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Beliefs of Nursing Students about Mental Illnesses and Social Distance: The Effects of Theoretical and Practical Psychiatric Nursing Education

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ABSTRACT

Objective: The aim was to evaluate the effects of psychiatric nursing education on beliefs about mental illness and social distance.

Method: The present study was conducted with first year students (N=149) who had received no education about psychiatry nursing and fourth year students (N=53) who had received theoretical and practical psychiatric nursing education supported by films. This was a cross-sectional study, conducted in the spring semester of the 2014-2015 academic year with students studying in the nursing department of a university. The questionnaire used in the present study consisted of socio-demographic information questions and questions on factors thought to affect beliefs about mental illnesses and social distance. In addition, the Turkish adaptation of the Beliefs Towards Mental Illness Scale and the Social Distance Scale were used. The educated group had received 112 hours of practical education and 56 hours of theoretical education over a period of 14 weeks.

Results: This education was found to have made a significant difference in changing the beliefs of nursing students about individuals experiencing mental health problems in a positive way.

Conclusion: It was concluded that in order to change the perceptions of students, it would be appropriate for mental health and psychiatric nursing education to be integrated into lessons, beginning in the first year. In addition, it would be useful to conduct cohort type studies to support these findings.

Key words: mental illnesses, social distance, nursing education, beliefs, attitudes

ÖZ

Hemşirelik Öğrencilerinin Ruhsal Hastalıklar ve Sosyal Mesafeye İlişkin İnançları: Teorik ve Uygulamalı Psikiyatri Hemşireliği Eğitiminin Etkileri

Amaç: Psikiyatri hemşireliği eğitiminin ruhsal hastalıklar ve sosyal mesafeye ilişkin inançlar üzerine etkisini incelemektir.

Yöntem: Bu çalışma psikiyatri hemşireliği eğitimi almamış birinci sınıf öğrencileri ile (N=149) ve teorik ve uygulamalı psikiyatri hemşireliği eğitimi almış ve bu eğitimin bazı filmler ile de desteklendiği dördüncü sınıf öğrencileri ile yürütülmüştür (N=53). Bu çalışma kesitsel bir çalışmadır vebir üniversitenin hemşirelik bölümünde 2014-2015 akademik yılı bahar yarıyılında yürütülmüştür. Çalışmada kullanılan anket sosyodemografik bilgilere ilişkin soruları ve ruhsal hastalıklar ve sosyal mesafeye etki ettiği düşünülen faktörlere ilişkin soruları içermektedir. Ayrıca, Ruhsal Hastalığa Yönelik İnançlar Ölçeğinin Türkçe uyarlaması ve Sosyal Mesafe Ölçeği kullanılmıştır. Eğitim alan grup 112 saatlik uygulama eğitimi ve 14 hafta süren 56 saatlik teorik eğitim almıştır.

Bulgular: Bu eğitimin; hemşirelik öğrencilerinin ruh sağlığı sorunu deneyimleyen bireylere yönelik inançlarını olumlu yönde değiştirmelerinde anlamlı bir farklılık yarattığı görülmüştür.

Sonuç: Öğrencilerin algılarını değiştirebilmek için, ruh sağlığı ve psikiyatri hemşireliği eğitiminin derslere ilk yıldan itibaren entegre edilmesi uygun olacaktır. Ayrıca, bu bulguları desteklemek için kohort tipi çalışmaların yürütülmesi faydalı olacaktır.

Anahtar sözcükler: ruhsal hastalık, sosyal mesafe, hemşirelik eğitimi, inançlar, tutumlar

INTRODUCTION

The negative attitudes of society and health workers towards people with mental illness and psychiatric therapy have a direct effect on the care seeking behaviour of patients and their compliance with treatment, preventing patients from seeking therapy and continuing with their therapy.[1]

Mental, behavioural or psychosocial problems constitute 14% of the global disease burden and affect approximately 450 million people[2,3] it has been reported that in addition to struggling to obtain treatment from limited facilities, these people also have to try to cope with the negative attitudes of society towards them. Furthermore, negative attitudes may create unwillingness in society to find resources to treat mental problems and reduce the chances of those in need of therapy and social services accessing these services. Difficulties in accessing the necessary treatment services have devastating effects on the self-respect and self-confidence of individuals with mental problems and increase their isolation and hopelessness.[2]

