

---

# Female Students' Attitude toward Mental Illness in Qassim University, KSA

Hanan Mohamed Mohamed Tork<sup>1</sup>, Azza El Sayed Abdel-Fattah<sup>2</sup>

<sup>1</sup>Department of Child & Adolescent Health Nursing, College of Nursing, Qassim University, Qassim, KSA

<sup>2</sup>Department of Community & Psychiatric Health Nursing, College of Nursing, Qassim University, Qassim, KSA

## Email address:

hatork@yahoo.com (H. M.M. Tork), Salahsalah@yahoo.com (A. El S. Abdel-Fattah)

## To cite this article:

Hanan Mohamed Mohamed Tork, Azza El Sayed Abdel-Fattah. Female Students' Attitude toward Mental Illness in Qassim University, KSA. *American Journal of Nursing Science*. Vol. 4, No. 3, 2015, pp. 50-56. doi: 10.11648/j.ajns.20150403.12

---

**Abstract:** *Background:* 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. *Objective:* the present study aimed to assess the medical and non-medical female students' attitudes toward mental illness and psychiatric patients in Qassim University, KSA. *Methods:* descriptive design was adopted for the present study. Data collection took place from April to June 2014 via the Attitudes Scale for Mental Illness (ASMI) and Beliefs Scale for Mental Illness (BSMI); which tested in several studies worldwide. A total of 232 undergraduates were recruited from different colleges; 94 students from medical colleges "Nursing, Pharmacy Dentistry, Medicine and Applied Medical Science" and 138 from non-medical college "Business Administration". *Results:* on the Separatism sub-scale, more medical students (93.6%) than non-medical students (85.5%) disagreed with the statement: 'If a mental health facility is set up in my street or community, I will move out of the community' ( $\chi^2=6.249, p<0.044$ ) and these differences were not statistically significant. Medical and non-medical students responded similarly to statements in the Restrictiveness sub-scale. However, 86.2% of medical students compared to 87% of non-medical students agreed that the 'After mentally ill patients are treated and rehabilitated, individuals should make friends of them' ( $\chi^2=2.824, p<0.242$ ). *Conclusion:* Medical and non-medical University students show broadly similar positive attitudes toward people with a mental illness. There is scope for further research including examining the effects of educational interventions.

**Keywords:** Attitudes, University Students, Psychiatric Disorders, Mental Illness Stigma, KSA

---

## 1. Introduction

Mental illness was a topic most often treated by individuals and families as a "private matter" that was more or less off-limits to outsiders, except, perhaps, medical professionals and other family members. 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<sup>(1)</sup>

Mental illness is a term used for a group of disorders causing severe disturbance in thinking, feeling and relating<sup>(2)</sup>. There is growing evidence of stigmatization toward people with mental disorders all over the world among both trained health professionals as well as the general population<sup>(3; 4; 5; 6)</sup>. Research has established that mental illness is more stigmatizing than physical illnesses<sup>(7)</sup> and mental illness stigma continues to be a major barrier for individuals with mental illness<sup>(8)</sup>.

Mental illness not only refers to severe psychotic illness, but also contains more common disorders such as depressive disorders and anxiety disorders etc. Some studies have found attitudes toward mental illness were more stigmatized in less developed Asian and African cultures than in the West<sup>(9)</sup>. Attitudes can be described as accepting, caring, prejudiced, judgmental, and open or closed minded<sup>(10)</sup>.

Persons with mental disorders must not only cope with the psychological, cognitive and biological symptoms of their psychiatric condition but also with many negative consequences that go along with highly prevalent stigma. Examples would be social exclusion, unsatisfactory housing, and restricted opportunities for employment and education, which impair the quality of life<sup>(11)</sup>. Many people hesitate to use mental health services because they do not want to be labeled as a "mental patient" and want to avoid the negative consequences connected with stigma<sup>(12)</sup>. Certainly, negative attitudes toward mental illness appear to worsen the overall quality of life of individuals with mental disorders<sup>(2)</sup>.

Every section of society has its unique way of perceiving mental illness, particularly the young generation and college-going students. Colleges may be the best place to develop a comprehensive mental health programme, because the attitude and values of college-going students tend to influence society the most<sup>(13)</sup>. Thus, understanding the attitudes and beliefs about people with mental illness among undergraduate students is a fundamental step in addressing the negative attitudes so often reported in studies<sup>(14)</sup>.

