Published by

British Journal of Contemporary Research

BEXFORD PUBLISHING

Nursing students Attitude towards Mental Illness – Cross-sectional Survey

Original Research Article | Volume 1 | Issue 6 | 2026 | Article Number: 068

Accepted: 03 November 2026 | Published: 10 November 2026 | ISSN: 2979-8582 (Online)

Crossref : **https://doi.org/10.67693/BJCR-8MQLFY8N**

Dr Selvarani Panneerselvam

Professor, Kauvery College of Nursing, Salem, Tamilnadu, India

DSP 0000-0001-5546-5567

Correspondence: Dr Selvarani Panneerselvam, selvaranip4@gmail.com

Abstract

Background: Nursing students, the future manpower of health care services, play a key role in providing empathetic and unbiased care for the mentally ill in all settings. Prejudice and negative attitudes of nurses, the healthcare providers, adversely affect the quality of care, treatment outcomes, and education and create awareness among the public.Aim: To identify the level of attitude towards mental illness and its association with demographic variables.Materials and methods: A cross-sectional descriptive study design was adopted for this study. A total of 113 first-year nursing students were conveniently recruited to complete the self-administered CMAI (Community Attitude of Mental Illness) tool along with baseline demographic information.Results: Overall, the nursing students had a moderately positive attitude towards mental illness. The overall mean score was 124.50 ± 13.53, and the lowest mean score of 29.86 ± 5.13 in social restrictiveness suggests that strengthening a few areas is planned to improve the level of attitude. There was no significant association of level of attitude with the selected demographic variables.Conclusion: The moderate level of attitude towards mental illness underlines the need for nursing education to foster the change of attitude.

Keywords: Attitude towards Mental Illness, Nursing Students, Community Attitude of Mental Illness (CAMI), Mental Illness

© 2026 The Authors. Published by Bexford Publishing Ltd

INTRODUCTION

Mental illness is the term that refers collectively to all diagnosable mental disorders**.** Mental disorder is defined as a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects dysfunction in the psychological, biological, or developmental processes underlying mental functioning (APA, 2025). Mental illness is common around the world, and in 2021, the WHO reported that mental illness constitutes roughly 14% of the global burden of disease and 13.7% from the South East Asia region (WHO, 2025). The WHO reports that more than 1 billion, or 1 in every 7 people around the world, are living with a mental disorder (WHO, 2025).

People's beliefs and attitudes toward mental illness set the stage for how they interact with, provide opportunities for, and help support a person with mental illness (Lee et al., 2014). Attitudes and beliefs about mental illness are shaped by personal knowledge about mental illness, knowing and interacting with someone living with mental illness, cultural stereotypes about mental illness, media stories, and familiarity with institutional practices and past experiences (Mustafa et al., 2019; Jung et al., 2017). When such attitudes and beliefs are expressed positively, they can result in supportive and inclusive behaviours (e.g., willingness to date a person with mental illness or to hire a person with mental illness) (Greenwood et al., 2016, Emrich et al., 2003; Leff & Warner, 2006, Gough & Happell, (2009). When such attitudes and beliefs are expressed negatively, they may result in avoidance, exclusion from daily activities, and, in the worst case, exploitation and discrimination (Keane,1991; Moxham et al., 2024). People with mental illness behave unpredictably, often aggressively, violently, and dangerously, which eventually creates fear and social distance among the general population (Rössler, (2016), Emrich et al., 2003).

The negative attitude and beliefs towards mental illness by the public are widespread around the world (Vedana et al., 2017; Venkatesh et al., 2015; Guttikonda et al., 2019). On the other hand, it is not uncommon that the health care professionals, ranging from medical, nursing, and paramedical personnel, do have a negative attitude and stigma towards mental illness, not to mention (Chiles,et al ., 2016; Popescu et al., 2017). There are numerous studies that indicate that the negative attitude of mental illness by the health care professional may result in unequal and biased care and poor treatment to the vulnerable mentally ill population. (Shrestha, (2013). Similarly, prevailing negative attitudes towards mental illness would reduce the number of workers needed in the provision of mental health services. (Aruna et al., 2016).Furthermore, negative attitude of nursing students' impact the career choice of specialized mental health nurse, nursing care outcome and it correlates with the needed workforce to meet the demands of mental care services (Bennett & Stennett, 2015; Happell & Gough, 2007; Poreddi et al., 2017; Cearns et al., 2026.).