Humans are not born with certain beliefs and attitudes; these beliefs and attitudes are gained in different ways, such as by observation and cognitive learning, and also shaped by social experience. Health beliefs and attitudes affect individuals during the periods of prevention, treatment and rehabilitation.[4,5] Attitudes, which are formed through emotion, information and experiences throughout life, are generally defined as a tendency to give a positive or negative response towards a certain object or group of objects.[6] Prejudice and stigmatisation are concepts related to beliefs and attitudes. Prejudices are defined as negative views or attitudes towards objects with psychological qualities and they become apparent with social distance from the object of the prejudice. Psychiatric disorders are affected by negative prejudice.[7,8]

Social distance is the degree to which people accept the participation of those with mental illnesses in their social relationships.[9] When the effect of socio-demographic variables on attitudes towards patients and maintaining social distance are examined, although various studies have found different, and sometimes contradictory, results for many different variables (age, sex, education, etc.), the general opinion is that a low socioeconomic level has a negative effect on the acknowledgement of mental diseases, social distance towards patients and tendency to stigmatise.[10] This finding has been replicated consistently in many studies.[11,12] Patients being perceived as aggressive and type of psychopathology also have important effects on social distance.[13,14] Furthermore, the label of "mental illness" has a direct effect on the attitudes of society, regardless of type of psychopathology. This label produces negative and rejecting attitudes.[15-17]

In studies of doctors, nurses or nursing students, it can be seen that in general, the dominant attitudes towards psychiatric patients are negative and rejecting.[18-21] At the same time, there are also studies which report that education plays an important part in students developing positive attitudes.[22-29] The determination of the beliefs of nursing students about mental illness and their social distance is necessary in planning education programmes to improve attitudes. The psychiatric education given to nursing students is in the form of theoretical and practical education. In the theory lessons, information is given and the resulting knowledge and comprehension are abstract. On the other hand, in practical education, students come face to face with patients, follow the course of an illness and form more realistic observations and knowledge about patients and illness. Therefore, it may be assumed that theory and practice have different effects on attitude formation.

It is very important to know the basic beliefs of mental health workers about mental illnesses and their attitudes towards people with these illnesses because the quality of services provided to these patients will be affected. Attitudes of nurses have a direct effect on patients with whom they are in close and long-term contact and may affect the therapeutic environment.

It was thought that the results of the present study would help to ensure a better understanding of mental illnesses, and contribute to the formation of positive attitudes and the reduction of negative prejudices, stigmatisation and discrimination. The beliefs of nurses about patients and illnesses and their social distance affect the prevention, early diagnosis and treatment of mental illnesses, as they do for all health problems. Therefore, it is important to determine the beliefs of nurses about these subjects and their social distance in the period before their graduation. For this reason, the present study was conducted with first year students who had received no education about psychiatry and fourth year students who had received theoretical and practical psychiatric nursing education supported by films; the aim was to evaluate the effects of psychiatric nursing education on beliefs about mental illness and social distance.

MATERIALS AND METHODS

Data collection

The present study was a cross-sectional study conducted in the spring semester of the 2014-2015 academic year in the Nursing Department of Adnan Menderes University Aydın College of Health. It was conducted with first year students who had received no education about psychiatry and fourth year students who had received theoretical and practical psychiatric nursing education supported by films. Prior to the research, permission was obtained from the relevant institution and verbal consent was given by participants. Students who participated in our study volunteered and signed a written consent before the research.

The questionnaire and scales were administered to both groups in the last lesson of the academic year and were completed under observation in the classroom environment; this took 30 minutes. The questionnaire consisted of socio-demographic information questions and questions on factors thought to affect beliefs about mental illnesses and social distance, which were formulated following a review of the relevant literature.[5,22,30,31] In addition, the The Turkish adaptation of the Beliefs Towards Mental Illness Scale[32,33] and the Social Distance Scale [9] were used. The Cronbach's alpha internal consistency coefficients of the scales used in the present study have been found to be 0.84 for the BMIS and 0.93 for the Social Distance Scale. Both scales were considered suitable for use in this study.

