Consideration

An ethics approval was sent to the ethics approval committee of NEU and was received. The approval was given on 31st of March, 2022 and assigned a project number of 1532. The approval was important in order to carry out the research within the university. Moreover, a permission request was sent to the authors of the OMS-HC and approval was gotten to go ahead with the scale usage in this research. Also, the study was conducted in accordance with the principles of the declaration of the research institute of the university. The students that participated in the study were also informed on the topic and requirements. Verbal consent as well as written consent was also gotten. In all, the data that was utilised for the research will not be disclosed as privacy is all an important factor that was considered in this research.

CHAPTER 4

Analysis, Results and Discussion

4.1 Socio-Demographic Data of the NEU Nursing Students

In this section, the socio-demographic characteristics of the students are presented. This includes the age, gender, current year in undergraduate study, disposable income, status of clinical placement, relationship status, BMI, Mental illness history, family and friend's mental illness history.

Table 4.1: Socio-Demographic Characteristics of the Students

Socio-Demographic Data	N	P%
Age		
18-20 years	68	29,31
21-23 years	74	31,90
24-26 years	45	19,40
27 years and older	45	19,40
Gender		
Female	171	73,71
Male	61	26,29
Current year in undergraduate study		
1	69	29,74
2	41	17,67
3	71	30,60
4	51	21,98
Disposable income after bills and tax		
Less than 1500TL	168	72,41
1500TL-3500TL	43	18,53
More than 3501TL	21	9,05
Status of Clinical placement		
Attended	145	62,50
Not Attended	87	37,50
Relationship status		
Single	218	93,97
Married	14	6,03
Body Mass Index		
Underweight (<18.5)	11	4,74
Normal (18.5–23.9)	185	79,74
Overweight (24–27.9)	29	12,50
Obese (>28)	7	3,02
Any mental illness		
Yes	30	12,93
No	202	87,07
Any family members or friends with mental illness		

Yes	22	9,48
No	210	90,52

From Table 4.1, the distribution of the nursing students' descriptive characteristics is given. It can be seen from the age group that 29,31% of the students are between 18-20 years old, 31,90% of them are between 21-23 years old, 19,40% of them are between 24-26 years old and 19,40% of them are in 27 years and older. From the gender group, the larger bulk of the population were female, having a percentage of 73,71%, while 26,29% of them were male students. Furthermore, under the students' current year in undergraduate study group, it was found that 29,74% of them are first year students, 17,67% of them were second year students, 30,60% of them were third year students and 21,98% of them were fourth year students. From the disposable income (after bills and tax) group, 72,41% of the students' have less than 1500 TL at their disposal, 18,53% of have between 1500TL-3500 TL, and 9,05% of them have more than 3501TL. Also, under the status of clinical placement, 62,50% of the students have attended the clinical placement, while 37,50% of the students have not attended clinical placement. Under the relationship status group, 93,97% of the students are single, while 6,03% of the students are married. With respect to their Body Mass Index, 4,74% of the students are underweight, 79,74% of the students are normal, 12,50% of the students are overweight and 3,02% of the students are obese. Furthermore, under the status of their mental illness group, 12,93% of the students are mentally ill, while a larger percentage of 87,07% of the students are not mentally ill. Finally, 9,48% of the students have family members or friends with mental illness, while 90,52% of the students don't have family members or friends with mental illness.

4.2 Descriptive Statistics of the Students Score for the Opening Minds Stigma Scale for Health Care Providers (OMS-HC)

In this section, the descriptive statistics score of the students for the OMS-HC is presented. Under OMS-HC, the three subscales are highlighted. This includes: Attitudes of Health Care Providers Towards People with Mental Illness (6-Items), Social Distance (5-Items) and Disclosure/Help-Seeking (4-Items). From the subscales, the level of agreement and disagreement of students with the OMS-HC is depicted. Finally, the overall descriptive statistics students' scores on OMS-HC will be discussed to give insight on the stigma of the students towards the mentally ill.

Table 4.2: Levels of Agreement and Disagreement of the Students with the OMS-HC

Item No.	Itemsets	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
		P %	N	P %	N	P %	N	P %	N	P %	N
	Attitudes of Health Care Providers Towards People with Mental Illness (6-Items)										
1	I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness	12,9%	30	19,0%	44	31,9%	74	29,3%	68	6,9%	16
9	Despite my professional beliefs, I have negative reactions towards people who have mental illness	29,3%	68	34,1%	79	21,6%	50	12,1%	28	3,0%	7
10	There is little I can do to help people with mental illness.	16,4%	38	28,9%	67	30,6%	71	20,3%	47	3,9%	9
11	More than half of people with mental illness don't try hard enough to get better.	19,0%	44	26,3%	61	34,5%	80	16,8%	39	3,4%	8
13	Health care providers do not need to be advocates for people with mental illness*	32,3%	75	31,9%	74	25,0%	58	7,8%	18	3,0%	7
15	I struggle to feel compassion for a person with a mental illness (Item-15).	34,5%	80	28,0%	65	23,7%	55	10,8%	25	3,0%	7
	Social Distance (5-Items)										

2	If a colleague with whom I work told me they had a managed mental illness, I would be as willing to work with him/her.*	9,1%	21	8,2%	19	27,6%	64	39,7%	92	15,5%	36
6	Employers should hire a person with a managed mental illness if he/she is the best person for the job	9,1%	21	17,2%	40	30,6%	71	34,5%	80	8,6%	20
7	I would still go to a physician if I knew that the physician had been treated for a mental illness.	12,5%	29	15,9%	37	30,6%	71	34,1%	79	6,9%	16
12	I would not want a person with a mental illness, even if it were appropriately managed, to work with children.	14,2%	33	21,6%	50	35,3%	82	22,0%	51	6,9%	16
14	I would not mind if a person with a mental illness lived next door to me	10,8%	25	16,8%	39	30,6%	71	30,6%	71	11,2%	26
	Disclosure/Help-Seeking (4-Items)										
3	If I were under treatment for a mental illness I would not disclose this to any of my colleagues	9,9%	23	25,4%	59	33,2%	77	22,4%	52	9,1%	21
4	I would see myself as weak if I had a mental illness	17,2%	40	31,9%	74	22,8%	53	20,7%	48	7,3%	17

	and could not fix it myself										
5	I would be reluctant to seek help if I had a mental illness*	25,4%	59	34,9%	81	20,7%	48	14,7%	34	4,3%	10
8	If I had a mental illness, I would tell my friends	13,4%	31	15,5%	36	33,2%	77	32,8%	76	5,2%	12

	Average Level of Agreement and Disagreement			
	Subscale	**Disagree**	**Neutral**	**Agree**
1.	Attitude (6-Items)	52%	28%	20%
2.	Social Distance (5-Items)	43%	31%	26%
3.	Disclosure/ Help Seeking (4-Items)	46%	27%	27%

*Reverse coding taken into consideration for item 2,6,7,14, and 8

In Table 4.2, the level of agreement to each of the items of the OMS-HC statements is presented. This is grouped according to the responses from the nursing students in NEU. By observing the data from the subscale "Attitude of health care providers towards people with mental illness", it can be seen that the nursing students in NEU generally had a positive attitude towards individuals having mental illness. Where majority of the nursing students disagreed with the negative coded item set, with the level of disagreement from the subscale being on average 52%. In contrast, the level of agreement with the negative coded item set on average was 20%, while those students that were inconclusive (neutral) on their standing were 28%. However, from the attitude subscale, it can be seen that the item, "I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness", had the higher percentage of agreement with the attitude subscale with a value of (29,3%+6,9%) 36,2%, signalling a negative attitude towards mentally ill as the students would rather work with an individual who don't have mental illness. This however, doesn't represent the student's attitude towards the mentally ill from the attitude subscale.

