Asian Journal of Psychiatry 45 (2019) 33–37

Contents lists available at ScienceDirect

Asian Journal of Psychiatry

journal homepage: www.elsevier.com/locate/ajp

Knowledge and attitude towards mental illness among primary healthcare nurses in Brunei: A cross-sectional study

Syafiqah Shahif, Deeni Rudita Idris, Agong Lupat, Hanif Abdul Rahman*

PAPRSB Institute of Health Science, Universiti of Brunei Darussalam, Brunei

ARTICLE INFO

Keywords:
Mental illness
Perception
Knowledge
Attitude
Primary healthcare
Nurse

ABSTRACT

Background: Mental Health problems are one of the leading disabilities worldwide. Individuals seeking help for their mental illness expect nurses to be cognisant of their needs without prejudice and discrimination. Existing evidences suggest a growing number of patient referral from primary healthcare to psychiatric consultations. This study aimed to explore primary healthcare nurses' knowledge and attitude towards mental illness and people with mentally illness.

Methods: A cross-sectional study using the Mental Health Problem Perception and the Community Attitudes to Mental Illness questionnaires. Descriptive and multivariate regression using maximum likelihood procedures were applied.

Results: Regression analysis showed significantly high correlation between knowledge and authotarianism ($\beta = 0.775$, $p = 0.007$) and moderate inverse correlation with social restrictiveness ($\beta = -0.517$, $p < 0.001$). However, no significant correlation with benevolence ($\beta = -0.057$, $p = 0.181$) was detected. Nurses with higher educational level were significantly associated with authotarianism attitude.

Conclusions: This is the first study examining knowledge and attitude of primary healthcare nurses in Brunei. The relationship between the study variables as well as demographic factors, in comparison to other countries, were discussed. Overall, negative attitude among nurses is still a challenging issue; therefore, developing re-education initiatives and increase contact time, especially for healthcare front liners with negative attitudes regardless of education level, to favour change of attitude, is important to foster holistic care to people with mental illness and promote mental health in the population.

1. Introduction

Mental health problems are one of the leading causes of disability in the world (Sharma et al., 2008). Over the past decade, there has been a number of researches examining factors associated with mental illness. They have shed light on the various theories explaining how perception on mental illness are affecting patient care (Sharma et al., 2008). Primary Healthcare nurses, as one of the health care front liners, play a key role in identifying and assessing initial signs of mental disorders. In a study from Finland, primary health care nurses demonstrated better attitude towards people with mental illness in general (Van Der Kluit and Goossens, 2011). Mental health nurses' who were female and having a senior position were also associated with positive attitude towards people with mental illness (Chambers et al., 2010). They are expected to be able to detect and assess patient who shows some common psychiatric problems (Coombs et al., 2011). Majority of individuals who are seeking help for their mental illness would expect the hospital and nurses to be cognisant of their care needs and treat them with the absence of prejudice and discrimination (Fisher, 2007). However, extant literatures have highlighted the magnitude of poor knowledge and attitude among healthcare professionals towards mental illness, particularly schizophrenia (de Jacq et al., 2016). Healthcare professionals are no exclusion in the exposure of biased media portrayals of mental illness as well as the prevailing cultural norms, both of which could lead to the development of bigotry attitude toward mental illness (Smith, 2015). These natures of mindset, along with the shame and fear of discriminations are the main obstacles facing people with mental illness from seeking appropriate treatment and care for their problem.

Latest evidence from the Association of South-East-Asian nations (ASEAN) secretariat showed that the main mental health problem presented to psychiatric services were psychotic disorders such as schizophrenia, followed by bipolar disorder and depression (ASEAN, 2016). In Brunei, a small nation in South-East Asia with a Malay-

* Corresponding author at: PAPRSB Institute of Health Sciences, Universiti of Brunei Darussalam, Jalan Tungku Link, Gadong, BE 1410, Brunei.
E-mail address: hanif.rahman@ubd.edu.bn (H. Abdul Rahman).

https://doi.org/10.1016/j.ajp.2019.08.013
Received 26 April 2019; Received in revised form 27 August 2019; Accepted 27 August 2019

Muslim majority population of over 400,000, cases of mental illness is increasing; nearly 9000 outpatient psychiatric consultations amongst adults with 346 new referrals and nearly 600 psychiatric consultations amongst children and adolescents were recorded in 2016 (Ministry of Health, 2017). The number of escalating cases demonstrates increased awareness and more people coming forward; reflecting a society that recognises mental illness as a very substantial issue. Hence, it is important to discern that the front liners are equipped with knowledge and positive attitude for early assessment of mental illness and be able to provide the best care for people with mental illness.