Students in the first year of the nursing department do not receive any education about mental illnesses. On the other hand, the fourth year students had received 112 hours of practical education and 56 hours of theoretical education over a period of 14 weeks. All students participated at least 70% of theoretical education and 80% of practical education. Each student undertakes clinical practice in both a care home and a psychiatric inpatient facility during the course of practical education. Each student attended 56 hours applied education in both nursing home and psychiatric inpatient facility. The content of the theoretical and practical education is determined by the Turkish Higher Education Council (Yüksek Öğretim Kurumu), in line with European Union directive 2005/36/EC.[34] In the Mental Health and Psychiatric Nursing (MHPN) theoretical education programme, lessons are given on subjects including the history of psychiatric nursing, philosophy, basic concepts in mental health, ethical and legal subjects, mood, schizophrenia, anxiety disorders, substance use disorders, methods of treatment for illnesses and responsibilities of nurses, old age, adolescence, approaches towards the childhood period, mental health

and specific topics relating to psychiatric nursing. Meanwhile, in the practical education programme, each student takes responsibility for the care of two elderly patients in a care home and gives nursing care to these patients; in addition, each student produces two care plans for patients diagnosed with different major psychiatric disorders in a psychiatric inpatient facility. The graduation criteria for MHPN are that each student must produce three care plans, six communication reports, six observation reports, six interview reports, give education to two patients about medication, give education to the relative of one patient about medication and illness, make a psychological evaluation of two elderly people, and monitor one patient diagnosed with a chronic psychological disorder at home. This clinical practice is supported by undertaking common activities with psychiatric patients, including morning assembly, sport, occupational therapy, games, education about social and current affairs and newspaper and magazine reading time.

During theoretical lessons, in addition to the curriculum, students are shown films on the topic of mental illness. In the 2014-2015 academic year, these films were "Biz, Siz, Onlar" and "A Beautiful Mind". In addition, they were recommended to watch films with connections to psychiatry, such as "One Flew Over the Cuckoo's Nest" and "Mr. Jones", at home. [35] Through a consultation process involving three experts in the field of psychiatric nursing of whom their mean career is 32 years, the family education sessions were decided to cover the following topics:

Biz, Siz, Onlar (We, You, They) Film

The directors of this documentary film are Aylin Eren and Çağdaş Kaya. The film was produced within the framework of the "Her yüzde bir mutluluk" campaign, organised by the Federation of Schizophrenia Associations and Sanovel Pharmaceuticals with the aim of informing society about schizophrenia. The film includes snippets from the lives of eight schizophrenia patients and their struggles with the illness. The aim of the film was to break down prejudices about schizophrenia.

A Beautiful Mind Film

This was a 2001 adaptation of the book with the same name by Universal Studios and Dream Works. The film is informative regarding the illness of schizophrenia, its symptoms and prognosis with treatment; it explains the importance of social support in the treatment of schizophrenia, how patients can return to their previous functionality through psychosocial harmony with the illness and the fact that having a mental illness does not prevent someone from working.

Measures

Beliefs Towards Mental Illness Scale (BMIS) (Turkish version): This scale was developed by Hirai and Clum[32] as the Beliefs Towards Mental Illness Scale (BMIS) and the Turkish adaptation was produced by Bilge and Çam.[33] The BMIS is a 6-point Likert type scale, scored as follows: "completely disagree" = 0, "mostly disagree" = 1, "partly disagree" = 2, "partly agree" = 3, "mostly agree" = 4, "completely agree" = 5. There are three subscales. In the reliability and validity studies by Bilge and Çam[33] Cronbach's alpha coefficients were 0.82 for the total scale, 0.80 for the "Helplessness and Breakdown of Interpersonal Relationships" subscale, 0.71 for the "Dangerousness" subscale and 0.69 for the "Shame" subscale. Possible scores on the total scale range from 0-105. The three subscales of the BMIS are as follows:

Dangerousness Subscale (DS): This includes eight items relating to the dangerousness of mental illnesses and patients; possible scores on this scale range from 0-40 points.

