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Mental Health Knowledge and Perception of Mental Illness Among Nursing Undergraduates in a Nigerian University

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ABSTRACT

Mental illness continues to constitute a significant global public health challenge, with persistent misconceptions and stigma undermining prevention, early identification, and effective care. This study investigated the knowledge and perceptions of mental illness among nursing students at Novena University, Ogume, Delta State, Nigeria. A descriptive cross-sectional design was employed, involving 146 nursing students selected through stratified random sampling across all academic levels. Data were collected using a 29-item structured questionnaire assessing knowledge, perceptions, and influencing factors related to mental health; the instrument demonstrated good internal consistency (Cronbach's alpha = 0.81). Findings indicated that although a majority of respondents (67.1%) reported receiving formal mental health education, over half (50.7%) exhibited poor perceptions of mental illness. Media exposure, cultural beliefs, family discourse, clinical experiences, and personal contact with individuals living with mental illness emerged as significant determinants of students' knowledge. Increased awareness was associated with enhanced empathy and improved recognition of early symptoms of mental illness. A statistically significant association was observed between perception of mental illness and attitudes toward affected individuals ($p = 0.035$), whereas no significant relationship was found between knowledge level and perception ($p = 0.133$). The study concludes that despite foundational knowledge, nursing students demonstrate persistent perceptual and attitudinal gaps shaped by sociocultural and educational influences. Strengthening mental health curricula, expanding awareness initiatives, and increasing clinical exposure are recommended to reduce stigma and better equip future nurses for comprehensive mental health care.

INTRODUCTION

Mental health is an integral component of overall health and well-being, influencing how individuals think, feel, behave, and interact with others across the lifespan. The World Health Organization defines mental health as a state of well-being in which individuals realize their abilities, cope effectively with normal life stresses, work productively, and contribute to their communities (World Health Organization, 2022). Mental well-being is shaped by a complex interplay of biological, psychological, social, and environmental factors, and disruptions in any of these domains may result in mental health disorders that impair functioning and quality of life.

Mental health is widely conceptualized as a state of holistic well-being in which individuals can recognize their abilities, cope effectively with everyday stressors, function productively, and contribute meaningfully to society. It encompasses emotional, psychological, and social dimensions that influence cognition, affect, and behavior (World Health Organization, 2022). Mental well-being is not static; rather, it is shaped by a complex interaction of genetic vulnerability, biological processes, environmental exposures, and psychosocial experiences, including trauma, family dynamics, and the availability of

social support (Mukhatar, 2020).

Mental health disorders comprise a broad range of conditions that adversely affect thought processes, emotional regulation, behavior, and functional capacity. These include anxiety disorders, mood disorders such as depression and bipolar disorder, schizophrenia, eating disorders, and substance use disorders. Notably, mental disorders are highly prevalent and often emerge early in life, with more than half of cases developing before the age of 14, underscoring the need for early awareness and intervention (Chen *et al.*, 2020).

Despite their high prevalence, mental disorders remain poorly understood, and misconceptions surrounding their etiology and manifestations contribute substantially to the global burden of disease. Historically, limited mental health literacy has fueled stigmatizing attitudes, with individuals living with mental illness frequently perceived as dangerous, unpredictable, or socially unproductive (Chinyere *et al.*, 2024). Such beliefs undermine social inclusion, delay help-seeking, and compromise the quality of care received by affected individuals.

Mental illnesses constitute a substantial proportion of the global burden of disease, affecting hundreds of millions of people worldwide. Common conditions such

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as depression, anxiety disorders, schizophrenia, bipolar disorder, and substance use disorders are highly prevalent and frequently emerge during childhood or adolescence, emphasizing the importance of early recognition and intervention (Chen *et al.*, 2020). Despite advances in mental health research and treatment, widespread misconceptions and stigma continue to limit access to care, delay help-seeking, and negatively influence societal responses to individuals living with mental illness.

In Nigeria, understanding and perceptions of mental illness are strongly influenced by cultural, spiritual, and social narratives, with mental health conditions frequently attributed to supernatural or moral causes rather than biomedical explanations. These beliefs contribute to stigma, social exclusion, and underutilization of mental health services. Within the context of nursing education, insufficient mental health literacy and limited clinical exposure further compound these challenges, potentially undermining students' preparedness to provide compassionate and effective mental health care.

Healthcare professionals play a pivotal role in addressing mental health challenges, with nurses occupying a central position due to their close and sustained contact with patients across healthcare settings. Nursing undergraduates, as future frontline providers, are expected to possess adequate knowledge of mental health conditions and demonstrate positive, non-stigmatizing attitudes toward individuals with mental illness. However, evidence suggests that nursing students' perceptions are often shaped by prevailing cultural beliefs, societal stereotypes, and limited exposure to mental health education and clinical practice, which may perpetuate fear, avoidance, and discriminatory attitudes.

Examining mental health knowledge and perceptions among nursing undergraduates in Nigerian universities is therefore essential for identifying gaps in education, understanding the influence of sociocultural factors, and informing curriculum development. Such evidence is critical for strengthening mental health training, reducing stigma, and equipping future nurses with the competencies required to deliver holistic, patient-centered mental health care in Nigeria.

Nursing students occupy a critical position in addressing these challenges, as they represent the future mental health workforce and serve as key agents of change within healthcare systems and communities. Enhancing mental health literacy within nursing education has been shown to improve empathy, promote positive attitudes, increase help-seeking behaviors, and reduce stigma toward individuals with mental illness (Bhochibhoya *et al.*, 2021). Consequently, understanding nursing students' knowledge and perceptions is essential for identifying gaps in education and designing targeted interventions that foster acceptance and compassionate care.

