

Psychiatric Nursing and Mental Health Course on Students' Beliefs and Attitudes Towards Mental Illness

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Abstract

BACKGROUND/AIMS: Stigmatization of mental illness impedes the understanding of psychiatric disorders among individuals. One of the objectives of the Psychiatric Nursing and Mental Health Course in the undergraduate nursing program is to identify and reduce the stigma toward mental illness. The research aimed to determine the effectiveness of the Psychiatric Nursing and Mental Health Course on nursing students' beliefs and attitudes regarding mental health conditions.

MATERIALS AND METHODS: The research involved 71 third-year nursing students from a university in North Cyprus, using a single-group pretest-posttest design. The pre-test was administered on the first day of the psychiatric nursing and mental health course, the mid-test before the clinical practice, and the post-test on the last day of the course. Data were obtained via "the spread of student information" the "Beliefs Towards Mental Illness Scale", and the "Attitudes towards Mental Problems Scale".

RESULTS: It was found that perceptions regarding mental illness changed based on factors like contact, communication, and assisting individuals with mental illness, which in turn altered attitudes.

CONCLUSION: The applied and theoretical components of the Psychiatric Nursing and Mental Health Course positively affected the perspectives of students regarding mental health issues.

Keywords: Belief, attitude, mental disorder, nursing student, psychiatric nursing and mental wellness

INTRODUCTION

Mental illnesses are characterized by imbalances, inconsistencies, and inappropriate individuals' emotions.^{1,2} The effects and conduct exhibited by students diagnosed with mental illnesses are commonly considered unusual in many societies. Consequently, individuals with mental health diagnoses may face exclusion or rejection within the community.³⁻⁵ The origins of exclusion or non-acceptance of individuals with mental illnesses date back to ancient times when mental illness symptoms were unexplained and individuals with mental health issues

were feared.⁶ Society often perceives individuals with mental illnesses as "dangerous" and "unpredictable". This perception forms the basis for exclusion, discrimination, negative beliefs, and attitudes toward mental disorder. The treatment process for individuals with mental health conditions is adversely affected by negative beliefs and attitudes, hindering their recovery and leading to withdrawal from psychiatric support. Additionally, it contributes to feelings of low morale, guilt, shame, and decreased self-esteem in patients.⁷ Particularly, negative conviction and manner can cause students to develop mental illnesses, reject treatment, and isolate themselves from society.⁸ To achieve early

To cite this article: Arifoğlu B, Dağ Canatan S, Buldaç M. Psychiatric nursing and mental health course on students' beliefs and attitudes towards mental illness. Cyprus J Med Sci. 2025;10(3):212-217

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Received: 25.10.2024
Accepted: 26.03.2025
Publication Date: 27.06.2025



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detection, treatment, and prevention of mental illnesses, it is essential to change society's negative perceptions and attitudes towards mental illnesses.^{4,9} Nursing students, as part of society, are also thought to be influenced by these prejudices.¹⁰⁻¹² A cross-sectional study showed that, discriminatory attitudes related to mental illnesses toward students are highly frequent among nursing students.¹³ Several studies have examined the impact of mental wellness and mental wellness nursing training on students' attitudes and beliefs toward mental illnesses.^{12,14-16} It is anticipated that the negative beliefs and attitudes existing among nursing students will decrease during Mental Health and Psychiatric Nursing training.^{8,12,17} It is crucial to evaluate the manner and beliefs of students before and after the course, as they will help in preventing, treating, and rehabilitating mental illnesses in the future.

Aim and Research Questions

This study aims to appraise the impact of mental wellness and illness training on beliefs, attitudes towards psychiatric disorders. Related to the main aim, the research answers the following four questions:

1. Did the post-assessment score mean total of the beliefs about mental disorder measure significantly decrease for nursing students participating in psychiatric nursing training?
2. Did the post-test subsection mean total of the beliefs about mental disorder measure significantly decrease for students who obtained the Psychiatric Nursing course?
3. Did the post-test total mean score of the Community Attitudes Towards Mental Illness Scale significantly decrease for nursing students participating in Psychiatric Nursing and Mental Wellness?
4. Did the post-test subscale mean scores of the Community Attitudes Towards Mental Illness Scale significantly decrease for nursing students who took the Psychiatric Nursing course?