Information on the prevalence of mental disorders in Kingdom of Saudi Arabia (KSA) is of critical importance. Unfortunately, the only information that exists comes from regional studies or studies of special populations. With regards to the prevalence of mental disorders in the Saudi community overall, no information is available<sup>(15)</sup>. In spite of that, prevalence of mental illness or mental disturbance (MD) among patients visiting primary health care (PHC) in KSA was estimated at 30-40%<sup>(16)</sup>. Although mental health problems are common, the recent study which conducted by Elbur et al.,<sup>(17)</sup> in Taif, KSA reported that stigma and negative beliefs and attitudes about mentally ill persons and mental illness were prevalent among relatives of patients with mental illness. Limited researches are available regarding undergraduate students' attitudes towards mental illness<sup>(18)</sup>. Hence, the current study aimed to assess medical and non-medical female students' attitudes toward mental illness and psychiatric patients in Qassim University, KSA. Because students of non-medical colleges do not receive knowledge about the mental illness through clinical experience or course curriculum, it was hypothesized that a difference would be found between their attitudes and those of medical students. Data generated from this study may be helpful in identifying misperception held by University students and investigate their attitudes toward mental illness.

## 2. Methodology

### 2.1. Study Design and Setting

A descriptive design was used in carrying out this study, which was conducted in female section of Qassim University, KSA.

### 2.2. Participants

A convenient sample of 232 undergraduate female students was participated in the study. The participants represent 10% of all students in the centre of female section in Qassim University, KSA. Participants were recruited from different colleges; 94 students from medical colleges (Nursing, Pharmacy Dentistry, Medicine and Applied Medical Science) and 138 from non-medical college (Business Administration).

### 2.3. Measures

#### 2.3.1. Demographic Questionnaire

Each student was required to fill out a demographic questionnaire, which addressed age (measured in years), college, year of education, area of current residence (urban

vs. rural), parents' level of education (indicated as illiterate, primary school, secondary school, University level, or post university).

#### 2.3.2. The Attitudes Scale for Mental Illness (ASMI)

ASMI is a valid and reliable self-report scale that measures respondents' attitude to mental illness. It was developed by Ng & Chan<sup>(19)</sup> and tested in several studies worldwide<sup>(14, 20, 21; 22)</sup>. ASMI was revised to reflect the socio-cultural aspects of Saudi society. It uses 25 items divided into six broad conceptual sub-scales:

- *Separatism* attitude to discrimination which identified by items, that emphasize the uniqueness of people with mental illness and keeping them away at safe distance.
- *Stereotyping* which includes items that define people with mental illness in a certain behavioral pattern and mental ability.
- *Benevolence* which includes items related to kindness towards people with a mental illness.
- *Pessimistic prediction* which composed of items identified as the view that people with mental illness are unlikely to improve and how society treats them is not optimistic.
- *Stigmatization* which includes that people perceives mental illness as shameful and it should be hidden.
- *Restrictiveness* which composed of items that hold an uncertain view on the rights of people with mental illness<sup>(19)</sup>.
- Respondents are given the choice of 5 Likert scale responses (strongly disagree = 1, disagree = 2, unsure = 3, agree = 4, strongly agree = 5) based on their feelings towards each of the 25 items.

#### 2.3.3. The Beliefs Scale for Mental Illness (BSMI)

BSMI used to assess beliefs about mental illness in Arabic culture consisted of 19 items and classified into 5 subscales. The first subscale was used to measure the nature of mental illness (9 items). The second subscale consisted of 8- items and used to measure causes of mental illness as perceived by the studied sample. The third subscale deals with methods of treatment of mental illness as perceived by the studied sample (2 items). Responses were measured on three points likert scale: 1) Disagree, 2) Agree, and 3) Unsure<sup>(23,24)</sup>.