Furthermore, by observing the data from the subscale "Social Distance", having 5 items in total, the result of the behavioural intentions of the NEU students towards associating with the mentally ill is seen. Where 43% of the nursing students disagreed with the negative coded item set. Interestingly, the level of agreement with the negative coded item set on average was 27%, while those students that were inconclusive (neutral) on their standing were 31%. It should be noted that item 2,6,7,14 and 8 were reverse coded for the analysis. A large number of the nursing students (representing the highest percentage in the subscale) agreed with the item that states "If a colleague with whom I work told me they had a managed mental illness, I would be as willing to work with him/her", with a percentage (39,7%+15,5%) of 55,2%, signalling a certain level of compassion and understanding for the mentally ill. However, 31% of the students on average were inconclusive (neutral) on their behavioural intention to associate with the mentally ill. This will impact their collective average of the behavioural intention of the students to socially distance themselves from the mentally ill, indicating a certain level of stigma towards the mentally ill.

Finally, from the data from the "Disclosure/Help-Seeking" subscale, having 4 items in total, the result of the subscale is presented. Where 46% of the nursing students disagreed with the negative coded item set. Interestingly, the level of agreement with the negative coded item set on average was 27%, while those students that were inconclusive (neutral) on their standing were 27%. From the subscale, it can be seen that a large number of the nursing students (representing the highest percentage in the subscale) disagreed with the item that states "I would be reluctant to seek help if I had a mental illness", with a percentage (29,4%+34,9%) of 64.3%, signalling these students would be willing to seek medical attention and disclose personal information on their own mental illness. Recall that this specific item is reverse coded. However, 27%| percentage of the students were both inconclusive (neutral) and agreed on not disclosing or seeking help for their mental illness. This will impact the collective average of their willingness to disclose their own personal mental illness. More computation is carried out by analysing the overall descriptive statistics scores of the OMS-HC to investigate their stigmatization level.

Table 4.3: The Overall Descriptive Statistics Students' Scores on OMS-HC

Subscales	**N**	$\bar{x}$	**S**	**Min**	**Max**
Attitudes of Health Care Providers Towards People with Mental Illness (6-Items)	232	14,87	4,22	6,00	28,00

Disclosure/Help-Seeking (4-Items)	232	11,01	2,61	5,00	20,00
Social Distance (5-Items)	232	15,68	3,63	5,00	22,00
OMS-HC (15-Items)	232	39,91	7,07	18,00	63,00

From Table 4.3, It can be seen that overall descriptive statistics of the students score is presented based on the OMS-HC. Recall the OMS-HC contains 15-items, ranging from a score of 15 (less stigmatizing) to 75 (most stigmatizing). Where the first subscale, the attitude of the nursing students is calculated from a score of 6 (less stigmatizing) to 30 (More stigmatizing). The second subscale, disclosure and help seeking, is calculated from a score of 4(less stigmatizing) to 20 (Most stigmatizing). Finally, the third subscale, social distancing subscale is calculated from a score ranging from 5 (less stigmatizing) to 25 (Most stigmatizing). From the results, it can be seen from the attitudes of health care providers towards people with mental illness subscale that the students collectively had a mean score and standard deviation of 14.87±4,22 points. Moreover, the minimum value was 6 and the maximum value was 28. It can be seen that the students score is less than 15, which means that the students have a low tendency to express a negative attitude towards the mentally ill. Following this, from the Disclosure/Help seeking subscale, the students achieved a score of 11,03±2,61 points, with a minimum value of 5 and maximum value of 20 points. It can be seen that the score is greater than 10, which means that the students have a high tendency to not disclose their own personal mental illness signalling stigma towards mental illness. Furthermore, it can be seen from the social distance subscale, the students achieved a score of 15,68±3,63 points, with a minimum value of 5 and maximum of 22. It can be seen that the mean score of 14.03 is greater than 12.5. This means that the students have a high tendency to distance themselves from the mentally ill, signalling a level of stigma. Finally, under the OMS-HC, student achieved a collective score of 39,91±7,07points, with a minimum of 18 and a maximum of 63 points. Therefore, the students collectively achieved a mean score of 39,91 which is more than 37.5, signalling a high stigmatization towards the mentally ill from the collective set.

4.3 Comparison of the Students Score with the Opening Minds Stigma Scale for Health Care Providers (OMS-HC) Scale

In order to investigate the difference between the socio-demographic factors of the nursing students, and the Opening Minds Stigma Scale for Health Care Providers (OMS-HC), it is important to evaluate the data to understand whether or not the data is normally distributed. The Kolmogrov-Smirnov (K-S) Test is one of the normality tests which is applied to examine whether the data set shows normal distribution or not in order to determine the investigate the difference between considered subscales: (1) The attitudes of health care providers towards people with mental illness, (2) Disclosure/ help-seeking, and (3) Social distance. According to Artaya (2019), after conducting the computation and the value of the asymptotic significance is less than 0.05, then the analysed dataset is not normally distributed. However, if the value is greater than 0.05, it is normally distributed. Therefore, if the data set shows normal distribution, the analysis of variance (ANOVA) test can be carried out. However, if the data set isn't distributed normally, then the Kruskal-Wallis test is carried out to investigate the difference of the subscale and the socio-demographic factors.

Table 4.4: Summary of the Kolmogrov-Smirnov (Normality) Test

No.	Item sets	Test	Sig	Decision
1.	Attitudes of Health Care Providers Towards people with Mental Illness.	One Sample Kolmogrov-Smirnov (K-S) Test	.007	Not Normally Distributed
2.	Social Distance	One Sample Kolmogrov-Smirnov (K-S) Test	.002	Not Normally Distributed
3.	Disclosure/Help Seeking	One Sample Kolmogrov-Smirnov (K-S) Test	.000	Not Normally Distributed
4.	OMS-HC	One Sample Kolmogrov-Smirnov (K-S) Test	.034	Not Normally Distributed
5.	Current Year of Study (Undergraduate)	One Sample Kolmogrov-	.000	Not Normally Distributed

		Smirnov (K-S) Test		
6.	Age	One Sample Kolmogrov-Smirnov (K-S) Test	.000	Not Normally Distributed
7.	Disposable Income after Tax and Bills	One Sample Kolmogrov-Smirnov (K-S) Test	.000	Not Normally Distributed
8.	Clinical Placement	One Sample Kolmogrov-Smirnov (K-S) Test	.000	Not Normally Distributed
9.	Relationship Status	One Sample Kolmogrov-Smirnov (K-S) Test	.000	Not Normally Distributed
10.	Body Mass Index (BMI)	One Sample Kolmogrov-Smirnov (K-S) Test	.000	Not Normally Distributed
11.	Mental Illness	One Sample Kolmogrov-Smirnov (K-S) Test	.000	Not Normally Distributed
12.	Family Members or Friends with Mental Illness Status	One Sample Kolmogrov-Smirnov (K-S) Test	.000	Not Normally Distributed

In Table 4.4, it can be seen from the one sample Kolmogrov-Smirnov (K-S) test result, that the data is not normally distributed. Therefore, the Kruskal-Wallis H test is used to investigate the difference between the sociodemographic factors and the subscales of the OMS-HC. The Kruskal-Wallis test, which is one of the nonparametric tests, is used in investigating the statistical significant difference between two or more independent variables or for comparing two or more independent. In the following subsections, the Kruskal–Wallis test will be used to evaluate the statistical significance.

