



Knowledge, Attitude and Perception towards Mental Illness and Psychiatry as A Branch Among Nursing Students – An Analytical Cross Sectional Study

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Abstract

Introduction: Nursing fraternity plays a pivotal role in combating stigma around mental illness in the community by creating awareness regarding mental illness and mental health.

Objectives: This study aims to assess the knowledge, attitude and perception towards mental illness, Psychiatry as a branch and treatment modalities used in Psychiatry and to compare the same between 1st and 4th year nursing students.

Methods: A cross-sectional study was conducted among 1st and 4th year nursing students. 148 students actively participated. Data collected through self-administered questionnaires.

Results: Out of 148 participants, 1.4 % and 0.7% had history of mental illness in family and close ones respectively. Majority of 4th year students showed significant understanding towards the causes of mental illness than 1st year. Significant negative attitude towards people with mental illness (PWMI) were observed in both groups. The perception towards PWMI were almost same in both groups. Significant positive attitudes found towards Psychiatry as a branch and treatment modalities used in psychiatry.

Conclusion: Despite the knowledge and exposure to the causes of mental illness, negative attitudes were observed among nursing students indicating the persistence of stigma towards mental illness. Thus, highlighting the need for focusing on stigma reduction

programs regarding mental illness to nursing students as part of their curriculum.

Keywords: Nursing students, knowledge, attitude, perception, Psychiatry, mental disorders

Introduction

The World Health Organization (WHO) describes mental health as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work effectively, and contribute to their community, which plays a critical role in individual, community as well as socio-economic development.¹ The Mental Health Care Act, 2017, defines mental illness as a substantial disorder of thinking, mood, perception, orientation, or memory that grossly impairs judgment or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs.²

Worldwide, approximately 25% of individuals experience at least one mental or behavioral disorder during their lifetime. Persons with mental illness are labelled as 'different' and subjected to negative perceptions.³ Literature shows that there is increase in the incidence of anxiety and depression by 26% and 28% respectively following COVID-19 pandemic.⁴ Underreporting of mental disorders is largely attributed to the public stigma which also impacts their help seeking behavior.⁵

Mental disorders are broadly classified into common mental disorders which includes depression, anxiety, obsessive compulsive disorder, etc.; substance use disorders and severe mental disorders which comprises of schizophrenia, bipolar disorder.⁶

Globally, Public stigma surrounding mental health issues causes harm to those affected and places a significant burden on society.⁷ Even medical professionals hold

negative attitudes towards Psychiatry and Psychiatrists hindering the quality of mental health care provided.⁸

Nurses play a vital role in mental health care and in rehabilitating the mentally ill persons. To do this effectively, they require targeted training to develop positive attitude towards the persons with mental illness.⁹ They have a profound influence on educating and shaping public attitudes.¹⁰

Need For the Study

As the public stigma towards mental illness and Psychiatry is still persisting and nursing students are nearer to the public than any other healthcare professionals, it is necessary for them to reduce the stigma and create awareness among general public regarding mental illness and mental health.

By assessing knowledge, attitude and perception (KAP) towards mental illness and Psychiatry in nursing students, we can reinforce awareness regarding the same.

Aims and Objectives

1. To assess the Knowledge, Attitude and Perception towards mental illness among nursing students.
2. To assess the Knowledge, Attitude and Perception of Psychiatry as a branch among nursing students.
3. To assess the Knowledge, Attitude and Perception pertaining to treatment modalities in Psychiatry.
4. To compare the knowledge, attitude and perception towards mental illness and Psychiatry as a branch between 1st year and 4th year nursing students.

Methodology

This is an analytical cross-sectional study conducted among the 1st and 4th year nursing students of Government nursing college, Hassan. The study was conducted after obtaining approval from Institutional Ethical Committee and permission from the Government Nursing College, Hassan. Students of 1st and 4th year

were briefed about the study and digital consent was obtained from every individual. The students were given the questionnaires through google form link and answering through discussion was discouraged. The google form comprised of seven sections in total, in the following order: digital consent, sociodemographic details, knowledge regarding causes of mental illness, attitude towards people with mental illness, perception towards people with mental illness, KAP towards Psychiatry as a branch, KAP pertaining to treatment modalities used in Psychiatry. The process took around 10-15 minutes to fill out the forms.