2. Material and methods

2.1. Objective

The aim of this study was to explore level of knowledge on mental illness and attitude towards people with mental illness, among nurses working in major primary healthcare centres in Brunei.

2.2. Design

A cross-sectional study using The *Community Attitude Towards Mental Illness Scale* (CAMI) (Taylor and Dear, 1981) and the *Mental Health Problem Perception Questionnaire* (MHPPQ) (Angus et al., 2001). The questionnaire comprises of two parts. Part one contains personal and social demographic questions, which consist of age, gender, education level, experience in nursing and experience working with people with mental illness. Part two focuses on the 'Knowledge' (MHPPQ 15-items) and 'Attitude' component (CAMI 20-items). The responses were on a five-point Likert scale (strongly agree to strongly disagree, ranged 0–5). Both questionnaires were reliable with Cronbach's alpha values above 0.7. Permission for it to be used in this study has been granted by the original developers.

2.3. Settings

The study was conducted in three major healthcare centres in Brunei, a small sultanate country with the population of approximately 430,000 people and growing. Brunei instituted single-payer universal healthcare for its citizen and is one of 30 Asian nations currently providing universal healthcare coverage (Tant and Elledge, 2014). These three primary health care centres are the first level for maternal, child and general patients contact with healthcare services and one of the roles is to refer complicated cases that cannot be handled, including mental illness, at the health centre setting to hospitals.

2.4. Samples

The *inclusion criteria* were: (1) registered nurses working in the selected Primary Health Care Centres; (2) nurses working in the outpatient department; and (3) nurses who were involved in direct patient care. The *exclusion criteria* were: (1) nurses working in administrative areas; (2) nurses working in the maternity or dental clinics; and (3) nurses who were not involved in direct patient care.

2.5. Data collection

The researchers liaised with the nurse manager of each healthcare centre for the distribution of questionnaires. Instructions for eligibility and process of participation were also thoroughly explained to the nurse manager as the gatekeeper for this research study. Participants who fulfilled the characteristics of the inclusion criteria were included in the study. Once written consent was obtained, participants were given five (5) days to complete the questionnaire and returned them in a sealed envelope to respective nurses' managers.

2.6. Data analysis

Descriptive statistics were calculated for characteristics of participants and reported using mean and standard deviation for numerical variables, and frequency and percentage for categorical variables. For CAMI scale, Items were grouped according to their subscale, i.e., Authoritarianism, Benevolence and Social Restrictiveness. Original CAMI scales have four factors; however, several studies have highlighted that the 3-factor model were more appropriate for use (Morris et al., 2012). Mean and standard deviations were calculated for all three CAMI subscales. For MHPPQ, mean and standard deviations were calculated. For both CAMI and MHPPQ, an overall mean score was obtained through average mean score over respective number of items in the scales. Independent *t* test and One-way ANOVA was used to detect differences between the mean score of CAMI and MHPPQ and socio-demographic factors. Multivariate regression using maximum likelihood procedure was used to determine relationship between CAMI subscales and MHPPQ. P-value less than 0.05 is considered significant (two-tailed). Statistical analysis was performed using IBM|SPSS v.22 and IBM|AMOS v.25.

2.7. Ethical approval and consent to participate

This study is approved by the Institutional research ethics committees of Universiti Brunei Darussalam and Ministry of Health (UBD/IHS/B3/8). Written informed consent was obtained from all individual participants included in the study.