Available evidence suggests that the negative attitude of nursing students significantly impacts the quality of care, besides their preference for learning psychiatric and mental health nursing and pursue as their career (Thongpriwan et al,.,2015; Arbanas et al.,,2018; Çetinkayaduman & Partlakgünüşen, 2017; Vijayalakshmi et al., 2015). Therefore, identification of the nursing student's attitude provides a basis for appropriate intervention to promote a positive attitude toward mental illness for compassionate and person-specific mental health care.

Objectives

The present study aimed at assessing the nursing students' level of attitude towards mental illness and to identify the association between the level of attitude and demographic factors.

MATERIALS AND METHODS

In this descriptive cross-sectional study, a total of 113 participants were selected conveniently from

© 2026 The Authors. Published by Bexford Publishing Ltd

selected nursing colleges. First-year BSc Nursing students who consented to participate and had no previous history of any mental illness were included in the study. Students who underwent a psychiatry or mental health nursing course were excluded. Initially, the Head of Institutions was contacted for permission to approach the students, and the students' details, such as WhatsApp number and email address, were collected. Followed by, the consent forms and data collection tools were shared as Google forms to their WhatsApp number. The participants took approximately 30 – 40 minutes to complete the self-administered questions.

The data were gathered by using the Community Mental Health Attitude Scale (CMAI) tool, which is free to use, and the demographic details. The CMAI tool consists of 40 items, and responses were marked in the five point likert scale. The tool is divided into four subcategories, where each category contains 10 statements, of which 5 are positive and 5 are negative. The four attitude categories are Authoritarianism, Benevolence, Social Restrictiveness, and Community Mental Health Ideology. The highest score of 5 is assigned for each statement. For all the positive statements, a score of 5 were provided for strongly agree, and reversed scoring was provided for negative statements (score of 5 for strongly disagree). The data was collected from August to October 2022. The data were analyzed using SPSS Statistics version 25.0 using descriptive statistical methods (i.e., frequencies, percentages, mean, standard deviation, chi-square test).

Ethical Consideration

Ethical approval was obtained from the University ECM, (ECM#2022-1303). All Participants were provided with information about the study prior to taking part, were told that their data would be analysed anonymously, signed consent forms, and had the option to opt out at any time.

RESULTS

Demographic characteristics.

Table 1 depicts the distribution of demographic variables of the participants. Of the 113 participants who participated in this research, the majority (75.2%) are female students. Most of the participants (81.4%) belong to the Hindu religion, and in relation to the place of residence, most (69%) of them were living in rural places, and about 20% were from urban areas. The vast majority (98%) of the participants reported that none of the family members were affected by mental illness.

Table 1: Distribution of Demographic variables among participants

Demographic variables	Sample =113	
	Frequency	Percentage
1. Gender		
a. Male	28	24.8
b. Female	85	75.2
2. Religion		
a. Hindu	92	81.4
b. Christian	15	13.3
c. Muslim	6	5.3
3. Residence		
a. Rural	78	69.0

© 2026 The Authors. Published by Bexford Publishing Ltd

b. Urban	22	19.5
c. Semi Urban	13	11.5
4. Family Members MI		
a. Yes	111	98.2
b. No	2	1.8

Table 2: Distribution of the level of attitude among participants

Level of Attitude in different aspects	Sample =113	
	Frequency	**Percentage**
1. Authoritarianism		
a. Low attitude	1	0.9
b. Moderate attitude	79	69.9
c. High attitude	33	29.2
2. Benevolence		
a. Low attitude	0	0.0
b. Moderate attitude	84	74.3
c. High attitude	29	25.7
3. Social Restrictiveness		
a. Low attitude	0	0.0
b. Moderate attitude	87	77.0
c. High attitude	26	23.0
4. Community Mental Health Ideology		
a. Low attitude	0	0.0
b. Moderate attitude	76	67.3
c. High attitude	37	32.7
5. Overall attitude		
a. Low attitude	0	0.0
b. Moderate attitude	91	80.5
c. High attitude	22	19.5