Helplessness and Breakdown of Interpersonal Relationships Subscale (HBIRS): This includes 11 items regarding the effects of mental illness on interpersonal relationships and related states of helplessness. It represents frustration and experiences of helplessness in interpersonal relationships with mentally ill individuals. Possible scores on this subscale range from 0-55 points.

Shame Subscale (SS): This subscale consists of two items expressing the opinion that mental illness is something to be ashamed of; scores on this subscale range from 0-10.

Scores on the total scale and subscales are evaluated, with high scores indicating negative beliefs. The Cronbach's alpha internal consistency coefficient of the BMIS total scale have been found to be 0.84 in the present study.

Social Distance Scale (SDS): The Social Distance Scale was developed by Arkar in 1991[9] and includes two example cases and questions about these cases. Following the descriptions of two cases, which are not given a psychiatric diagnosis, are questions designed to measure the social distance of respondents from individuals with mental illness. There are 14 items, answered on a 7-point Likert type scale as follows: "Would definitely not disturb me" = 1, "Would not disturb me" = 2, "Would not really disturb me" = 3, "Would make no difference" = 4, "Would disturb me a little" = 5, "Would disturb me" = 6, "Would definitely disturb me" = 7. In the study by Arkar, the Cronbach's Alpha reliability coefficient of the scale was found to be 0.88. Total points on the scale are evaluated, with high scores indicating greater social distance. The maximum score on the scale is 98. The Cronbach's alpha internal consistency coefficient of the Social Distance Scale have been found to be 0.93 in the present study.

Statistical analysis

Statistical analysis was performed using the SPSS software, version 19.0. The variables were investigated using visual (histograms, probability plots) and analytical methods (Kolmogorov-Smirnov/Shapiro-Wilk's tests) to determine whether or not they were normally distributed. Descriptive analyses were presented using median (Mdn) and 25^{th}-75^{th} percentile values for non-normally distributed variables and mean±standard deviation for normally distributed variables. Since scores on the Social Distance Scale and Beliefs Towards Mental Illness Scale were not normally distributed, non parametric-tests (the Mann-Whitney U test) were conducted to compare these parameters. Relationships between scales were analysed using Spearman's Correlation Analysis. P values less than 0.05 were accepted as statistically significant.

RESULTS

73.8% (n=149) of participants were first year students, while 26.2% (n=53) were fourth year students. Mean age of students was 20.00±1.86; 19.14±1.18 for first year students and 22.43±1.13 for fourth year students. Apart from "place of residence during education", there were no significant differences between first and fourth year students in terms of other socio-demographic qualities (such as sex, marital status, family type, parental education, income, place of residence, mental illness and treatment situation). While 53.7% of first year students lived at home with their families, this proportion was 13.2% for fourth year students (Table 1).

An examination of the factors which students saw as causes of mental illness revealed that 70.5% of first year students and 94.3% of fourth year students saw mental illnesses as being related to traumatic events. Additionally, 36.2% of first year students and 60.4% of fourth year students stated that genetic predisposition was a cause of mental illness (Table 2).

Both first and fourth year students stated that individuals with mental illness made them feel "fear" (first year: 45.0%, fourth year: 37.7%) and "stress" (first year: 40.9%, fourth year: 54.7%) (Figure 1). 45.6% of first year students and 64.2% of fourth year students stated that they would go to a "psychiatry specialist" if one of their relatives