3. Results

3.1. Socio-demographic characteristics of nurses in primary healthcare centres

A total of 62 out of 75 primary care nurses participated in this study (82.7% response rate). 13 nurses were unable to complete the questionnaire due to time constraints. In terms of age, 35.5% were between 30 and 35 years old and 25.8% were between 36–40 years old. 74.2% were female and only 25.8% were male. In terms of education, most of the respondents (59.7%) had Diploma in Nursing. 22.6% had Certificate in Nursing qualification. 11.3% had Bachelor Degree in Nursing or higher. Mean working experience as a registered nurse was 15.4 years. More than half of the respondents (59.7%) has experienced caring for patients with mental illness.

3.2. Authoritarianism attitude among nurses in primary healthcare centre

From Table 1, there was moderate level of authoritarianism attitude among the primary healthcare nurses. The respondents disagree that patient with mental illness should be kept hidden from the outside world (Mean = 4.0) and that they should not be treated as outcasts of society (Mean = 3.9). The respondents disagreed that virtually anyone could become mentally ill (Mean = 3.6) and some were leaning towards agreeing that one of the main causes of mental illness was lack of self-discipline and will power (Mean = 2.8). There was no significant association between authoritarianism attitude and socio-demographic factors, except for education level. It was observed that nurses with certificate in nursing (Mean = 3.0, SD = 0.38), diploma in nursing (Mean = 3.4, SD = 0.39) and Bachelor's degree or others (Mean = 3.7, SD = 0.45) were significantly associated with authoritarianism attitude (F-statistics = 5.83, $P < 0.001$). It was observed that those who hold certificate level have lower authoritarianism attitude towards mental illness patients compared to those with diploma (Mean difference = -0.43) and Bachelor degrees (Mean difference = -0.69) and vice versa.

Table 1
Mean score and standard deviation of CAMI scale (N = 62).

Authoritarianism	Mean	SD
1 The best way to handle the mentally ill is to keep them behind locked doors.	4.0	0.92
2 The mentally ill should not be treated as outcasts of society.	3.9	0.88
3 Virtually anyone can become mentally ill.	3.6	0.93
4 As soon as a person shows signs of mental disturbance, he should be hospitalized.	3.3	0.94
5 Mental illness is an illness like any other.	3.1	1.05
6 Mental hospitals are an outdated means of treating the mentally ill.	2.8	0.89
7 One of the main causes of mental illness is a lack of self-discipline and will power.	2.8	0.90
Overall mean score	**3.4**	**0.44**
Benevolence		
8 There are sufficient existing services for the mentally ill.	3.3	0.92
9 The mentally ill have far too long been the subject of ridicule.	2.8	0.91
10 The mentally ill are a burden on society.	2.4	0.77
11 We need to adopt a far more relevant attitude toward the mentally ill in our society.	2.1	0.65
12 We have the responsibility to provide the best possible care for the mentally ill.	2.0	0.77
13 The mentally ill do not deserve our sympathy.	2.0	1.05
14 It is best to avoid anyone who has mental problems.	1.9	0.86
Overall mean score	**2.3**	**0.38**
Social Restrictiveness		
15 Mental patients should be encouraged to assume the responsibilities of normal life.	4.0	0.89
16 Anyone with a history of mental problems should be excluded from taking public office.	3.9	0.78
17 The mentally ill should be isolated from the rest of the community.	3.6	1.03
18 The mentally ill should not be denied their individual rights.	3.3	1.07
19 The mentally ill should not be given any responsibility.	3.2	0.88
20 The mentally ill are far less of a danger than most people suppose.	3.0	0.90
Overall mean score	**3.5**	**0.48**

SD = Standard deviation Scoring = Strongly agree (1), Agree (2), Neutral (3), Disagree (4), Strongly disagree (5).

3.3. Benevolence attitude among primary healthcare nurses

From Table 1, the overall Benevolence subscale was low. The respondents agree that the mentally ill was a burden to the society (Mean = 2.4) and that these people do not deserve the community's sympathy (Mean = 2.0). However, nurses perceived positively that mentally ill should be acknowledged and should be prompted to seek professional care (Mean = 2.0). There was no statistical significance detected between mean score of Benevolence subscale and socio-demographic factors.