Table 2 shows that the overall attitude was high, 22 (19.5%) and more than three-quarters of participants had a moderate attitude towards mental illness. Interestingly, none of the participants had a low attitude toward mental illness. Among the four categories of attitude, around one third (32.7%) of participants had a high attitude towards the category of community mental health ideology, followed by authoritarianism

© 2026 The Authors. Published by Bexford Publishing Ltd

with 33 (29.2%), 29 (25.7%) in benevolence, and 26 (23%) in social restrictiveness, respectively. Only one participant (0.9%) had a low attitude towards mental illness in authoritarianism.

Table 3 and 4 represent the highest and lowest scored items. Among all the items, the highest favourable attitude scored item was "we have a responsibility to provide the best possible care for the mentally ill" (78.77%), and the lowest score of 14.2% for the item "Virtually anyone can become mentally ill". The overall score of the moderate attitude of the vast majority of the participants and the findings of Table 4 suggest the importance of appropriate education and awareness sessions regarding mental health and mental illness for nursing students to modify the moderate attitude to a more positive attitude.

Table 3: Highest scored Items – High / Favourable Attitude

Highest Scored Items		
S. No	**Item**	**Percentage**
1.	Item 15: We have a responsibility to provide the best possible care for the mentally ill.	78.77%
2.	Item 27: Mental patients should be encouraged to assume the responsibilities of normal life.	66.4%
3.	Item 12: More tax money should be spent on the care and treatment of the mentally ill.	65.6%
4.	Item 20: It is best to avoid anyone who has mental problems.	65.5%
5.	Item 32: The best therapy for many mental patients is to be part of a normal community.	65.5%

Table 4: Lowest-scoring Items

Lowest Scored Items – Low / Poor Attitude		
S.No	**Item**	**Percentage**
1.	Item 10: Virtually anyone can become mentally ill.	14.2%
2.	Item 38: Having mental patients living within residential neighbourhoods might be good therapy but the risks to residents are too great.	19.4%
3.	Item 21: The mentally ill should not be given any responsibility.	29.2%
4.	Item 26: The mentally ill should not be denied their individual rights.	33.6%
5.	Item 30: Most women who were once patients in a mental hospital can be trusted as babysitters.	33.6%

© 2026 The Authors. Published by Bexford Publishing Ltd

Table 5: Descriptive statistics for attitudes among participants

Attitude score in different aspects	Mean	S.D	Range Minimum - Maximum
Authoritarianism	31.33	3.96	16 - 40
Benevolence	31.00	4.14	20 – 40
Social Restrictiveness	29.86	5.13	19 – 42
Community Mental Health Ideology	32.32	4.82	18 - 44
Overall attitude	124.50	13.53	87 - 160

Table 5 represents the highest mean score of 32.32 in community mental health ideology, indicating the participants had a welcoming, supportive attitude towards the treatment and community-based rehabilitation of mental illness. In the social restrictiveness category, the mean score of 29.86 depicts a less favourable attitude towards the social inclusion of the mentally ill. The overall mean score of 124.50 indicates a favourable attitude towards Mental Illness.

Table 6: Association between Demographic Variables and Overall Level of Attitude

Demographic variables	Moderate Attitude		High Attitude		Chi-Square and p value
	No.	%	No.	%	
1. Gender					$\chi 2 = 1.820$
a. Male	25	89.3	3	10.7	d.f =1
b. Female	66	77.6	19	22.4	p= 0.177 (N.S)
2. Religion					$\chi 2 = 1.096$
a. Hindu	74	80.4	18	19.6	d.f =2
b. Christian	13	86.7	2	13.3	p= 0.578
c. Muslim	4	66.7	2	33.3	(N.S)
3. Residence					$\chi 2 = 1.353$
a. Rural	62	79.5	16	20.5	d.f =2
b. Urban	17	77.3	5	22.7	p= 0.508
c. Semi Urban	12	92.3	1	7.7	(N.S)
4. Family Members MI					$\chi 2 = 0.492$
a. Yes	89	80.2	22	19.8	d.f = 1
b. No	2	100.0	0	0.0	p= 0.483 (N.S)

© 2026 The Authors. Published by Bexford Publishing Ltd

Table 6 denotes that there was no significant association between the demographic variables like gender, religion, place of living, and family history of mental illness, and the overall attitude scores.