Table 1. Some Characteristics of the Students According to Year Group

	First Year (N= 149)		Fourth Year (N= 53)		Test	
	n	%*	n	%*	X^2	p
Gender						
Female	116	77.9	37	69.8	1.376	0.241
Male	33	22.1	16	30.2		
Marital status						
Married	147	98.7	50	94.3	3.020	0.114
Widow	2	1.3	3	5.7		
Family type						
Nuclear	116	77.9	44	83.0	0.647	0.723
Extended	25	16.8	7	13.2		
Single parent	8	5.4	2	3.8		
Mother's level of education						
Primary school or lower	93	62.4	40	75.5	2.963	0.085
Higher than primary school	56	37.6	13	24.5		
Father's level of education						
Primary school or lower	67	45.0	25	47.2	0.077	0.782
Higher than primary school	82	55.0	28	52.8		
Income						
Sufficient	30	20.1	10	18.9	0.039	0.843
Insufficient	119	79.9	43	81.1		
Region						
Urban	119	79.9	40	75.5	0.450	0.502
Rural	30	20.1	13	24.5		
Place of residence during education						
At home with family	80	53.7	7	13.2	26.131	**<0.001**
Other (alone, with friends, student halls of residence)	69	46.3	46	86.8		
Relative with mental illness						
No	127	85.2	43	81.1	0.494	0.482
Yes	22	14.8	10	18.9		
Own mental illness						
No	139	93.3	51	96.2	0.604	0.736
Yes	10	6.7	2	3.8		
Receiving treatment						
No	3	33.3	0	0		
Yes	6	66.7	2	100.0	0.917	1.000

*Column percentage

showed signs of mental illness, while 12 students (6.7% of first years and 3.8% of fourth years) stated that they would go to a religious teacher. The first institution they would approach in this situation would be a "psychiatric hospital" (49.7% of first year and 56.6% of fourth year students).

Apart from the Shame Subscale of the BMIS, mean scores of first year students were found to be significantly higher than those of fourth year students on all measures - the Helplessness and Breakdown of Interpersonal Relationships and Dangerousness Subscales of the BMIS, total BMIS and total Social Distance Scale scores ($p<0.05$) (Table 3).

It was found that scores on the Social Distance and BMIS scales were correlated. There were statistically significant positive correlations between Social Distance Scale scores and scores on all sub-scales of the BMIS ($p<0.05$), except for the Shame subscale (Table 4).

DISCUSSION

In the present study, the top two factors named as causes of mental illness by students were traumatic events and genetic predisposition.

A study of adults in the USA by Link et al.[36] found that stressful living conditions were listed as a cause of mental illness by 91% of respondents, chemical imbalances in the brain by 85%, genetic factors by 67%, mistakes in parenting by 45%, and personality disorders by 33%. 17% thought that mental illnesses were God's will.

In a study of patients attending a psychiatry clinic for the first time by Arslantaş et al.[37] it was found that the most common reasons given for mental illnesses were stress (81.1%), extreme sadness (68.3%) and family problems (66.7%).

A study aiming to examine the knowledge and attitudes towards schizophrenia of medical faculty students by Yanık et al.[38] found that students often thought that schizophrenia was caused by social problems, included extreme sadness and psychological weakness and was inborn.

Generally, the top two causes of mental illness given by participants in various studies on different groups are stressful events and genetic predisposition. If traumatic events are considered to be factors which cause stress, the findings of the present study are in accordance with the literature.[39-41]

Both first and fourth year students stated that individuals with mental illness made them feel "fear" and "stress." "Fear" was the dominant emotion among first year students, while "stress" was felt more by fourth year students. The common feeling of "fear" among first year students may be connected to their perceptions of individuals with mental health problems as "dangerous" and unpredictable people, as they are perceived by society in general. The dominant emotion of "stress" felt by fourth year students may be explained by prejudices developing in the students regarding the treatability of mental health problems and the positions in society of those with these problems. In a similar way, a study by Erbaylar and Çilingiroğlu[8] which aimed to research whether or not medical education influenced the attitudes of doctors towards individuals with psychological problems, found that when first year medical students encountered people with psychological problems, they mostly felt "uneasiness" whereas sixth year medical students felt "pity".

In the present study, while approximately half of students stated that the first expert they would approach if one of their relatives showed signs of mental illness would be a "psychiatry specialist", 12 students stated that they would go to a religious teacher. The first institution they would approach in this situation would be a "psychiatric hospital."