4.3.1 Comparison Between Age and OMS-HC Scale

Table 4.5: The Comparison of Students' Score Taken from Opening Minds Stigma Scale by Age Group

Subscale	Age	N	$\bar{x}$	S	MR	KW	p-value
Attitude	18-20 years	68	15,22	4,68	121,65	3,174	0,366
	21-23 years	74	15,12	3,79	123,28		

	24-26 years	45	14,53	4,39	110,27		
	27 years and older	45	14,24	4,02	103,80		
Disclosure/ help-seeking	18-20 years	68	11,07	2,26	119,79	1,758	0,624
	21-23 years	74	11,03	2,66	115,12		
	24-26 years	45	11,16	2,29	123,80		
	27 years and older	45	10,73	3,28	106,49		
Social Distance	18-20 years	68	13,62	3,35	107,57	4,991	0,172
	21-23 years	74	13,64	3,66	111,49		
	24-26 years	45	14,24	3,94	120,38		
	27 years and older	45	15,11	3,54	134,36		
OMS-HC	18-20 years	68	39,91	6,94	116,85	0,015	0,999
	21-23 years	74	39,78	7,04	116,34		
	24-26 years	45	39,93	7,16	117,16		
	27 years and older	45	40,09	7,47	115,57		

In Table 4.5, the result of Kruskal-Wallis H test to compare the OMS-HC Scale with the age group of the students is presented. From the dataset, the output values are presented. This includes the frequency (N), the mean ($\bar{x}$), standard deviation (S), mean rank (MR), kruskal-wallis test statistics (KW) and finally, the p-value. From the investigation, the KW values are 3,174 (Attitude), 1,758 (Disclosure/help seeking), 4,991 (Social Distance) and 0,015 (OMS-HC). However, the test for significance difference is decided based on the p-value, which must be less than 0.05. It can be seen from the attitude subscale the p-value was 0,366. From the disclosure/help seeking subscale, the p-value was 0,624. Furthermore, from the Social distance subscale, the p-value was 0,172. Finally, the OMS-HC scale showed a p-value of 0,999. Therefore, from the result, it can be said that there are no statistically significant differences between the scores of the OMS-HC scale and its' sub-dimension (p>0,05). This means there is no statistical difference between the age of the students and their response to the OMS-HC scale and its subscales.

4.3.2 Comparison between Gender and OMS-HC Scale

Table 4.6: The Comparison of Students' Points Taken from OMS-HC Scale by Gender

Subscale	Gender	N	$\bar{x}$	S	MR	KW	p-value
Attitude	Female	171	14,82	4,23	116,01	0,315	0,575
	Male	61	14,98	4,23	117,86		
Disclosure/help-seeking	Female	171	10,81	2,44	112,34	0,219	0,64
	Male	61	11,56	2,98	128,16		
Social Distance	Female	171	13,84	3,76	113,80	2,541	0,111
	Male	61	14,59	3,20	124,07		
OMS-HC	Female	171	39,47	7,08	113,46	0,965	0,326

	Male	61	41,13	6,98	125,03		

In Table 4.6, the result of Kruskal-Wallis H test to compare the OMS-HC Scale with the gender of the students is presented. From the dataset, the output values are presented. From the investigation, the KW values are 0,315 (Attitude), 0,219 (Disclosure/help seeking), 2,541 (Social Distance) and 0,965 (OMS-HC). However, it was found that there is no statistically significant difference between the score of OMS-HC and its' sub-dimension (p>0,05). Therefore, there is no statistical difference between male and female students, and their response to the OMS-HC Scale and their sub-dimension.

4.3.3 Comparison between Undergraduate Study Year and OMS-HC Scale

Table 4.7: The Comparison of Students' Points Taken from Opening Minds Stigma Scale by Current year in undergraduate study

Subscale	Year	N	$\bar{x}$	S	MR	KW	p-value
Attitude	1	69	15,23	4,02	125,36	3,533	0,316
	2	41	15,20	4,44	123,17		
	3	71	14,34	4,46	105,68		
	4	51	14,84	4,00	114,21		
Disclosure/ help-seeking	1	69	11,26	2,63	124,95	1,844	0,605
	2	41	10,73	2,38	110,34		
	3	71	10,85	2,39	111,63		
	4	51	11,12	3,04	116,80		
Social Distance	1	69	14,71	3,07	128,36	3,480	0,323
	2	41	14,05	3,80	114,24		
	3	71	13,54	3,88	107,75		
	4	51	13,80	3,79	114,45		
OMS-HC	1	69	41,20	6,82	125,59	2,917	0,405
	2	41	39,98	6,90	118,61		
	3	71	38,72	7,30	106,42		
	4	51	39,76	7,13	116,54		

In Table 4.7, the result of Kruskal-Wallis H test to compare the OMS-HC Scale with the undergraduate study year is presented. From the dataset, the output values are presented. From the investigation, the KW values are 3,533 (Attitude), 1,844 (Disclosure/help seeking), 3,480 (Social Distance) and 2,917 (OMS-HC). From the result, it was found that there is no statistically significant difference between the

points of OMS-HC scale and its sub-dimension (p>0,05). Therefore, there is no significant difference between the current year in undergraduate study, and the scores of OMS-HC scale and its' sub-dimensions.

4.3.4 Comparison between Disposal Income and OMS-HC Scale

Table 4.8: The Comparison of Students' Points Taken from Opening Minds Stigma Scale by Disposable income after bills and tax

Subscale	Income	N	$\bar{x}$	s	MR	KW	p-value
Attitude	Less than 1500TL	168	14,94	4,36	117,455	1,996	0,369
	1500TL-3500TL	43	15,19	3,67	121,988		
	More than 3501TL	21	13,62	4,12	97,619		
Disclosure/ help-seeking	Less than 1500TL	168	11,07	2,60	118,893	0,821	0,663
	1500TL-3500TL	43	10,84	2,50	111,291		
	More than 3501TL	21	10,86	2,92	108,024		
Social Distance	Less than 1500TL	168	13,90	3,66	114,777	1,870	0,393
	1500TL-3500TL	43	14,00	3,39	113,953		
	More than 3501TL	21	15,14	3,81	135,500		
OMS-HC	Less than 1500TL	168	39,92	7,23	116,063	0,060	0,970
	1500TL-3500TL	43	40,02	7,15	118,733		
	More than 3501TL	21	39,62	5,88	115,429		

In Table 4.8, the result of Kruskal-Wallis H test to compare the OMS-HC Scale with disposable income of the students after bills and tax, is presented. From the dataset, the output values are presented. From the investigation, the KW values are 1,996 (Attitude), 0,821 (Disclosure/help seeking), 1,870 (Social Distance) and 0,060 (OMS-HC). It was found that there is no statistically significant difference between the OMS-HC scale, subscale and students' disposable incomes after bills and tax. Where the p-value was greater than 0.05 collectively. Therefore, the students' income doesn't have any significant difference on the scores of OMS-HC scale and its sub dimension (Attitudes of health care providers towards people with mental illness, Disclosure/help-seeking, and Social Distance). This means the level of stigma amongst the nurses doesn't differ with respect to disposable income.

4.3.5 Comparison between Status of Clinical Placement and OMS-HC Scale

Table 4.9: The Comparison of Students' Points Taken from Opening Minds Stigma Scale by Status of Clinical placement

Subscale	Clinical placement	N	$\bar{x}$	s	MR	KW	p-value
Attitude	Attended	145	14,86	4,41	115,8	0,331	0,565
	Not Attended	87	14,87	3,90	117,51		
Disclosure/ Help Seeking	Attended	145	11,06	2,61	118,32	0,314	0,575
	Not Attended	87	10,93	2,61	113,47		
Social Distance	Attended	145	14,08	3,90	118,23	0,288	0,591
	Not Attended	87	13,97	3,16	113,62		
OMS-HC	Attended	145	39,99	7,37	117,72	0,164	0,686
	Not Attended	87	39,77	6,59	114,46		

In Table 4.9, the result of Kruskal-Wallis H test to compare the OMS-HC Scale with clinical placements of the students, is presented. From the dataset, the output values are presented. From the investigation, the KW values are 0,331 (Attitude), 0,314 (Disclosure/help seeking), 0,288 (Social Distance) and 0,164(OMS-HC). From observing the data, it can be seen that there is no statistically significant difference between the students' status of clinical placement and Opening Minds Stigma Scale scores with its' sub-dimension, where the p-values are all greater than 0.05 (i.e. p>0,05). Therefore, Students who attended clinical placement and the students who didn't attend the clinical placement, get similar scores from Attitudes of health care providers towards people with mental illness, Disclosure/help-seeking, Social Distance and Opening Minds Stigma Scale.