### 2.4. Ethical Considerations and Procedure

The proposal of this research project was approved from the Research Center Committee (RCC) of the College of Nursing, Qassim University. In addition, permission was obtained from the Director of female section in Qassim University to collect the data. An informed oral consent was obtained from each student to participate after they were informed about the aim of the study and their rights to refuse or withdraw at any time. Total confidentiality of any information was secured. Both the ASMI and BSMI questionnaires were distributed to students separately at various times, in a group setting such as the lecture halls. One author verbally explained how to complete the questionnaires and the willing participants then completed

both questionnaires in about 20 minutes.

### 2.5. Statistical Analysis

The data were analyzed using Statistical Package for Social Sciences (SPSS) version 20; SPSS, Chicago, IL, USA. Descriptive (frequency and percentage) and inferential statistics (chi-square test) were used to interpret the data were used to describe the students' attitude towards mental illness.

For statistical purposes, it was necessary to combine “strongly agree” and “agree” into one category and “disagree” and “strongly disagree” answers into another. The demographic item that consists of categorical data showing differences between each level were presented as a percentage. Statistical significance was assumed at p-value <0.05.

## 3. Results

Table (1). Socio-demographic characteristics of the Participants.

Demographic data	Medical 94 (40.5)N (%)	Non-medical 138(59.5)N (%)	X <sup>2</sup>	p-value
Colleges:				
Business				
Nursing	31 (33)			
Pharmacy	20 (21.3)	138 (100)		
Dentistry	14 (14.9)			
Medicine	10 (10.6)			
Applied Medical S.	19 (20.2)			
Age in years				
18- < 20	12 (12.7)	33 (23.9)		
20- < 22	52 (55.3)	63 (45.6)	12.97	0.77
22- < 24	29 (30.9)	39 (28.3)		
24+	1 (1.1)	3 (2.2)		
Academic year				
1 <sup>st</sup>	40 (42.6)	30 (21.7)		
2 <sup>nd</sup>	27(28.7)	56 (59.6)	11.57	0.009*
3 <sup>rd</sup>	12(12.8)	22(15.9)		
4 <sup>th</sup>	15(16.0)	30 (21.7)		
Residence				
Urban	92 (97.9)	133 (96.4)	0.42	0.51
Rural	2 (2.1)	5 (3.6)		
Fathers' education				
Post University	10 (10.6)	12 (8.7)		
University	20 (21.3)	43 (31.1)		
Secondary	27 (28.7)	35 (25.4)	7.58	0.180
Primary	31 (33)	37 (26.8)		
Illiterate	6 (6.4)	11 (8)		
Mothers' education				
Post University	7 (7.4)	1 (0.7)		
University	16 (17.1)	39 (28.3)		
Secondary	24 (25.5)	17 (12.3)	20.28	0.001
Primary	36 (38.3)	63 (45.6)		
Illiterate	11 (11.7)	18 (13.1)		

Overall 232 female University students were participated in the study, non-medical students comprised 59.5% (n=138) of the study population. Their age ranged from 18 to 25 years and their mean age were (20.8 ± 2.06) and (20.6 ± 1.58) for medical and non-medical students respectively ( $\chi^2=12.97$ ,  $p<0.77$ ). Participants were comprised mostly of first- and second-year students (66%), with a broad range of majors. Approximately 97.9% (n=92) of medical compared with 96.4% (n=133) of non-medical students came from urban areas ( $\chi^2=0.42$ ,  $p< 0.510$ ). About one third of students (39.8% & 31.9%) from non-medical and medical students respectively their fathers had university level of education and more ( $\chi^2=7.58$ ,  $p<0.180$ ). Most of the sociodemographic differences between the two groups; medical and non-medical students were statistically not significant which indicated the homogeneity of the study sample (table 1).

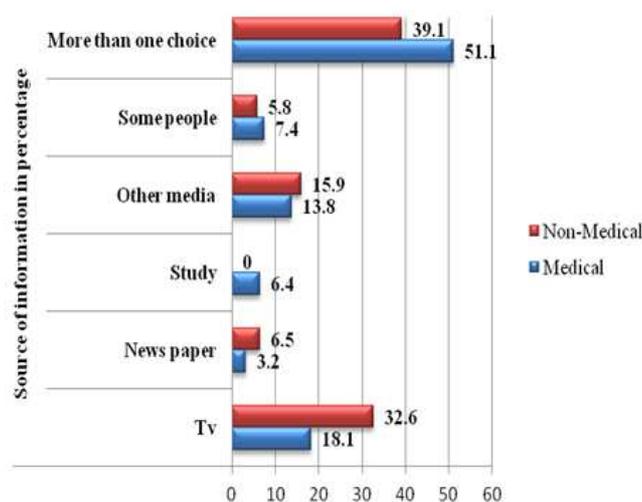


Figure (1). Sources of information related to Mental illness in percentage.

