

Beliefs and attitude toward mental illness among a sample of university students in Egypt

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Background

People's attitude and beliefs about mental illness set the scene for how they help, interact with, and provide opportunities for a person with mental illness.

Objective

This study aimed to assess the beliefs and attitudes toward mental illness and psychiatric patients in the scientific and theoretical faculties among a sample of undergraduate students in Al-Azhar University, Egypt and to determine if there are any differences regarding the type of faculty or academic degree.

Participants and methods

A descriptive design was adopted for this study. Data collection took place from January to May 2019 via the beliefs scale for mental illness. A total of 1200 undergraduates were recruited from different faculties: 592 students from scientific faculties such as 'medicine, dentistry, pharmacy, science, and commerce'; and 608 from theoretical faculties such as 'Islamic, Arabic, and Humanistics.'

Results

Undergraduate students in Al-Azhar University for Girls showed positive attitudes toward mental illness regardless of their academic degrees, the type of faculty, or their residence. However, the scientific faculties showed a more positive attitude than theoretical faculties, also a direct positive relation was found regarding the academic degree. Negative attitude was found in students with a psychiatric history of mental illness and in those with a positive family history of mental illness.

Conclusion

Scientific faculties and advanced academic degree hold more positive beliefs and attitude toward mentally ill patients. There is possibility for additional research including studying the effects of educational interventions.

Keywords:

mental illness stigma, psychiatric disorders, stigma in Egypt, university students

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Introduction

Mental illness is usually treated by individuals and families as a 'private issue' that was off-limits to others, except, medical professionals and other family members (Tork and Abdel-Fattah, 2015). People's beliefs about mental illness were interrelated to their attitudes, both of which set the stage for how they interact with people with mental illness as well as how they seek help and support when faced with a psychological problem themselves (Kobau and Zack, 2013). Mental illness is defined as a group of disorders causing severe disturbance in feeling, thinking, and relations (Abo El-Magd and Al Zamil, 2013). There is growing evidence of stigmatization toward mentally ill people all over the world not only in the general population,

but also among trained health professionals (Thorncroft *et al.*, 2009). Similarly, it has been established that mental illness is more stigmatizing than physical illnesses (Lee *et al.*, 2005). However,

new treatments have been developed and tested successfully to treat symptoms and reduce disabilities of many mental illnesses. Unfortunately, people suffering from mental illnesses usually do not seek out psychiatric services or choose to engage in them. One factor that prevents care seeking and ask for help is mental illness stigma (Corrigan *et al.*, 2014). So stigma toward mental illness continues to be a main barrier for those with mental illness (Ciftci *et al.*, 2013). Some studies have found that attitudes and beliefs about mental illness were more stigmatized in developing countries than in the West (Coker, 2005). These attitudes are usually reinforced by the way the media has portrayed mentally ill people that lead to discrimination and false ideas that mental ill people are lazy, dangerous, and/or incompetent (Maier *et al.*,

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2014). Accordingly, this stigma continues to be a challenge in Egypt and other developing countries in the management of mental illnesses.

People with mental illnesses must not only cope with their psychological, biological, and cognitive symptoms of psychiatric disorder but they had to deal with many negative consequences of stigma toward their mental illness such as social exclusion, restriction for employment and education, which in turn impair their quality of life (Hatzenbuehler *et al.*, 2013).

Many people hesitate to seek help or visit a psychiatrist because of their worry to be labeled as a 'psychiatric patient' and want to avoid the negative consequences related to stigma (Tork and Abdel-Fattah, 2015). Accordingly, negative attitudes toward mental illness worsen the quality of life of mentally ill patients (Abo El-Magd and Al Zamil, 2013).

Stigma was defined by the WHO as 'A mark of shame or disapproval of an individual which results in rejection, discrimination against, and exclusion of that individual from participating in a number of different areas of society' (Lyons *et al.*, 2015).

Every part of society has a unique way of dealing with mental illness, especially the youthful generation and university students. University may be the best place to develop an inclusive program for mental health, because the attitude and values of university students tend to affect society (Mahto *et al.*, 2009). The negative attitudes of the university students toward mentally ill people are due to lack of awareness and knowledge about mental illnesses (Jyothi *et al.*, 2015).

