



# Attitudes of Nursing Students towards Individuals with Mental Illness before Doing the Mental Health Nursing Course

Andrea Pusey-Murray

College of Health Sciences, University of Technology, Kingston, Jamaica

Email: aepusey@gmail.com

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## Abstract

The aim of this study was to examine the undergraduate nursing students' attitudes toward individuals with mental illness. Furthermore, it was important to study the perception, attitude, of our students regarding mental illness, which will help in improving the care given to the mentally ill in the hospitals or in the community. A total of 110 undergraduate students were selected using the stratified random method. Data for the study were collected through the use of a questionnaire. The data were coded and entered into SPSS version 20. The findings of this study indicated that 30% of the nursing students agreed that "the best way to treat the mentally ill is to keep them at the hospital for years", 59% disagreed with the statement "Whenever a person starts showing signs of mental illness they should be taken to the health facility for treatment", and (34%) reported that the mentally ill should not be spoken to about their sexual practices. It is noteworthy to report that 61% of the respondents from this study would not be comfortable working with a mentally ill co-worker who is maintaining their treatment regimen. Reducing the stigmatization of mental illness continues to be an important goal for mental health professionals. Every student nurse needs to be grounded in the basic principles of communicating with the mentally ill patients and provide patient-centered care in a culturally sensitive way. Considering the results of the present study, it seems that revision of the teaching strategies and modification of mental health educational programs of nursing schools are necessary.

## Subject Areas

Health Policy, Public Health

## Keywords

Community, Nursing, Attitude, Mental Illness, Stigma

## 1. Introduction

The World Health Organization reported that about 450 million people worldwide suffer from some form of mental disorder or brain condition, and that one in four persons meet criteria for mental disorder at some point in their life [1]. Globally, it is an ongoing concern that the subject of psychiatry, psychiatrists, mental health professionals and the mentally ill patients are affected by the negative prejudices and the cultural stereotypes of the general public. Health care professions are not immune to social prejudices and surprisingly share the general public's attitude attributed to people with mental illness [2]. Nurses play a key role in caring for the mentally ill in sickness and in rehabilitating the mentally ill after an episode of illness. In addition, majority of patients and their families who are seeking help for their mental illness rightfully expect the hospital and nursing staff to be cognisant of their needs and treat them as unique individuals without any prejudice and discrimination [3] [4].

Nurses need to be self-aware of their own stigma in order to avoid inadvertently discriminating against their patients through inappropriate distancing, inadequate teaching, or other nursing actions based in fear. Fear is a major cause of discrimination and stigma [5]. Direct contact with people who are stigmatized is an effective method of decreasing fear, increasing tolerance, and changing negative attitudes [5]. Being acquainted with someone with mental illness has also been shown to positively influence attitudes [6].

The attitudes and knowledge of the health professionals on mental illness have been argued to be a major determinant of the quality and outcome of care for mentally ill [7]. Students starting the nursing course bring with them stereotypes and prejudice in relation to mentally-ill people, thus show lack of knowledge as to their possibilities of recovery and social living. Nursing students are likely to share the view that people experiencing a mental illness are dangerous, unpredictable, more prone to violence and at least partially responsible for their illness [2]. Exploration of stigmatizing attitudes in young people is of critical importance due to indications that, despite adolescence being the period of peak onset of mental disorders, help-seeking rates remain lower than those in other age groups [8] [9]. Some studies have examined young people's stigmatizing attitudes towards people with mental disorders, including beliefs about those with the disorders (known as personal or, alternatively, public stigma) [10] [11], participants' beliefs about the attitudes of others (perceived stigma) [10] [12], or a desire for social distance [13].

Negative perceptions of mental illnesses have multiple ramifications for people with mental illness. It prevents people with mental illness from fully living, studying or working in the community. It is a barrier to proper care and it may even make the public less willing to pay for the care of people with mental illnesses; and contributes to the sense of hopelessness, isolation and low self-esteem for people with mental illness [14].

Alexander and Link [15] in their study reported that the participants with more overall contact with the mentally ill, "regardless of type", viewed the mentally ill as less dangerous and "reported less desired social distance" (p. 284-285). Attitudes

and beliefs about mental illness are shaped by personal knowledge about mental illness, knowing and interacting with someone living with mental illness, cultural stereotypes about mental illness, media stories, and familiarity with institutional practices and past restrictions (e.g., health insurance restrictions, employment restrictions; adoption restrictions) [16] [17].