Regarding the source of students' information about mental illness, 35.1% of medical & 55% of non-medical gained their information from different mass media as TV, newspaper and other media. While 51.1% of medical & 39.1% of non-medical gained their information about mental illness through more than one source (Figure 1).

The results of comparative analysis of the responses to the ASMI scale of medical versus non-medical students are listed in Table (2). On the Separatism sub-scale, more medical students (93.6%) than non-medical students (85.5%) disagreed with the statement: 'If a mental health facility is set up in my street or community, I will move out of the community' ( $\chi^2=6.249$ ,  $p<0.044$ ). Medical and non-medical students responded similarly to statements in the Restrictiveness sub-scale. However, 86.2% of medical students compared to 87% of non-medical students agreed that the 'After mentally ill patients are treated and rehabilitated, individuals should make friends of them' ( $\chi^2=2.824$ ,  $p<0.242$ ). Medical and non-medical students nearly had the same response to statement 'Every one faces the possibility of becoming mentally ill' However, 51.1% of medical students compared to 44.9% of non-medical students agreed with it. ( $\chi^2=1.114$ ,  $p<0.573$ ).

On the Stereotyping sub-scale: 50% of medical students compared with 34.8% of non-medical students agreed with the statement, 'It is easy to identify those who have a mental illness' ( $\chi^2=7.280$ ,  $p<0.026$ ). Only 3.2% of medical and 5.8% non-medical disagreed that 'Care and support of family and friends can help rehabilitate patients with mental illness' ( $\chi^2=5.505$ ,  $p<0.852$ ). A significant difference was observed in the reactions of medical and non-medical students to the statement 'Individuals should not laugh at the mentally ill patient even though he/she acts strangely' ( $\chi^2=16.100$ ,  $p<0.001$ ) with more non-medical students (95.7%) agreeing than medical students (85.1%).

Significant differences also were not found in the Pessimistic Prediction sub-scale. A higher percent of non-medical (31.9%) than medical students (25.5%) felt that 'It is difficult for those who have a mental illness to get the same pay for the same job as equal with healthy ones' ( $\chi^2=1.337$ ,  $p<0.513$ ). Regarding the Stigmatization sub-scale: it's a nice respond that more than two thirds of medical (72.3%) and non-medical students (69.6%) were disagree that 'It is shameful to have a mental illness' ( $\chi^2=0.244$ ,  $p<0.885$ ). On the Benevolence sub-scale: more than half of medical (57.4%) and non-medical students (53.6%) also agreed that 'people are prejudiced towards people with mental illness' ( $\chi^2=1.878$ ,  $p<0.391$ ).

Table (3) illustrates overall students' beliefs about mental illness, the majority of students 206 (88.8%) disagreed that "People with mental illness understand nothing at all" and 190 (81.9 %) also disagreed that "There is no difference between people with mental illness and mentally retarded ones". Interestingly, Most of participants (n=211, 90.9%) agreed that "Turning to the Holy Koran helps to cure from mental illnesses", in addition, about 200 (86.2%) disagreed that "Mental illness is a contagious one" and about 199 (85.8%)

agreed that "Mental illness may be caused by crises people face".

## 4. Discussion

Many studies showed that attitudes about mental illness are clearly linked to various demographic variables such as age and education<sup>(26, 27, 28)</sup>. The current study found that there is no correlation between the attitudes of students and demographic variables of age and parent's education. As well there is no statistically significant differences were detected between the medical and non-medical students regarding their age, residence and mother's education which support the homogeneity of the study sample. The present study demonstrated that, more than one third (35.1%) of medical and half of non-medical students (55%) gained their information about mental illness from different sources of mass media as news paper, TV and other media, which is consistent with Abo El-magd & Al Zamil<sup>(2)</sup>, who reported that all forms of media are primary source for the knowledge regarding mental disorders.