3.4. Social restrictiveness attitude among nurses in the primary healthcare

From Table 1, the respondents disagreed that people with mental illness should be encouraged to assume the responsibilities of normal life (Mean = 3.9). However, they disagreed that they should be isolated from the rest of the community (Mean = 3.6) and should not be denied individual rights (Mean = 3.3). In addition, they also disagreed that anyone with a history of mental problems should be excluded from taking public office However simultaneously, most do disagree (Mean = 4.0). There was no statistical significance detected between mean score of Social Restrictiveness subscale and socio-demographic factors.

3.5. Knowledge of mental illness amongst nurses in primary healthcare

Table 2 represents mean knowledge score of mental illness among primary healthcare nurses. The nurses disagree that there was nothing they could do for the patients (Mean = 3.7). The respondents agreed that people with mental illness should receive adequate supervision from a more experienced person (Mean = 2.8). They also agreed that it was easy to find someone who could help formulate the best approach to patient with mental illness (Mean = 2.4). There was no statistical significance between mean knowledge score and socio-demographic factors.

3.6. Relationship between Knowledge and Attitude of mental illness

Table 3 demonstrates the overall relationship between the attitude subscales. The result revealed that there was significant negative correlation between benevolence social restrictiveness. In addition, there was significant positive correlation between authotarianism and social restrictiveness. Fig. 1 further illustrates that there was significantly high correlation between knowledge and authotarianism ($\beta = 0.775$, $p = 0.007$) and moderate significant correlation with social restrictiveness ($\beta = -0.517$, $p < 0.001$) however, no significant correlation with benevolence ($\beta = -0.057$, $p = 0.181$).

4. Discussion

To the best of our knowledge, this is the first study examining primary healthcare nurses' knowledge and attitude towards mental illness and people with mental illness in Brunei. First of all, multivariate regression analysis revealed that knowledge score was highly correlated with authotarianism attitude. Authoritarianism reflects a view of the mentally ill as an inferior class requiring coercive handling (Taylor and Dear, 1981). In the present study, primary healthcare nurses disagreed with authoritarianism. This is similar to various studies that have demonstrated that this attitude could lead to more harm than good for people with mental illness, resulting in more isolation than coming forward to address this issue. Even so, mean score for authotarianism in this population indicates higher disagree (Mean = 3.4) compared to European countries such as Lithuania (Mean = 2.5), Italy (Mean = 2.21) and Ireland (Mean = 2.00) (Chambers et al., 2010). The present study also showed that nurses with higher education level demonstrated higher authotarianism attitude. This is in contrast to previous study, where higher levels of education led to less stigmatising attitudes towards mental illness (Arvaniti et al., 2009) and nurses' in a senior position exhibited higher positive attitude (Chambers et al., 2010). We postulated that, in this setting, nurses with higher levels of education, had lesser contact time with patients with mental illness and more towards administrative roles. Previous studies have demonstrated that personal contact with the patients were important factor for decreasing negative attitudes (Mårtensson et al., 2014; Sathyanath et al., 2016). In addition, existing evidences showed that provision of comprehensive clinical mental health education promotes confidence and competence of nurses (Ross and Goldner, 2009), and minimise negative attitudes such as stigmatization towards patients with mental illness. Therefore, the emphasis for re-educating and spending more time with patients with mental illness, regardless of education level, could not be underestimated because it could deepen nurses understanding of the patient and improving patient outcomes (Summers and Happell, 2003).

Secondly, the multivariate regression analysis also revealed that knowledge score was inversely correlated with social restrictiveness attitude, indicating that increase in knowledge score decreases social restrictiveness attitude Social restrictiveness is defined as viewing the mentally ill as a threat to the society (Taylor and Dear, 1981). In the present study, primary healthcare nurses also disagreed with social restrictiveness attitude (overall mean = 3.5). This disagreement with social restrictiveness attitude was higher compared to European countries such as Portugal (Mean = 1.72), Finland (Mean = 1.97) and Italy (Mean = 2.10) (Chambers et al., 2010). We postulated that, in this Muslim-majority country, it would be incompatible for such negative attitude to be condoned from the cultural, social and religious

Table 2
Mean score and standard deviation of Mental Health Problem Perception Questionnaire (N = 62).