Stigma has been described as—“a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses” [18] (p. 4). When stigma leads to social exclusion or discrimination (experienced || stigma), it results in unequal access to resources that all people need to function well: educational opportunities, employment, a supportive community, including friends and family, and access to quality health care [16] [17] [18] [19]. Those who do initiate treatment for their mental illness often fail to adhere to their treatment schedule [20]. A major factor contributing to reluctance to seek and maintain treatment is the continued stigmatization of mental illness [21] [22] [23].

Social avoidance is common among people with mental illness and various studies suggested that the general population may accept people with mental illness socially, but tend to withdraw from more personal relationships such as working or living together [24] [25]. As a result, people with mental illness face social isolation, social distance, unemployment, homelessness, and institutionalization [26]. Negative perceptions of mental illnesses have multiple ramifications for people with mental illness. It prevents people with mental illness from fully living, studying or working in the community. It is a barrier to proper care and it may even make the public less willing to pay for the care of people with mental illnesses; and contributes to the sense of hopelessness, isolation and low self-esteem for people with mental illness [14].

Attitudes and perceptions towards mental illness are colored by one’s cultural values and beliefs. However, there is a paucity of studies on public perceptions and attitudes towards mental illness in non-Western countries: a recent survey of 61 of such studies, found that only nine were from non-Western countries [27]. Although the tendency for health care students to avoid mental health as a career specialty is not limited to occupational therapy, it is of particular concern to a holistic profession with a long and proud tradition in mental health care. Some authors have suggested that negative attitudes toward mental illness may be one factor in students’ decisions not to enter mental health practice [28] [29] [30].

Consistent with Link and Phelan’s [19] stigma model, laboratory research has documented that when participants are informed that another individual is mentally ill, negative attitudes are expressed. In particular, a label of mental illness evokes perceptions of dangerousness and unpredictability (e.g. [31] [32] [33]). The second step in Link and Phelan’s [14] model of social stigma is stereotyping. As noted previously, based on a label of mental illness, people may perceive the described individual as dangerous. Despite the public’s increased familiarity with mental health issues, the association between mental illness and dangerousness persists, which has a strong negative influence on tolerance [11] [23] [32] [33]. In

fact, there is evidence that this negative stereotype of dangerousness is actually more widely endorsed by society today than it has been in the past [34]. In particular, alcohol and drug problems, as well as schizophrenia, seem to connote increased perceptions of dangerousness [11] [33]. Furthermore, several studies have demonstrated that these negative stereotypes about mental illness translate into tangible consequences, such as job and housing discrimination [32] [35] [36] [37] [38].

## 2. Method

A cross-sectional survey research design was used which allowed for the utilizing of quantitative data collection and data analysis. A total of 110 undergraduate students were selected using the stratified random method. Data for the study were collected through the use of a questionnaire. The data were coded and entered into SPSS version 20.

To be able to select a representative sample for the study, a sampling frame was obtained from the first, second and third year students. Gerrish and Lacey added that this “increases the precision of the estimates of error compared with simple random sampling and gives more confidence in the results” [39] (p.145). This was achieved by grouping the population according to strata (year groups). Within each stratum, the participants were further grouped by gender [40] [41].

*Inclusion and exclusion criteria.* Only the undergraduate full-time students in the bachelors of science nursing program who have at least completed the first year, second year and commenced the first semester of their third year will be included in the study. Students in year 4, critical care, midwifery and the nurse anesthetist program was excluded from the sampling frame.

Ethical approval was obtained from the Research Ethics Committees of the University of Technology, Jamaica.

## 3. Results

### Demographic Data

To describe the participants, 5 demographic items were included in the questionnaire.

*Gender.* Of the 110 participants in the study 5 (4.5%) were males, while 105 (95.5%) were females.

Eighty or (72.5%) of the respondents were between the ages of 18 and 25 years, 25 (22.7%) 26 - 35 years; 5 (4.5%) 36 - 45 years.

*Gender by marital status.* 90 (81.8%) of the respondents were single at the time of this study. This is followed by 10 (9.0%) who indicated that they were in a common-law relationships, and 10 (9.0%) were married.

*Gender by student status.* Most of the respondents 60 (54.5%) were in the third year, 30 (27.2%) second year and 20 (18.2%) of their programme when the study was conducted.

Research Question. What are the views of undergraduate students towards individuals identified as having a mental illness? (**Table 1**).