Previous studies found that medical students and those who are in contact with the mentally ill, either through professional or personal activities showed more positive attitudes toward the mentally ill, while the stigma was found to be higher among those who have less contact with mentally ill patients (Nguyen *et al.*, 2012; Kengeter, 2017). Thus, understanding the beliefs about the mentally ill people among university students is a basic step in addressing the problem of stigma toward mental illness in our society.

Aim

This study was to assess the beliefs and attitudes toward mental illness and psychiatric patients in the scientific and theoretical faculties among a sample of undergraduate students in Al-Azhar University for Girls, Egypt, and to determine if there are any

differences regarding the type of faculty or academic degree.

Participants and methods

Study design

A descriptive design was used in carrying out this study, which was conducted in Al-Azhar University for Girls, Cairo, Egypt. The data collection took place from January to May 2019.

Participants

A total of 1200 undergraduate students were recruited from different faculties; 592 students from scientific faculties such as 'medicine, dentistry, pharmacy, science, and commerce' and 608 from theoretical faculties such as 'Islamic, Arabic, and Humanistics.'

Study tools

The following data were collected:

- (1) Each student was required to fill out a sociodemographic questionnaire, which addressed age, residence, faculty type, academic degree, family history of mental illness, and history of any psychiatric disorder themselves.
- (2) The beliefs scale for mental illness: an Arabic questionnaire used to assess beliefs about mental illness in Arabic societies. The questionnaire consisted of 40 items and was classified into five subscales: the first subscale (nine items) measured the participants' attitude toward the nature of mental illness; the second subscale (11 items) measured the participants' knowledge about the etiology of mental illness; the third subscale (seven items) measured the participants' beliefs about methods of treatment of mental illness. The fourth subscale (five items) measured the participants' beliefs about the recovery of mental illness; the fifth subscale (eight items) measured the participants' knowledge and attitude toward the social effect of mental illness on patient's family.

Ethical considerations

The study was conducted after approval of the Ethics Committee of Faculty of Medicine for Girls, Al-Azhar University. We also obtained informed oral consents from students who agreed to participate in the study. In a group setting, we verbally explained the objectives and benefits of this study and how to complete the questionnaires. Confidentiality of collected data was guaranteed to all participants.

Statistical analysis

Data in the current study were collected, revised, coded, tabulated, and analyzed using the Statistical Package for the Social Sciences (IBM SPSS) version 23 SPSS software package version 20.0 (Armonk, NY: IBM Corp). Quantitative data were existing as range, SD, and mean. One-way analysis of variance test was used to compare more than two groups. Meanwhile, qualitative variables were presented as percentages and numbers. χ^2 -test was used to compare the groups of qualitative variables. The confidence interval was set to 95% along with the margin of accepted error set to 5%.

Table 1 Sociodemographic characteristics of the participants

Characteristics	n (%)
Age (mean±SD)	20.1±1.52
Residence	
Rural	384 (32.0)
Suburban	432 (36.0)
Urban	384 (32.0)
Marital status	
Single	1152 (96)
Married	48 (4)
Faculty type	
Scientific faculties	592 (49.3)
Medicine	290 (24.2)
Pharmacy	96 (8.0)
Dentist	88 (7.3)
Science	84 (7.0)
Commerce	34 (2.8)
Theoretical faculties	608(50.7)
Islamic	344 (28.7)
Arabic	86 (7.2)
Humanistics	178 (14.8)
Academic year	
First degree	332 (27.7)
Second degree	186 (15.5)
Third degree	302 (25.2)
Fourth degree	316 (26.3)
Fifth degree	64 (5.3)
Family history of psychiatric illness	
Positive family history	170 (14.2)
Negative family history	1030 (85.8)
history of psychiatric illness	
Positive history	122 (10.2)
Negative history	1078 (89.8)