In Nigeria, perceptions of mental illness are deeply embedded within cultural, spiritual, and social belief systems. Mental health conditions are often attributed to supernatural forces such as curses, witchcraft, or demonic

possession, rather than recognized as medical conditions requiring professional treatment (Olanrewaju & Adebayo, 2020; Okonkwo & Ekwueme, 2020). These narratives perpetuate myths, reinforce stigma, and contribute to the marginalization of individuals with mental disorders, thereby intensifying the public health burden.

Within nursing education, mental health literacy remains suboptimal, particularly in settings where structured psychiatric nursing content and clinical exposure are limited. Yusuf and Isa (2021) reported that fewer than half of nursing students received adequate formal instruction on mental illness, resulting in persistent misconceptions and stigmatizing views. Similarly, Olowookere *et al.* (2022) found that inadequate knowledge of mental health was associated with negative perceptions and a reluctance to pursue careers in psychiatric nursing. These findings highlight the urgent need to strengthen mental health education, particularly in emerging institutions such as Novena University, where improving students' knowledge and perceptions may significantly influence future mental health service delivery in Nigeria.

Against this backdrop, the present study examines the knowledge and perceptions of nursing students toward mental illness at a Nigerian University. The study seeks to assess students' overall perceptions, identify factors influencing their knowledge and attitudes, and explore the role of mental health awareness in shaping these perceptions. Additionally, the study tests the hypotheses that no significant relationship exists between students' perceptions of mental illness and their attitudes toward individuals with mental health conditions, and that no significant association exists between students' level of knowledge and their perceptions of mental illness. By addressing these objectives, the study aims to generate evidence that can inform curriculum development, stigma-reduction strategies, and policy interventions aligned with national mental health priorities.

Concepts of Mental Health and Mental Illness

Defining mental health and mental illness remains a complex and contested endeavor within mental health scholarship. One commonly cited approach frames mental illness in relation to cultural norms, whereby individuals are considered mentally ill if their behaviors deviate significantly from socially accepted standards or cause distress to others. While this perspective may be applicable in cases of severe psychopathology such as schizophrenia or acute mania, it underscores the relative and culturally embedded nature of mental illness, as behaviors deemed pathological in one context may be normalized or even valorized in another (Patwary *et al.*, 2022). For example, hallucinations may result in psychiatric hospitalization in some societies, while in others they are interpreted as spiritual experiences.

However, defining mental illness solely through social deviance is problematic, as it lacks objective criteria and has historically been misused. In certain political contexts, dissent has been pathologized to justify repression,

highlighting the ethical risks of socially constructed definitions (Chen *et al.*, 2020). Furthermore, mental illness is surrounded by pervasive myths, including the belief that it equates to abnormality or irrationality. Such assumptions overlook the universality of emotional fluctuations, dreams, and irrational thoughts, which are integral to human experience. Evidence suggests that individuals with severe mental disorders often share more similarities than differences with the general population, reinforcing the view that mental health and illness exist along a continuum rather than as dichotomous states.

Contemporary scholars increasingly argue that mental health extends beyond the mere absence of mental illness. Schleider *et al.* (2020) describe mental health as a state of inner balance characterized by adaptive functioning, sound judgment, intact reasoning, and the capacity for meaningful social relationships, even in the presence of certain medical conditions. Importantly, mental health is dynamic and influenced by individual life trajectories, cultural backgrounds, spiritual beliefs, and psychosocial development. Consequently, no single universal definition of mental health exists, although certain core attributes—such as emotional regulation, resilience, empathy, productive engagement, and accurate reality perception—are widely recognized as indicators of psychological well-being (Schleider *et al.*, 2021; Chinyere *et al.*, 2024).

In contrast, mental illness is marked by clinically significant disturbances in cognition, emotion, or behavior that impair daily functioning. For instance, depressive disorders are characterized by persistent sadness, anhedonia, and hopelessness; conduct disorders involve aggressive and rule-violating behaviors; schizophrenia presents with delusions and hallucinations; adjustment disorders manifest as functional decline in response to stressors; and dependent personality disorder is associated with excessive reliance on others due to low self-confidence (Rosa *et al.*, 2022).

Mental Health Knowledge and Its Effects

Mental health knowledge, often referred to as mental health literacy, encompasses an individual's understanding of mental disorders, including their symptoms, causes, risk factors, prevention strategies, and treatment options. It also involves beliefs that facilitate early recognition, appropriate help-seeking, and supportive attitudes toward affected individuals (Chinyere *et al.*, 2024). Inadequate knowledge and misinformation have been consistently identified as major barriers to treatment utilization and recovery, particularly in low-resource settings (Szajna *et al.*, 2021).

Empirical evidence suggests that improved mental health knowledge is associated with more positive attitudes and reduced stigma. Individuals who believe that mental illnesses are treatable are more likely to seek professional help and support others in doing so (Chinyere *et al.*, 2024). Interventions targeting attitudes and behaviors appear to be more effective than mass media campaigns

or indirect contact alone (Cui *et al.*, 2023). Although recent community-based initiatives have improved public attitudes in some regions, the translation of favorable perceptions into actual service utilization remains inconsistent (Yinjuan *et al.*, 2025). Studies from North America indicate that prior engagement with mental health services predicts more positive views toward professional help-seeking (Jiang *et al.*, 2022).

Perception Toward Mental Illness

Perception of mental illness refers to the beliefs, attitudes, and emotional responses individuals hold toward mental health conditions and those affected by them. Among nursing students, these perceptions are particularly consequential, as they influence clinical competence, empathy, and willingness to engage in psychiatric care. Cultural, religious, and societal frameworks strongly shape perceptions, with mental illness in many societies attributed to supernatural or spiritual causes, thereby reinforcing stigma and discrimination (Dessauvage *et al.*, 2022).