**Table 1.** Views of undergraduate students towards individuals with mental illness.

Views	Disagreed	Agreed
I feel embarrassed in caring for the mentally ill patient	101 (87.8%)	5 (4.3%)
I feel that the mentally ill patient should be kept at home because of their condition	90 (78.2%)	15 (13.0%)
If I know that my neighbor has mental illness I would not speak to them	105 (91.3%)	4 (3.4%)
Anyone with mental illness should be excluded from holding a managerial position	41 (35.6%)	59 (51.3%)
The best way to treat the mentally ill is to keep them at the hospital for years	88 (76.5%)	24 (20.8%)
The mentally ill persons must not be ridiculed	31 (26.9%)	71 (61.7%)
The best therapy is for the mentally ill patients to be treated in their community	34 (29.5%)	55 (47.8%)
It is our responsibility to provide the best care for the mentally ill patients	23 (20.0%)	86 (74.7%)
The mentally ill should be spoken to about their sexual practices	39 (33.9%)	60 (52.1%)
Anyone with a history of mental illness should be excluded from working	84 (73.0%)	23 (20.0%)
I will not listen to the concerns of the mentally ill	78 (67.8%)	25 (21.7%)
The mentally ill must be encouraged to live in their community and be supported by their family members	32 (27.8%)	69 (59.1%)
Half way homes for the mentally ill should be located away from the neighbourhood	46 (40.0%)	43 (37.3%)
More emphasis should be placed on protecting our children from the mentally ill	51 (44.3%)	49 (42.6%)
Mentally ill patients do not have individual rights	59 (51.3%)	48 (41.7%)
Whenever a person starts showing signs of mental illness they should be taken to the health facility for treatment	68 (59.1%)	43 (37.3%)
Mentally ill patients do not deserve to be treated with respect	95 (82.6%)	17 (14.7%)
If I know that an individual has mental illness I will avoid them	89 (77.3%)	16 (13.9%)
I think less of a person who has been in a mental hospital	101 (87.8%)	7 (6.08%)
I would willingly accept an individual who receives mental health services as a close friend	44 (38.2%)	51 (44.3%)
Once I know a person is in a mental hospital, I will take his or her opinion less seriously	74 (64.3%)	28 (24.6%)
I will not associate with someone once I know that they are mentally ill	93 (80.8%)	17 (14.7%)
I would be comfortable having a mentally ill co-worker who is maintaining their treatment	70 (60.8%)	40 (34.7%)
People with mental illness are weak; they should blame themselves for their illness	106 (92.1%)	2 (1.7%)
Is it a waste of money to increase the expenditure on the service to care for people with mental illness	106 (92.1%)	2 (1.7%)

#### 4. Discussion

The intent of the study was to elicit the attitudes of the nursing students towards individuals with mental illness before pursuing the Mental Health Nursing module.

In a recent study [42] conducted among junior and senior nursing students, students with no experience in theoretical or clinical setting held greater negative stereotypes of persons with mental illness and expressed more anxiety about mental illness. Interestingly in the same study, students with prior mental health experience were more interested in a future career in mental health nursing than those who did not. More favourable attitudes towards psychiatric nursing were found when undergraduate nursing students received more hours of theoretical preparation and undertook longer clinical placement [43].

The respondents in this study had no theoretical or clinical experience when this study was conducted. The findings of this study indicated that 30% of the

nursing students agreed that “the best way to treat the mentally ill is to keep them at the hospital for years”. With the current thrust towards deinstitutionalization in Jamaica the Mental Health Nursing curriculum needs to include a unit on deinstitutionalization. In order for the students to understand the significance of deinstitutionalization-its advantages and disadvantages in order to be better informed. Stigma and discrimination continue to be deterrent to deinstitutionalized services. Pusey-Murray, *et al.*, [44] in their study reported that the psychiatric workers see it as their right to be the custodian of the mentally ill patients care hence they questioned the ability of families and communities to relieve them of those duties. This finding is consistent with other findings on institutionalized services [45], and inconsistent with caregivers [46].

Although majority 101 (88%) of the students disagreed with the statement “I feel embarrassed in caring for the mentally ill patient”. It is of great necessity that the student nurses face the reality that they will be caring for the psychiatric patients. They do have medical and surgical conditions that requires them receiving quality care. Expanding our teaching strategies such as involving students in workshops and allowing them to do reflective pieces will increase their self-awareness, build self-confidence and ability to cope psychologically as they proceed to their clinical practicum at the end of this module.

However 22% of the respondents reported that they would not listen to the concerns of the mentally ill. Student nurses need to be good communicators, which takes into account being cognizant of their own communication style and taking the time to listen to their patients as this is critical to the care they deliver to the patients. They need to be able to dispel this type of attitude towards the mentally ill and communicate with them professionally and compassionately. Positive attitudes towards the mentally ill individuals will be fostered throughout the delivery of the mental health nursing module. Conversely in a study conducted by McLaughlin [47] amongst 72 student nurses took part in the study and all were second year; just over 43%, responded that being a poor listener and saying “the wrong thing” to a patient was greatest fear (p. 1224).