Tools Used

- Socio-demographic details were collected using a semi-structured proforma.
- The knowledge, attitude and perception (KAP) towards mental illness, treatment modalities used in Psychiatry and Psychiatry as a branch were assessed using a predesigned and pretested self-administered questionnaire. ^{11,12,13} The questionnaire was revised based on the social and cultural background of the study population.

Inclusion Criteria

- 1st year and 4th year nursing students of Government Nursing College, Hassan who are willing to participate in the study

Results

Table 1: Sociodemographic Details

Variables		Frequency (n)	Percentage (%)
Age (years)	18 – 20	90	60.6
	21 – 23	58	39.4
Gender	Male	48	32
	Female	100	68
Year of course	1 st year	78	53.1
	4 th year	70	46.9

Exclusion Criteria

- 2nd and 3rd year nursing students of Government Nursing College, Hassan
- Participants who do not consent for the study

Sample Size Calculation

Sampling technique: Non-Probability convenience sampling technique

Estimation of sample size:

By Using Yamene’s formula, $n = \frac{N}{1 + N (e)^2}$

N – Total population (191 = 99 (1st year) + 92 (4th year))

e – Margin of error (0.05)

On applying on above formula, the sample size is 129

Considering 10% non-response rate, the expected minimum sample size is **148**

Statistical Analysis

- Data was recorded using Microsoft excel and SPSS (Statistical Package for Social Sciences) software version 21 was used for statistical analysis.
- Descriptive statistics was presented in frequency, percentage, tabular forms.
- Chi-square test was performed to find the significance between two groups.
- P-value <0.05 was taken as significant.

Current history of mental illness in participant	Yes	4	2
	No	144	98
Past history of mental illness in participant	Yes	2	0.7
	No	146	99.3
Family history of mental illness	Yes	4	2
	No	144	98
History of mental illness in close ones	Yes	3	1.4
	No	145	98.6

Graph 1:



The graph shows the gender distribution of among 1st and 4th year students.

Table 2: Knowledge about Causes of Mental Illness

Knowledge About Causes Of Mental Illness	Response	1 st year n (%)	4 th year n (%)	Total n (%)	P-value
Mental illness is caused by genetic inheritance	Yes	23 (15.6)	36 (23.8)	59 (39.5)	0.017*
	No	50 (34.0)	33 (22.4)	83 (56.5)	
	Not sure	5 (3.4)	<5	6 (4.1)	
Mental illness is caused by substance abuse	Yes	33 (22.4)	49 (32.7)	82 (55.1)	0.004*
	No	38 (25.9)	18 (12.2)	56 (38.1)	
	Not sure	7 (4.8)	<5	10 (6.8)	
Mental illness is caused by bad things happening to you	Yes	48 (32.7)	52 (34.7)	100 (67.3)	0.244
	No	28 (19)	16 (10.9)	44 (29.9)	
	Not sure	<5	<5	4	

Mental illness is God's punishment	Yes	5 (3.4)	<5	8 (4.8)	0.262
	No	64 (43.5)	63 (42.9)	127(86.4)	
	Not sure	9 (6.1)	<5	13 (8.8)	
Mental illness is brain disease	Yes	41 (27.9)	57 (38.1)	98 (66)	0.001*
	No	29 (19.7)	12 (8.2)	41 (27.9)	
	Not sure	8 (5.4)	<5	9 (6.1)	
Mental illness is caused by personal weakness	Yes	44 (29.9)	44 (29.3)	88 (59.2)	0.021*
	No	30 (20.4)	15 (10.2)	45 (30.6)	
	Not sure	<5	11 (7.5)	15 (10.2)	
Mental illness is caused by witchcraft	Yes	12 (8.2)	9 (5.4)	21 (13.6)	0.793
	No	44 (29.9)	40 (27.2)	84 (57.1)	
	Not sure	22 (15.0)	21 (14.3)	43 (29.3)	
Had recent advances in technology and social media increased the occurrence of mental illness	Yes	52 (35.4)	45 (29.9)	97 (65.3)	0.579
	No	8 (5.4)	11 (7.5)	19 (12.9)	
	Not sure	18 (12.2)	14 (9.5)	32 (21.8)	

n- frequency; %-percentage; *P-value <0.05 is significant

Table 2 provides an overview of the responses from participants regarding their understanding of the causes of medical mental illness. 4th year nursing students have significantly better knowledge and understanding about the causes of mental illness compared to 1st year students.