Mental illness is frequently associated with stereotypes of dangerousness and unpredictability, which remain significant obstacles to effective care. Such stigma discourages treatment-seeking and perpetuates social exclusion (Jiang *et al.*, 2022). Among nursing students, stigmatizing perceptions may manifest as fear of psychiatric patients or reluctance to pursue mental health nursing. Nevertheless, evidence consistently demonstrates that structured mental health education and meaningful clinical exposure can reduce stigma and promote empathetic, recovery-oriented attitudes (Wagner *et al.*, 2022; Ching *et al.*, 2020).

Perceptions directly affect quality of care, as negative beliefs may lead to discriminatory practices, while positive perceptions foster advocacy, patient-centered care, and stigma reduction within healthcare systems (Jiang *et al.*, 2022). Persistent barriers influencing nursing students' perceptions include limited psychiatric exposure, sensationalized media portrayals, and deeply rooted cultural beliefs.

Factors Influencing Nursing Students' Perceptions

Nursing students' perceptions of mental illness are shaped by a multifaceted interplay of personal, educational, and sociocultural factors. Demographic characteristics, personality traits, and prior contact with mental illness can predispose students toward either acceptance or stigma. Educational quality, clinical placements, and faculty mentorship are particularly influential, as they provide opportunities for experiential learning and reflective practice that challenge stereotypes (Wagner *et al.*, 2022). Additionally, peer influence, institutional culture, media narratives, and broader societal norms further reinforce or reshape students' beliefs (Jiang *et al.*, 2022).

Theoretical Review: Health Belief Model

This study is grounded in the Health Belief Model

(HBM), a widely used framework developed in the 1950s by U.S. Public Health Service psychologists to explain health-related behaviors (Patwary *et al.*, 2022). The HBM posits that individuals' actions are influenced by their perceptions of susceptibility, severity, benefits, and barriers, as well as cues to action and self-efficacy. In the context of mental health, the model provides a useful lens for understanding how nursing students' beliefs shape their willingness to acquire knowledge, seek help, and support individuals with mental illness.

Applied to this study, perceived susceptibility reflects students' beliefs about their risk of mental health problems; perceived severity relates to their understanding of the consequences of mental illness; perceived benefits concern the value of mental health literacy; perceived barriers include stigma and cultural misconceptions; cues to action encompass educational initiatives and personal experiences; and self-efficacy refers to confidence in managing mental health issues. Together, these constructs explain variations in students' knowledge, perceptions, and attitudes.

Empirical evidence highlights persistent gaps between attitudes and perceptions among nursing students. In Nigeria, Kanikwu and Origbo (2021) found that while student nurses demonstrated generally positive attitudes toward caring for individuals with mental illness, their perceptions remained largely negative, influenced by limited social support and inadequate specialized training. Rosa (2022) similarly reported that prior exposure to mental illness significantly predicted more authentic positive attitudes, while social desirability bias influenced self-reported acceptance.

A systematic review by Muhammed (2020) demonstrated that psychiatric clinical exposure significantly reduced stigmatizing attitudes among nursing students, with direct patient interaction proving more effective than theoretical instruction alone. Gender differences were also observed, with male students exhibiting higher stigma levels. More recently, Yinjuan *et al.* (2025) highlighted the psychological burden among nursing undergraduates, emphasizing the role of cognitive coping strategies in mitigating depression and underscoring the need for integrated mental health support within nursing education

LITERATURE REVIEW

The reviewed literature highlights that mental health and mental illness are complex, culturally influenced concepts that exist along a continuum rather than as fixed categories. Mental health extends beyond the absence of mental illness and characterized by emotional balance, adaptive functioning, and meaningful social engagement. In contrast, mental illness involves clinically significant disturbances that impair daily functioning. Persistent myths and misconceptions, often reinforced by cultural and societal beliefs, continue to shape negative perceptions of mental illness.

Evidence from the literature underscores the critical role of mental health knowledge in shaping attitudes and perceptions. Adequate mental health literacy is

consistently associated with reduced stigma, improved empathy, and increased willingness to seek professional help. Conversely, limited knowledge and misinformation contribute to negative stereotypes, avoidance behaviors, and poor engagement with mental health services. Among nursing students, perceptions of mental illness are strongly influenced by cultural background, media portrayals, personal experiences, and the depth of mental health education and clinical exposure received during training.

Theoretical insights from the Health Belief Model further explain how students' beliefs about susceptibility, severity, benefits, barriers, and self-efficacy influence their engagement with mental health knowledge and behaviors. Empirical studies reviewed reveal that while nursing students may demonstrate positive attitudes, negative perceptions and stigma often persist, particularly in contexts with limited psychiatric training. Overall, the literature emphasizes the need for strengthened mental health education, increased clinical exposure, and targeted stigma-reduction strategies to improve nursing students' perceptions and preparedness for mental health care.

MATERIALS AND METHODS

Study Design

A descriptive cross-sectional survey design was employed to assess the level of knowledge and perceptions of mental illness among nursing undergraduates at a Nigerian University. This design was considered appropriate for obtaining a snapshot of prevailing attitudes and knowledge within the study population and allows for efficient collection and analysis of data within a defined time frame.

Study Setting

The study was conducted at Novena University, Ogume, located in Ukwuani Local Government Area of Delta State, Nigeria. Established in 2005, Novena University is the first private university in Delta State and comprises five academic colleges, including the College of Medical and Health Sciences, under which the Department of Nursing Science is situated. The university offers undergraduate and postgraduate programs across health, social, natural, legal, and technological sciences. Its emphasis on academic excellence, research, community engagement, and professional development provides an appropriate context for examining mental health knowledge and perceptions among nursing students.

Study Population

The target population consisted of all undergraduate nursing students enrolled in the Department of Nursing Science at Novena University across all academic levels (100–500 level). At the time of the study, the total population of nursing students was approximately 900.