A little over quarter of the respondents (28%) disagreed with the statement “The mentally ill must be encouraged to live in their community and be supported by their family”. This response may have been triggered by what these students may have observed in their communities as it relates to the lack of resources and support from family members, community members, private sector and the government. Pusey and Miller [48] highlighted the fact that the systems were not in place to support caregivers, then what they on their own are able to offer may not be sufficient and may not achieve the most effective outcomes for the mentally ill patient.

From this study 59% disagreed with the statement “Whenever a person starts showing signs of mental illness they should be taken to the health facility for treatment”. There are times, however, when one’s mental illness becomes a noteworthy concern shared by the community members, as when the person is a

danger to self or to others. It is important for the members to seek help for the mentally ill patient as he or she may inflict harm to self and others. Their judgment may be impaired and speech may be irrational due to hallucinations and delusions being experienced at the time. This makes them at risk of losing their lives whether by homicidal or suicidal. With regards to the statement “Anyone with a history of mental illness should be excluded from working” 51% of the respondents disagreed. Examples of stereotypes depicting people with mental illness as being incompetent can lead to active discrimination, such as are as follows: excluding people with these conditions from employment and social or educational opportunities [49]. In medical settings, negative stereotypes can make providers less likely to focus on the patient rather than the disease, endorse recovery as an outcome of care, or refer patients to needed consultations and follow-up services. The outcome would lead to the patient relapsing and having multiple admissions that will affect their socio-economic status. Campaigns and programming should be aimed at allies to help them speak out on behalf of people with mental illness against prejudicial attitudes and discriminatory behavior [50].

In Surgenor’s research, however, 83% of students had previous contact with someone with mental disorder and a more positive attitude was reported toward them. It is not sufficient to be in contact with patients to foster positive attitudes toward them [51]. This notion is different in this study as 15% of the respondents reported that they would not associate with someone once they know they are mentally ill. It is hoped that after completing the module their perceptions would change. This has serious implications as our students at some point along their nursing journey would come across individuals with the illness or may have to care for patients on the medical, surgical, paediatric, obstetric wards etc.

Nursing students (34%) in this study reported that the mentally ill should not be spoken to about their sexual practices. It is essential to appreciate that the mentally ill patients are human beings, just as individuals without a history of mental disorder. These individuals do have sexual desires and are likely to engage in sexual activity as some of their medications may increase their sexual libido. They should be educated on safe sexual practices as they would be vulnerable to sexually transmitted infections. This kind of behavior could be dangerous and there is a possibility of transmitting and spreading STIs including HIV/AIDS [52]. This may have an adverse impact on the general population in view. More than 50 percent of chronically mentally ill patients reported engaging in sexual activity over time periods that varied from one month to one year [53] [54] [55].

Primary preventive interventions must also facilitate patients’ communication and behavioral skills. This may enhance patients’ ability to avoid or abstain from unwanted sex, to refuse unwanted advances from men, or to advocate for alternative methods of sexuality other than sexual intercourse. Patients should also be encouraged to develop skills in insisting that prospective male partners use a condom when appropriate. Indeed, such skills can be directly targeted, in a fa-

shion similar to those recommended for non-psychiatric patient populations [56] [57] [58], by providing patients with an opportunity to role-play comments in response to those likely made by a resistant, defensive, or manipulative partner.

One of the many implications of chronically and variably impaired autonomy is that patients' ability to process information about how AIDS is transmitted and prevented may fluctuate as a function of the variable impairment. Studies have revealed a number of substantial deficits in patients' AIDS knowledge [59] [60]. For example Affro *et al.*, [59] found that nearly 50% of their female patients did not know that a condom helps reduce the chance of contracting AIDS. They found in their study that patients with chronic mental illness scored significantly less well on questions on their AIDS knowledge compared to patients who were not psychiatrically unwell and who were of the same socioeconomic status matched for gender and age. However, score on knowledge may not differentiate high-risk from lower-risk behavior [59].

It is noteworthy to report that 61% from this study would not be comfortable working with a mentally ill co-worker who is maintaining their treatment regimen. It is of importance that certain concepts be enforced such as the need to embrace the idea that people with mental illness are working towards recovery and they can contribute to society in a meaningful way. Notwithstanding some initial uneasiness about their behavior while on the job may be present; however this must not be directed towards them as there is just a thin line between sanity and insanity. Co-worker support is important in the rehabilitation of these individuals. Once they maintain their treatment and follow up with their appointments they can function appropriately.