Statements	Mean	SD
1 I feel that there is nothing I can do to help patients with mental health problems.	3.7	0.66
2 I often feel uncomfortable when working with patients with mental health problems.	3.4	1.03
3 I have the skills to work with patients with mental health problem.	3.2	0.67
4 I feel that I can assess and identify the medical problems of patients with mental health problems.	3.2	0.61
5 I feel that I have a number of good qualities for working with patients with mental health problems.	3.1	0.65
6 I feel that I can appropriately advise my patients about mental health problems.	3.0	0.78
7 I feel that I am able to work with patients with mental health problems as effectively as with other patients who do not have mental health problems.	3.0	0.71
8 I feel that I have a clear idea of my responsibilities in helping patients with mental health problem.	2.9	0.69
9 On the whole, I am satisfied with the way I work with patients with mental health problems.	2.9	0.64
10 I am interested in the nature of mental health problems and the treatment of them.	2.8	0.88
11 When working with patients with mental health problems I receive adequate supervision from a more experienced person.	2.8	0.87
12 I feel that I know enough about the factors that put people at risk of mental health problems to carry out my role when working with the mentally ill.	2.8	0.83
13 In general, I feel that I can understand patients with mental health problems.	2.7	0.64
14 Caring for people with mental health problems is an important part of a district nurses' role.	2.5	0.90
15 If I felt the need when working with patients with mental health problems, I could easily find someone who would help me formulate the best approach to a patient with mental health problem.	2.4	0.69
Overall mean score	**2.9**	**0.33**

SD = Standard deviation Scoring = Strongly agree (1), Agree (2), Neutral (3), Disagree (4), Strongly disagree (5).

Table 3
Estimates for the relationship between attitude and knowledge.

	Estimate[a]	S.E.	Correlations	P-value
Ben ↔ SR	−0.082	0.025	−0.451	< 0.001
Auto ↔ Ben	−0.056	0.022	−0.337	0.013
Auto ↔ SR	0.122	0.031	0.573	< 0.001

[a] Maximum likelihood estimates, S.E. = Standard Error, Ben = Benevolence, Auto = Authotarianism, SR = Social Restrictiveness.

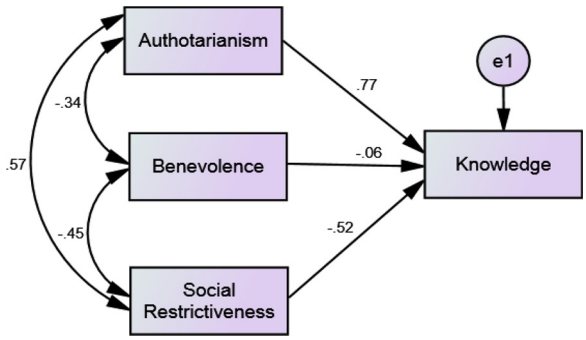

Fig. 1. Composite path model of the relationship between attitude and knowledge.

perspectives. In addition, European nurses where nurses who were female with higher education and aged below 40 significantly exhibited lower social restrictiveness (Chambers et al., 2010). This is in contrast to the present study where no statistical significance between demographic factors and social restrictiveness attitude was detected, despite majority of the respondents in this study are female with 15 years of working experience. Existing evidence has demonstrated that females held greater open-mindedness albeit more fearful and avoidant than males. This is congruent to evidence by Fujii et al. (2018) that male exhibited suboptimal attitude towards people with mental illness. Furthermore, as duration of working experience increased, so did open mindedness attitude relative to people with mental illness (Ewalds-Kvist et al., 2013; Fujii et al., 2018).