Sample Size Determination

The sample size was determined using Taro Yamane's formula for finite populations, with a margin of error set

at 0.08. Based on this calculation, a minimum sample size of 133 participants was obtained. To account for potential non-response or attrition, an additional 10% was added, yielding a final sample size of 146 nursing students. The sample for this study was determined using Taro Yamane's method to get the sample size, as seen below:

$n = N / (1 + N(e)^2)$
 n = signifies the sample size N = signifies the population under study e = signifies the margin of error (0.08)
 $n = 900 / (1 + 900(0.08)^2) = 900 / (1 + 900(0.0064)) = 900 / (1 + 5.76) = 900 / 6.7 = 133$
 10% attrition; $10 / 100 \times 133$

Table 1: Distribution of the samples across the level

Respondents	Population Size	Sample Size
100LEVEL	168	27
200LEVEL	24	4
300LEVEL	137	22
400LEVEL	346	56
500LEVEL	225	37
	N =900	n =14

Sampling Technique

A stratified random sampling technique was utilized to ensure proportional representation of students across all academic levels. Each level of study constituted a stratum, from which participants were selected proportionately using simple random sampling through balloting. This approach enhanced representativeness and minimized selection bias.

Instrument for Data Collection

Data were collected using a self-administered, structured questionnaire developed by the researchers in line with the study objectives. The instrument comprised 29 closed-ended items arranged into four sections: Section A assessed sociodemographic characteristics; Section B evaluated students' perceptions of mental illness; Section C examined factors influencing knowledge and perceptions; and Section D explored the role of mental health awareness in shaping perceptions. Responses were measured using a Likert-scale format.

Validity and Reliability of the Instrument

Face and content validity were established through an extensive review of relevant literature and expert evaluation by nurse experts, leading to revisions where necessary. Reliability was assessed through a pilot study involving 10% of the calculated sample size (15 nursing students) from Delta State University, Abraka, who were excluded from the main study. Analysis of the pilot data yielded a Cronbach's alpha coefficient of 0.81, indicating good internal consistency.

Data Collection Procedure

Ethical and administrative approvals were obtained from the Department of Nursing Science and the university's ethical review committee before data collection. Participants were informed of the study's purpose, and both verbal and written informed consent were obtained. Questionnaires were distributed and retrieved. Data collection was conducted over two weeks, and

respondents were guided to ensure accurate completion of the instrument. The research questions were addressed, and the formulated hypotheses were subsequently tested using appropriate statistical procedures. A total of 146 questionnaires were administered to the study participants. All distributed questionnaires were fully completed and returned. Following data coding and cleaning, all responses were found to be complete and suitable for analysis, yielding a 100% response rate.

RESULTS AND DISCUSSIONS

Collected data were coded and analyzed using the Statistical Package for Social Sciences (SPSS) version 25. Descriptive statistics, including frequencies and percentages, were used to summarize the data. Inferential analysis was performed using the Chi-square test to examine associations between variables and to test the formulated hypotheses. Statistical significance was set at $p < 0.05$.

Ethical Considerations

Ethical approval was obtained from the Ethical Review Committee of Novena University, Ogume. Participation was voluntary, and respondents were assured of confidentiality, anonymity, and the right to withdraw at any stage without penalty. The study adhered to the principles of non-maleficence, beneficence, and respect for persons throughout the research process.

Results

Socio-Demographic Characteristic

The socio-economic characteristics considered in the study include the respondents' age, gender and level of study.

As shown in Table 2 below, the mean age of respondents' children was 27.8 years (SD +7.12) with an age range of 10 to 35. More than half, 78(53.4%) of the respondents are in the age bracket 21-25years, the majority, 120(82.2%) of the respondents were females, 53(36.3%) of the respondents are in the 400 Level. Most 98(67.1%) of

Table 2: shows respondents' socio demographic characteristic (n=146)

Variables		Frequency	Percent
Age Distribution	10-15years	1	.7
	16-20years	48	32.9
	21-25years	78	53.4
	26-30years	11	7.5
	31-35years	8	5.5
	Mean ±Std	18.2± 7.94	
Gender	Female	120	82.2
	Male	26	17.8
Year of study	100 Level	26	17.8
	200 Level	5	3.4
	300 Level	18	12.3
	400 Level	53	36.3
	500 Level	44	30.1
Have you received formal education on mental health as part of your nursing curriculum?	Yes	98	67.1
	No	48	32.9
Have you been exposed to mental health clinical training or experience?	Yes	63	43.2
	No	83	56.8

Table 3: showing perception of nursing students towards mental illness (n=146)

Variables		Frequency	Percent
Mental illnesses are treatable through modern medicine	Agree	86	58.9
	Disagree	3	2.1
	Neutral	21	14.4
	Strongly Agree	36	24.7
People with mental illnesses should be encouraged to interact with society	Agree	59	40.4
	Disagree	9	6.2
	Neutral	38	26.0
	Strongly Agree	36	24.7
	Strongly Disagree	4	2.7
Mental illness is a sign of weakness or poor character	Agree	19	13.0
	Disagree	64	43.8
	Neutral	19	13.0
	Strongly Agree	9	6.2
	Strongly Disagree	35	24.0
People with mental illnesses are capable of holding jobs and contributing to society	Agree	38	26.0
	Disagree	58	39.7
	Neutral	24	16.4
	Strongly Agree	10	6.8
	Strongly Disagree	16	11.0
I feel nervous or uneasy when interacting with someone with a mental illness	Agree	62	42.5
	Disagree	25	17.1
	Neutral	48	32.9
	Strongly Agree	10	6.8
	Strongly Disagree	1	.7