DISCUSSION

The present study showed that the nursing students had an overall positive attitude with a mean score of 124.50 towards mental illness. Similar research findings were evidenced in previous researches (Poreddi et al., 2017; Sari & Yuliastuti, 2018; Chang et al., 2017; Sharma et al., 2017). Conversely, there are few studies that found that nursing students, medical students, and nurses had negative or poor attitudes and stigma towards mental illness (Sreeraj et al., 2017; Bennett & Stennett, 2015). The study findings revealed that the highest mean score of 32.32 was in Community Mental Health Ideology, followed by Authoritarianism, Benevolence, with 31.33 and 31.00, respectively. These findings are consistent with a study by Meng et al, (2022) with a higher mean score of 36 in Benevolence, followed by Social Restrictiveness, Community Mental Health Ideology, and Authoritarianism with 34.67, 33.60, and 33.33, respectively.

Current study findings showed that the lowest mean of 29.86 in the social restrictiveness subcategory denotes that the nursing students need to develop a more favourable attitude towards the mentally ill, and the people with mental illness should not be isolated, restricted, or feared by the society. This result is consistent with an Indonesian study findings that social restrictiveness of CMAI mean score was 27.52 (Sari & Yuliastuti, 2018). Conversely, an Indian study identified that the nursing students had a more positive attitude (mean score of 8.59) towards the restrictiveness domain of the Attitude Scale for Mental Illness (ASMI) scale (Poreddi et al., 2014) and a significant positive attitude in Restrictiveness (8.42) of the ASMI scale in another Indian study(Sharma et al., 2017).

Although the present study revealed an overall positive attitude, there are a few items that scored lowest in all four subcategories, indicating that more focused education of nursing students is imperative to modify the negative attitude and beliefs about mental illness. One of the lowest-scoring items of this study was “The mentally ill should not be denied their individual rights” (33.6%), in contrast, this item was one of the highest-scoring items of an Indonesian study (Meng et al., 2022). On the other hand, the item scored highest (78.77%) of the current study was “We have a responsibility to provide the best possible care for the mentally ill”; however, in Meng et al’s study, “The best way to handle the mentally ill is to keep them behind locked doors” scored the highest.

The research evidences suggest that there are significant differences of attitude prevails between and among countries and influenced by the socio-cultural factors like religion, personal, and family experience and so on. The present study findings revealed that there was no significant association between the level of attitude and demographic variables such as gender, religion, place of residence, and history of family members with mental illness. In contrast to the current study findings, the existing research evidence reveals that there is a significant association between these demographic variables and the level of attitude. The study conducted by Meng et al, (2022) using the CMAI scale, found that there was a significant association of a more positive attitude towards mental illness by medical and nursing students living in urban areas, and history of family members with mental illness than their counterpart. Similarly, another study using the Days Mental Illness Stigma Scale identified that urban female participants had poorer stigma towards mental illness; and, overall, male participants had more stigma towards mental illness (Schroeder et al., 2021).To support this, a comparative study of student nurses and registered nurses' attitudes towards mental illness using the Devaluation - Discrimination Scale found that female nursing students had lower stigma towards mental illness (Rayan, A. , 2024).

© 2026 The Authors. Published by Bexford Publishing Ltd

In a multi-national study, findings suggest that the highest stigmatizing attitude was found among the participants (nursing students) from Jordan, Saudi Arabia, and India, while it was lowest among the participants from Australia and the United States (Moxham et al., 2017). Similarly, another study conducted across four European countries (Ireland, Finland, Norway, and the Netherlands) and Australia found that nursing students from Australia and Ireland had a more positive attitude than students from Finland, Norway, and the Netherlands. The above findings strongly support that the cultural factors such as family background, religion, social norms, and traditions influence the way people believe about mental illness; the nursing students are not exceptional for these cultural influences on mental illness, too (Happell et al., 2018). This suggests the developing and implementing the mental health nursing curriculum of both the theory and practical components, while considering the cultural context, in reducing the negative attitude towards mental illness.