4.3.6 Comparison between Relationship Status and OMS-HC Scale

Table 4.10: The Comparison of Students' Points Taken from Opening Minds Stigma Scale by Relationship status

Subscale	Relationship status	N	$\bar{x}$	s	MR	KW	p-value
Attitude	Single	218	14,93	4,26	117,35	0,100	0,752
	Married	14	13,93	3,60	103,32		
Disclosure/help -seeking	Single	218	11,07	2,61	117,87	1,125	0,289
	Married	14	10,00	2,35	95,14		
Social Distance	Single	218	13,99	3,63	115,64	1,534	0,216
	Married	14	14,79	3,66	129,93		

Opening Minds Stigma Scale	Single	218	39,99	7,15	117,26	0,378	0,539
	Married	14	38,71	5,89	104,71		

In Table 4.10, the result of Kruskal-Wallis H test to compare the OMS-HC Scale with the relationship status of the students, is presented. From the dataset, the output values are presented. From the investigation, the KW values are 0,100 (Attitude), 1,125 (Disclosure/help seeking), 1,534 (Social Distance) and 0,378 (OMS-HC). When Table 4.8 is examined, it can be seen from the collective p-value that there is no statistically significant difference between the students' status of relationship and Opening Minds Stigma Scale scores with its' sub-dimension (p>0,05). Students who are single and who are married, get similar scores from Attitudes of health care providers towards people with mental illness, Disclosure/help-seeking, Social Distance and Opening Minds Stigma Scale.

4.3.7 Comparison between Body Mass Index (BMI) and OMS-HC Scale

Table 4.11: The Comparison of Students' Points Taken from Opening Minds Stigma Scale by Body Mass Index

Subscale	BMI	N	$\bar{x}$	S	MR	KW	P-value
Attitudes	Underweight (<18.5)	11	15,27	5,83	123,05	1,995	0,573
	Normal (18.5–23.9)	185	15,02	4,17	118,90		
	Overweight (24–27.9)	29	13,93	4,11	102,14		
	Obese (>28)	7	14,00	3,27	102,29		
Disclosure/ help-seeking	Underweight (<18.5)	11	11,09	3,05	123,41	1,114	0,774
	Normal (18.5–23.9)	185	11,05	2,64	117,11		
	Overweight (24–27.9)	29	10,59	1,90	106,50		
	Obese (>28)	7	11,43	3,78	130,86		
Social Distance	Underweight (<18.5)	11	13,73	4,08	108,82	2,172	0,538
	Normal (18.5–23.9)	185	14,20	3,37	119,63		
	Overweight (24–27.9)	29	13,38	4,58	104,55		
	Obese (>28)	7	12,86	5,34	95,43		
Opening Minds Stigma Scale	Underweight (<18.5)	11	40,09	8,02	120,27	2,724	0,436
	Normal (18.5–23.9)	185	40,28	6,86	119,53		
	Overweight (24–27.9)	29	37,90	7,87	98,31		
	Obese (>28)	7	38,29	7,70	105,86		

In Table 4.11, the result of Kruskal-Wallis H test to compare the OMS-HC Scale with the Body Mass Index of the students, is presented. From the dataset, the output values are presented. From the investigation, the KW values are 1,995 (Attitude), 1,114 (Disclosure/help seeking), 2,172 (Social Distance) and 2,724 (OMS-HC). Therefore, it was found that there is no statistically significant difference between the Opening Minds Stigma Scale scores according to the students' Body Mass Index based on the

p-values of the subscales which is greater than 0.05 (p>0,05). Therefore, the difference between points of students' body mass index and the OMS-HC scale and subscale, is not statistically significant.

4.3.8 Comparison between Mental Illness Status and OMS-HC Scale

Table 4.12: The Comparison of Students' Points Taken from Opening Minds Stigma Scale by Mental Illness Status

Subscale	Mental Illness	n	$\bar{x}$	s	MR	KW	p-value
Attitude	Yes	30	13,87	4,20	100,77	1,610	0,204
	No	202	15,01	4,21	118,84		
Disclosure/help-seeking	Yes	30	10,93	2,32	112,75	5,707	0,741
	No	202	11,02	2,65	117,06		
Social Distance	Yes	30	12,43	3,87	86,45	0,109	0,017*
	No	202	14,27	3,54	120,96		
Opening Minds Stigma Scale	Yes	30	37,23	6,67	89,28	4,508	0,034
	No	202	40,31	7,06	120,54		

In Table 4.12, the result of Kruskal-Wallis H test for comparing the OMS-HC Scale with the Mental Illness status of the nursing students, is presented. From the dataset, the output values are presented. From the investigation, the KW values are 1,610(Attitude), 5,707 (Disclosure/help seeking), 0,109 (Social Distance) and 4,508 (OMS-HC). From the examined data, it can be seen that there is no statistical significant difference between the attitude subscale, disclosure/help seeking subscale, and the mental illness status of the nursing students (P>0.05). However, from the OMS-HC scale, it can be seen that there is a statistical significant difference with the mental illness status of the students (where p=0,034, which is less than 0,05). From closely observing the table, this difference is as a result of the social distance subscale. By investigating the social distance subscale, it can be seen that the p-value is less than 0.05, meaning there is a statistical significant difference with the mental illness status of the students. However, to explore this difference further a cross tabulation table is carried out between the social distance subscale and the mental illness status of the nursing students.

Table 4.13: Cross Tabulation Table between the Mental Illness Status of the Nursing Students and Social Distance Subscale

	Mental Illness Status of the Nursing Students		Total
	Yes	No	

Social Distance Subscale	Low Stigmatization (<12.5)	N	14	62	76
		%P	46,70%	30,70%	32,80%
	High Stigmatization (>12.5)	N	16	140	156
		%P	53,30%	69,30%	67,20%
	Total	N	30	202	232
		%P	100%	100%	100%

From Table 4.13, it can be seen that there is a significant difference between the mental illness status of the nursing students and the social distance subscale, when comparing the low stigmatization value with the high stigmatization value. From the observation, 14 nursing students (46,7%) who stated they have mental illness expressed low stigmatization, which was lower than the 16 nursing students (53,30%), who expressed high stigmatization to socially themselves from the mentally ill. Similarly, it can be seen that 62 nursing students (30,7%) who stated they do not have mental illness expressed low stigmatization, which was also lower than the 140 nursing students (69,30%), who expressed high stigmatization to socially distance themselves from the mentally ill. Nonetheless, there is significant differences between the two groups, with more students not being mentally ill expressing high stigmatization towards the mentally ill to socially distance themselves than those students who have a certain type of mental illness. On the other hand, more student that are mentally ill expressed low stigmatization towards the mentally ill when compared to those that are do not have mental illness.

4.3.9 Comparison between the Family Members or Friends with Mental Illness and OMS-HC Scale

Table 4.13: The Comparison of Students' Points Taken from Opening Minds Stigma Scale by family members or friends with mental illness status

Subscale	Mental illness	N	$\bar{x}$	s	MR	KW	p-value
Attitude	Yes	22	13,86	3,92	97,73	1,07	0,301
	No	210	14,97	4,24	118,47		
Disclosure/help-seeking	Yes	22	11,95	3,61	127,43	0,656	0,418
	No	210	10,91	2,47	115,35		
Social Distance	Yes	22	12,59	3,28	89,43	2,234	0,135
	No	210	14,19	3,64	119,34		
Opening Minds Stigma Scale	Yes	22	38,41	8,57	102,50	0,445	0,505
	No	210	40,07	6,90	117,97		

In Table 4.12, the result of Kruskal-Wallis H test for comparing the OMS-HC Scale with the Mental Illness status of families and friend of the nursing students, is presented. From the dataset, the output values are presented. From the investigation, the KW values are 1,07 (Attitude), 0,656 (Disclosure/help seeking), 2,234 (Social Distance) and 0,445 (OMS-HC). Therefore, from the data, it can be seen that there is no statistically significant difference between status of the mental illness of family and friends of the nursing students, and the OMS-HC Scale and sub dimension, where the p-values gotten greater than 0.05(p>0,05).