MATERIALS AND METHODS

In this study, which was conducted to determine the effect of the mental health and psychiatric nursing course on students' beliefs and attitudes towards psychiatric patients, a pretest-posttest model from the semi-experimental models was used in the same group. The study included 71 students enrolled in the Psychiatric Nursing and Mental Health Course in the 2021-2022 academic year, spring semester of the 3rd year of the nursing department of a university in North Cyprus. No sample selection was made, and all students enrolled in the course were included in the study. Participants were made aware of the aim and method of the study, and documented informed consent was collected from those who accepted the invitation to participate. Data were obtained via direct interaction utilizing face-to-face surveys and the administration of the scales. The pretest was distributed to the students on the first day of the course, the interim measurements were administered during the course, and the posttest was given after the course ended. All students participated in the pre-test, interim measurement, and post-test of the study simultaneously. The pre-test was administered on the first day of the Psychiatric Nursing and Mental Health Course, which consists of 14 weeks with 4 hours of theory, 3 hours of laboratory, and 7 hours of practical training each week. The theoretical part includes lectures, discussions, film analysis, case analysis, short videos, and collaboration role-playing. The practical was conducted over 11 weeks in a psychiatric

clinic, an elderly care home, and a disability center. The mid-test was administered on the day before the start of the clinical practice in the third week. In practice, all students interact with patients with psychological disorders. They applied the nursing process by working, and by having regular therapeutic meetings. During the practice, students regularly discussed and created their patients' care plans with their instructors and participated in regular case meetings. Discussions were held regarding the prepared observation, interview, and care plan forms. The post-test was administered on the last day of the course.

Data were obtained utilizing The Spread of Student Information, the beliefs towards mental disorder measure [body mass index (BMI)], and the Community Attitudes Towards Mental Disorder Scale (CAMI).

The Student Information: The student information form was created by the researchers by reviewing the relevant literature. The form includes nine inquiries querying students' age, gender, parents' education level, the presence of diagnosed psychiatric disorders in themselves, their families, or their acquaintances, their encounters with individuals diagnosed with psychiatric disorders, and sources of information about psychiatry.^{16,18,19}

The Beliefs Towards Mental Disorder Measure: This form was developed by Hirai and Clum in 2000 in the United States of America to assess the varying beliefs about mental illness among individuals from diverse cultural backgrounds. The Turkish validity and reliability study was conducted by Çam and Bilge.⁸ Beliefs towards mental disorder measure is a 6-point Likert scale featuring the following: totally disagree: 0; mostly disagree: 1; partially disagree: 2; partially agree: 3; mostly agree: 4; totally agree: 5. It includes three subscales and a total of 21 items. The lowest and highest values on the scale are 0 and 105. The BMI consists of three subscales: dangerousness, poor social and interpersonal skills, and incurability. Higher scores indicate more negative beliefs. The total Cronbach's alpha coefficient of the scale is 0.82. Concerning the subscales, for the dangerousness subscale, it was found to be 0.71; for the weak social and people abilities subscale, it was found to be 0.80; and for the incurability subscale, it was found to be 0.69.²⁰ In this study, the total Cronbach's alpha coefficient of the measure was found to be 0.89.

Community Attitudes Towards Mental Disorder Measure: Taylor and Dear created the form in 1979, while Bağ and Ekinçi²¹ carried out a Turkish reliability and validity study in 2006 in 1979. This measure consists of 3 components, including 21 elements and a 5-point Likert scale: goodwill, mental wellness ideology, and Concern (fear). The lowest and highest values measure 21 and 105, respectively. The increased values in the tool and its sections reveal an unfavorable outcome. The total Cronbach's alpha measure for the Turkish version is 0.72. Cronbach's alpha values for the subscales were: 0.78 for Goodwill, 0.76 for mental wellness ideology, and 0.75 for concern (fear).²¹ The total Cronbach's alpha measure for the tool was determined to be 0.76.

The study received approval from the Board of Scientific Research and Publication Ethics Committee of Eastern Mediterranean University (approval no: ETK00-2022-0080, date: 03.03.2022).

In addition, written informed consent was obtained from the participants in the study. Permission was obtained from the researchers via e-mail for the scales used in the collection of research data.

Statistical Analysis

Statistical analyses of the data collected from the participants were performed using IBM SPSS for Windows, Version 26.0. The normality of the distributions of beliefs towards mental disorder measure and the community attitudes towards mental health problems tool total was evaluated using the Kolmogorov-Smirnov test and skewness-kurtosis values. Repeated Measures ANOVA was utilized for comparing the pre-assessment, mid-test, and post-assessment measures.