Table 3: Attitude towards People with Mental Illness

Attitude Towards People With Mental Illness	Response	1 st year n (%)	4 th year n (%)	Total n (%)	P-value
I could maintain a friendship with someone with mental illness	Agree	32 (21.8)	37 (24.5)	69 (46.3)	0.397
	Neutral	23 (15.6)	16 (10.9)	39 (26.5)	
	Disagree	23 (15.6)	17 (11.6)	40 (27.2)	
People with mental illness should have the same rights as anyone else	Agree	48 (32.7)	38 (25.2)	85 (57.8)	0.464
	Neutral	13 (6.8)	17 (11.6)	30 (20.4)	
	Disagree	17 (11.6)	15 (10.2)	32 (21.8)	
People are generally caring and sympathetic towards people with mental illness	Agree	45 (30.6)	38 (25.2)	83 (55.8)	0.333
	Neutral	16 (10.9)	21 (14.3)	37 (25.2)	
	Disagree	17 (11.6)	11 (7.5)	28 (19.0)	
The mentally ill should not be allowed to make decisions, even those concerning routine events	Agree	29 (19.7)	25 (16.3)	54 (36.1)	0.212
	Neutral	25 (17.0)	15 (10.2)	40 (27.2)	
	Disagree	24 (16.3)	30 (20.4)	54 (36.7)	

If I was suffering from a mental illness, I wouldn't want people know about it	Agree	29 (19.7)	22 (14.3)	51 (34.0)	0.289
	Neutral	20 (13.6)	26 (17.7)	46 (31.3)	
	Disagree	29 (19.7)	22 (15.0)	51 (34.7)	
The mentally ill should be prevented from having children	Agree	23 (15.6)	18 (11.6)	41 (27.2)	0.638
	Neutral	29 (19.7)	24 (16.3)	53 (36.1)	
	Disagree	26 (17.7)	28 (19.0)	54 (36.7)	
The mentally ill should not get married	Agree	15 (10.2)	20 (12.9)	35 (23.1)	0.487
	Neutral	26 (17.7)	20 (13.6)	46 (31.3)	
	Disagree	37 (25.2)	30 (20.4)	67 (45.6)	
One should avoid all contact with the mentally ill	Agree	10 (6.8)	7 (4.1)	17 (10.9)	0.502
	Neutral	15 (10.2)	18 (12.2)	33 (22.4)	
	Disagree	53 (36.1)	45 (30.6)	98 (66.7)	
I could marry someone with mental illness	Agree	7 (4.8)	<5	12 (7.5)	0.422
	Neutral	15 (10.2)	19 (12.9)	34 (23.1)	
	Disagree	56 (38.1)	46 (31.3)	102 (69.4)	
I will refer someone with mental illness to my relatives for marriage	Agree	<5	6 (3.4)	9 (5.4)	0.346
	Neutral	17 (11.6)	20 (13.6)	37 (25.2)	
	Disagree	58 (39.5)	44 (29.9)	102 (69.4)	
I would be afraid to have a conversation with a mentally ill person	Agree	19 (12.9)	13 (8.8)	33 (21.8)	0.039
	Neutral	31 (21.1)	17 (11.6)	48 (32.7)	
	Disagree	28 (19.0)	39 (26.5)	67 (45.6)	
I would be upset or disturbed about working on the same job as a mentally ill person	Agree	14 (9.5)	23 (15.0)	37 (24.5)	0.024
	Neutral	25 (17.0)	27 (18.4)	52 (35.4)	
	Disagree	39 (26.5)	20 (13.6)	59 (40.1)	
I would be ashamed if people knew that someone in my family had been diagnosed with mental illness	Agree	7 (4.8)	13 (8.2)	20 (12.9)	0.277
	Neutral	19 (12.9)	13 (8.8)	32 (21.8)	
	Disagree	52 (35.4)	44 (29.9)	96 (65.3)	

n- frequency; %-percentage; *P-value <0.05 is significant

Table 3 overviews the responses from participants regarding their attitude towards people with mental illness. Overall, there was no significant difference

between 1st year and 4th year in terms of attitudes towards mental illness. Both groups had positive and negative attitudes.