Stigma related to mental illness is an international concern and research is needed to understand its basis, mechanisms and consequences in order to formulate means by which stigma and its impact may be ameliorated<sup>(25)</sup>. the current study indicates that undergraduate students in Qassim University generally regardless of the type of college hold positive attitudes towards all aspects of mental illness. This finding is in accordance with Savrun et al.<sup>(27)</sup>, who surveyed seven hundred final-year University students from the Management and Economics Faculty in Istanbul, Turkey. The researchers reported that females had less stigmatizing and positive attitudes toward mentally ill patients and attributed positive view of female university students towards the mentally ill to their comparatively optimistic attitudes about the treatability of mental illnesses.

The objective of the current study was to assess medical and non-medical female students' attitudes toward mental illness and psychiatric patients, in this respect; both groups; medical and non-medical exhibited nearly similar responses to the ASMI scale and differences were not statistically significant. In contrast to these findings, the recent study which conducted by Abo El magd & Al Zamil<sup>(2)</sup>, reported that the medical students had more positive attitude toward mental illness and psychiatric patients than non-medical students. Additionally, Poreddi et al.,<sup>(14)</sup> compared between the attitude of 266 of nursing and business management colleges in India and revealed that nursing students had more positive attitude toward the mental illness. This discrepancy in findings it may be due to higher educational level of parents of non-medical students or as the effect of the educational sessions that provided by the University for all colleges in regular base.

The present study has certain limitations. As the participants were selected through convenience sampling and were females, gender differences could not be examined. The results are therefore not generalisable and are not directly comparable to most other studies. Furthermore, given that

attitudes toward mental illness are culturally and socially sensitive, caution is required when comparing results across different contexts. Despite these limitations, we believe this study contains important findings for researchers as well as

practitioners working in the field of mental health. Further studies should conduct to assess larger samples of Saudi Arabia cultures attitudes toward mental illness.