Thirdly, the multivariate regression analysis revealed that knowledge level was not significantly correlated with benevolence attitude. Benevolence is the paternalistic, sympathetic view of patients based on humanistic and religious principles (Taylor and Dear, 1981). Nonetheless, benevolence attitude of the present participants (Mean = 2.3) demonstrated to be higher in agreement with the attitude compared to Lithuania (Mean = 3.68), Italy (Mean = 3.97) and Ireland (Mean = 4.15). Having benevolent positive attitude where nurses are sympathetic and paternalistic towards the patients with mental illness, is one of the main determining behaviour for quality of care delivery (Shrestha and Neuropsychiatrist, 2013). It is, therefore, intriguing to discover that less benevolent attitude still persists among nurses and maintain a stigmatising attitude to people with mental illness as a hardship and best avoided. Despite no significance between knowledge score and benevolent attitude, most nurses in this study reported uncertainty with abilities and skills to perform a proper assessment of mental illness symptoms in patient, which is similar to previous studies (Chorwe-Sungani, 2013). This uncertainty is a recurring theme in many non-psychiatric settings, with the impression that nurses are adequately trained in assessing mental health problems (Tyerman, 2014). Addressing this uncertainty as well as promoting acknowledgement and awareness of their role to provide quality care could foster positive perception and attitude, and thus willingness to help people with mental illness (Kerrison and Chapman, 2007; Rao et al., 2009).

Finally, the results of this study should be interpreted within its limitations. The response rate of this study was high (82.7%), however, small sample size limits generalizability and possibility of Type 1 error. Future studies could expand sample size by examining nurses in different disciplines to explore the phenomenon further.

To conclude, this study has established the baseline evidence for primary healthcare nurses' knowledge and attitude towards mental illness and people with mental illness in Brunei. Despite acknowledging that negative attitudes could compromise quality of care, this is still a challenge in a society that do not condone such attitude. Therefore, it is imperative that re-education and increase contact hours with patients with mental illness, particularly for healthcare front liners with negative attitudes, regardless of education level, is promoted to favour change of attitude as well as fostering holistic care to people with mental illness.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Declaration of Competing Interest

The authors declare that they have no competing interests.

Acknowledgement

Deepest appreciation to the nurse managers and all the participants that have contributed significantly to this study

References

ASEAN, 2016. ASEAN Mental Health Systems. Available from:. http://asean.org/storage/2017/02/55.-December-2016-ASEAN-Mental-Health-System.pdf.

Angus, N.J., Lauder, W., Reynolds, W., 2001. Psychometric development of the mental health problems perception questionnaire. J. Psychiatr. Ment. Health Nurs. 8, 471–472. https://doi.org/10.1046/j.1351-0126.2001.00438.x.

Arvaniti, A., Samakouri, M., Kalamara, E., Bochtsou, V., Bikos, C., Livaditis, M., 2009. Health service staff's attitudes towards patients with mental illness. Soc. Psychiatry Psychiatr. Epidemiol. 44, 658–665. https://doi.org/10.1007/s00127-008-0481-3.

Chambers, M., Guise, V., Välimäki, M., Botelho, M.A.R., Scott, A., Staniulienė, V., Zanotti, R., 2010. Nurses' attitudes to mental illness: a comparison of a sample of nurses from five European countries. Int. J. Nurs. Stud. 47, 350–362. https://doi.org/10.1016/j.ijnurstu.2009.08.008.

Chorwe-Sungani, G., 2013. Nurses' knowledge and skills in providing mental health care to people living with HIV/AIDS in Malawi. J. Psychiatr. Ment. Health Nurs. 20, 650–654. https://doi.org/10.1111/jpm.12062.

Coombs, T., Curtis, J., Crookes, P., 2011. What is a comprehensive mental health nursing assessment? A review of the literature. Int. J. Ment. Health Nurs. 20, 364–370. https://doi.org/10.1111/j.1447-0349.2011.00742.x.

de Jacq, K., Norful, A.A., Larson, E., 2016. The variability of nursing attitudes toward mental illness: an integrative review. Arch. Psychiatr. Nurs. 30, 788–796. https://doi.org/10.1016/j.apnu.2016.07.004.

Ewalds-Kvist, B., Högberg, T., Lützén, K., 2013. Impact of gender and age on attitudes towards mental illness in Sweden. Nord. J. Psychiatry 67, 360–368. https://doi.org/10.3109/08039488.2012.748827.

Fisher, J.E., 2007. Mental health nurses: de facto police. Int. J. Ment. Health Nurs. 16, 230–235. https://doi.org/10.1111/j.1447-0349.2007.00472.x.