## 5. Conclusions

The findings suggest that the attitudes of the nursing students were both positive and negative towards the mentally ill before doing the mental health nursing course. Considering the results of the present study, it seems that revision of the teaching strategies and modification of mental health educational programs of nursing schools are necessary. Reducing the stigmatization of mental illness continues to be an important goal for mental health professionals. Every student nurse needs to be grounded in the basic principles of communicating with patients and providing patient-centered care in a culturally sensitive way. Mental health assessment needs to be part of the routine nursing assessment, like taking a blood pressure or temperature, so patients can be identified and the appropriate care provided.

The information gathered could be used to create awareness amongst curriculum developers. It is also hoped that the strategies will serve as a catalyst that will engender meaningful education and mental health reform in Jamaica. Ultimately, it is the desired outcome of this study to evoke further investigations into the subject of student's attitude toward the mentally ill in Jamaica. Although

the findings in this present study cannot be generalized, they posit the belief that attitudes can be influenced by their classroom theory and their supervised clinical experience.

## 6. Limitations

The following limitations were encountered during the conduct of this study. First, the study was carried out at only one university, thus the finding cannot be generalized to the entire population of undergraduate students in Jamaica. A further limitation is that the present study was cross-sectional, this design only provides a snapshot: hence the situation may provide differing results if another time-frame had been chosen. Studies older than 10 years were used; due to their immense value they were included. Regardless of these limitations this study has relevance and is useful for the university in planning its orientation services on campus and the school of nursing in preparing the students during the pre-orientation segment before they are assigned to the clinical areas.

## References

- [1] World Health Organization (2001) World Health Report 2001. Geneva.
- [2] Emrich, K., Thompson, T.C. and Moore, K. (2003) Positive Attitude. An Essential Element for Effective Care of People with Mental Illnesses. *Journal of Psychosocial Nursing & Mental Health Services*, **41**, 18-25.
- [3] Fisher, J.E. (2007) Mental Health Nurses: De Facto Police. *International Journal of Mental Health Nursing*, **16**, 230-235.  
<https://doi.org/10.1111/j.1447-0349.2007.00472.x>
- [4] Shattell, M.M., Starr, S.S., and Thomas, S.P. (2007) 'Take My Hand, Help Me Out': Mental Health Service Recipients' Experience of the Therapeutic Relationship. *International Journal of Mental Health Nursing*, **16**, 274-284.  
<https://doi.org/10.1111/j.1447-0349.2007.00477.x>
- [5] Allport, G.W. (1954) *The Nature of Prejudice*. Addison-Wesley, Reading, MA.
- [6] Song, L., Chang, L., Shih, C., Lin, C., and Yang, M. (2005) Community Attitudes toward the Mentally Ill: The Results of a National Survey of the Taiwanese Population. *International Journal of Social Psychiatry*, **51**, 162-176.  
<https://doi.org/10.1177/0020764005056765>
- [7] Callaghan, P., Shan, C.S., Yu, L.S., Ching, L.W. and Kwan, T.L. (1997) Attitudes towards Mental Illness: Testing the Contact Hypothesis among Chinese Student Nurses in Hong Kong. *Journal of Advanced Nursing*, **26**, 33-40.  
<https://doi.org/10.1046/j.1365-2648.1997.1997026033.x>
- [8] Kessler, R.C., Angermeyer, M., Anthony, J.C. *et al.* (2007) Lifetime Prevalence and Age-Of-Onset Distributions of Mental Disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, **6**, 168-176.
- [9] Reavley, N., Cvetkovski, S., Jorm, A., and Lubman, D.I. (2010) Help Seeking for Substance Use, Anxiety and Affective Disorders among Young People: Results from the 2007 Australian National Survey of Mental Health and Wellbeing. *Australian & New Zealand Journal of Psychiatry*, **44**, 729-735.  
<https://doi.org/10.3109/00048671003705458>
- [10] Calcar, A.L., Griffiths, K.M. and Christensen, H. (2010) Personal and Perceived De-