*Table (2). Participants' Attitude toward Mental illness.*

Statement	Response	Participants		$\chi^2$	p-value
		Medical (n=94) n (%)	Non-Medical (n=94) n (%)		
People with mental illness have unpredictable behavior	Unsure	11(11.7)	30 (21.7)	4.864	0.088
	Disagree	13 (13.8)	23 (16.7)		
	agree	70 (74.5)	85 (61.6)		
If people become mentally ill once, they will easily become ill again	Unsure	18 (19.1)	48 (34.8)	7.309	0.026
	Disagree	31(33.0)	42 (30.4)		
	agree	45 (47.9)	48 (34.8)		
If a mental health facility is set up in my street or community, I will move out of the community	Unsure	1 (1.1)	12 (8.7)	6.249	0.044
	Disagree	88 (93.6)	118 (85.5)		
	agree	5 (5.3)	8 (5.8)		
Even after a person with mental illness is treated, I would still be afraid to be around them	Unsure	10 (10.6)	17 (12.3)	3.606	0.165
	Disagree	69 (73.4)	110 (79.7)		
	agree	15 (16.0)	11(8)		
It is difficult to deal with a patient with mental illness during attack	Unsure	22 (23.4)	49 (35.5)	4.158	0.125
	Disagree	33 (35.1)	37 (26.8)		
	agree	39 (41.5)	52 (37.7)		
It is easy to identify patients with mental illness	Unsure	19 (20.2)	48 (34.8)	7.280	0.026
	Disagree	28 (29.8)	42 (30.4)		
	agree	47 (50.0)	48 (34.8)		
Patients with mental illness have some strange behavior.	Unsure	14 (14.9)	37 (26.8)	6.608	0.37
	Disagree	11(11.7)	22 (15.9)		
	agree	69 (73.4)	79 (57.2)		
Care and support of family and friends can help rehabilitate patients with mental illness	Unsure	17(18.1)	12 (8.7)	5.505	0.85
	Disagree	3(3.2)	8 (5.8)		
	agree	74(78.7)	118 (85.5)		
Corporations and community (including the government) should offer jobs to people with mental illness	Unsure	36(38.3)	41(29.7)	6.321	0.042
	Disagree	25(26.6)	59 (42.8)		
	agree	33(35.1)	38 (27.5)		
A patient after being treated for mental illness can return to his/her former job College	Unsure	27 (28.7)	25 (18.1)	4.371	0.112
	Disagree	8(8.5)	9 (6.5)		
	agree	59(62.8)	104 (75.4)		
After mentally ill patients are treated and rehabilitated, individuals should make friends of them	Unsure	9(9.6)	7 (5.1)	2.824	0.242
	Disagree	4(4.3)	11 (8)		
	agree	81(86.2)	120 (87.0)		
Every one faces the possibility of becoming mentally ill	Unsure	21(22.3)	31(22.5)	1.114	0.573
	Disagree	25(26.6)	45(32.6)		
	agree	48(51.1)	62(44.9)		
Individuals should not laugh at the mentally ill patient even though he/she acts strangely	Unsure	10(10.6)	0 (0)	16.100	0.001*
	Disagree	4(4.3)	6(4.3)		
	agree	80(85.1)	132(95.7)		
Individuals get irritable/upset if they come across with a person with mental illness within the same room	Unsure	19(20.2)	42 (30.4)	3.145	0.208
	Disagree	38(40.4)	46(33.3)		
	agree	37(39.4)	50(36.2)		
I should be careful about what I say or do with a mentally ill	Unsure	8(8.5)	9 (6.5)	3.360	0.186
	Disagree	5 (5.3)	17(12.3)		
	agree	81(86.2)	112(81.2)		
It is difficult for those who have a mental illness to get the same pay for the same job as equal with healthy ones	Unsure	36(38.3)	52(37.7)	1.337	0.513
	Disagree	34(36.1)	42 (30.4)		
	agree	24 (25.5)	44(31.9)		
It is difficult for the mentally ill to return to the community even after being treated	Unsure	16(17.0)	35(25.4)	2.296	0.317
	Disagree	59(62.8)	79(57.2)		
	agree	19(20.2)	24(17.4)		
People are prejudiced towards people with mental illness	Unsure	20 (21.3)	40(29.0)	1.878	0.391
	Disagree	20 (21.3)	24(17.39)		
	agree	54(57.4)	74(53.6)		
A mentally ill cannot enjoy a normal life	Unsure	16(17.0)	41(29.7)	4.998	0.82
	Disagree	44(46.8)	52(37.7)		
	agree	34(36.1)	45(32.6)		

Statement	Response	Participants		X <sup>2</sup>	p-value
		Medical (n=94) n (%)	Non-Medical (n=94) n (%)		
A mentally ill is always upset and irritated	Unsure	14 (14.9)	32(23.2)	3.098	0.212
	Disagree	15 (16.0)	15(10.9)		
	agree	64(68.1)	91(65.9)		
A mentally ill should be punished for his misbehavior	Unsure	10(10.6)	17(12.3)	0.159	0.924
	Disagree	74(78.7)	107(77.5)		
	agree	10(10.6)	14(10.1)		
It is difficult for a mentally ill to dream or plan for his/her future	Unsure	12(12.8)	24(17.4)	1.077	0.584
	Disagree	62(66.0)	89(64.5)		
	agree	20(21.3)	25(18.1)		
It is seldom for people who are successful at work to have a mental illness	Unsure	17(18.1)	29(21.0)	3.590	0.166
	Disagree	59(62.8)	70(50.7)		
	agree	18(19.1)	39(28.3)		
It is shameful to have a mental illness	Unsure	13(13.8)	22 (15.9)	0.244	0.885
	Disagree	68(72.3)	96(69.6)		
	agree	13(13.8)	20(14.5)		
people with mental illness should not disclose their illness to others	Unsure	17(18.1)	23(16.7)	5.134	0.77
	Disagree	54(57.4)	62(44.9)		
	agree	23(24.5)	53(38.4)		

Table (3). Frequency and percentage of University students' responses to beliefs about mental illness (n = 232).