The Turkish Mental Health Profile study by Kılıç[42] found that 39% of patients first approached a psychiatry specialist, 33% approached different specialists and 21% approached their general practitioner. It is noteworthy that this percentage has increased in more recent studies. As a matter of fact, a study of theology faculty students by Güngörmüş et al.[41] found 83.2% would first approach a psychiatry specialist, while Çıtak et al.[43] found this percentage to be 85.1% among nursing students.

Table 2. Factors Seen by Participants As Causes of Mental Illnesses

	First Year		Fourth Year		Test	
	n	%*	n	%*	X^2	p
Traumatic events						
No	44	29.5	3	5.7	12.476	**<0.001**
Yes	105	70.5	50	94.3		
Domestic violence						
No	27	18.1	4	7.5	3.364	0.067
Yes	122	8.9	49	92.5		
Infectious diseases						
No	108	72.5	43	81.1	1.549	0.213
Yes	41	27.5	10	18.9		
Religious problems						
No	107	71.8	31	58.5	3.205	0.073
Yes	42	28.2	22	41.5		
Supernatural powers such as magic						
No	108	72.5	41	77.4	0.480	0.488
Yes	41	27.5	12	22.6		
Hereditary factors (genetic predisposition)						
No	95	63.8	21	39.6	9.315	**0.002**
Yes	34	36.2	32	60.4		

*Column percentage

Caldwell and Jorm[44] found that nurses believed that depression and schizophrenia needed to be treated by a psychiatrist. In Muslim societies, it may sometimes be believed that religious beliefs have an effect on illness. Accordingly, Al-Krenawi[31] reported that Arab Muslims saw mental illnesses as God's will, that they used traditional approaches in the treatment phase and that health workers experienced a culture gap regarding this subject. In the present study, despite having received nursing education, 12 students reported that they might approach religious teachers for treatment.

Table 3. Beliefs of First and Fourth Year Nursing Students about Mental Illnesses and Social Distance

	Grade 1		Grade 4			
	Mdn	25^{th}-75^{th} percentiles	Mdn	25^{th}-75^{th} percentiles	U	p
Beliefs Towards Mental Illness Subscales						
Helplessness and Breakdown of Interpersonal Relationships	23.0	19.0-28.0	19.0	15-23.5	2421.0	**<0.001**
Dangerousness	26.0	21.0-32.0	24.0	16.5-28.5	3096.0	**0.020**
Shame	0	0-3.5	1.0	0-2	3929.5	0.956
BMIS Total	51.0	41.0-62.0	44.0	36.0-54.0	2788.5	**0.001**
Social Distance Scale Total	71.0	52.5-83.0	55.0	44.0-71.5	2614.0	**<0.001**

Table 4. Correlations between Scores of Participants on the Social Distance Scale and the Beliefs Towards Mental Illness Scale and Its Subscales

		SDST (1)	BMIST (2)	HBIRS (3)	DS (4)	SS (5)
Social Distance Scale Total (SDST)	**(1)**	-				
Beliefs Towards Mental Illness Scale Total (BMIST)	**(2)**	.37*	-			
Helplessness and Breakdown of Interpersonal Relationships Subscale (HBIRS)	**(3)**	.43*	.83*	-		
Dangerousness Subscale (DS)	**(4)**	.30*	.92*	.61*	-	
Shame Subscale (SS)	**(5)**	.08	.74*	.27*	.34*	

*p<0.001

The results of the present study revealed that attitude is related to social distance, and showed a positive change in attitudes and social distance in the group who had received education. Likewise, there were positive changes in the educated group regarding beliefs and thoughts that mental illness caused helplessness in individuals and breakdown in interpersonal relationships, and that these patients were dangerous individuals from whom social distance should be maintained.