Individuals with mental illnesses are likely to be violent	Agree	80	54.8
	Disagree	16	11.0
	Neutral	22	15.1
	Strongly Agree	24	16.4
	Strongly Disagree	4	2.7
Mental health care is as important as physical health care	Agree	44	30.1
	Disagree	1	.7
	Neutral	5	3.4
	Strongly Agree	95	65.1
	Strongly Disagree	1	.7
People with mental illnesses are a burden to their families	Agree	49	33.6
	Disagree	36	24.7
	Neutral	45	30.8
	Strongly Agree	11	7.5
	Strongly Disagree	5	3.4
Mental illnesses are exaggerated and not real health conditions	Agree	9	6.2
	Disagree	71	48.6
	Neutral	13	8.9
	Strongly Disagree	53	36.3

the respondents have received formal education on mental health as part of the nursing curriculum, but only 63(43.2%) of the respondents have been exposed to mental health clinical training or experience.

Perception of nursing students towards mental illness

The result in Table 3 above revealed that more than half, 86(58.9%) of the respondents agreed that mental illnesses are treatable through modern medicine, 36(24.7%) strongly agreed, 21(14.4%) were neutral, while 3(2.1%) disagreed. The majority, 59(40.4%) of the respondents agreed that people with mental illnesses should be encouraged to interact with society, 38(26.0%) were neutral, 36(24.7%) strongly agreed, 9(6.2%) disagreed, while 4(2.7%) strongly disagreed. Most 64(43.8%) of the respondents disagreed that mental illness is a sign of weakness or poor character, 35(24.0%) strongly disagreed, 19(13.0%) agreed, 19(13.0%) were neutral, while 9(6.2%) strongly agreed.

The result further revealed that 58(39.7%) of the respondents disagreed that people with mental illnesses

are capable of holding jobs and contributing to society, 38(26.0%) agreed, 24(16.4%) were neutral, 16(11.0%) strongly disagreed, while 10(6.8%) strongly agreed. 62(42.5%) respondents agreed to feel nervous or uneasy when interacting with someone with a mental illness, 48(32.9%) were neutral, 25(17.1%) disagreed, 10(6.8%) strongly agreed, while 1(0.7%) strongly disagreed. More than half 80(54.8%) agreed that individuals with mental illnesses are likely to be violent, 24(16.4%) strongly agreed, 22(15.1%) were neutral, 16(11.0%) disagreed, and 4(2.7%). Most 95(65.1%) of the respondents strongly agreed that mental health care is as important as physical health care, 44(30.1%) agreed, 5(3.4%) were neutral, 1(0.7%) disagreed, while 1(0.7%) strongly disagreed.

Additionally, 49(33.6%) of the respondents agreed that people with mental illnesses are a burden to their families, 45(30.8%) were neutral, 36(24.7%) disagreed, 11(7.5%) strongly agreed, while 5(3.4%) strongly disagreed. The result revealed that 71(48.6%) of the respondents disagreed that mental illnesses are exaggerated and not real health conditions, 53(36.3%) strongly disagreed, 13(8.9%) were neutral, while 9(6.2%) agreed.

Table 4: Respondents' perception towards mental illness

Perception towards mental illness				Mean	S.D.	Min.	Max.
Results	Range Scores	Frequency	Percentage	2.43	1.302	1	5
Good perception	3 – 5.0	72	49.3				
Poor perception	1 – 2.9	74	50.7				
Total		146	100.0				

The responses in Table 4 were weighed such that a 'correct' weighted '1', while an 'incorrect' weighted '0'. These weights were applied to compute the composite

perception score. From the knowledge score, the mean value was 6.0, and the maximum and minimum scores were 5 and 1, respectively. Furthermore, the knowledge

scores were grouped such that scores from the half (6.0) and below were grouped as ‘poor perception’ while the scores above the half were grouped as ‘good perception’. Further, the results are illustrated in the Table.4 shows

that 50.7% of the respondents had a poor perception of mental illness. On the other hand, 49.3% had a good perception of mental illness.

Table 5: showing factors influencing knowledge and perception of mental illness (n=146)

Factors influencing knowledge and perception of mental illness	Frequency	Percent	
The media has positively influenced my knowledge of mental health	Agree	63	43.2
	Disagree	12	8.2
	Neutral	30	20.5
	Strongly Agree	39	26.7
	Strongly Disagree	2	1.4
My cultural background influences how I perceive mental illness	Agree	57	39.0
	Disagree	31	21.2
	Neutral	33	22.6
	Strongly Agree	16	11.0
	Strongly Disagree	9	6.2
Religious beliefs shape my understanding of mental health issues	Agree	45	30.8
	Disagree	36	24.7
	Neutral	45	30.8
	Strongly Agree	12	8.2
	Strongly Disagree	8	5.5
Family discussions on mental health have increased my awareness	Agree	73	50.0
	Disagree	22	15.1
	Neutral	29	19.9
	Strongly Agree	19	13.0
	Strongly Disagree	3	2.1
Formal education on mental health has improved my knowledge and perceptions	Agree	56	38.4
	Disagree	1	.7
	Neutral	12	8.2
	Strongly Agree	76	52.1
	Strongly Disagree	1	.7
My experiences with mentally ill patients during clinical practice have influenced my views	Agree	45	30.8
	Disagree	5	3.4
	Neutral	49	33.6
	Strongly Agree	46	31.5
	Strongly Disagree	1	.7
Stigma in society prevents me from openly discussing mental health	Agree	53	36.3
	Disagree	34	23.3
	Neutral	36	24.7
	Strongly Agree	16	11.0
	Strongly Disagree	7	4.8
My personal experiences with someone who has a mental illness shape my perception	Agree	75	51.4
	Disagree	5	3.4
	Neutral	32	21.9
	Strongly Agree	34	23.3