4.4 Reliability Analysis

In order to evaluate the internal consistency of the dataset, the Cronbach Alpha (1952) serves as an important measure for the reliability of the dataset. It is used as a system for the estimation of the internal consistency. Therefore, the coefficient ranges from.0,0 to 1,0. Where the value of 0,0 means no consistency, whatsoever, exist in the item set. On the other hand, the value of 1.0 shows that there is consistency amongst the given item set. The general rule of thumb is that any value greater than 0,7 means that the dataset is reliable. Therefore, in Table 4,14, the reliability table is depicted.

Table 4.14: Reliability Table

Cronbach's Alpha	No of Items
0.76	15

Therefore, it can be said that the dataset is reliable.

CHAPTER 5

Discussion and Conclusion

In order to investigate the NEU nursing student's stigma towards the mentally ill, based on the OMS-HC scale and subscale (i.e. attitudes towards people with mental illness, disclosure/ help seeking and social distancing). It is important to compare the findings from the analysis in the preceding chapter and relate it to the research questions in order to arrive at a conclusion. From the result of the OMS-HC scale, the students collectively achieved a mean score of 39,91 which is more than 37.5, signalling a high stigmatization towards the mentally ill from the NEU nursing students, taking into account the entire subscales (attitude, disclosure/help seeking and social distancing).where stigmatization amongst healthcare professionals is prevalent. However, to investigate the sub scale of the OMS-HC i.e. attitudes towards people with mental illness, disclosure/ help seeking and social distancing, a closer observation needs to be made. This will help address the research questions and arrive at a conclusive remark. Therefore, in this section, the research questions are discussed and finally, the conclusion.

5.1 Major Findings from the Research Questions

5.1.1 (RQ1) What is the perceived attitude of nursing students in NEU towards mental illness?

Therefore, for the research question 1, "*What is the perceived attitude of nursing students in NEU towards mental illness*?", it can be seen that majority of the nursing students in NEU have a positive attitude towards the mentally ill. From Table 4.2 and 4.3, majority of the nursing students disagreed with the negative coded item set, with the level of disagreement from the subscale being on average 52%. Moreover, it found from the attitude subscale that the students collectively had a mean score and standard deviation of 14,87±4,22. This is less than 15 and so, expresses a low level of stigmatization attitude towards the mentally ill. This may be due to the fact that nurses in NEU are trained in mental health nursing to be conduct themselves with a high level of professionalism and offer the necessary care as well as attention to the venerable mentally ill group. And so, NEU nurses work as consultants and leaders in providing proof-based care to mental illness patients, their families, and the community, as prescribed by the relevant legislative structure. Therefore, NEU nurses are meant to be

compassionate towards the ailment that plagues the mentally ill. The finding of this thesis is similar to the results from Ihalainen-Tamlander (2016), where the attitude of the Nurses towards people that are mentally ill were generally positive. Moreover, the nurses report their willingness to assist and expressed feelings of sympathy as well as concerns towards the patients. Likewise, in a research carried out by Ihalainen-Tamlander et al. (2016), a cross section study was undertaken to investigate the attitudes of nurses towards mental illness. 218 nurses participated in the research and the findings of the research showed that the attitude of the nurses were mostly positive towards the described mentally ill person in the vignette. Moreover, the nurses also reported high willingness to assist and didn't perceive the described mentally ill individuals as dangerous or harmful. Furthermore, report of pity was observed by the nurses. On the side note, under the attitude subscale, 36,2% of NEU nursing students agreed on the item, "I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness", signalling a negative attitude towards mentally ill as the students would rather work with an individual who don't have mental illness. This may be a certain level of preference when choice presents itself between a physically ill patient and mentally ill patient. As it might be more demanding to offer care and assistant to the mentally ill patient.

5.1.2 (RQ2) Are NEU nursing students willing to disclose their own personal mental illness to colleagues or peers?

Therefore, for the research question 2, "*Are NEU nursing students willing to disclose their own personal mental illness to colleagues or peers*?", It can be seen from Table 4.2, that an average of 46% of the nursing students disagreed with the negative coded subscale on disclosure/ help seeking. Furthermore, the level of agreement with the negative coded item set on average was 27%, while those students that were inconclusive (neutral) on their standing were 27%. However, further evidence would be needed as the 46% average disagreement doesn't represent more than half of the nursing student's intention. And so, it can be seen from Table 4.3, under the disclosure/help seeking subscale, the students achieved a mean score of 11,03±2,61 points. This means that the score is greater than 10, suggesting that the NEU students are not willing to disclose their own personal mental illness. This suggest a certain level of stigma towards the mentally ill as they wouldn't want their own mental illness, if any, to be disclosed to anyone. This suggest that nursing students in NEU might not

be willing to disclose their own mental illness or seek help due to the fear of implications on their job prospects as well as a certain stain on their image as health care professionals. This is a cause of concern and requires much needed validation and research as these students are future health care professionals and so, ought to be a symbol of hope and encouragement to their respective community. Moreover, these disclosures and lack of help seeking tendency can compromise their working ethics and it might affect their ability to tend to their patients safely and effectively. Also, it can be seen that the mean score of 11,03 suggests that the majority of the students perceive mental illness as a character flaw and so, a weakness if it cannot be resolved by their own selves. This is similar to the findings from Clement et al. (2015), where the researchers identified that one of the important barriers towards seeking help when mentally ill, which includes is the preference to handle the issue by themselves, as acting otherwise will give off weakness on their part. Similarly, in a research carried out by Lindsay et al. (2019), the objective of the study was to describe the patterns of self-disclosure of long term conditions at work by health care professionals at a health service. From the results, respondents that had a mental health condition were more cautious and selective about disclosing information of themselves and more likely to disclose to their supervisors than their colleagues or peers (Lindsay et al. 2019).

Interestingly from the disclosure and help seeking subscale, it can be seen that 64.3%, nursing students (representing the highest percentage in the subscale) disagreed with the item that states “I would be reluctant to seek help if I had a mental illness”, with a percentage, signalling these students would be willing to seek medical attention and disclose personal information on their own mental illness. This finding is contrary to the findings from Douglass (2019), who employed the use of the OMS-HC scale to investigate the level of the stigma of the health care professional at Abbottabad. From the results, a vast number of the healthcare providers at were of the opinion that they won’t disclose their own personal mental illness to colleagues and would be reluctant to seek medical attention as they would consider themselves weak and unable to fight the illness themselves. In all, the findings of the subscale on disclosure/ help seeking, shows a slightly high stigmatizing behavioural intention towards the mentally ill to not disclose or seek help.

5.1.3 (RQ3) Are NEU nursing student showing willingness to associate with individuals with mental illness?

In order to address the research question 3, *"Are NEU nursing student showing willingness to associate with individuals with mental illness?",* the subscale of social distancing is investigated. It can be seen from Table 4.2, that 43% of the nursing students disagreed with the idea to socially distance themselves from the mentally ill. However, the level of agreement with the subscale was on average 27%, while those students that were inconclusive (neutral) on their standing were 31%. However, further evidence would be needed as the 46% average disagreement doesn't represent more than half of the nursing student's intention. And so, it can be seen from Table 4.3, under the social distance subscale, the students achieved a mean score of 15,68. This value is greater than 12,5 which suggests that the students' express high stigmatization to socially distance themselves from the mentally ill. This might be as a result of the nurses perceiving the mentally ill patient as violent, dangerous, unpredictable in behaviour, likely to commit offences, unable to be composed and erratic. Therefore, this perception will inevitably cause the nurses to social distance themselves from the mentally ill patient. This research is similar to the findings gotten from Anderson et al. (2015), where the authors measured the stigmatizing actions with respect to social distancing factor. From the results, there was high stigmatization on the part of the students to socially distance themselves from the mentally ill. Interestingly, the desire to socially distance themselves increased as the dangerousness of the mentally ill person increased.