Fujii, T., Hanya, M., Kishi, M., Kondo, Y., Cates, M.E., Kamei, H., 2018. An internet-based survey in Japan concerning social distance and stigmatization toward the mentally ill among doctors, nurses, pharmacists, and the general public. Asian J. Psychiatr. 36, 1–7. https://doi.org/10.1016/j.ajp.2018.05.017.

Kerrison, S.A., Chapman, R., 2007. What general emergency nurses want to know about mental health patients presenting to their emergency department. Accid. Emerg. Nurs. 15, 48–55. https://doi.org/10.1016/j.aaen.2006.09.003.

Mårtensson, G., Jacobsson, J.W., Engström, M., 2014. Mental health nursing staff's attitudes towards mental illness: an analysis of related factors. J. Psychiatr. Ment. Health Nurs. 21, 782–788. https://doi.org/10.1111/jpm.12145.

Ministry of Health, 2017. Depression: Let's Talk [WWW Document].

Morris, R., Scott, P.A., Cocoman, A., Chambers, M., Guise, V., Välimäki, M., Clinton, G., 2012. Is the Community Attitudes towards the mentally Ill scale valid for use in the investigation of European nurses' attitudes towards the mentally ill? A confirmatory factor analytic approach. J. Adv. Nurs. 68, 460–470. https://doi.org/10.1111/j.1365-2648.2011.05739.x.

Rao, H., Mahadevappa, H., Pillay, P., Sessay, M., Abraham, A., Luty, J., 2009. A study of stigmatized attitudes towards people with mental health problems among health professionals. J. Psychiatr. Ment. Health Nurs. 16, 279–284. https://doi.org/10.1111/j.1365-2850.2008.01369.x.

Ross, C.A., Goldner, E.M., 2009. Stigma, negative attitudes and discrimination towards mental illness within the nursing profession: a review of the literature. J Psychiatr Ment Heal. Nurs 16, 558–567. https://doi.org/10.1111/j.1365-2850.2009.01399.x.

Sathyanath, S., Mendonsa, R.D., Thattil, A.M., Chandran, V.M., Karkal, R.S., 2016. Socially restrictive attitudes towards people with mental illness among the non-psychiatry medical professionals in a university teaching hospital in South India. Int. J. Soc. Psychiatry 62, 221–226. https://doi.org/10.1177/0020764015623971.

Sharma, V.K., Lepping, P., Krishna, M., Durrani, S., Copeland, J.R.M., Mottram, P., Parhee, R., Quinn, B., Lane, S., Cummins, A., 2008. Mental health diagnosis by nurses using the Global Mental Health Assessment Tool: a validity and feasibility study. Br. J. Gen. Pract. 58, 411–416. https://doi.org/10.3399/bjgp08X299218.

Shrestha, M.R., Neuropsychiatrist, S.C., 2013. Knowledge and attitude about mental illness among nursing students. J. Psychiatr. Assoc. Nepal 2, 35–38.

Smith, B., 2015. Mental illness stigma in the media. Rev. A J. Undergrad. Student Res. 16, 50–63.

Summers, M., Happell, B., 2003. Patient satisfaction with psychiatric services provided by a Melbourne tertiary hospital emergency department. J. Psychiatr. Ment. Health Nurs. 10, 351–357. https://doi.org/10.1046/j.1365-2850.2003.00600.x.

Tant, E.M., Elledge, M., 2014. Equity in Access to Healthcare in Brunei Darussalam: Results From the Brunei Darussalam Health System Survey (HSS) by Equity in Access to Healthcare in Brunei Darussalam. Results from the Brunei Darussalam Health System Survey (HSS) by.

Taylor, S.M., Dear, M., 1981. Community attitudes toward the mentally ill scales. Schizophr. Bull. 7, 225. https://doi.org/10.1037/t12944-000.

Tyerman, J., 2014. Registered Nurses'Experiences of Care for Individuals with Mental Health Issues in the Emergency Department.

Van Der Kluit, M.J., Goossens, P.J.J., 2011. Factors influencing attitudes of nurses in general health care toward patients with comorbid mental illness: an integrative literature review. Issues Ment. Health Nurs. 32, 519–527. https://doi.org/10.3109/01612840.2011.571360.