Item	Agree		Unsure		Disagree	
	N	%	N	%	N	%
I believe that						
People with mental illness are the most dangerous individuals in the society	34	14.7	36	15.5	162	69.8
A person with mental illness is like a dead one	18	7.8	22	9.5	192	82.8
Mental illness means failure in life	22	9.5	15	6.5	195	84.1
People with mental illness have something for God.	29	12.5	104	44.8	99	42.7
People with mental illness understand nothing at all.	6	2.6	20	8.6	206	88.8
A person with mental illness is always aggressive.	21	9.1	36	15.5	175	75.4
A person with mental illness hears strange voices.	79	34.1	88	37.9	65	28.0
There is no difference between people with mental illness and mentally retarded ones.	12	5.2	30	12.9	190	81.9
A person with mental illness sees imaginary people and objects.	87	37.5	90	38.8	55	23.7
Mental illness is satanic and due to ghosts.	30	12.9	67	28.9	135	58.2
Mental illness is a contagious one	15	6.5	16	6.9	200	86.2
Weakness in religion and ethics are among causes of the mental illness	143	61.6	35	15.1	54	23.3
Drug addiction is among causes of the mental illness.	175	75.4	32	13.8	25	10.8
Mental illness is hereditary	47	20.3	39	16.8	146	62.9
Mental illness may be caused by physical illnesses.	141	60.8	42	18.1	49	21.1
Mental illness may be caused by crises people face	199	85.8	19	8.2	14	6.0
Dermatological diseases lead to mental illness	69	29.7	59	25.4	104	44.8
Visiting sheikhs (religious leaders) and augurs is a successful way for treatment.	145	62.5	48	20.7	39	16.8
Turning to the Holy Koran helps to cure from mental illnesses.	211	90.9	12	5.2	9	3.9

## Acknowledgements

The authors gratefully acknowledge the financial support of Qassim University. Thanks go as well to all participants from female undergraduate students in Qassim University and the administrative authorities of the participated colleges for their time, enthusiasm and willingness to take part in the study.

## References

- [1] Kobau R & Zack M.M.: Attitudes toward mental illness in adults by mental illness-related factors and chronic disease status: 2007 and 2009 Behavioural Risk Factor Surveillance System. Am J Public Health. 2013 Nov; 103(11):2078-89. doi: 10.2105/AJPH.2013.301321.
- [2] Abo El-magd M H. and Al Zamil L. Medical and Non-Medical Female Students' Attitudes toward Mental Illness and Psychiatric Patients at Umm Al Qura University. Life Science Journal, 2013; 10 (2).
- [3] Alonso J, Buron A., Bruffaerts R., He Y., Posada-Villa J.et al.,: Association of perceived stigma and mood and anxiety disorders: results from the World Mental Health Surveys. Acta Psychiatrica Scandinavica, (2008), 118, 305–314.
- [4] Ogunsemi OO, Odusan O, Olatawura MO: Stigmatising attitude of medical students towards a psychiatry label. Ann Gen Psychiatry 2008, 7-15.
- [5] Sartorius, N., & Schulze, H.: *Reducing the stigma of mental illness: a report from a lobal association*. Cambridge: Cambridge UniversityPress (2005).
- [6] Thornicroft, G., Brohan, E., Rose, D., Sartorius, N., &Leese, M: Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey. The Lancet, 2009, 373, 408-415.