Furthermore, note that the social distance subscale had the highest mean (15,68) when compared to the other two subscales (Attitude and Disclosure/help seeking), indicating a high stigma rating amongst the nursing students when compared to the two subscales. This reflects a similar bias or ideology as held by the general public that mental illness isn't a sickness but a weakness, and so nursing students in NEU were more likely to socially distance themselves from individuals with mental illness (Chang et al., 2017). Similarly, in a study carried out by Feeg et al. (2014), to investigate the impact of stigma through social distancing amongst tertiary students, the students expressed unwillingness intention to associate with the mentally ill, as the attitudes of students were negative towards the idea, leaning towards social distancing. In all, social

distancing towards the mentally ill is a product of NEU nursing student's stigmatization.

5.1.4 (RQ4) Do their perceptions towards mental illness differ with respect to their sociodemographic factors?

Therefore, for the research question 4, *"Do their perceptions towards mental illness differ with respect to their sociodemographic factors?",* It can be seen from Table 4.5 to Table 4.13, that there is no statistically significant difference between the ages of the students, and their mean score from the OMS-HC scale and sub dimension, was found. Following this, for the case of gender, no statistical difference was found between male and female students. Also, for the years of studies of the student, no significant difference was found. Similarly, the income of the students, didn't have any significant difference. Likewise, no significant difference was found between clinical placement attendee and those that didn't. Furthermore, it was found that there is no statistically significant difference between the OMS-HC scores and the Body Mass Index (BMI). There mixed results to what was found by some other research. For instance, in the case of age, Laraib et al. (2018) found that age groups between 20-30 had comparatively more negative attitude towards the mentally ill than other older group. However, the sample size for this research were 18-20, 21-23, 24-26, and 27years and older. And so, this fits within the age range studied by Laraib et al. (2018), where these group of individual's express high stigma towards the mentally ill as seen in all three subscales. However, as earlier specified, there wasn't any notable significant difference between the age groups as seen by their high p-values. On the other hand, for the case of gender, Stickney et al. (2013) found that more stigmatizing attitudes was noticed amongst men than women towards mental illness. This might be because females express stronger emotions than men do and are likely to be more sympathetic in their actions. whereas in another study carried out by Anderson et al. (2015), the objective was to examine the stigmatizing actions of university students towards individuals that were generally mentally ill and make a comparison to those that had social anxiety or were depressed. From the results, it was seen that there was no any significant difference between women and men with respect to their desire to social distance from people that were mentally ill. This specific result tallies with the findings of this research. Interestingly, to the authors knowledge, comparison with other findings with respect to the undergraduate years showed that there was statistical

difference such as the study by Chang et al. (2017), where a p-value of 0,018 was observed between the studied year of 1 to 5. And so, this thesis findings, with respect to undergraduate levels showed no significant difference which is contrary to the works of Chang et al. (2017). This means for NEU students, their undergraduate level doesn't affect their stigmatization towards the mentally ill. Following this, for the case of the household income, contrary findings were found by Chang et al. (2017), were higher stigmatization attitudes and intentions were found with lower household income when compared to higher income group. This hence proves that lower socio economic status were tied to higher perceived stigma among students. However, for the students at NEU, the perceived stigma was independent of their disposable income. This might be due to the social class stratification not being a notable acknowledged phenomenon by the students because most of the students receive money from family or friends and so, are dependent on financial support from their relatives. Therefore, the idea of socioeconomic status isn't fully realised as a strong argument to warrant difference in their stigmatization level towards the mentally ill. For clinical status, the result was contradicting as Moxham et al. (2016), found that the status of the clinical placement of the students affected their stigmatization level as students who attended clinical placement showed less stigmatization towards the mentally ill than those who did not. Interestingly, to the authors knowledge, comparison with other findings with respect to nursing student's relationship status and the body mass index, couldn't be found that showed accurate comparison using the OMS-HC scale and sub dimension. The findings of the research showed no statistical significant difference and so, it suggests that regardless of the BMI and the relationship status of the students, there is no critical difference in their stigmatization levels.

For the case of the mental illness status of the nursing students in NEU, this was the only socio-demographic factor that showed statistical significant difference with the mental illness status of the students (where p=0,034, which is less than 0,05). And it was found that the difference was as a result of the social distance subscale. By investigating the social distance subscale, it can be seen that the p-value was less than 0.05, meaning there is a statistical significant difference with the mental illness status of the students. Further investigation needed to be made and so, a cross tabulation analysis was carried out between the social distance subscale and the mental illness status of the nursing students. From table 4.13, it can be seen that there was a

significant difference between the mental illness status of the nursing students and the social distance subscale, when comparing the low stigmatization value with the high stigmatization value. It was found that students who weren't mentally ill expressed high stigmatization towards the mentally ill to socially distance themselves than those students who did have a certain type of mental illness. On the other hand, more student that were mentally ill expressed low stigmatization towards the mentally ill when compared to those that are do not have mental illness. This shows a sort of compassion and understanding being shared by the nursing students also struggling with mental illness and thus, are more sympathetic to mentally ill patients. This is contrary to the findings from Laraib et al. (2018), where the participants who themselves suffered from mental illness were more stigmatizing and express negative reactions to the mentally ill psychiatric patients. This suggest a certain level of self-stigma i.e. contempt and hate for oneself. A feeling of shame and regret, not willing to be perceived as the person they are. Similar findings from Naeem et al. (2006) was also found. Finally, from the comparison of the family members and friends with mental illness and the OMS-HC scale and sub scale, it can be seen that there is no statistically significant difference between them. In order words, the status of the mental illness of family and friends of the nursing students doesn't affect their stigmatization level towards the mentally ill as confirmed by p-values being greater than 0.05($p>0,05$). Once again, to the authors knowledge, comparison with other findings with respect to nursing student's family members and friend's mental illness status couldn't be found that showed accurate comparison using the OMS-HC scale and sub dimension.

5.2 Conclusion

Health care professionals such as nurses are tasked with the responsibility of caring for the mentally ill but this isn't always the case as nurses can exhibit a certain level of stigma towards the mentally ill. More importantly are future health care professionals, student nurses, who acting in like manner is unbecoming of a true professional and shows a lack of ethical as well as professional conduct which eventually corrupts their value system and compromises their perception on due process. Therefore, the aim of this study was to investigate and understand patterns of stigma towards mental illness amongst nursing students in NEU. Secondarily, the study was carried out to highlight differences between sociodemographic factors and NEU student's perception towards mental illness under three major categories i.e.

attitudes towards people with mental illness, disclosure/ help seeking and social distancing. This was investigated using the OMS-HC scale. The findings from the research showed that there is a general stigmatizing beliefs prominent amongst the NEU undergraduate nursing students, when considering the entire scale. However, for some subscale, the stigmatizing beliefs is less compared to the others. Where attitude subscale showed low stigmatization amongst nursing students. Nonetheless, the disclosure/ help seeking subscale and the social distancing subscale showed that there was high stigma amongst the nursing students, with social distancing subscale having the highest mean from the three. From the research, it was found that majority of the nursing students in NEU had a negative attitude towards the mentally ill. Nursing students in NEU aren't fully willing to disclose their own mental illness or seek help due to the fear of implications on their job prospects. The students' express high stigmatization to socially distance themselves from the mentally ill. This might be as a result of the nurses perceiving the mentally ill patient as violent, dangerous, and unpredictable. Finally, it was found that there is no statistically significant difference between the socio-demographic factors except for the sociodemographic variable concerned with the mental illness status of the students and their perceived stigma towards the mentally ill. It was found that students who weren't mentally ill expressed high stigmatization towards the mentally ill to socially distance themselves than those students who did have a certain type of mental illness. On the other hand, more student that were mentally ill expressed low stigmatization towards the mentally ill when compared to those that do not have mental illness. This finding is unique as no other research, to the author knowledge, using the OMS-HC scale, has achieved this result. In all, there is a dire need to combat stigma amongst future healthcare professionals, by adopting appropriate measures and training procedures to ultimately improve the quality of the mental health being delivered.