Factors Influencing Knowledge and Perception of Mental Illness

As revealed in table 5 above, the factors influencing

knowledge and perception of mental illness include media 102(69.9%), cultural background 73(50.0%), family discussions on mental health 92(63.0%), Formal

Table 6: showing factors influencing knowledge and perception of mental illness (n=146)

Variables		Frequency	%
I have a good understanding of common mental health disorders like depression and anxiety	Agree	69	47.3
	Disagree	4	2.7
	Neutral	12	8.2
	Strongly Agree	61	41.8
Mental health awareness campaigns are effective in reducing stigma	Agree	66	45.2
	Disagree	2	1.4
	Neutral	8	5.5
	Strongly Agree	70	47.9
Increased awareness of mental health issues improves empathy toward affected individuals	Agree	76	52.1
	Disagree	1	.7
	Neutral	4	2.7
	Strongly Agree	64	43.8
	Strongly Disagree	1	.7
Knowing the symptoms of mental illnesses helps in early intervention	Agree	50	34.2
	Disagree	1	.7
	Neutral	2	1.4
	Strongly Agree	93	63.7
Access to mental health resources and information is sufficient at this university	Agree	47	32.2
	Disagree	30	20.5
	Neutral	35	24.0
	Strongly Agree	18	12.3
	Strongly Disagree	16	11.0
Peer education programs can improve students' mental health literacy	Agree	77	52.7
	Disagree	1	.7
	Neutral	6	4.1
	Strongly Agree	62	42.5
I feel confident identifying someone who may need mental health support	Agree	77	52.7
	Disagree	7	4.8
	Neutral	24	16.4
	Strongly Agree	38	26.0

education on mental health 132(90.4%), experiences with mentally ill patients during clinical practice 91(62.3%) and personal experiences with someone who has a mental illness 109(74.7%).

Role of Awareness and Knowledge of Mental Health

As revealed in Table 6 above, 47.3% of the respondents agreed to have a good understanding of common mental health disorders like depression and anxiety. Mental health awareness campaigns are effective in reducing stigma, as was also strongly agreed by 47.9% of the respondents. More than half, 52.1% of the respondents, agreed that increased awareness of mental health issues improves empathy toward affected individuals. 63.7% of the

respondents strongly agreed that knowing the symptoms of mental illnesses helps in early intervention.

Additionally, 32.2% agreed that access to mental health resources and information is sufficient at this university, 52.7% agreed that peer education programs can improve students' mental health literacy, and the same proportion 52.7% agreed to feel confident identifying someone who may need mental health support.

Research Hypothesis

Hypothesis one: There is no significant relationship between students' perception of mental illness and their attitudes towards individuals with mental health conditions

Table 7: Relationship between students’ perception of mental illness and their attitudes towards individuals with mental health conditions

		Attitudes towards individuals with mental health conditions		Total	X2	df	P-value
		Good	Poor				
Perception towards mental illness	Poor	6	18	24	22.211a	1	*0.035
	Good	63	59	122			
Total		69	77	146			

χ^2 -Pearson chi square value, df-degree of freedom, P -Probability value, *-significant at $P < .050$

Inference: Since the P-Values (0.035) is less than the 0.05 level of significance, we reject the null hypothesis and accept the alternative hypothesis. Therefore, there is a significant relationship between students’ perception of mental illness and their attitudes towards individuals with

mental health conditions.

Hypothesis two: There is no significant relationship between the level of knowledge of students about mental illness and their perception towards mental illness

Table 8: Relationship between level of knowledge of students about mental illness and their perception towards mental illness n=146

		Perception towards mental illness		Total	X2	df	P-value
		Good	Poor				
Knowledge about mental illness	Poor	37	11	48	5.600a	1	*0.035
	Good	85	13	98			
Total		122	24	146			

χ^2 -Pearson chi square value, df-degree of freedom, P -Probability value, *-significant at $P < .050$

Inference: Since the P-Values (0.133) is greater than the 0.05 level of significance, we reject the alternative hypothesis and accept the null hypothesis. Therefore, there is no significant relationship between the level of knowledge of students about mental illness and their perception towards mental illness.

feel nervous or uneasy when interacting with someone with a mental illness. This agrees with the findings of Zurline, (2021) in their study, who reported a negative attitude toward mental illness and have a disinterest in pursuing a career as a psychiatric/mental health nurse. However, Ruqaiya *et al.* (2023) study findings revealed that the overall attitude of nursing students in one of the public nursing colleges was positive (53.1%) toward the patient with mental illness.

Answering research questions

Question 1: What is the overall perception of Nursing students towards mental illness in Novena University, Ogume, Delta State?

Section B, Table 4.2: revealed that more than half 86(58.9%) of the respondents agreed that mental illnesses are treatable through modern medicine, 59(40.4%) agreed that people with mental illnesses should be encouraged to interact with society, 64(43.8%) disagreed that mental illness is a sign of weakness or poor character, 58(39.7%) disagreed that people with mental illnesses are capable of holding jobs and contributing to society, 62(42.5%) agreed to feel nervous or uneasy when interacting with someone with a mental illness, 80(54.8%) agreed to individuals with mental illnesses are likely to be violent, 95(65.1%) strongly agreed that mental health care is as important as physical health care, 49(33.6%) agreed that people with mental illnesses are a burden to their families while 71(48.6%) disagreed that mental illnesses are exaggerated and not real health conditions. This shows that most of the participants had a good perception of mental illness. However, the attitude of nursing students to mental illness should be looked into as some of the participants

Question 2: What are the factors that influence Nursing students’ knowledge and perception towards mental illness in Novena University, Ogume, Delta State?

