

# **Knowledge and Attitudes towards Person with Mental Illness: A Cross-Sectional Study among Community in Kuala Langat, Selangor, Malaysia**

Yasheni Sambanthan, Nur Adibah Solihin Sulaiman, Mohd Noor Mamat

School of Health Sciences, Universiti Sains Malaysia, Malaysia

To Link this Article: <http://dx.doi.org/10.6007/IJARBSS/v13-i12/20322> DOI:10.6007/IJARBSS/v13-i12/20322

**Published Date:** 22 December 2023

## **Abstract**

Mental illnesses are health conditions that involve changes in emotion, thinking, behaviour or a combination of these. It can affect anyone regardless of age, gender, income, social status, race, religion or background. It is important for the community to have positive attitude towards the mentally ill so that they would seek early treatment without any fear of stigma. A cross-sectional study was conducted on 140 respondents recruited using a simple random sampling method. A validated questionnaire was given to all respondents that fit the inclusion criteria. The general objective of the study was to assess the knowledge and attitude towards person with mental illness among community in Kuala Langat, Selangor. The findings revealed that majority of community in Kuala Langat has good knowledge on mental illness and positive attitude towards person with mental illness. In this study, there is no statistically significant association between selected socio-demographic data (gender, age and level of education) with knowledge and attitude towards the person with mental illness. There is a very weak positive correlation between knowledge and attitude towards the person with mental illness. The finding shows that those with good knowledge on mental illness have favourable attitudes towards the mentally ill.

**Keywords:** Knowledge, Attitude, Mental Illness, Community, Mental Health

## **Introduction**

Mental health is defined as a state of well-being in which an individual realises his or her abilities, can cope with the normal stresses of life, can work productively and can contribute to his or her community (World Health Organization, 2013). Mental illness are health conditions that are characterised by dysfunction of mood, thoughts and/or behaviours resulting in distress and/or impaired functioning (Centre for Disease Control and Prevention, 2012).

Many studies revealed that the knowledge of society about the causal factors of mental illness is poor and this can lead to stigma. They believe that substance abuse, possession of evil spirits, trauma, stress, heredity, brain disease, punishment from God and poverty are the

factors that cause mental illness (Chikomo, 2011; Ganesh, 2011). People with mental illness are highly stigmatised and discriminated because they occupy a different space in public perception from those hospitalised for physical conditions. The cause of mental illness is the component which differentiates it from other illness as it was attributed to emotional difficulties rather than to specific physiological pathology.

Community members operate as reinforcing agents for preventive, illness, treatment-seeking and drug compliance behaviours and also as special rehabilitation agents because of the chronic nature of mental illnesses (Girma, Tesfaye, Froeschi, Moller-Leimkuhler, Muller & Dehning, 2013). Therefore, knowledge about mental illness and their attitude towards person with mental illness play a paramount role in mental health. Studies to explore the knowledge and attitude of community towards person with mental illness is very important because the results of these study can be used to plan health education programmes, create awareness about mental health and to form environment without labelling and stigma towards person with mental illness.

According to Girma et al., (2013), the rural community showed significantly higher levels of stigma against person with mental illness than people living in an urban area. Since this study was conducted in a rural area, the result can be useful in planning education programmes and campaigns for the community to increase knowledge level and positive attitude towards a person with mental illness. Moreover, this study provides the baseline data for healthcare professionals to empower the community members regarding knowledge about mental illness to change the community's attitudes towards people with mental illness.

This study aimed to determine the knowledge level and attitude of the community towards person with mental illness. Furthermore, it helps to understand the relationship between the socio-demographic data and the knowledge level. The effect of gender, age and educational level of community on knowledge and attitude towards person with mental illness was studied in this study. The association between the knowledge and attitude of community towards person with mental illness was determined in this study.