- pression Stigma in Australian Adolescents: Magnitude and Predictors. *Journal of Affective Disorders*, **129**, 104-108.
- [11] Pescosolido, B.A., Monahan, J., Link, B., Stueve, A. and Kikuzawa, S. (1999) The Public's View of the Competence, Dangerousness, and Need for Legal Coercion among People with Mental Health Problems. *American Journal of Public Health*, **89**, 1339-1345. <https://doi.org/10.2105/AJPH.89.9.1339>
- [12] Reavley, N.J. and Jorm, A.F. (2011) Depression Stigma in Australian High School 12 Students. *Youth Studies Australia*, **30**, 33-40.
- [13] Dietrich, S., Heider, D., Matschinger, H. and Angermeyer, M.C. (2006) Influence of Newspaper Reporting on Adolescents' Attitudes toward People with Mental Illness. *Social Psychiatry and Psychiatric Epidemiology*, **41**, 318-322. <https://doi.org/10.1007/s00127-005-0026-y>
- [14] Mental Health (1999) A Report of the Surgeon General. Department of Health and Human Services, U.S. Public Health Service.
- [15] Alexander, L. and Link, B. (2003) The Impact of Contact on Stigmatizing Attitudes toward People with Mental Illness. *Journal of Mental Health*, **12**, 271-289. <https://doi.org/10.1080/0963823031000118267>
- [16] Corrigan, P.W., Markowitz, F.E. and Watson, A.C. (2004) Structural Levels of Mental Illness: Stigma and Discrimination. *Schizophrenia Bulletin*, **20**, 481-491. <https://doi.org/10.1093/oxfordjournals.schbul.a007096>
- [17] Wahl, O.F. (2003) News Media Portrayal of Mental Illness. *American Behavioral Scientist*, **46**, 1594-1600. <https://doi.org/10.1177/0002764203254615>
- [18] President's New Freedom Commission on Mental Health (2003) Achieving the Promise: Transforming Mental Health Care in America. Author, Rockville. <http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/downloads/FinalReport.pdf>
- [19] Link, B.G. and Phelan, J.C. (2001) Conceptualizing Stigma. *Annual Review of Sociology*, **27**, 363-385. <https://doi.org/10.1146/annurev.soc.27.1.363>
- [20] Cramer, J.A. and Rosenheck, R. (1998) Compliance with Medication Regimens for Mental and Physical Disorders. *Psychiatric Services*, **49**, 196-201. <https://doi.org/10.1176/ps.49.2.196>
- [21] Corrigan, P.W. (2004) How Stigma Interferes with Mental Health Care. *American Psychologist*, **59**, 614-625. <https://doi.org/10.1037/0003-066X.59.7.614>
- [22] Hinkelman, L. and Granello, D.H. (2003) Biological Sex, Adherence to Traditional Gender Roles, and Attitudes toward Persons with Mental Illness: An Exploratory Investigation. *Journal of Mental Health Counseling*, **25**, 259-270. <https://doi.org/10.17744/mehc.25.4.tglx0uudjk7q5dpg>
- [23] Schumacher, M., Corrigan, P.W. and Dejong, T. (2003) Examining Cues That Signal Mental Illness Stigma. *Journal of Social and Clinical Psychology*, **22**, 467-476. <https://doi.org/10.1521/jscp.22.5.467.22926>
- [24] Bhugra, D. (1989) Attitudes towards Mental Illness. A Review of the Literature. *Acta Psychiatrica Scandinavica*, **80**, 1-12. <https://doi.org/10.1111/j.1600-0447.1989.tb01293.x>
- [25] World Psychiatric Association (2005) The WPA Global Programme to Reduce the Stigma and Discrimination Because of Schizophrenia. Schizophrenia Open the Doors Training Manual. World Psychiatric Association, Geneva.
- [26] Rabkin, J.G. (1974) Public Attitudes toward Mental Illness: A Review of the Literature. *Psychological Bulletin*, **10**, 9-33.