Table 3 Beliefs toward mental illness according to the academic degree

BSMI subscales	First academic year	Second year	Third year	Fourth year	Fifth year	F	P value
Nature of mental illness	18.43±4.62	18.65±4.61	19.69±4.21	20.03±3.27	23.34±3.80	22.471	<0.001
Etiology of mental illness	30.19±4.53	29.81±4.26	29.91±4.19	31.43±4.01	32.28±3.67	9.742	<0.001
Treatment of mental illness	16.62±3.03	16.60±2.42	17.13±3.03	17.54±2.49	19.25±1.93	15.721	<0.001
Recovery from mental illness	13.97±5.45	13.53±4.74	14.21±4.99	14.02±3.90	15.21±4.06	1.603	0.171
Social effect of mental illness	22.68±4.62	22.87±5.01	22.45±4.34	25.50±4.24	27.25±3.77	34.536	<0.001
Total score	99.46±11.00	99.52±10.22	101.52±9.41	107.80±8.93	116.50±5.12	68.776	<0.001

BSMI, beliefs scale for mental illness.

So, the *P* value was considered to be significant at a level of less than 0.05.

Results

This table shows that the mean age of students was 20.1±1.52 The majority of students were single (96%), from suburban areas (36%), and those from rural and urban areas were equally distributed. The majority of students had negative past history of psychiatric illness themselves (89.8%) and negative family history (85.8%) (Table 1).

According to faculty type

Scientific faculties represented 49.3% of the total sample and medical students represent the majority (24.2%), while theoretical faculties represented 50.7% and Islamic faculty students represented the majority of them (28.7%).

According to academic degree: first degree students represented 27.7%, fourth degree 26.3% and third degree 25.2%, second degree 15.5%, and fifth degree 5.3% (Table 2).

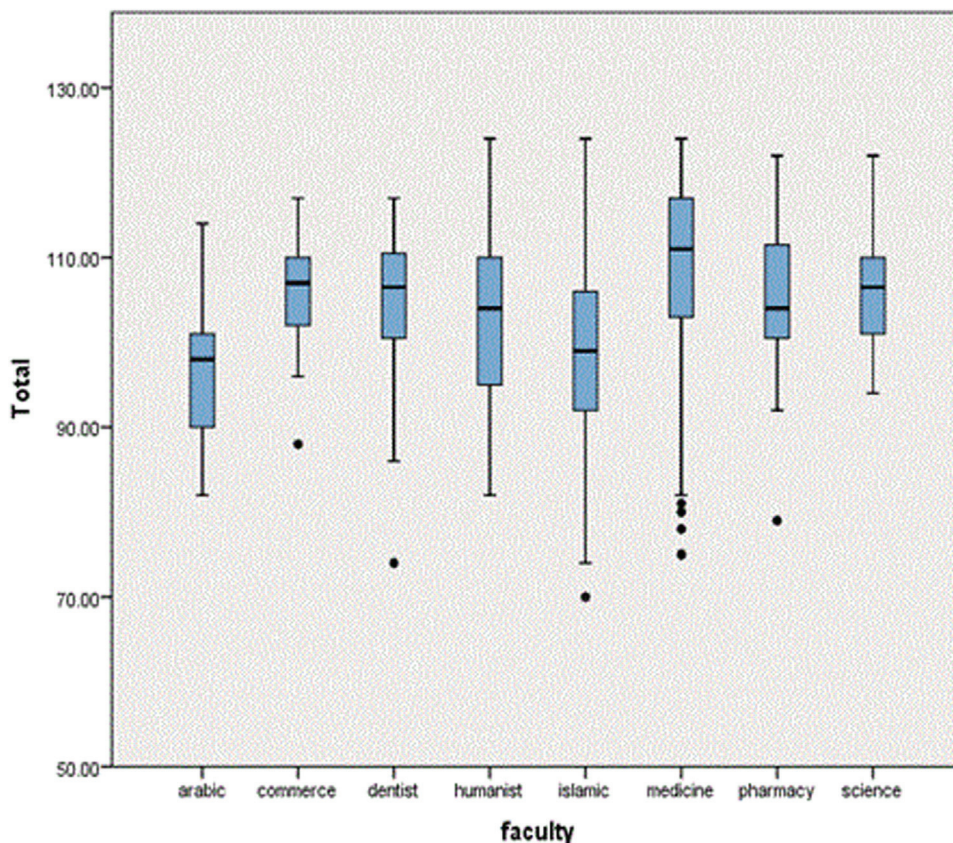
This table shows that knowledge about the nature of mental illness, treatment of mental illness, and attitude