There have been different findings in the literature regarding the effects of psychiatric education on attitudes. Although there are some studies which have reported no change in attitudes towards patients with schizophrenia and other psychiatric problems following psychiatric education,[18-21,38,45,46] other studies have shown that there is a change.[24-29, 47,48] Differences in the content of the education and the study populations may have an effect on this. However, giving the right information to either society or health workers is seen as the most effective method of reducing the stigmatisation of patients and the discrimination which results from this.[49]

In a study designed to determine the attitudes of health institute students towards schizophrenia, Taşkın et al.[12] found that psychiatric internship did not ensure positive attitudes towards schizophrenia. This may be closely related to type of psychopathology. Attitudes towards psychiatric disorders apart from schizophrenia may be different. Birdoğan and Berksun[26] found that sixth year medical faculty students had more positive attitudes towards psychiatric patients than first year students; first year students also perceived psychiatric patients as being more dangerous for society than sixth year students and considered them inferior to "normal" people. A similar study was carried out by Kayahan[21] with second, third and fourth year nursing students. The results of this study are also similar to the results found for medical faculty students. While no difference was found between groups of nursing students in terms of comprehension of an example case of schizophrenia, it was reported that those who had received psychiatric education had more negative attitudes on some items. Improvements in attitudes among those who had received psychiatric education were only reported with regards to treatment of schizophrenia and care seeking behaviour. Similar findings were reported by Akdede et al.[20] in a study of 159 first and second year medical faculty students and 65 university preparatory class students. After a diagnosis of schizophrenia had been given, there was a distinct reduction in positive thoughts and attitudes towards the case among

students participating in the study; no significant difference was found between medical faculty students and preparatory class students in terms of approach to psychiatric patients. 63% of medical faculty students and 38% of preparatory class students stated that if the patient was a member of their family, they might change their attitudes.

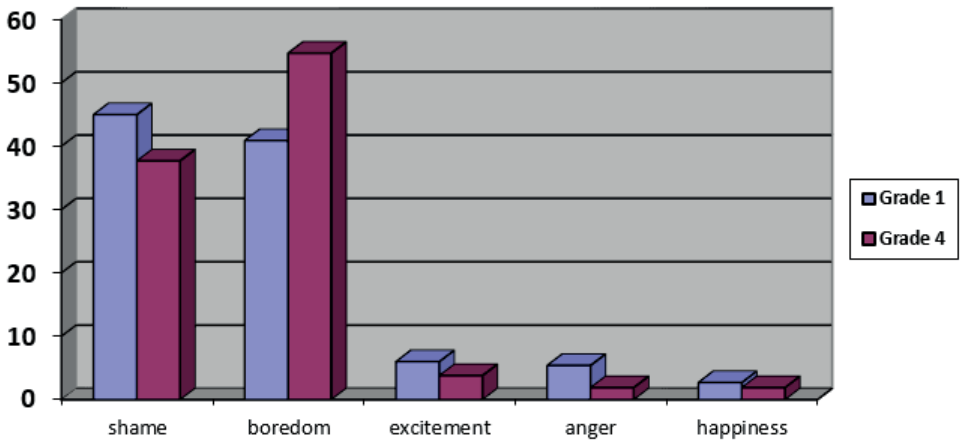
İkışık[50] conducted a study with 62 first and sixth year medical faculty students in which stigmatisation was evaluated qualitatively, and reported that mental illness was a stigmatising definition in both year groups. In addition, lack of knowledge about the etiology, treatment and prognosis of schizophrenia was found at different levels in both year groups, and it was reported that stigmatisation of schizophrenia was mainly expressed in social distance from the patient. It was established that beliefs and prejudices caused patients to be perceived as dangerous and aggressive; personal experience, hearsay, experience during psychiatry internship and the visual and written media were found to have an effect on the formation of these perceptions. In two separate studies conducted in the same year, Taşkın et al.[12] examined the attitudes towards both schizophrenia and depression of 123 nursing, 113 midwifery and 86 medical assistant students. Attitudes towards schizophrenia and depression were found to be different from each other. It was found that students were reluctant to establish personal rapport with schizophrenic patients, that they had a more rejecting and exclusionist attitude towards them than the general public and that psychiatric internship during education did not change the attitudes of students towards schizophrenia in a positive way. Ergün[28] conducted a study with 185 nurses working in training and research hospital psychiatry departments and 358 nurses working in psychiatric hospitals, with the aim of evaluating the views of nurses working in psychiatric departments of individuals diagnosed with schizophrenia. The results were similar to those of studies conducted with doctors. All nurses stated that they would not marry an individual who had been diagnosed with schizophrenia, that they would not be bothered by having a schizophrenic neighbour, that schizophrenia could never be cured completely and that the medication used in the treatment of schizophrenia was addictive and had severe side effects. Jorm et al.[51] found that the attitudes of medical professionals towards schizophrenia were worse than those of society in general. Becaues of this, professionals working in the area of health have been chosen as one of the targets of attitude change programmes.[52]