- [27] Angermeyer, M.C. and Dietrich, S. (2006) Public Beliefs about and Attitudes towards People with Mental Illness: A Review of Population Studies. *Acta Psychiatrica Scandinavica*, **113**, 163-179. <https://doi.org/10.1111/j.1600-0447.2005.00699.x>
- [28] Cusick, A., Demattia, T. and Doyle, S. (1993) Occupational Therapy in Mental Health: Factors Influencing Student Practice Preference. *Occupational Therapy in Mental Health*, **12**, 33-53.
- [29] Lyons, M. and Hayes, R. (1993) Student Perceptions of Persons with Psychiatric and Other Disorders. *American Journal of Occupational Therapy*, **47**, 541-548. <https://doi.org/10.5014/ajot.47.6.541>
- [30] Paul, S. (1996) The Issue Is—Mental Health: An Endangered Occupational Therapy Specialty? *American Journal of Occupational Therapy*, **50**, 65-68. <https://doi.org/10.5014/ajot.50.1.65>
- [31] Angermeyer, M.C. and Matschinger, H. (2005) Labeling-Stereotype-Discrimination: An Investigation of the Stigma Process. *Social Psychiatry and Psychiatric Epidemiology*, **40**, 391-395. <https://doi.org/10.1007/s00127-005-0903-4>
- [32] Link, B.G., Cullen, F.T., Frank, J. and Wozniak, J.F. (1987) The Social Rejection of Former Mental Patients: Understanding Why Labels Matter. *American Journal of Sociology*, **92**, 1461-1500. <https://doi.org/10.1086/228672>
- [33] Martin, J.K., Pescosolido, B.A. and Tuch, S.A. (2000) Of Fear and Loathing: The Role of “Disturbing Behavior”, Labels, and Causal Attributions in Shaping Public Attitudes toward People with Mental Illness. *Journal of Health and Social Behavior*, **41**, 208-223. <https://doi.org/10.2307/2676306>
- [34] Phelan, J., Link, B.G., Stueve, A. and Pescosolido, B.A. (2000) Public Conceptions of Mental Illness in 1950 and 1996: What Is Mental Illness and Is It to Be Feared? *Journal of Health and Social Behavior*, **41**, 188-207. <https://doi.org/10.2307/2676305>
- [35] Farina, A. and Felner, R.D. (1973) Employment Interviewer Reactions to Former Mental Patients. *Journal of Abnormal Psychology*, **82**, 169-182. <https://doi.org/10.1037/h0035194>
- [36] Farina, A., Felner, R.D. and Boudreau, L.A. (1973) Reactions of Workers to Male and Female Mental Patient Job Applicants. *Journal of Consulting and Clinical Psychology*, **41**, 363-372. <https://doi.org/10.1037/h0035329>
- [37] Farina, A., Thaw, J., Lovern, J.D. and Mangone, D. (1974) People’s Reactions to a Former Mental Patient Moving to Their Neighborhood. *Journal of Community Psychology*, **2**, 108-112. [https://doi.org/10.1002/1520-6629\(197404\)2:2<108::AID-JCOP2290020204>3.0.CO;2-6](https://doi.org/10.1002/1520-6629(197404)2:2<108::AID-JCOP2290020204>3.0.CO;2-6)
- [38] Page, S. (1995) Effects of the Mental Illness Label in 1993: Acceptance and Rejection in the Community. *Journal of Health and Social Policy*, **7**, 61-68. [https://doi.org/10.1300/J045v07n02\\_05](https://doi.org/10.1300/J045v07n02_05)
- [39] Gerrish, K. and Lacey, A. (2013) *The Research Process in Nursing*. 6th Edition, Wiley-Blackwell, Chichester.
- [40] Babbie, E. and Mouton, J. (2010) *The Practice of Social Research*. 10th Edition, Oxford University Press Southern Africa, Cape Town.
- [41] Maree, K. and Pieterse, V.L. (2007) First Steps in Research. In: Creswell, J.W., Ebersohn, L., Elof, I., Ferreira, R., Ivankova, N.V., Jansen, J.D., Nieuwenhuis, J., Pieterse, V.L., Plano Clark, V.L. and van der Westhuizen, C., Eds., *First Steps in Research Sampling*, Van Schuik Publishers, Pretoria, 214-223.
- [42] Thongpriwan, S.E., Leuck, R.L., Powell, S., Young, S.G., Schuler and Hughes, R.G.