## **Literature Review**

### *Mental illness*

Mental illness refers to the spectrum of cognitions, emotions and behaviours that interfere with interpersonal relationships and functions required for work, at home, and in school (Johnstone, 2001). The example of serious mental illness include major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, post-traumatic stress disorder and borderline personality disorder. According to the National Health and Morbidity Survey (2015), it is indicated that mental illness is expected to be the second highest health problem affecting Malaysians after heart diseases by 2020 and every 3 in 10 adults aged 16 years and above (29.2%) have some mental health problems. Individuals suffering from mental illness can recover if the treatment is received before the disease becomes too serious and compliant to pharmacology treatment. Pharmacological treatment, psychological treatment such as cognitive behavioural therapy, interpersonal therapy and peer support groups are the treatments for mental illnesses (National Alliance of Mental Illness, 2013).

### *Knowledge of community on mental illness*

Many studies about mental illness had been conducted in community settings to determine their mental illness knowledge. The outcomes of these researchers showed that the community have poor knowledge about mental illness (Chikomo, 2011; Ganesh, 2011). Most

of the community members who are selected as respondents thought that substance abuse (alcohol or drugs) was the main factor that cause mental illness (Crab, Stewart, Kokota, Masson, Chabunya, Krishnadas, 2012) while substance abuse is only accountable for a very limited number of mental disorders. This kind of views can create more misunderstanding that mental illness is self-inflicted because the public always views the misuse of substances as immoral activity.

Possession by evil spirits, witches and punishment by God is reported to be the second most respond. The respondents believe that supernatural forces are causing mental illness and often it is viewed because of moral weakness (Commonwealth Health Online, 2013). This showed their poor knowledge about the causes of mental illness (Crab et al., 2012). People with mental illness tend to seek treatment in traditional ways rather than going to the mental health facility when the symptoms appear (Ganesh, 2011). The other causes commonly reported by the respondents are traumatic event or shock, stress, genetic inheritance, physical abuse, biological factors, brain disease, poverty, financial or marital stress, brain injury and infection of brain.

#### *Socio-demographic characteristics and knowledge of community on mental illness*

Socio-demographic characteristics such as respondent's age, educational level, areas of residence, sources of information about mental disorders, and level of contact with mentally ill people have significant effect on knowledge regarding mental illness (Li, Zhang, Zhao, Li, Mu, Zhang, 2018). The findings showed that those aged 25–44 had significantly higher knowledge than those above 45. Participants with higher education levels had higher scores. Moreover, urban residents had higher knowledge scores than rural residents (Li et al., 2018). A study which was conducted in Dodoma Municipality, Tanzania includes 41.1% of the respondents who have secondary education, which implies that one would expect that they could have sufficient knowledge and good perceptions about mental illness and have positive attitude towards people with mental health problems. However, the findings revealed that the knowledge on mental illness was poor among people with secondary education (Benedicto, Mndeme, Mwakagile, Mwansisya, 2016).

The findings of the study conducted by Bener and Ghuloum (2011) showed that women had poor knowledge on mental illness, especially the causal factors. They held more to the cultural beliefs as the causal factor of mental illness. For example, more women have believe that mental illness is due to possession by evil spirits more than men. Moreover, nearly half of the women thought traditional healers could treat mental illness (Bener & Ghuloum, 2011). However, it is interesting that the findings of the study by Wagner in 2012 which targeted college students as respondents, concluded that there were no gender differences in knowledge and perception towards persons with mental illness.

According to Abi Doumit et al. (2019), people over 70 years old had less knowledge towards mental illness. This findings are opposite to another study by Ahmed and Baruah (2017) which targets family members of a person with mental illness as their sample. Their study showed that older people have more knowledge because as they grow older, they are exposed to more experience and therefore more knowledge.

#### *Attitude of community towards person with mental illness*

Attitude refers to a mental position with regard of fact or state. Personal knowledge about mental illness shapes the attitudes and beliefs about mental illness (CDC, 2012). It plays a major role in influencing how they treat people with mental illness, providing opportunities

and help for them. Besides that, it also reflects how they experience and express their own emotional problems and psychological distress.

Many studies conducted in community to determine their attitudes towards mental illness revealed that the community has a negative view and attitude towards mental illness. It was common for the community to feel that people with mental illness to be unpredictable, dangerous, lacking self-control, aggressive, dependent on others (Chikomo, 2011; Crab et al., 2012) and they felt that it was difficult to have conversation with them (Chikomo, 2011; Redhwan, 2013). In addition, the public also expressed increased social distance with high intimacy with person suffering from mental illness (Crab et al., 2012). A study among community in Malawi by Crab et al. (2012) showed that very few respondents would have been ashamed if someone in their family experienced mental illness. Most of the respondents stated that they were prepared to maintain friendship with someone who had been mentally ill.