RESULTS

Table 1 shows that the 71 participants who finished the study had an average age of 22.1 (standard deviation=1.5), with 57.7% being female and 42.3% male. Among the participants, 30.9% reported that their mothers had completed primary school, 19.7% had completed secondary school, and 23.9% had completed high school. Regarding fathers' education, 26.7% had completed primary school, 21.1% had completed secondary school, 22.5% had completed high school, and 15.4% had completed higher education. Additionally, 95.5% of the students reported not having any psychiatric disorder themselves; 46.4% had encountered individuals with psychiatric diagnoses; and 23.9% had close relatives with psychiatric disorders. The students reported obtaining information about mental illnesses from the internet (35.2%), family/social circles (15.4%), and the psychiatric nursing course (30.9%).

Table 2 shows the ANOVA results for repeated measures comparing the BMI scores of the participants. The differences in scores on the dangerousness subscale were determined to be statistically significant ($p < 0.05$). Post-test points on the dangerousness component were reduced compared to the preliminary test and mid-test points. Additionally, the difference between the mid-test points and the pre-test points was calculated. No significant differences were found in the inferior social and personal abilities subscales and non-curability subscales ($p > 0.05$).

Table 3 shows the ANOVA results for repeated measures comparing the CAMI scores of the participants. No significant differences were found in the goodwill subscale scores across the pre-test, mid-test, and final assessment ($p > 0.05$). However, vital differences were uncovered in the mental wellness ideology subscale and fear components ($p < 0.05$). The mid-test scores on the mental wellness ideology subscale were higher than the preliminary test scores. The post-test scores on the fear subscale were lower than those of the pre-test and mid-test scores ($p < 0.05$).

DISCUSSION

In this study, it was observed that the belief scores of nursing students towards mental illnesses decreased post-test. This result indicates that students create more positive beliefs about mental disorders. Similar findings were reported in the study Çingöl et al.²²; Dal et al.¹⁸, Rohaim Hamzawy et al.²³, Qtait et al.²⁴ where nursing students exhibited positive beliefs towards mental illnesses after educational interventions. Arslantaş et al.²⁵ also revealed that nursing students have positive beliefs about mental disorder following a theoretical, practical Psychiatric Nursing and Mental Health Course. In this study, the post-test measure on the dangerousness submeasure of the BMI was lower than the pre-assessment, mid-test measure. Also, similar findings were reported Richards et al.²⁶ study. In this study, an undergraduate mental health nursing course led to a modest decrease in nursing students' prejudice towards people with mental illness. The outcome is consistent with the

results of Granados-Gámez et al.²⁷ in Spain, where nursing students reported lower dangerousness subscale scores after interacting with patients with mental disorders. Similar results were found in studies by Ciydem and Avcı²⁸ and İnan et al.²⁹ in Türkiye, where nursing students' dangerousness subscale scores decreased after psychiatric nursing education.

In our study, significant differences were found in the CAMI scores. Evli¹⁶ in Türkiye and Giralte Palou et al.³⁰ in Catalonia also reported

Table 1. Distribution of the participants according to their sociodemographic characteristics

Variable (n=71)	n	%
Gender		
Female	41	57.7
Male	30	42.2
Age (Average \pm SD)	22.16 \pm 1.5	
Mother's education		
Illiterate	7	9.8
Literate	4	5.6
Primary	22	30.9
Middle	14	19.7
High	17	23.9
University	7	9.86
Father's education		
Illiterate	2	2.8
Literate	8	11.2
Primary	19	26.7
Middle	15	21.1
High	16	22.5
University	11	15.4
Mental disease		
Yes	1	1.4
No	70	98.5
Encountering an individual who has previously been Psychiatric diagnosed		
Yes	33	46.4
No	38	53.5
Psychiatric disorders in relatives		
Yes	17	23.9
No	54	76.0
Information resources for mental illnesses		
Tv	5	7.0
Internet	25	35.1
Family	11	15.4
Book	3	4.2
Psychiatric nursing course	22	30.9
Other	5	7.0
SD: Standard deviation		

Table 2. Assessment measure students' beliefs towards mental illness scale (BMI) scores

BMI	Head period	Middle of period	End of period	F	p	η^2
	$\bar{X}\pm SD$	$\bar{X}\pm SD$	$\bar{X}\pm SD$			
Dangerousness	13.2 \pm 5.4	11.0 \pm 5.5	9.7 \pm 4.3	16.86	0.001**	0.194
Inferior Social and Interpersonal Skills	19.1 \pm 8.2	18.6 \pm 7.3	17.6 \pm 7.6	1.323	0.254	0.019
Uncurability	13.1 \pm 5.5	13.5 \pm 5.5	12.8 \pm 5.6	0.513	0.600	0.007