This focused on findings on the factors associated with Nursing students’ knowledge and perception towards mental illness in Novena University, Ogume, Delta State. Section C, Table 4.3: shows that the factors influencing knowledge and perception of mental illness include media 102(69.9%), cultural background 73(50.0%), family discussions on mental health 92(63.0%), formal education on mental health 132(90.4%), experiences with mentally ill patients during clinical practice 91(62.3%) and personal experiences with someone who has a mental illness. This finding shows the key role that media plays in portrayals of mental health issues in general and persons with psychiatric disorders in particular, reinforce mistaken beliefs and myths about mental illness. A similar finding was found in Zhang and Firdaus ‘ (2024) study that the media plays a key role in shaping the public’s views on

mental health issues. Positive media reports can help increase public awareness, reduce stigma, and promote help-seeking behaviors and policy improvements. Jiang (2022) also found that media portrayals and prevailing social norms contribute to shaping students' beliefs about the unpredictability or dangerousness of mental illness.

Question 3: What is the role of awareness and knowledge of mental health in shaping Nursing students' perception towards mental illness in Novena University, Ogume, Delta State?

This focused on findings on the role of awareness and knowledge of mental health in shaping Nursing students' perception towards mental illness in Novena University, Ogume, Delta State.

Table 4.4: shows that 47.3% of the respondents agreed to have a good understanding of common mental health disorders like depression and anxiety. Mental health awareness campaigns are effective in reducing stigma, as was also strongly agreed by 47.9% of the respondents. More than half, 52.1% of the respondents, agreed that increased awareness of mental health issues improves empathy toward affected individuals. 63.7% of the respondents strongly agreed that knowing the symptoms of mental illnesses helps in early intervention, 32.2% agreed that access to mental health resources and information is sufficient at this university, 52.7% agreed that peer education programs can improve students' mental health literacy, and the same proportion 52.7% agreed to feel confident identifying someone who may need mental health support. This study shows the need for more mental health awareness campaigns, which can also be in the form of providing mental health resources and information, in educating the public about mental illness and also reducing stigma associated with mental illness. The outcome of this study corroborates the findings of Wagner *et al.* (2022) that mental health education and clinical exposure can reduce stigma and foster more empathetic attitudes. Bhojibhoya *et al.* (2021) found that improving mental health education within schools and universities could play a significant role in shifting perceptions about mental illness and reducing stigmatization of the mentally ill individual. Mahsoon *et al.* (2024) found in their study that exposure to psychiatric courses and training enhances the potential of nursing students to contribute effectively to the psychiatric field.

Discussions

Nursing students represent a critical workforce in the delivery of mental health care, and their knowledge, perceptions, and attitudes toward mental illness have far-reaching implications for patient outcomes, advocacy, and stigma reduction. This study examined the perception, knowledge, and influencing factors related to mental illness among nursing students at Novena University, Ogume, Delta State. The findings reveal important gaps and opportunities for strengthening mental health education and training within nursing programs.

Perception of Nursing Students Toward Mental Illness

The present study demonstrated that more than half of the nursing students exhibited a poor perception of mental illness, despite having received formal education on mental health. This finding is particularly concerning given the professional role nurses play as frontline mental health advocates and caregivers. The persistence of negative perceptions suggests that traditional didactic approaches to mental health education may be insufficient in addressing deeply rooted stereotypes and stigma.

These findings align with Fekih-Romdhane *et al.* (2022), who reported that although nursing students possess higher levels of knowledge compared to non-healthcare students, they often hold more stigmatizing attitudes toward individuals with mental disorders. Similarly, Zurline (2021) reported negative attitudes toward mental illness and a lack of interest among nursing students in pursuing psychiatric or mental health nursing as a career. In contrast, Ruqaiya *et al.* (2023) reported a generally positive attitude among nursing students, highlighting contextual and curricular differences across institutions. The divergence across studies underscores the influence of sociocultural context, teaching methods, and clinical exposure on students' perceptions.

Factors Influencing Knowledge and Perception of Mental Illness

Media exposure emerged as a major influence on students' knowledge and perception of mental illness, as reported by nearly 70% of respondents. Media representations often emphasize violence, unpredictability, and chronic disability, which reinforce myths and negative stereotypes. This finding corroborates Jiang (2022), who noted that media portrayals significantly shape beliefs about the dangerousness and social undesirability of individuals with mental illness. Conversely, Zhang and Firdaus (2024) emphasized that responsible and positive media narratives can enhance mental health literacy, reduce stigma, and encourage help-seeking behaviors, suggesting an opportunity for targeted public health messaging.

Cultural background was also identified as a significant influencing factor. Cultural norms, religious beliefs, and traditional explanations of illness can shape how mental disorders are perceived, explained, and managed. This finding is consistent with Wagner *et al.* (2022) and Ran *et al.* (2021), who highlighted the role of collectivism, spirituality, supernatural beliefs, and family honor in perpetuating stigma and discriminatory attitudes toward people with mental illness. These cultural influences may be particularly salient in low- and middle-income settings, where mental illness is frequently misunderstood or moralized.

Formal mental health education was reported by most respondents as a key factor influencing perception and knowledge. While this suggests that education plays a positive role, the persistence of poor perceptions indicates that content alone is insufficient. Campbell *et*

al. (2022) emphasized that educational preparedness and adaptive capacity within higher education are linked to better mental health outcomes, underscoring the need for experiential, reflective, and skills-based pedagogies rather than purely theoretical instruction.

Clinical exposure and direct experiences with individuals living with mental illness were also identified as influential factors. This finding supports contact theory, which posits that meaningful interaction with marginalized groups can reduce prejudice. Although Sari (2022) reported a statistically significant association between direct contact and more positive attitudes, the mixed findings across studies suggest that the quality of clinical exposure—rather than mere contact—may be critical in shaping perceptions.