Table 2 Beliefs toward mental illness according to the type of faculty

BSMI subscales	Scientific faculties	Theoretical faculties	t test	P value
Nature of mental illness	20.73±3.58	18.23±4.58	10.48	<0.001
Etiology of mental illness	30.68±4.57	30.31±3.99	1.49	0.13
Treatment of mental illness	17.88±2.47	16.39±2.95	9.45	<0.001
Recovery from mental illness	14.19±4.3	13.9±5.21	1.05	0.2
Social effect of mental illness	24.34±4.46	22.96±4.87	5.11	<0.001
Total	106.75 ±9.55	99.53±10.68	12.31	<0.001

BSMI, beliefs scale for mental illness.

Figure 1



Total score of beliefs scale for mental illness according to faculty.

about social effect of mental illness were significantly higher in scientific faculties. The total score of beliefs toward mental illness was also significantly higher in scientific faculties (Table 3).

This table shows that knowledge about the nature of mental illness, etiology of mental illness, treatment of mental illness, and attitude about social effect of mental illness were significantly positive with academic degree (direct proportion). The total score of beliefs toward mental illness was also significantly positive with final academic degrees (Fig. 1).

This figure shows that students in the faculty of medicine had the highest score while students in the faculty of Arabic had the lowest score (Table 4).

This table shows no significant difference among the participants according to their residence (Table 5).

This table shows that knowledge about the nature of mental illness, etiology of mental illness, and attitude about social effect of mental illness were significantly negative in those with a positive history of mental illness. The total score of beliefs toward mental

Table 4 Beliefs toward mental illness according to residence

BSMI subscales	Rural	Suburban	Urban	F	P value
Nature of mental illness	19.22 ±4.17	19.28 ±4.55	19.91 ±4.11	3.087	0.046
Etiology of mental illness	30.94 ±4.23	30.08 ±3.69	30.53 ±4.90	4.104	0.17
Treatment of mental illness	17.59 ±3.03	17.10 ±2.83	16.68 ±2.53	10.137	0.000
Recovery from mental illness	14.78 ±5.58	13.51 ±3.82	13.90 ±4.82	7.451	0.001
Social effect of mental illness	23.70 ±5.17	23.22 ±4.22	24.04 ±4.75	3.091	0.046
Total	103.73 ±11.43	102.17 ±9.94	103.50 ±10.91	2.555	0.078

BSMI, beliefs scale for mental illness.

illness was also significantly negative in those participants (Table 6).

This table shows that knowledge and beliefs toward mental illness were significantly negative in participants with a positive family history of mental illness.

Discussion

Stigma toward mental illness is an international concern and research is needed to know about its

Table 5 Beliefs toward mental illness according to the history of mental illness among participants

BSMI subscales	Negative psychiatric history (n=1078)	Positive psychiatric history (n=122)	t test	P value
Nature of mental illness	19.62±4.22	18.04±4.74	3.863	0.001
Etiology of mental illness	30.84±3.99	27.47±5.51	8.449	<0.001
Treatment of mental illness	17.19±2.85	16.54±2.53	2.431	0.015
Recovery from mental illness	13.99±4.74	14.49±5.15	1.079	0.281
Social effect of mental illness	23.83±4.63	21.93±5.19	4.241	<0.001
Total score	103.99±10.24	95.19±11.95	8.827	<0.001

BSMI, beliefs scale for mental illness.

basis, consequences, and mechanisms in order to improve stigma and its impact (Ku, 2007). The negative attitude towards mentally ill patients is high among the general population (Saridi *et al.*, 2017), as well as among university students (Javed *et al.*, 2006). So fighting stigma toward mental illness became a main concern in international mental health policy (Haro *et al.*, 2014).