**p<0.01, SD: Standard deviation.

Table 3. A comparison of scores students' attitudes towards mental problems scale (CAMI)

CAMI	Head period	Middle of period	End of period	F	p	η^2
	$\bar{X}\pm SD$	$\bar{X}\pm SD$	$\bar{X}\pm SD$			
Goodwill	28.2 \pm 4.8	27.82 \pm 5.4	27.9 \pm 5.8	0.147	0.863	0.002
Community mental health ideology	31.8 \pm 5.4	33.93 \pm 5.4	32.3 \pm 6.5	4.232	0.043*	0.057
Fear	4.93 \pm 1.8	4.65 \pm 1.4	4.3 \pm 1.9	4.405	0.039*	0.059

*p<0.05, SD: Standard deviation.

significant differences in community attitudes toward mental illnesses among nursing students after educational interventions. Our study found that the post-test points on the mental wellness ideology subscale were higher than the pre-test scores. Şahin et al.¹⁵ in Türkiye and Sari and Yuliasuti³¹ in Indonesia also found significant increases in community mental health Ideology subscale scores among nursing students after psychiatric nursing education.

As shown by the study, nursing students experience fear before obtaining mental wellness and disorder nursing training. Additionally, the idea that participants with mental disorders are perilous is at the forefront.^{15,32} This study found that the post-test scores on the fear component CAMI, were lower than the pre-test and mid-test scores. Similar findings were reported by Büyükbayram et al.³³ in Türkiye, where nursing students' fears decreased after taking the psychiatric nursing course. Abd El-Gawad and Ossman³⁴ in Egypt also found that fears towards patients with mental illnesses decreased among graduate nurses after completing the psychiatric nursing course. The literature and research findings suggest that psychiatric nursing education has a considerable effect on positively changing perceptions toward individuals with mental health issues.

Study Limitations

The research was carried out on a single group of nursing students from one university, and the results are not generalizable beyond this sample. The small sample size and the self-report nature of the data collection instruments are other limitations. The lack of a control group and the combined evaluation of theoretical and clinical education are significant limitations of the study.

CONCLUSION

Perceptions of mental illness vary based on conditions such as contact, communication, and assisting individuals with mental illness that, in turn, alter attitudes. The conceptual and applied components of the mental wellness and disorder nursing training were revealed to be effective in diminishing unfavorable beliefs toward mental illnesses

and positively influencing attitudes toward individuals with mental health issues. Suggested to conduct an study that investigate the belief components Impacting them from the initial year of nursing training. Additionally, comparing outcomes with a control group and analyzing attitudes towards distinct mental wellness issues are suggested.

MAIN POINTS

- When the literature was examined, it is evident that nursing students experience fear before taking the mental health and psychiatric nursing course, primarily due to the perception that individuals with mental health issues are dangerous.
- The theoretical and practical components of the Mental Health and Psychiatric Nursing course positively affected attitudes towards individuals with mental health issues.
- In the study, the scores on the Dangerousness subscale of the Beliefs Toward Mental Illness Scale at the end of the term were found to be lower compared to the beginning and mid-term scores.
- It is observed that the belief scores of nursing students towards mental illness decreased in the final test. This result indicates that students have developed positive beliefs towards mental illness.
- In the study, the scores on the Community Mental Health Ideology subscale of the Community Attitudes Toward the Mentally Ill Scale were found to be higher at the end of the term compared to the beginning of the term.

ETHICS

Ethics Committee Approval: The study received approval from the Board of Scientific Research and Publication Ethics Committee of Eastern Mediterranean University (approval no: ETK00-2022-0080, date: 03.03.2022).

Informed Consent: Written informed consent was obtained from the participants in the study.

Footnotes

Acknowledgments: We extend our gratitude to the participants of this study. This study was shared as an oral presentation at the 7th International and 11th National Congress of Psychiatric Nursing (October 18-20, 2023, Ankara).

Authorship Contributions

Surgical and Medical Practices: B.A., S.D.C., M.B., Concept: B.A., S.D.C., Design: B.A., S.D.C., M.B., Data Collection and/or Processing: B.A., S.D.C., Analysis and/or Interpretation: B.A., S.D.C., Literature Search: B.A., S.D.C., M.B., Writing: B.A., S.D.C.

DISCLOSURES

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study had received no financial support.

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