Table 4: Perception towards People with Mental Illness

Perception Towards People With Mental Illness	Response	1 st year n (%)	4 th year n (%)	Total n (%)	P-value
People with mental health problems are largely to blame for their own condition	Agree	33 (22.4)	39 (25.9)	72 (48.3)	0.255
	Neutral	22 (15.0)	13 (8.8)	35 (23.8)	
	Disagree	23 (15.6)	18 (12.2)	41 (27.9)	
Mentally ill persons can work	Agree	31 (21.1)	34 (22.4)	65 (43.5)	0.517
	Neutral	27 (18.4)	23 (15.6)	50 (34.0)	
	Disagree	20 (13.6)	13 (8.8)	33 (22.4)	
Anyone can suffer from a mental illness	Agree	38 (25.9)	46 (30.6)	84 (56.5)	0.125
	Neutral	15 (10.2)	10 (6.8)	25 (17.0)	
	Disagree	25 (17.0)	14 (9.5)	39 (26.5)	
Mentally ill persons are usually dangerous	Agree	21 (14.3)	20 (12.9)	41 (27.2)	0.975
	Neutral	40 (27.2)	36 (24.5)	76 (51.7)	
	Disagree	17 (11.6)	14 (9.5)	31 (21.1)	
Psychiatric patients hardly ever get better	Agree	22 (15.0)	20 (12.9)	42 (27.9)	0.584
	Neutral	28 (19.0)	30 (20.4)	58 (39.5)	
	Disagree	28 (19.0)	20 (13.6)	48 (32.7)	
One can always tell a mentally ill person by his or her physical appearance	Agree	25 (17.0)	18 (11.6)	43 (28.6)	0.208
	Neutral	30 (20.4)	22 (15.0)	52 (35.4)	
	Disagree	23 (15.6)	30 (20.4)	53 (36.1)	
Mentally ill persons are not capable of true friendships	Agree	9 (6.1)	11 (6.8)	20 (12.9)	0.244
	Neutral	21 (14.3)	26 (17.7)	47 (32.0)	
	Disagree	48 (32.7)	33 (22.4)	81 (55.1)	

n- frequency; %-percentage; *P-value <0.05 is significant

Table 4 overviews the responses of the participants regarding their perception towards people with mental illness. To summarize, there was no significant differences in perceptions among 1st year and 4th year students. Both groups had positive and negative perceptions to most of the questions asked. Both groups

of students had negative perceptions to the statements ‘One can always tell a mentally ill person by his or her physical appearance’ and ‘mentally ill persons are usually dangerous’, with 1st years outweighing 4th year students.

Table 5: Knowledge, Attitude and Perception towards Psychiatry As A Branch

Knowledge And Attitude And Perception Towards Psychiatry As A Branch	Response	1 st year n (%)	4 th year n (%)	Total n (%)	P- value
Psychiatry is an important discipline	Yes	63 (42.9)	57 (38.1)	120 (81)	0.036*
	No	7 (4.8)	12 (8.2)	19 (12.9)	
	Not sure	8 (5.4)	<5	9 (6.1)	
Psychiatrists try to treat the whole patient and not just the disease	Yes	64 (43.5)	58 (38.8)	122 (82.3)	0.949
	No	5 (3.4)	5 (3.4)	10 (6.8)	
	Not sure	9 (6.1)	7 (4.8)	16 (10.9)	
Psychiatric skills are essential in general practice	Yes	65 (44.2)	59 (39.2)	124 (83.7)	0.005*
	No	<5	8 (5.4)	9 (6.1)	
	Not sure	12 (8.2)	<5	15 (10.2)	
Too little time is devoted to psychiatry in the medical/nursing school curriculum	Yes	49 (33.3)	49 (32.7)	98 (66.0)	0.023
	No	<5	10 (6.8)	14 (9.5)	
	Not sure	25 (17.0)	11 (7.5)	36 (24.5)	
Psychiatrist tend to be more emotionally unstable than other doctors	Yes	38 (25.9)	25 (16.3)	63 (42.2)	0.216
	No	17 (11.6)	21 (14.3)	38 (25.9)	
	Not sure	23 (15.6)	24 (16.3)	47 (32.0)	

n- frequency; %-percentage; *P-value <0.05 is significant

Table 5 provides an overview of responses regarding knowledge, attitude and perception towards psychiatry as a branch.