CONCLUSION

In conclusion, the present study findings revealed that the first year nursing students had a moderately overall positive attitude towards mental illness and significant variations among the four subcategory responses. Although the study participants exhibited an overall positive attitude, there are a few areas of the subscales that scored low, indicating the need for strengthening positive attitudes towards mental illness. This finding suggests the nurse educators' role in shaping the positive attitude, an unbiased attitude without any prejudice is highly essential for high-quality mental health services in addition to create interest in learning mental health nursing to pursue the career. Nevertheless, there is no association of socio-demographic factors with the level of attitude of the present study findings. There is promising evidence from various international researches showed the socio-cultural factors like age, gender, place of living, religion, year of study, family history of mental illness, exposure to mental health clinical experience, influence the level of attitude towards mental illness. Thus, the current study findings demonstrate the need to continue the research longitudinally to further explore the influential factors so as to modify a more favourable attitude, which is pivotal for health care professionals, like nursing students, in the provision of uncompromised mental health care. In addition, interventional research to evaluate the effect of focused educational interventions to enhance the level of attitude is also beneficial.

Limitations

One important limitation is the selection of study participants. Firstly, the participants were selected via convenience sampling, which may introduce selection bias. Also, the majority of the participants were female students, and unequal representation of male participants. Therefore, it greatly impacts the generalisability of the study findings. Random sampling and inclusion of proportionate male students will perhaps well control the selection bias in future studies. Secondly, the cross-sectional study designs do not address the causal relationship of the variables. However, a longitudinal study offers greater clarity of the interrelationship among variables. Thirdly, the research conducted in selected institutions has a small sample size compared to the overall population. Hence, this may affect the broader applicability of study findings. Despite all these limitations, the current study findings highlighted the related area of significant improvement needed towards the attitude of mental illness by the nursing students and the role of nurse educators to enhance the level of students' attitude towards a person with mental illness.

Conflict of Interest

The author declares that there is no conflict of interest with respect to the research, authorship and/ or publication of this article.

Acknowledgement

© 2026 The Authors. Published by Bexford Publishing Ltd

The author would like to thank the head of institutions and all the participants of this research.

References

1. Abolfotouh, M. A., Almutairi, A. F., Almutairi, Z., Salam, M., Alhashem, A., Adlan, A. A., & Modayfer, O. (2019). Attitudes toward mental illness, mentally ill persons, and help-seeking among the Saudi public and sociodemographic correlates. *Psychology research and behavior management*, 45-54.
2. Adewuya, A. O., & Makanjuola, R. O. (2008). Social distance towards people with mental illness in southwestern Nigeria. *The Australian and New Zealand journal of psychiatry*, *42*(5), 389–395.
3. American Psychiatric Association. (2025, July). What is Mental Illness?. https://www.psychiatry.org/patients-families/what-is-mental-illness
4. Arbanas, G., Bosnjak, D., & Sabo, T. (2018). Impact of a nursing in psychiatry course on students' attitudes toward mental health disorders. *Journal of Psychosocial Nursing and Mental Health Services*, *56*(3), 45-51.
5. Aruna, G., Mittal, S., Yadiyal, M. B., Acharya, C., Acharya, S., & Uppulari, C. (2016). Perception, knowledge, and attitude toward mental disorders and psychiatry among medical undergraduates in Karnataka: A cross-sectional study. *Indian journal of psychiatry*, *58*(1), 70-76.
6. 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.
7. Cearns, K., Lazarus, E. R., & Wahid, R. (2026). Factors Influencing Nursing Students' Attitudes and Career Interests in Mental Health Nursing-An Integrative Review. *Canadian Journal of Nursing Research*, 08445621261447369.
8. ÇETİNKAYA DUMAN, Z., & PARTLAK GÜNÜŞEN, N. (2017). Effects of the Psychiatric Nursing Course on Students' Attitudes Towards Mental Illnesses, Perceptions of Psychiatric Nursing and Career Choices. *Turkiye Klinikleri Journal of Nursing Sciences*, *9*(4).
9. 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
10. Chiles C., Stefanovics E., Rosenheck R. (2016). Attitudes of students at a US medical school toward mental illness and its causes. *Academic Psychiatry*, *41*(3), 320–325.
11. Corrigan, P. W., Green, A., Lundin, R., Kubiak, M. A., & Penn, D. L. (2001). Familiarity with and social distance from people who have serious mental illness. *Psychiatric services*, *52*(7), 953-958.
12. Emrich, K., Thompson, T. C., & Moore, G. (2003). Positive attitude: An essential element for effective care of people with mental illnesses. *Journal of psychosocial nursing and mental health services*, *41*(5), 18-25.
13. Gough, K., & Happell, B. (2009). Undergraduate nursing students attitude to mental health nursing: A cluster analysis approach. *Journal of Clinical Nursing*, *18*(22), 3155-3164.
14. Greenwood, K., Carroll, C., Crowter, L., Jamieson, K., Ferraresi, L., Jones, A. M., & Brown, R. (2016). Early intervention for stigma towards mental illness? Promoting positive attitudes towards severe mental illness in primary school children. *Journal of Public Mental Health*, *15*(4), 188-199.
15. Guttikonda, A., Shajan, A. M., Hephzibah, A., Jones, A. S., Susanna, J., Neethu, S., ... & Oommen, A.