From a study done in Southern Ghana by Barke, Nyarko and Klecha (2011), it can be concluded that community had negative views and high level of stigma towards mental illness person. More than half of the respondents had the opinion that no one has the right to exclude people with mental illness from their neighbourhood. Despite the positive responses, the respondents also believed that people with mental illness should be isolated from the community. They would not want to live next door to someone who has been mentally ill as they thought that mentally ill person are a burden to society (Barke et al., 2011). People usually will not consider marriage with people with mental illness, probably due to fear about mental illness being passed to other generation (Crab et al., 2012).

#### *Socio-demographic characteristics and attitude of community towards person with mental illness*

Some studies were done to determine the effect of socio-demographic data specifically gender on the attitude of community towards mentally ill person. According to Lowder (2007), women have a more encouraging attitude and scored lower in negative attitude. On other side, the findings of the study conducted by Abolfotouh et al. (2019) was opposite to the studies stated above. The findings revealed that males have more favorable attitude towards person with mental illness. Female believed that people with mental illness are not safe to society as they often perceived themselves as gentle and prone to hurt. They distant themselves from individual with mental illness to assure their safety.

A study done by Letovancová et al. (2017) showed that respondents in the age category 35–44 years have the least stigmatising attitude compared to the age category 65 years and more that showed the highest stigmatising attitude. According to Salve, Goswani, Sagar, Nongkynrih, & Sreenivas (2013), age is not significantly associated with mental illness stigma. This finding was consistent with the Al Saif et al. (2019) study, which found that participants younger than 44 years old showed fewer stigma attitudes than older participants.

A study in Southern Ghana showed that education level plays a role in determining the attitude of community towards person with mental illness. The result showed that people with secondary education had more positive attitude than people with only primary education. People with higher education scored less in authoritarian and social restrictive toward people with mental illness. People with higher education level were less likely to see mentally ill as dangerous (Barke et al., 2011). The result was different from the study done by Redhwan (2013). The outcome of this study was undergraduate students had a moderate to good attitude towards people with mental illness as compared to postgraduate students. The

majority of the respondents mentioned that society should treat people with mental illness with a tolerant attitude and disagree or strongly disagree that it was a waste of money to increase expenditure on services to care for people with mental illness.

#### *Relationship between knowledge and attitude towards person with mental illness*

Lack of knowledge about the factors and nature of mental illness causes beliefs which cause unavoidable stigma on mentally ill people. Educating the public regarding the causes, nature and outcomes of mental illness is another strategy to nurture positive attitude towards mentally ill and combat stigma. Formal education and experiences are known as important vehicles to change the attitudes towards individuals with mental illness. Better knowledge is often reported to result in improved attitudes towards people with mental illness (Ganesh, 2011). In a study by Benedicto et al. (2016), majority of the respondents had little knowledge about mental illness. It claimed that they would react strangely to someone who is suffering mental illness. 50.3% of the respondents claimed that they would recognise mentally ill persons by their abnormal behaviour. This kind of perception could cause branding or labeling anyone with abnormal behaviour as mentally ill even when this person might be acting out by the community.

#### **Methodology**

The research design selected for this study is a cross-sectional survey design. This type of study is suitable to describe the participant's knowledge and attitude towards mental illness. This study used simple random sampling that involved 140 participants among the community in Tanjung Sepat, Kuala Langat, Selangor. A self-administered questionnaire was used in this study to collect the data from respondents. The questionnaire consists of three sections: Section A for the background of the respondent, Section B for the level of knowledge and Section C for the level of attitude. The knowledge towards person with mental illness was assessed by using Mental Health Knowledge Schedule (MAKS), which was developed by Evans-Lacko et al., (2010). Community Attitudes towards the Mentally Ill (CAMI) Scale developed by Martin Taylor and Dear (1981) was used to determine the attitude of community towards a person with mental illness.