The present study showed that undergraduate students in Al-Azhar University for Girls hold positive attitudes toward mental illness, regardless of the type of faculty or academic degree (106.75±9.55 for scientific faculties and 99.53±10.68 in theoretical faculties). This finding is in agreement with

Tork and Abdel-Fattah (2015), who studied 232 undergraduate female students in Qassim University, KSA, Similar result was also reported by Savrun *et al.* (2007), who surveyed 700 final-year University students from the Management and Economics Faculty in Istanbul, Turkey. The researchers in previous studies reported that women had positive attitudes and were less stigmatizing toward patients with mental illness and attributed a positive view of female university students toward the mentally ill to their comparatively optimistic attitudes about the treatability of mental illnesses. However, the result in our study was not in agreement with the Egyptian study by Shehata and Abdeldaim (2019), who studied 705 students from Tanta University, Egypt, where they found that the majority of university students had a negative attitude toward patients with mental illness; this difference may be

Table 6 Beliefs toward mental illness according to family history of mental illness

BSMI subscales	Negative family history (n=1030)	Positive family history (n=170)	t test	P value
Nature of mental illness	19.78±4.18	17.52±4.50	6.443	<0.001
Etiology of mental illness	31.01±4.00	27.36±4.63	10.760	<0.001
Treatment of mental illness	17.44±2.70	15.21±2.83	9.921	<0.001
Recovery from mental illness	14.23±4.78	12.90±4.69	3.371	0.001
Social effect of mental illness	24.07±4.30	21.03±6.120	7.964	<0.001
Total	105.01±9.09	91.49±12.67	16.876	<0.001

BSMI, beliefs scale for mental illness.

attributed to different sociodemographic selection in the present study.

As regards beliefs scale for mental illness scale items according to the type of faculties, the present study showed significantly more positive beliefs toward mentally ill patients among scientific faculty students. We also found that knowledge about the nature of mental illness, treatment of mental illness, and attitude about social effect of mental illness were significantly positive in scientific faculty students. This result comes in agreement with

Abo El-magd and Al Zamil (2013), as they found that the medical students had a more positive attitude toward mental illness and psychiatric patients than nonmedical students. Similarly, Poreddi *et al.* (2014) compared between the attitude of 266 of nursing and business management colleges in India and revealed that nursing students had a more positive attitude toward mental illness. However, this result was in contrast to Zolezzi *et al.* (2017), who studied 282 students from Qatari University to determine if there are any differences based on college type, where they found that the overall attitude and knowledge about mental illness was more positive among students in nonscience-based colleges than in science-based colleges.

Regarding academic degree in different faculties, we found that knowledge about the nature of mental illness, etiology of mental illness, treatment of mental illness, and the attitude about social effect of mental illness were significantly positive with advanced academic degree (direct proportion). The total score of beliefs toward mental illness was also significantly

positive with advanced academic degrees (99.46 ± 11.00 in those in the first degree compared with those in 116.50 ± 5.12 in the fifth degree). This result is in agreement with Poreddi *et al.* (2014), who found that university students had negative attitudes toward patients with mental illness and, moreover, they found that the students attitude changed and become less negative at final degree after awareness about mental illness. Several studies have shown that attitudes about mental illness are obviously related to various demographic variables such as residence (Savrun *et al.*, 2007; Sun *et al.*, 2014). This study, however, found that there is no correlation between the beliefs and attitude of students and their residence. This can be explained by the fact that our sample were from the same age, sex, and educational level.

In this study we found that students with a positive psychiatric history or those with positive family history had a negative attitude toward mental illness. This was different from the Jordanian study by Rayan and Jaradat (2016), who found that students with a history of receiving mental health counseling services expressed more willingness to seek professional psychological help. This difference may be attributed to that students in our sample may not seek psychiatric advice.

Conclusion

Scientific faculties and advanced academic degree hold more positive beliefs and attitude toward mentally ill patients. There is the possibility for additional research including studying the effects of educational interventions.

Limitation and recommendation

The participants were women and therefore sex differences could not be examined. So, we recommend to repeat the same study among undergraduate students in Al-Azhar University for Boys.

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Conflicts of interest

There are no conflicts of interest.