Overall, both 1st and 4th year students had better knowledge, positive attitude and perceptions towards Psychiatry as a branch. However, 1st year students outweighing 4th year students significantly with respect to the statements ‘*Psychiatry is an important discipline*’ and ‘*Psychiatric skills are essential in general practice*’

Knowledge, Attitude and Perception Pertaining To Treatment Modalities Used In Psychiatry:

- Majority of the students responded that Psychiatric disorders are improved by change in environment, treatable by Psychiatrist, improved by increasing

awareness towards emotions. Few students responded that they are as well treated by faith healers as psychiatrists.

- 60.5% of the students responded that psychiatric disorders are treatable and they can return to full functioning level. 11.6% responded that Psychiatric disorders are only relieved, not cured using medicines.
- 58.5% responded that ECT is an effective treatment modality in Psychiatry and 16.3% responded ECT should be banned.
- 86.4% responded that consulting a Psychiatrist is useful in treatment of mental illness
- Most of the students responded that Information about mental illness is obtained from curriculum of

the course, other social media, general information and family members suffering from mental illness.

Discussion

Nurses play a key role in mental health services and plays role in bringing awareness to the general population regarding mental health and mental illness. Early identification and referral of the people with mental illness to the Psychiatrists helps with treatment and prognosis which is mostly done by the nurses who are primary health care provider in the community. This process is hindered by the lack of awareness, stigma and negative attitudes towards mental illness among both health care providers and general public. In this study we have studied the knowledge, attitude and perception of mental illness among nursing students who are the core of the future manpower in the community.

In this study, the mean age of the study population was 20.5 years. Most of the participants were female, did not have family and personal history of mental illness which is consistent with a study done by Gurung et al.¹⁴ With respect to knowledge about causes of mental illness, 4th year students have significant understanding towards the causes of the mental illness than 1st year students. Most of the participants responded that mental illness is caused by genetic inheritance, substance abuse, not by witchcraft or divine punishment which is consistent with findings of Gurung et al.¹⁴ In this study, most of the students responded that mental illness is caused by personal weakness which is in contrast to the study findings of Vijayalakshmi P et al.¹⁶

Moving forward with attitudes towards people with mental illness, positive attitudes were observed in 1st year students than 4th year students. This is similar to the findings of Mutalik NR et al where the nursing students had positive attitudes before clinical exposure and a

negative shift was observed following clinical exposure.¹⁷ However, 1st year students also held negative attitudes on marrying or referring someone with mental illness to relatives in our study. A study done by Sreeraj VS et al and Gurung et al revealed that students had negative attitudes towards people with mental illness.^{10,14} However, there was no significant difference between both groups found in our study.

Both 1st year and 4th year students' responses were similar for the perception of person with mental illness with both groups having both positive and negative perceptions and no significant differences were found between the two groups. This is consistent with the findings of Vijayalakshmi P et al.¹⁶

The negative attitudes and perceptions observed in our study may be due to the limitation of the questionnaire where mental illness which is a broad category is mentioned in the questions. When mental illness is mentioned, people often consider severe mental disorder as mental illness, but it also includes common mental disorder and substance use disorder as we discussed earlier. This is could be one of the factors for the negative attitude and perception among students in our study.

This study also showed that the students had significant positive attitudes towards Psychiatry as a branch which is consistent with Mutalik NR et al where the students had positive perception towards Psychiatrists and Psychiatry as a career choice.¹⁷ With clinical exposure to the Psychiatry during their course, students had less favorable opinion towards Psychiatry as a branch in our study.