© 2026 The Authors. Published by Bexford Publishing Ltd

M. (2019). Perceived stigma regarding mental illnesses among rural adults in Vellore, Tamil Nadu, South India. *Indian Journal of Psychological Medicine*, *41*(2), 173-177.

16. Happell, B., & Gaskin, C. J. (2013). The attitudes of undergraduate nursing students towards mental health nursing: A systematic review. *Journal of clinical nursing*, *22*(1-2), 148-158.
17. Happell, B., & Gough, K. (2007). Undergraduate nursing students' attitudes towards mental health nursing: Determining the influencing factors. *Contemporary Nurse*, *25*(1-2), 72-81.
18. 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.
19. Jung, H., von Sternberg, K., & Davis, K. (2017). The impact of mental health literacy, stigma, and social support on attitudes toward mental health help-seeking. *International Journal of Mental Health Promotion*, *19*(5), 252-267.
20. Keane, M. (1991). Acceptance vs. rejection: Nursing students' attitudes about mental illness. *Perspectives in Psychiatric Care*, *27*(3), 13-18.
21. Lee, A. A., Laurent, S. M., Wykes, T. L., Kitchen Andren, K. A., Bourassa, K. A., & McKibbin, C. L. (2014). Genetic attributions and mental illness diagnosis: effects on perceptions of danger, social distance, and real helping decisions. *Social psychiatry and psychiatric epidemiology*, *49*(5), 781-789.
22. Leff, J., & Warner, R. (2006). *Social inclusion of people with mental illness*. Cambridge University Press.
23. Meng, N., Huang, X., Wang, J., Wang, M., & Wang, Y. (2022). The factors and outcomes of stigma toward mental disorders among medical and nursing students: a cross-sectional study. *BMC psychiatry*, *22*(1), 357.
24. Moxham, L., Tapsell, A., Perlman, D., Al Mutair, A., AL‐Sagarat, A. Y., Alsaraireh, F. A., ... & Patterson, C. (2024). Nursing students' attitudes towards mental illness: A multi‐national comparison. *Journal of psychiatric and mental health nursing*, *31*(6), 981-989.
25. Popescu, C. A., Buzoianu, A. D., Suciu, S. M., & Armean, S. M. (2017). Attitudes toward mentally ill patients: a comparison between Romanian and international medical students. *Clujul Medical*, *90*(4), 401.
26. Poreddi, V., Thimmaiah, R., & BadaMath, S. (2017). Medical and nursing students' attitudes toward mental illness: An Indian perspective. *Investigacion y educacion en enfermeria*, *35*(1), 86-94.
27. Poreddi, V., Thimmaiah, R., Chandra, R., & BadaMath, S. (2015). Bachelor of nursing student'attitude towards people with mental illness and career choices in psychiatric nursing. An Indian perspective. *Investigacion y educacion en enfermeria*, *33*(1), 148-154.
28. Rayan, A. (2024). Stigma of mental illness: a comparative study of demographic and cultural correlates among nursing students and registered nurses in Jordan. *BMC nursing*, *23*(1), 924.
29 Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *The EMBO Reports*, *17*(9), 1250-1253.
30. Sari, S. P., & Yuliastuti, E. (2018). Investigation of attitudes toward mental illness among nursing students in Indonesia. *International journal of nursing sciences*, *5*(4), 414-418.