5.3 Recommendations

The author recommends initiatives to be carried out to raise awareness on stigmatization amongst the mentally ill, seminar classes (that inform students on the dangers of stigmatisation) should be standardised in higher educational institutions and this should be integrated into the nursing curriculum. Moreover, contact interventions will prove to be highly beneficial in also combating and disrupting discriminatory tendency that arises in the student's ideology. Finally, when interpreting the findings

of this research, the limitations should be considered. The sample pool was taken from nursing students in NEU and was limited to 232 students. A much more dispersed sample, taking into consideration other schools in Northern Cyprus would have yielded more conclusive evidence. A qualitative research would have been carried out to further pierce into the mind-set of the student. However, this can be done in further studies. Nonetheless, this research is significant in the field of health care and will add to the scientific body of research in this field.

REFERENCE

Alshowkan, A. (2015). Nurses attitude toward people with mental illness. European Psychiatry, 30, 620.

Angermeyer, M., Corrigan, P. W., &Rüsch, N. (2005). Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. European Psychiatry, 20(8), 529-539.

Bennett, J., &Stennett, R. (2015). Attitudes towards mental illness of nursing students in a B accalaureate programme in J amaica: a questionnaire survey. Journal of psychiatric and mental health nursing, 22(8), 599-605.

Bryan, R., McGregor, D., & Belcher, A. (2016). Public attitudes towards people with drug dependence and people in recovery. Scottish Government Social Research.

Chang, S., Ong, H. L., Seow, E., Chua, B. Y., Abdin, E., Samari, E., &Subramaniam, M. (2017). Stigma towards mental illness among medical and nursing students in Singapore: a cross-sectional study. BMJ open, 7(12), e018099.

Cloyd, M., Stiles, B. L., &Diekhoff, G. M. (2021). Nursing students' perceptions of substance abusers: The effect of social status on stigma. Nurse Education Today, 97, 104691.

Coolican, H. (2013). Analysing qualitative data Quantitative analysis of qualitative data; Qualitative content analysis; Qualitative analysis of qualitative data; Doing qualitative research; Considerations for a qualitative project; Data analysis; Procedures in major approaches (grounded theory, interpretive phenomenological analysis, discourse analysis); Writing up the report; Reliability and validity–how are qualitative studies evaluated? In *Research Methods and Statistics in Psychology* (pp. 564-594). Routledge.

Du, W., Zhou, J., Liu, J., Yang, X., Wang, H., He, M., ... & Liu, X. (2019). Social-demographic correlates of the mental health conditions among the Chinese elderly. Sustainability, 11(24), 7114.

Eissa, A. M., Elhabiby, M. M., El Serafi, D., Elrassas, H. H., Shorub, E. M., & El-Madani, A. A. (2020). Investigating stigma attitudes towards people with mental

illness among residents and house officers: an Egyptian study. *Middle East Current Psychiatry*, *27*(1), 1-8.

Elfil, M., & Negida, A. (2017). Sampling methods in clinical research; an educational review. *Emergency*, *5*(1).

Finding Help: When to Get It and Where to Go. (2016). Retrieved July 20, 2016, from http://www.mentalhealthamerica.net/conditions/finding-help-when-get-it-andwhere-go

Gopalkrishnan N. (2018). Cultural Diversity and Mental Health: Considerations for Policy and Practice. Frontiers in public health, 6, 179. https://doi.org/10.3389/fpubh.2018.00179

Happell, B., Platania-Phung, C., Bocking, J., Scholz, B., Horgan, A., Manning, F., ... & Biering, P. (2018). Nursing students' attitudes towards people diagnosed with mental illness and mental health nursing: An international project from Europe and Australia. *Issues in mental health nursing*, *39*(10), 829-839.

Henderson, C., Noblett, J., Parke, H., Clement, S., Caffrey, A., Gale-Grant, O., ... & Thornicroft, G. (2014). Mental health-related stigma in health care and mental health-care settings. The Lancet Psychiatry, 1(6), 467-482.

Ihalainen-Tamlander, N., Vähäniemi, A., Löyttyniemi, E., Suominen, T., & Välimäki, M. (2016). Stigmatizing attitudes in nurses towards people with mental illness: A cross-sectional study in primary settings in Finland. Journal of Psychiatric and Mental Health Nursing, 23(6-7), 427-437.

Knaak S, Mantler E, Szeto A. Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. Healthc Manage Forum. 2017;30(2):111-116. doi:10.1177/0840470416679413

Lindsay, D., Brennan, D., Lindsay, D., Holmes, C., & Smyth, W. (2019). Conceal or reveal? Patterns of self-disclosure of long-term conditions at work by health professionals in a large regional Australian health service. *International Journal of Workplace Health Management*.

Mahmoud, K. F., Finnell, D., Lindsay, D., MacFarland, C., Marze, H. D., Scolieri, B. B., & Mitchell, A. M. (2019). Can Screening, Brief Intervention, and Referral

to Treatment Education and Clinical Exposure Affect Nursing Students' Stigma Perception Toward

Modgill, G., Patten, S. B., Knaak, S., Kassam, A., & Szeto, A. C. (2014). Opening minds stigma scale for health care providers (OMS-HC): examination of psychometric properties and responsiveness. *BMC psychiatry*, *14*(1), 1-10.

Neuman, W. L., & Robson, K. (2014). *Basics of social research*. Toronto: Pearson Canada.

Patterson, C., Perlman, D., Moxham, L., Sudhakar, C., Nayak, A. K., Velayudhan, B., ... & Tapsell, A. (2021). Australian and Indian nursing students' skills and attitudes surrounding mental illness: Preparing for a transnational nursing education collaboration. *Nurse Education in Practice*, *50*, 102909.

Picco, L., Chang, S., Abdin, E., Chua, B. Y., Yuan, Q., Vaingankar, J. A., ... &Subramaniam, M. (2019). Associative stigma among mental health professionals in Singapore: a cross-sectional study. BMJ open, 9(7), e028179.

Poreddi, V., Thimmaiah, R., & Math, S. B. (2015). Attitudes toward people with mental illness among medical students. Journal of Neurosciences in Rural Practice,6(3), 349–354.

Scambler G. (2009). Health related stigma. Sociol Health Illness 31:441–445

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.

Shehata, W. M., &Abdeldaim, D. E. (2020). Stigma towards mental illness among Tanta university students, Egypt. Community mental health journal, 56(3), 464-470.

Subu, M. A., Wati, D. F., Netrida, N., Priscilla, V., Dias, J. M., Abraham, M. S., ... & Al-Yateem, N. (2021). Types of stigma experienced by patients with mental illness and mental health nurses in Indonesia: a qualitative content analysis. International Journal of Mental Health Systems, 15(1), 1-12.

Thornicroft, G., Brohan, E., Kassam, A., & Lewis-Holmes, E. (2008). Reducing stigma and discrimination: Candidate interventions. *International journal of mental health systems*, *2*(1), 1-7.

Townsend, M. C. (2013). Essentials of psychiatric mental health nursing: Concepts of care in evidence-based practice. FA Davis.

Tyerman, J., Patovirta, A. L., & Celestini, A. (2021). How stigma and discrimination influences nursing care of persons diagnosed with mental illness: a systematic review. *Issues in mental health nursing*, *42*(2), 153-163.

Zolezzi, M., Bensmail, N., Zahrah, F., et al. (2017). Stigma associated with mental illness: perspectives of university students in Qatar. *Neuropsychiatric Disease and Treatment,13,* 1221–1233.

Naeem, F., Ayub, M., Javed, Z., Irfan, M., Haral, F., & Kingdon, D. (2006). Stigma and psychiatric illness. A survey of attitude of medical students and doctors in Lahore, Pakistan. *Journal of Ayub Medical College Abbottabad*, *18*(3).