With respect to the treatment modalities used in Psychiatry, the majority of the students expressed

positive attitude and perception and better understanding which is consistent with Gurung et al.¹⁴

In our study, the source of information on mental illness is through curriculum of the course and social media which is similar to the study conducted by Gandhi S et al.¹⁵

Conclusion

This study shows that despite the knowledge and exposure to the causes of mental illness, the negative attitudes were observed indicating the persistence of stigma towards mental illness. Despite the knowledge and understanding of the causes of mental illness, it did not influence the attitude and perception towards mental illness. Thus, the curriculum of Psychiatry as a branch requires reorganization to emphasize a comprehensive understanding of diverse mental disorders, stigma reduction strategies and practice skills for managing patient with mental illness, beyond traditional knowledge-based teaching.

Limitations

The current study is cross-sectional and the same students had not been followed up, hence the change in knowledge, attitude and perception cannot be considered as the influence of learning Psychiatry in curriculum. If the same has been conducted as cohort study, it could have been effective in assessing the student's knowledge, attitude and perception and also the curriculum.

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References

1. World Health Organization. Promoting mental health: Concepts, emerging evidence, practice: Summary report. World Health Organization; 2004.
2. Galhotra A, Mishra A. Mental healthcare Act 2017: Need to wait and watch. *Int J Appl Basic Med Res.* 2018;8(2):67.
3. Ganesh K. Knowledge and attitude of mental illness among general public of southern India. *Natl J Community Med.* 2011;2(01):175–8.
4. World Health Organization: WHO. Mental disorders [Internet]. 2022. Available from: <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>
5. Gaiha SM, Taylor Salisbury T, Koschorke M, Raman U, Petticrew M. Stigma associated with mental health problems among young people in India: a systematic review of magnitude, manifestations and recommendations. *BMC Psychiatry.* 2020;20(1):538.
6. Paul J, Govindan R, Manjunatha N, Kumar CN, Math SB. Development and validation of clinical schedule for primary care psychiatric nursing (CSP-N) for primary care nurses. *Indian J Community Med.* 2023;48(3):443–52.
7. Basu R, Sau A, Saha S, Mondal S, Ghoshal PK, Kundu S. A study on knowledge, attitude, and practice regarding mental health illnesses in Amdanga block, West Bengal. *Indian J Public Health.* 2017;61(3):169–73.
8. Kishore J, Gupta A, Jiloha RC, Bantman P. Myths, beliefs and perceptions about mental disorders and health-seeking behavior in Delhi, India. *Indian J Psychiatry.* 2011;53(4):324–9.
9. 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(4):368–72.
10. Sreeraj VS, Parija S, Uvais NA, Mohanty S, Kumar S. Indian nursing students' attitudes toward mental illness and persons with mental illness. *Ind Psychiatry J.* 2017 Jul-Dec;26(2):223-227.
11. Sneha CR, Reddy MM, Nongmeikapam M, Narayana JS. Awareness and attitude toward mental illness among a rural population in Kolar. *Indian J Soc Psychiatry.* 2019;35:69–74.
12. Al-Adawi S, Dorvlo ASS, Al-Ismaily SS, Al-Ghafry DA, Al-Noobi BZ, Al-Salmi A, et al. Perception of and attitude towards mental illness in Oman. *Int J Soc Psychiatry.* 2002;48(4):305–17.
13. Aruna G, Mittal S, Yadiyal MB, Acharya C, Acharya S, Uppulari C. Perception, knowledge, and attitude toward mental disorders and psychiatry among medical undergraduates in Karnataka: A cross-sectional study. *Indian J Psychiatry.* 2016; 58(1):70–6.
14. Gurung G. Knowledge and attitude of nurses regarding mental illness. *J Chitwan Med Coll.* 2014;4(2):40–3.
15. Gandhi S, Poreddi V, Govindan R, G J, Anjanappa S, Sahu M, et al. Knowledge and perceptions of Indian primary care nurses towards mental illness. *Invest Educ Enferm.* 2019;37(1):e7.
16. Vijayalakshmi P, Thimmaiah R, Chandra R, BadaMath S. Bachelor of nursing student' attitude towards people with mental illness and career choices in psychiatric nursing. An Indian perspective. *Invest Educ Enferm.* 2015;33(1):138–54.
17. Mutalik NR, Tejaswi TP, Moni S, Bhogale GS. A cross-sectional comparative study on perception of medical, dental and nursing undergraduate students about mental illness. *J Med Sci Clin Res.* 2016;22(12):15022–30.