© 2026 The Authors. Published by Bexford Publishing Ltd

31. Schroeder, S., Tan, C. M., Urlacher, B., & Heitkamp, T. (2021). The role of rural and urban geography and gender in community stigma around mental illness. *Health Education & Behavior*, *48*(1), 63-73.

32. Shammari, M., Waggas, D. S., & Hasan, A. A. (2020). Assessment of nursing students' attitudes and stigma towards mental illness: a cross-sectional study. *J. Nurs. Educ. Pract*, *10*(9), 1-11.

33. Sharma, R. C., Sharma, D. D., Kanwar, N., Kanwar, P., & Manta, S. (2017). Undergraduate nursing students' attitude towards mental illness: a cross sectional study. *International Journal of Research in Medical Sciences*, *6*(1), 275-8.

34. Shrestha, M. R. (2013). Knowledge and attitude about mental illness among nursing students. *Journal of Psychiatrists' Association of Nepal*, *2*(1), 35-38.

35. Sreeraj, V. S., Parija, S., Uvais, N. A., Mohanty, S., & Kumar, S. (2017). Indian nursing students' attitudes toward mental illness and persons with mental illness. *Industrial psychiatry journal*, *26*(2), 223-227.

36. Stubbs, A. (2014). Reducing mental illness stigma in health care students and professionals: a review of the literature. *Australasian Psychiatry*, *22*(6), 579-584.

37. Stuhlmiller, C., & Tolchard, B. (2019). Understanding the impact of mental health placements on student nurses' attitudes towards mental illness. *Nurse education in practice*, *34*, 25-30.

38.Thongpriwan, V., Leuck, S. E., Powell, R. L., Young, S., Schuler, S. G., & Hughes, R. G. (2015). Undergraduate nursing students' attitudes toward mental health nursing. *Nurse education today*, *35*(8), 948-953.

39.Vedana, K. G. G., Silva, D. R. A., Miasso, A. I., Zanetti, A. C. G., & Borges, T. L. (2017). The meaning of stigma for people with mental disorders in Brazil. *Issues in Mental Health Nursing*, *38*(12), 1022-1029.

40. Venkatesh, B. T., Andrews, T., Mayya, S. S., Singh, M. M., & Parsekar, S. S. (2015). Perception of stigma toward mental illness in South India. *Journal of family medicine and primary care*, *4*(3), 449-453.

41. Vijayalakshmi, P., Thimmaiah, R., Chandra, R., & BadaMath, S. (2015). Bachelor of nursing student'attitude towards people with mental illness and career choices in psychiatric nursing. An Indian perspective. *Investigacion y educacion en enfermeria*, *33*(1), 138-154.

42. World Health Organisation. (2025, September).Over a billion people living with mental health conditions – services require urgent scale-up. https://www.who.int/news/item/02-09-2025-over-a-billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up

43. World Health Organisation. (2025, September). Mental Disorders. https://www.who.int/news-room/fact-sheets/detail/mental-disorders

44. World Health Organisation. (2025, September). Mental Health Atlas 2024. https://www.who.int/teams/mental-health-and-substance-use/data-research/mental-health-atlas

© 2026 by the authors. Submitted for possible open access publication under the terms and conditions of the **Creative Commons Attribution (CC BY 4.0) licence** (https://creativecommons.org/licenses/by/4.0/)