#### **Result and Discussion**

##### *Socio-demographic characteristics*

Table 1 shows the distributions of respondents by socio-demographic characteristics. This study was participated by 140 respondents (n=140). Respondents for this study were Malay, Chinese and Indians. The majority of the respondents were Malay, 54 (38.6%). Most of the respondents were males, accounting for 71 (50.7%). The majority of respondents were aged between 45-64 years old, 57 (47.7%). About 63 (45.0%) of the respondents have secondary education. Only 39 (27.9%) of the respondents had past experience with person with mental illness.

Table 1

*Distribution of Respondents By Socio-Demographic Characteristics (N=140)*

Characteristics	n (%)
Ethnic	
Malay	54 (38.6)
Chinese	50 (35.7)
Indian	36 (25.7)
Gender	
Male	71 (50.7)
Female	69 (49.3)
Age	
18-24 years old	31 (22.1)
25-44 years old	41 (29.3)
45-64 years old	57 (40.7)
65 and above	11 (7.9)
Level of education	
Primary level	24 (17.1)
Secondary level	63 (45.0)
Tertiary level	53 (37.9)
Source of information about mental illness	
Mass media	48 (34.3)
Internet	34 (24.3)
Newspaper	33 (23.6)
Other	25 (17.9)
Past experience with person with mental illness	
Yes	39 (27.9)
No	101 (72.1)

*Knowledge on mental illness among community*

Table 2 shows the level of knowledge on mental illness among community in Tanjung Sepat. The finding from this study shows that majority of the respondents, 75 (53.6%) have good level of knowledge, 38 (27.1%) have moderate level of knowledge and 27 (19.3%) have poor level of knowledge regarding mental illness.

Table 2

*Level of Knowledge on Mental Illness among Respondents, (N=140)*

Knowledge	n (%)
Poor	27 (19.3)
Moderate	38 (27.1)
Good	75 (53.6)

This finding is in line with a study conducted by Abi Doumit et al., (2019) that shows 61.9% of the respondents scored high in knowledge towards mental illness. However, the study by Abolfotouh et al., (2019) reported that majority of the sample, 87.5% lack knowledge on mental illness especially about the nature and causal factors while only 12.5% have good knowledge on mental illness.

*Attitude towards person with mental illness among community*

Table 3 summarises the level of attitude towards person with mental illness among community in Tanjung Sepat. This study discovered that 79 (56.4%) of the community adopt positive attitude while 34 (24.3%) of the community have negative attitude and 27 (19.3%) have neutral attitude towards person with mental illness.

Table 3

*Level of Attitude Towards Person With Mental Illness among Respondents, (N=140)*

<b>Attitude</b>	<b>n (%)</b>
Negative	34 (24.3)
Neutral	27 (19.3)
Positive	79 (56.4)

The finding is consistent with the study by Abi Doumit et al., (2019) that the majority (66.6%) of the participants have a positive attitude while 33.4% have a less favourable attitude towards a person with mental illness. The finding from a study by Abolfotouh et al., (2019) is opposite to this study, revealing that none of them have positive attitudes towards the mentally ill. This is highly affected by the social beliefs by Arab families that consider person with mental illness as a shame. One-third (33.4%) of the respondents are reported to have neutral attitude while two-thirds (66.5%) of the sample have negative attitude towards person with mental illness.

*The association between selected socio-demographic data (gender, age and level of education) and knowledge regarding mental illness among community*

Table 4 presents the association of socio-demographic data (gender, age and level of education) and knowledge on mental illness. This study revealed that there is no statistically significant association between gender and knowledge on mental illness ( $\chi^2= 1.289$ , p value=0.525).