Moxham, L., Taylor, E., Patterson, C., Perlman, D., Brighton, R., Sumskis, S., ... & Heffernan, T. (2016). Can a clinical placement influence stigma? An analysis of measures of social distance. *Nurse Education Today*, *44*, 170-174.

Laraib, A., Sajjad, A., Sardar, A., Wazir, M. S., & Nazneen, Z. (2018). Perspective About Mental Illnesses: A Survey Of Health Care Providers Of Abbottabad. *Journal of Ayub Medical College, Abbottabad: JAMC*, *30*(1), 97-102.

APPENDICES

Questionnaire

Dear Respondents,

My name is Doris Afebanye Adie; I am an Master student of Near East University (NEU), North Cyprus, from the Department of Nursing. I am carrying out a research on "Beliefs Towards Mental Illness for the Undergraduate Nursing Student"; I am hereby requesting your participation in this research by filling this questionnaire. This questionnaire is aimed at collecting the required data for this research. Be ensured that every of your opinions and responses will be confidential and will only be used for this study. Please kindly read every question carefully and tick to answer honestly as it best applies to you in the following items and response format.

Section A

No.	**Sociodemographic Questions**
1.	What is your age? (a) 16-19 (b) 20-25 (c) 26-30 (d) 31-35 (e) 35+.
2.	What is your gender? (a) Male (b)Female (c) Others_____(please specify)
3.	What is your current year in undergraduate study? (a) 1st year (b) 2nd year (c) 3rd year (d) 4th year
4.	What is your disposable income after bills and tax? (a) Less than 1500TL per month (b) 1500TL-3500TL per month (c) 3501TL-5500TL per month (d)5501TL-7500TL per month (e) more than 7500TL per month
5.	What is the status of your clinical placement? (a) Attended (b) Not Attended
6.	What is your relationship status? (a) Single (b) Married (c) Divorced (d) I would rather not mention

7.	What would you say is your Body Mass Index? (a) Underweight (<18.5) (b) Normal (18.5–23.9) (c) Overweight (24–27.9) (d) Obese (≥28)
8.	Do you currently have any mental illness? (e.g. Anxiety disorder, Depression, Post-traumatic stress disorder, Eating Disorder, Alcohol or Drug Abuse, Paranoia etc.) (a) Yes (b) No
9.	Do you have any family members or friends with mental illness? (a) Yes (b) No

Section

Opening Minds Scale for Health Care Providers (OMS-HC-15)*

Mental Health Commission of Canada / Commission de la santé mentale du Canada

These questions ask you to agree or disagree with a series of statements about mental illness. There is no correct answer. Please mark the box that best fits your opinion.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness.	☐	☐	☐	☐	☐
2. If a colleague with whom I work told me they had a mental illness, I would be just as willing to work with him/her.	☐	☐	☐	☐	☐
3. If I were under treatment for a mental illness I would not disclose this to any of my colleagues.	☐	☐	☐	☐	☐
4. I would see myself as weak if I had a mental illness and could not fix it myself.	☐	☐	☐	☐	☐
5. I would be reluctant to seek help if I had a mental illness.	☐	☐	☐	☐	☐
6. Employers should hire a person with a managed mental illness if he/she is the best person for the job.	☐	☐	☐	☐	☐
7. I would still go to a physician if I knew that the physician had been treated for a mental illness.	☐	☐	☐	☐	☐
8. If I had a mental illness, I would tell my friends.	☐	☐	☐	☐	☐
9. Despite my professional beliefs, I have negative reactions towards people who have mental illness.	☐	☐	☐	☐	☐
10. There is little I can do to help people with mental illness.	☐	☐	☐	☐	☐
11. More than half of people with mental illness don't try hard enough to get better.	☐	☐	☐	☐	☐
12. I would not want a person with a mental illness, even if it were appropriately managed, to work with children.	☐	☐	☐	☐	☐
13. Healthcare providers do not need to be advocates for people with mental illness.	☐	☐	☐	☐	☐
14. I would not mind if a person with a mental illness lived next door to me.	☐	☐	☐	☐	☐
15. I struggle to feel compassion for a person with mental illness.	☐	☐	☐	☐	☐

*Modgill G, Patten SB, Knaak S, Kassam A, Szeto AC. Opening minds stigma scale for healthcare providers (OMS-HC): Examination of psychometric properties and responsiveness. *BMC Psychiatry* 2014; 14(1):120. http://www.biomedcentral.com/1471-244X/14/120.

*Kassam A, Papish A, Modgill G, Patten S. The development and psychometric properties of a new scale to measure mental illness related stigma by health care providers: The opening minds scale for Health Care Providers (OMS-HC). BMC Psychiatry 2012; 12:62. DOI: 10.1186/1471-244X-12-62.

September 2016 MRC2.CORP.X.00851

ORİJİNALLİK RAPORU

%16	%12	%11	%
BENZERLİK ENDEKSİ	İNTERNET KAYNAKLARI	YAYINLAR	ÖĞRENCİ ÖDEVLERİ

BİRİNCİL KAYNAKLAR

1	Bruna Sordi Carrara, Raquel Helena Hernandez Fernandes, Sireesha Jennifer Bobbili, Carla Aparecida Arena Ventura. "Health care providers and people with mental illness: An integrative review on anti-stigma interventions", International Journal of Social Psychiatry, 2020 Yayın	%3
2	www.ncbi.nlm.nih.gov İnternet Kaynağı	%2
3	docs.neu.edu.tr İnternet Kaynağı	%1
4	baixardoc.com İnternet Kaynağı	%1
5	www.mentalhealthcommission.ca İnternet Kaynağı	%1
6	scholarworks.lib.csusb.edu İnternet Kaynağı	%1
	pdfs.semanticscholar.org	

DORIS AFEBANYE ADIE

B.Sc. (Hons)

NURSING

EDUCATION

Lefkosa North Cyprus

+905338421068

Adiedoris1@gmajl.com

EDUCATION

BSc - Nursing

Near East University, North Cyprus.

2020.

Senior Secondary School Certificate

Federal Science College, Ogoja.

2012.

CORE/COMPETENCIES

- Psychosocial Assessment
- Disaster Recovery
- Guidance & Counseling
- Crisis Intervention
- Immunization Administration
- Data Entry & Organization
- Emotional Intelligence
- Discharge Planning
- Files & Records Management
- Medical Research
- Trauma & Stress Management

PROFILE SUMMARY

- Result-driven and a meticulous person with an academic background in nursing and proficiency in research
- Able to improve the well-being of patients by applying intelligence and Administrating medications while collaborating with other medical professionals

ACADEMIC PROJECTS

Effect of the Covid-19 Pandemic on School Children | 2020

A Group Project – Clinical Department, Near East University, North Cyprus.

- One of the effects from the research was that most school children did not get quick help. Most parents were either busy or not academically inclined.
- Another impact of the pandemic on pupils was that they had little access to academic resources. Instructional materials that aided learning were not accessible and kids found assimilation difficult.

Problems Faced by International Students In Northern Cyprus | 2019

A Group Project – Clinical Department, Near East University, North Cyprus.

- Isolation was seen as one of the problems foreign students faced in Cyprus as most found it difficult to blend into the culture at Cyprus. This alienation with a mix of racism led to poor mental health and weak academic grades.
- They say money makes the world go round and financial problems make the mind go wild. Weak pockets amongst foreign students negatively affects their self-esteem, leading to poor academic performance and even crime.

VOLUNTEER EXPERIENCE

Environmental Sanitation | 2019

A Group Project – Clinical Department, Near East University, North Cyprus.

- Contributed to improving the school's environment by collaborating with colleagues to gather and dispatch pet bottles for recycling.

SOFT SKILLS

- Time Management, Conflict Resolution, Continuous Learning, Adaptability, Empathy, Teamwork & Collaboration, and Communication.