References

- Abo El-Magd MH, Al Zamil L (2013). Medical and non-medical female students' attitudes toward mental illness and psychiatric patients at Umm Al Qura University. *Life Sci J* 10:2.
- Ciftci A, Nev J, Patrick C (2013). Mental health stigma in the Muslim Community. *J Muslim Ment Health* 7:17–32.
- Coker EM (2005). Selfhood and social distance: toward a cultural understanding of psychiatric stigma in Egypt. *Soc Sci Med* 61:920–930.
- Corrigan PW, Druss BG, Perlick DA (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychol Sci Pub Interest* 15:37–70.
- Haro M, Ayuso-Mateos J, Bitter I (2014). ROAMER: roadmap for mental health research in Europe. *Int J Methods Psychiatr Res* 23(Suppl 1):1–14.
- Hatzenbuehler ML, Phelan JC, Link BG (2013). Stigma as a fundamental cause of population health inequalities. *Am J Public Health* 103:813–821.
- Javed Z, Naeem F, Kingdon D (2006). Attitude of the university students and teachers towards mentally ill in Lahore, Pakistan. *J Ayub Med Coll Abbottabad* 18:55–58.
- Jyothi NU, Bollu M, Mounika S, Ali SF (2015). A questionnaire survey on student's attitudes towards individuals with mental illness. *J Pharm Sci Res* 7:393–396.
- Kengeter H (2017). Mental health attitudes and stigma among medical students: an evaluation of the student mental health initiative. *PCOM Psychology Dissertations*, 425.
- Kobau R, Zack MM (2013). Attitudes toward mental illness in adults by mental illness-related factors and chronic disease status: 2007 and 2009 Behavioural Risk Factor Surveillance System. *Am J Pub Health* 103:2078–2089.
- Ku TK (2007). Culture and stigma towards mental illness: a comparison of general and psychiatric nurses of Chinese and Anglo-Australian backgrounds [master's thesis]. Melbourne: University of Melbourne.
- Lee S, Lee M, Chiu MY, Kleinman A (2005). Experience of social stigma by people with schizophrenia in Hong Kong. *Br J Psychiatry* 186:153–157.
- Lyons Z, Laugharne J, Laugharne R, Appiah-Poku J (2015). Stigma towards mental illness among medical students in Australia and Ghana. *Acad Psychiatry* 39:305–308.
- Mahto RK, Verma PK, Verma AN, Singh AR, Chaudhury S, Shantna K (2009). Students perception about mental illness. *Ind Psychiatry J* 18:92–96.
- Maier JA, Gentile DA, Vogel DL, Kaplan SA (2014). Media influences on self-stigma of seeking psychological services: The importance of media portrayals and person perception. *Psychol Pop Media Cult* 3:239–256.
- Nguyen E, Chen T, O'Reilly C (2012). Evaluating the impact of direct and indirect contact on the mental health stigma of pharmacy students. *Soc Psychiatry Psychiatr Epidemiol* 47:1087–1098.
- Poreddi V, Thimmaiah R, Pashupu DR (2014). Undergraduate nursing students' attitudes towards mental illness: Implications for specific academic education. *Indian J Psychol Med* 36:368–372.
- Rayan A, Jaradat A (2016). Stigma of mental illness and attitudes toward psychological help-seeking in Jordanian university students. *Res Psychol Behav Sci* 4:7–14.
- Saridi M, Kordosi A, Toska A (2017). Attitudes of health professionals towards the stigma surrounding depression in times of economic crisis. *Int J Soc Psychiatry* 63:115–125.
- Savrun BM, Arikian K, Uysal O, Cetin G, Poyraz BC, Bayar MR (2007). Gender effects on attitudes towards the mentally ill: a survey of Turkish University students, Israel. *J Psychiatry Relat Sci* 44:57–61.
- Shehata WM, Abdeldaim DE (2019). Stigma towards mental illness among Tanta University Students, Egypt. *Commun Ment Health J* 6:1–7.
- Sun B, Fan N, Nie S, Minglin, Zhang M, Huang X, He H, Rosenheck RA (2014). Attitudes towards people with mental illness among psychiatrists, psychiatric nurses, involved family members and the general population in a large city in Guangzhou, China. *Int J Ment Health Syst* 8:26.
- Thornicroft G, Brohan E, Rose D, Sartorius N, Leese M (2009). Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey. *Lancet* 373:408–415.
- Tork H, Abdel-Fattah A (2015). Female students' attitude toward mental illness in Qassim University, KSA. *Am J Nurs Sci* 4:50–56.
- Zolezzi M, Bensmail N, Zahrah F, Khaled SM, El-Gaili T (2017). Stigma associated with mental illness: perspectives of university students in Qatar. *Neuropsychiatr Dis Treat* 13:1221.