Table 4

*Association Between Selected Socio-Demographic Data (Gender, Age And Level Of Education) With Knowledge Regarding Mental Illness (N=140)*

<b>Variable</b>	<b>Knowledge on mental illness, n(%)</b>			<b><math>\chi^2</math> (df)</b>	<b>p value</b>
	<b>Poor</b>	<b>Moderate</b>	<b>Good</b>		
<b>Gender</b>					
Male	14 (19.7)	22 (31.0)	35 (49.3)	1.289 (2)	0.525
Female	13 (18.8)	16 (23.2)	40 (58.0)		
<b>Age</b>					
18-24 years old	7 (22.6)	6 (19.4)	18 (58.1)	4.917 (6)	0.555
25-44 years old	7 (17.1)	9 (22.0)	25 (61.0)		
45-64 years old	12 (21.1)	18 (31.6)	27 (47.4)		
>64 years old	1 (9.1)	5 (45.5)	5 (45.5)		
<b>Level of education</b>					
Primary education	3 (12.5)	5 (20.8)	16 (66.7)	3.465 (4)	0.483
Secondary education	11 (17.5)	17 (27.0)	35 (55.6)		
Tertiary education	13 (24.5)	16 (30.2)	24 (45.3)		

However, there are some studies that shows significant association between gender and knowledge on mental illness. In a study by Ahmed and Baruah (2017), most of their respondents are male, 55.0% and the remaining 45.0% are female. Their study shows significant association between gender and knowledge ( $p= 0.021$ ). Another study by Abolfotouh et al., (2019) which was participated by 340 (53.0%) male and 302 (47.0%) female shows the similar finding. There was significant association between gender and knowledge ( $p$  value= 0.01). Their finding revealed that female participants 47 (15.6%) have higher knowledge on mental illness than males 31 (9.1%).

In this study, there is no statistically significant association between age and knowledge on mental illness ( $p=0.555$ ). This study is participated by a large number of participants, 57 (40.7%) aged from 45 to 64. The finding of this study is inconsistent with the finding of a study by Li et al., (2018). Their finding shows that age is associated with the level of knowledge on mental illness ( $p=0.003$ ). 51.3% of the respondents in this study belongs to age group 25-34, 21.6% in age group of 35-44 years, 16.6% in age group of 45 and above and remaining 10.5% aged between 16 and 24. This study discovered that respondents aged between 25 and 44 years had significantly higher knowledge than those above 45 years old.

This study demonstrates that there is no statistically significant association between level of education and knowledge on mental illness ( $p=0.483$ ). In this study, most of the respondents (45.0%) had secondary education. The finding of this study does not corresponds to the finding of study by Ahmed and Baruah (2017). Their result shows that there is significant association between level of education and knowledge on mental illness ( $p= 0.047$ ). In addition, the finding of a study by Abi Doumit et al., (2019) is opposed to the finding of this study. This study proved that level of education is associated with level of knowledge on mental illness ( $p=0.001$ ). The majority of the participants (62.4%) in this study have education in university and only 8.7% have primary level of education. 24.2% of the remaining respondents have secondary education and the other 8.7% have technical education. The result from this study shows that those with a university level of education has higher knowledge on mental illness as compared to those with primary education.

*The association between selected socio-demographic variables (gender, age and level of education) and attitude towards person with mental illness among community*

The association between socio-demographic data (gender, age and level of education) and attitude towards person with mental illness presented in Table 5. This study revealed that there is no statistically significant association between gender ( $p=0.080$ ), age ( $p=0.446$ ) and level of education ( $p=0.981$ ) and attitude towards person with mental illness.

A study done by Li et al., (2018) shows similar findings. Their result shows no significant association between gender with attitude towards person with mental illness ( $p=0.500$ ). However, a study by Abolfotouh et al., (2019) shows an opposite result to this study. Their study shows that gender is significantly associated with attitude towards person with mental illness ( $p<0.001$ ). Another study by Shan and Jia (2015) demonstrated similar finding as the previous study. Their finding shows that there is an association between gender and attitude towards person with mental illness ( $p$  value=0.001). Their study shows that female have higher stigmatisation toward people with mental illness.

The study by Shan and Jia (2015) reveals that age is not significantly associated with the attitude towards person with mental illness ( $p=0.379$ ). However, a study done by Li et al., (2018) shows that age is associated with attitude towards mental illness ( $p=0.001$ ). A study by Adewuya and Makanjuola (2008) found that there is an association between age and attitude ( $p<0.001$ ). 61.5% of the respondents in this study belong to age group 18-50 years



old while 38.5% belongs to age group more than 50 years old. This study reveals that respondents above 50 years were nearly twofold more socially distancing from the mentally ill than below 50 years.