Personal experience with mental illness, either directly or through close relationships, was strongly associated with knowledge and perception. This finding is consistent with Wagner *et al.* (2022) and Rosa (2022), who reported that personal exposure fosters empathy, reduces reliance on stereotypes, and promotes more authentic positive attitudes. Students without such exposure may display socially desirable responses that do not translate into genuine attitudinal change.

Role of Awareness and Knowledge of Mental Health

Less than half of the respondents reported having a good understanding of common mental health disorders such as depression and anxiety, indicating gaps in mental health literacy. This finding supports existing evidence that structured mental health education and supervised clinical exposure are essential for fostering empathy and reducing stigma (Wagner *et al.*, 2022).

Mental health awareness campaigns were widely perceived as effective in reducing stigma, reinforcing findings by Bhochibhoya *et al.* (2021), who emphasized the role of institutional mental health education in reshaping attitudes. Similarly, more than half of the respondents agreed that increased awareness improves empathy toward affected individuals, highlighting awareness as a critical pathway for attitudinal change.

However, access to mental health resources and information within the university was perceived as insufficient by a substantial proportion of students. This suggests structural and institutional barriers that may limit the effectiveness of educational interventions. Ching *et al.* (2020) and Mahsoon *et al.* (2024) demonstrated that comprehensive psychiatric training and resource availability enhance students' competence and willingness to engage in mental health care, underscoring the need for institutional investment.

Peer education programs were also recognized as effective in improving mental health literacy, aligning with Yinjuan *et al.* (2025), who emphasized community-based approaches to fostering acceptance and reducing stigma. Peer-led initiatives may offer culturally sensitive and relatable platforms for mental health education within university settings.

Hypothesis Testing and Implications

The study found a significant relationship between students' perceptions of mental illness and their attitudes toward individuals with mental health conditions. This finding reinforces existing evidence that perception directly influences professional behavior, advocacy, and patient engagement. Jiang *et al.* (2022) similarly reported that positive perceptions are associated with recovery-oriented care and stigma reduction. Conversely, negative perceptions may hinder willingness to engage in mental health care and advocacy, as noted by Chinyere *et al.* (2024).

Interestingly, no significant relationship was found between the level of knowledge and perception of mental illness. This finding suggests that knowledge alone does not automatically translate into positive perceptions or attitudes. While this contrasts with Ching *et al.* (2020), who reported that comprehensive education improves attitudes, it highlights the complex interplay between cognitive knowledge, emotional responses, cultural beliefs, and personal experiences. These results underscore the need for transformative educational strategies that integrate reflective practice, contact-based learning, and anti-stigma interventions alongside theoretical instruction.

This study thus assessed the knowledge and perceptions of nursing students toward mental illness at Novena University, Ogume, Delta State. The findings revealed that a majority of students held poor perceptions of mental illness despite formal education, highlighting persistent stigma and negative attitudes. Key factors influencing knowledge and perception included media portrayals, cultural background, formal mental health education, clinical exposure, and personal experiences with mental illness. Awareness and educational interventions, such as campaigns and peer education programs, were perceived as effective strategies for improving understanding and empathy toward individuals with mental health conditions. While students' perceptions significantly influenced their attitudes toward patients, the level of knowledge alone did not necessarily predict positive perceptions, suggesting that knowledge must be complemented with experiential and reflective learning to foster meaningful attitudinal change.

This study underscores the pressing need to enhance mental health education within undergraduate nursing curricula. Integrating experiential learning approaches, culturally responsive content, and structured clinical exposure is crucial for enhancing students' mental health literacy and clinical competence. Implications for Nursing Education and Practice

Overall, the findings emphasize the need to re-evaluate mental health education within nursing curricula. Integrating experiential learning, culturally sensitive content, media literacy, peer education, and structured clinical exposure may be more effective in reshaping perceptions and reducing stigma. Addressing these gaps is essential to preparing nursing students to deliver

compassionate, evidence-based mental health care and to serve as advocates for individuals living with mental illness.

The following recommendations were made:

1. Curriculum Enhancement: Nursing programs should integrate comprehensive mental health education that combines theoretical knowledge with experiential learning, such as case-based discussions, simulation exercises, and reflective practice, to address stigma and promote positive perceptions.

2. Clinical Exposure: Structured and supervised clinical placements in psychiatric and mental health settings should be prioritized, enabling students to gain direct, meaningful interaction with individuals living with mental illness.

3. Awareness Campaigns: Universities should implement regular mental health awareness campaigns and peer-led education programs to improve students' mental health literacy, empathy, and supportive attitudes.

4. Media Literacy Programs: Training students to critically evaluate media portrayals of mental illness can reduce the influence of negative stereotypes and misinformation.

5. Cultural Sensitivity: Nursing education should include culturally informed content that addresses the role of beliefs, norms, and values in shaping mental health perceptions, enabling students to provide culturally competent care.

6. Resource Accessibility: Institutions should improve access to mental health resources, counseling services, and educational materials to support students' learning and personal well-being.

The following research could be done in these areas:

1. Longitudinal Studies: Conduct longitudinal studies to examine how nursing students' knowledge, perceptions, and attitudes toward mental illness evolve throughout their training and into professional practice.

2. Intervention-Based Research: Evaluate the effectiveness of targeted educational interventions, such as simulation-based learning, peer-led programs, and media literacy workshops, in reducing stigma and improving perceptions.

3. Cross-Cultural Comparisons: Explore how cultural context influences nursing students' attitudes and knowledge about mental illness across different regions and countries.

4. Impact on Clinical Practice: Investigate the relationship between students' perceptions and their actual clinical behaviors, including patient interactions, advocacy, and care outcomes.

5. Barriers to Resource Utilization: Assess institutional and systemic barriers that limit access to mental health resources for nursing students and explore strategies to overcome these challenges.

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