- [7] Lee S., Lee, M.T., Chiu, M.Y., & Kleinman, A: Experience of social stigma by people with schizophrenia in Hong Kong. *British Journal of Psychiatry*. (2005), 186,153-157.
- [8] Ciftci A. Nev Jones and Patrick Corrigan. *Mental Health Stigma in the Muslim Community*. *Journal of Muslim Mental Health*. 2013, 7(1) 17-32.
- [9] Coker EM: Selfhood and social distance: toward a cultural understanding of psychiatric stigma in Egypt. *SocSci Med* 2005, 61(5):920–930.
- [10] Shives LR. *History And Trends in Psychiatric-Mental health nursing*. *Basic Concepts of Psychiatric-Mental Health Nursing*, 7th ed. Lippincott Williams & Wilkins CH.2, 2008, pp. 136.
- [11] Rüsçh N., Angermeyer M.C., & Corrigan, P.W: Mental illness stigma: Concepts, consequences, and initiatives to reduce stigma. *European Psychiatry*. 2005, 20, 529-539.
- [12] Corrigan, P.W., & Rusch, N: *Mental Illness Stereotypes and Clinical Care: Do People Avoid Treatment Because of Stigma? Psychiatric Rehabilitation Skills*. (2002), 3, 312-334.
- [13] Mahto RK, Verma PK, Verma AN, Singh AR, Chaudhury S, Shantna K. Students' perception about mental illness. *Ind Psychiatry J* 2009; 18(2):92-96. [<http://dx.doi.org/10.4103/0972-6748.62267>].
- [14] Poreddi V., Reddy D., Math S. & Thimmaiah R: Attitudes of undergraduates towards mental illness: A comparison between nursing and business management students in India. *South Africa Journal of psychology*. 2013, 19 (3) 66-73.
- [15] Koenig H., Al Zaben F, Mohammad Gamal Sehlo M., Khalifa D, Al Ahwal M., Qureshi N., Al-Habeeb A: *Mental Health Care in Saudi Arabia: Past, Present and Future*. *Open Journal of Psychiatry*, 2014, 4, 113-130.
- [16] Al-Faris E, Al-Subaie A, Khoja T, Al-Ansary L, Abdul-Raheem F, Al-Hamdan N, et al. Training primary health care physicians in Saudi Arabia to recognize psychiatric illness. *Acta Psychiatr Scand* 1997; 96: 439-444.
- [17] Elbur AI, Albarraq A A., Yousif MA., Abdallah MA. & Aldeeb ID. Relatives' perception on mental illnesses, services and treatment, Taif, Saudi Arabia. *World journal of pharmacy and pharmaceutical sciences*. 2014, 3(2), 969-980.
- [18] Poreddi V, Thimmaiah R, Pashupu DR, Ramachandra, Badamath S. Undergraduate nursing students' attitudes towards mental illness: Implications for specific academic education. *Indian J Psychol Med* 2014; 36:368-72.
- [19] Ng P. and Chan, K. (2000): Sex Differences in opinion towards mental illness secondary school students in Hong Kong. *International Journal of Social Psychiatry*; 46 (2): 79. Available at: <http://www.iusb.edu/~journal/static/volumes/2002/hahn/hahn.html> Accessed on 12-3-2013.
- [20] Pelzang R.: Attitude of Nurses towards Mental Illness in Bhutan, *Journal of Bhutan Studies*, 2010, 22, pp.60-76.
- [21] Menon P. & Abhilasha R.: Awareness of and attitude towards mental illness among college students. *International Journal of Current Research*. (2012), 4, (9) pp.222-224.
- [22] Salve H., Goswami K., Sagar R., Nongkynrih B., and Sreenivas V: Perception and Attitude towards Mental Illness in an Urban community in South Delhi- A community Based Study. *Indian J Psychol Med*. 2013, Apr-Jun; 35(2): 154-158. Doi:10.4103/0253-7176.116244.
- [23] Hirai M, Clum GA. Development, reliability, and validity of the beliefs toward mental illness scale. *J Psychopathol Behav Assess*. 2000; 22:221–36.
- [24] Yadav T, Arya K, Kataria D., & Balhara YP. Impact of psychiatric education and training on attitude of medical students towards mentally ill: A comparative analysis. *Ind Psychiatry J*. 2012 Jan-Jun; 21(1): 22–31. doi: 10.4103/0972-6748.110944.
- [25] Ku TK. Culture and stigma towards mental illness: A comparison of general and psychiatric nurses of Chinese and Anglo-Australian backgrounds. Master's thesis. Melbourne: University of Melbourne, 2007.
- [26] Furnham, A. and L. Wong A. cross-cultural comparison of british and chinese beliefs about the causes, behaviour manifestations and treatment of schizophrenia. *Psychiatry Research*, 2007, 151: 123-138
- [27] Savrun, B. M., Arıkan, K., Uysal, O., Cetin, G., Poyraz, B. C., & Bayar, M. R. Gender effects on attitudes towards the mentally ill: a survey of Turkish University students. *Israel Journal of Psychiatry related Science*, 2007, 44 (1): 57-61.
- [28] Sun B., Fan N., Nie S. Minglin Zhang M., Huang X., He H. and Rosenheck RA. Attitudes towards people with mental illness among psychiatrists, psychiatric nurses, involved family members and the general population in a large city in Guangzhou, China. *International Journal of Mental Health Systems*. 2014, 8:26.