A study by Li et al., (2018) revealed that level of education does not affect the attitude towards person with mental illness ( $p=0.942$ ). However, Shan and Jia (2015) discovered that there is significant association between level of education and attitude towards person with mental illness ( $p<0.05$ ). A similar study done by Abi Doumit et al., (2019) show that level of education is associated with attitude towards person with mental illness ( $p<0.001$ ). This study reveals that respondents with university level of education have positive attitude towards the mentally ill as compared to those with primary education.

Table 5

*Association Between Selected Socio-Demographic Data (Gender, Age And Level Of Education) With Attitude Towards Person With Mental Illness (N=140)*

Variable	Attitude towards person with mental illness , n(%)			$\chi^2$ (df)	p value
	Negative	Neutral	Positive		
<b>Gender</b>					
Male	12 (16.9)	17 (23.9)	42 (59.2)	5.045 (2)	0.080
Female	22 (31.9)	10 (14.5)	37 (53.6)		
<b>Age</b>					
18-24 years old	6 (19.4)	6 (19.4)	19 (61.3)	5.797 (6)	0.446
25-44 years old	14 (34.1)	5 (12.2)	25 (53.7)		
45-64 years old	13 (22.8)	14 (24.6)	30 (52.6)		
>64 years old	1 (9.1)	2 (18.2)	8 (72.7)		
<b>Level of education</b>					
Primary education	6 (25.0)	4 (16.7)	14 (58.3)	0.413 (4)	0.981
Secondary education	14 (22.2)	13 (20.6)	36 (57.1)		
Tertiary education	14 (26.4)	10 (18.9)	29 (54.7)		

*Correlation between the total score of knowledge regarding mental illness and total score of attitude towards person with mental illness among community in Tanjung Sepat.*

Table 6 shows the correlation between the total marks scored by respondents in Mental Health Knowledge Schedule (MAKS) and Community Attitudes towards Mentally Ill (CAMI).

Table 6

*Correlation Between Total Score Of Knowledge And Attitude (N=140)*

	Total MAKS	
	r	P value
Total CAMI	+0.046	0.589

The finding from this study shows that there is no significant linear relationship between knowledge and attitude towards person with mental illness ( $p=0.589$ ). The relationship between knowledge and attitude has a very weak positive correlation with  $r=0.046$ . The finding is consistent with a study done by Abi Doumit et al., (2019). They discovered that there is positive correlation between knowledge and attitude towards person with mental illness.

The correlation between knowledge and attitude indicates that respondent with good knowledge on mental illness have a favorable attitude towards the mentally ill ( $r = 0.689$ ). A similar study by Hansson, Stjernsward and Svensson (2016) shows the positive correlation between knowledge and attitude towards person with mental illness.

### **Conclusion**

The study of knowledge and attitude towards person with mental illness among community in Tanjung Sepat revealed that the community have good knowledge and positive attitude towards person with mental illness. The selected socio-demographic variables which are gender, age and level of education does not associate with the level of knowledge on mental illness and attitude towards person with mental illness. The findings in this study give a picture that exposure to knowledge about mental illness influence the attitude of community towards person with mental illness. The results from this study stressed the importance of awareness regarding mental illness and the mentally ill among the community. Besides that, attitude towards person with mental illness in community settings plays a key role in help-seeking behaviour, treatment adherence and recovery of the mentally ill person. These findings provide opportunities for healthcare professionals to invest in interventions which focused on psycho-education programmes as well as other initiatives to combat the stigma against the mentally ill.

### **Acknowledgement**

The authors would like to express an appreciation to Kuala Langat District Council and Human Research Ethics Committee, Universiti Sains Malaysia for supporting this study. Special thanks to all the respondents for their cooperation in participating in this study.

### **Corresponding Author**

Nur Adibah Solihin Sulaiman

School of Health Sciences, Health Campus, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan, Universiti Sains Malaysia.

Email: adibahsolihin@usm.my

### **Co-Author**

Mohd Noor Mamat

School of Health Sciences, Health Campus, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan, Universiti Sains Malaysia

Email: mohdnoor.mamat@usm.my

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