Çam et al.[49] found that after a training intervention given to midwives and nurses, total average scores of midwives and nurses on identification of mental illnesses, communication skills and job satisfaction were higher than before the training intervention; there were increases in average knowledge scores and positive approaches towards mental illness.

Holmes et al.[53] identified changes in some attitudes of college students at the end of a course designed to reduce stigmatisation. Keane[54] found improvements in the attitudes of medicine students towards schizophrenic patients being able to live independently at the end of an eight-week education programme they organised. The common theme of these studies is that attitudes do not change completely; while some attitudes change, others do not. In a study of nursing students, Çıtak et al.[43] concluded that the beliefs of students about individuals with mental illnesses were positive. In a study aiming to evaluate the attitudes and behaviours of nurses towards individuals with mental health disorders, Bostancı and Aştı[30] found that nurses working in psychiatry departments tended to have more positive views, behaviours and attitudes towards mental patients or mental illnesses than nurses working in other departments. In a study designed to research the attitudes of nursing students towards schizophrenia and the effect of psychiatric education, no difference was found between groups in terms of comprehension of an example case of schizophrenia, but an improvement in attitudes towards treatment of schizophrenia and care seeking behaviour was identified in those who had received psychiatric education.[21] While no difference was found between groups on items relating to schizophrenics living in society, it was determined that those who had received psychiatric education had more negative attitudes on some items. It was stated that psychiatric education did not produce positive attitude change, apart from attitudes towards treatment and care seeking behaviour. In the majority of attitude studies in the literature, education programmes designed to change attitudes and varying in length from a few hours to eight weeks have been implemented. The majority of these education programmes have been structured. For example, the programme implemented by Holmes et al.[53] included a review of the literature regarding the dangerousness of schizophrenics, and 60 minute presentations by a person with schizophrenia and his family. In the present study, no special attitude change programme was implemented; routine psychiatric nursing education and internships were completed. Some studies have found that routine psychiatric education does not cause positive attitude change, apart from attitudes towards treatment and care seeking behaviour.[18-21,38] In the present study, however, education was found to have an effect on both total BMIS scores and scores on its subscales, apart from the Shame subscale, and also on Social Distance Scale scores. The reasons for this may be that in addition to case presentations, the theoretical education was supported by films and that during clinical practice, students received one-to-one work. This indicates that in order to affect attitudes towards mental illness, special education programmes and films relating to psychiatry need to be incorporated into psychiatric nursing education programmes. In general, attitude change depends on the educational methods used in medical faculties in the areas of mental health and mental health problems and the ways in which students encounter patients.[55]

In the present study, it was found that scores on the Social Distance and BMIS scales were correlated. There were statistically significant positive correlations between Social Distance Scale scores and

Figure 1. Emotions Felt by Participants on Encountering Mentally Ill Individuals



scores on all sub-scales of the BMIS, except for Shame. There are no cut-off points for the scales used to evaluate negative beliefs about mental illness and social distance used in the present study. Therefore, when compared with maximum possible scores on the scales, it may be said that beliefs that individuals with mental illness are dangerous and that relationships with them are difficult are dominant among first year students, and that they think it is necessary to maintain social distance from them. Research has shown that there is a strong relationship between the belief that people with mental illness are dangerous and the wish to keep away from them.[56-58]

It was concluded that in order to change the perceptions of students, it would be appropriate for mental health and psychiatric nursing education to be integrated into lessons, beginning in the first year. In addition, it would be useful to conduct cohort type studies to support these findings.

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