- (2015) Undergraduate Nursing Students' Attitudes toward Mental Health Nursing. *Nurse Education Today*, **35**, 948-953.
- [43] Happell, B. (2008) The Importance of Clinical Experience for Mental Health Nursing Part 2: Relationships between Undergraduate Nursing Student's Attitudes, Preparedness, and Satisfaction. *International Journal of Mental Health Nursing*, **17**, 333-340. <https://doi.org/10.1111/j.1447-0349.2008.00556.x>
- [44] Pusey-Murray, A., Hewitt, H. and Jones, K. (2014) Psychiatric Workers' Perception of Deinstitutionalization of the Mentally Ill in Government Hospitals in Jamaica. *International Journal of Nursing Science*, **4**, 26-31.
- [45] Hickling, F.W., Robertson-Hickling, H. and Paisley, V. (2011) Deinstitutionalization and Attitudes toward Mental Illness in Jamaica: A Qualitative Study. *Revista Panamericana de Salud Pública*, **29**, 169-176.
- [46] Pusey-Murray, A., Bourne, P., Warren, S., LaGrenade, J. and Charles, C. (2010) Medication Compliance among Mentally Ill Patients in Public Clinics in Kingston and St. Andrew, Jamaica. *Journal of Biomedical Science and Engineering*, **3**, 602-611. <https://doi.org/10.4236/jbise.2010.36082>
- [47] McLaughlin, C. (1997) The Effect of Classroom Theory and Contact with Patients on the Attitudes of Student Nurses towards Mentally Ill People. *Journal of Advanced Nursing*, **26**, 1221-122. <https://doi.org/10.1111/j.1365-2648.1997.tb00816.x>
- [48] Pusey-Murray, A. and Miller, P. (2013) "I Need Help": Caregivers' Experience Caring for Their Relatives with Mental Illness in Jamaica. *Mental Health in Family Medicine*, **10**, 113-121.
- [49] Corrigan, P.W., Druss, B.G. and Perlick, D.A. (2014) The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychological Science in the Public Interest*, **15**, 37-70. <https://doi.org/10.1177/1529100614531398>
- [50] Gini, G., Tiziana, P., Francesco, B. and Lara, F. (2008) The Role of Bystanders in Students' Perception of Bullying and Sense of Safety. *Journal of School Psychology*, **46**, 617-638.
- [51] Ahmead, M.K., Rahhal, A.A. and Baker, J.A. (2010) The Attitudes of Mental Health Professionals towards Patients with Mental Illness in an Inpatient Setting in Palestine. *International Journal Mental Health Nursing*, **19**, 356-362. <https://doi.org/10.1111/j.1447-0349.2010.00674.x>
- [52] Pusey-Murray, A. and Onyefulu, C. (2015) Sexual Practices and Perceptions of Risk among Undergraduate Students Attending a Tertiary Institution in Jamaica: A Pilot Study. *Open Access Library Journal*, **2**, e1261. <https://doi.org/10.4236/oalib.1101261>
- [53] Cournos, F., Guido, J., Coomaraswamy, S., Meyyer-Bahlberg, H., Sugden, R. and Horwath, E. (1994) Sexual Activity and Risk of HIV Infection among Patients with Schizophrenia. *American Journal of Psychiatry*, **151**, 228-232. <https://doi.org/10.1176/ajp.151.2.228>
- [54] Coverdale, J.H. and Aruffo, J. (1989) Family Planning Needs of Female Chronic Psychiatric Outpatients. *American Journal of Psychiatry*, **146**, 1489-1491. <https://doi.org/10.1176/ajp.146.11.1489>
- [55] Kelly, J.A., Murphy, D.A., Sikkema, K.J., Somlai, A.M., Mulry, G.W., Fernandez, M.I., Miller, J.G. and Stevenson, L.Y. (1995) Predictors of High and Low Levels of HIV Risk Behavior among Adults with Chronic Mental Illness. *Psychiatric Services*, **46**, 813-818. <https://doi.org/10.1176/ps.46.8.813>
- [56] Kelly, J.A., St Lawrence, J.S., Johnson, J.R. and Bulto, M. (1989) Behavioral Intervention to Reduce AIDS-Risk Activities. *Journal of Consulting and Clinical Psychology*, **57**, 60-67. <https://doi.org/10.1037/0022-006X.57.1.60>

- [57] MacDonald, N.E., Wells, G.A., Fisher, W.A., Warren, W.K., King, M.A., Doherty, J.A. and Bowie, W.A. (1990) High-Risk STD/HIV Behavior among College Students. *Journal of the American Medical Association*, **263**, 3155-3159. <https://doi.org/10.1001/jama.1990.03440230051031>
- [58] Rotheram-Borus, M.J., Koopman, C., Haignera, C. and Davies, M. (1991) Reducing HIV Sexual Risk Behaviors among Runaway Adolescents. *Journal of the American Medical Association*, **266**, 1237-1241. <https://doi.org/10.1001/jama.1991.03470090071034>
- [59] Aruffo, J., Coverdale, J.H., Chacko, R.C. and Dworkin, R.J. (1990) Knowledge about AIDS among Women Psychiatric Outpatients. *Hospital and Community Psychiatry*, **41**, 326-328. <https://doi.org/10.1176/ps.41.3.326>
- [60] Kalichman, S.C., Kelly, J.A., Johnson, J.R. and Bulto, M. (1994) Factors Associated with Risk for HIV Infection among Chronic Mentally Ill Adults. *American Journal of Psychiatry*, **151**, 221-227. <https://doi.org/10.1176/ajp.151.2.221>



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