

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



**NAPATA COLLAGE**



**KNOWLEDGE, ATTITUDE AND PERCEPTION OF  
THE NATIONAL RIBAT UNIVERSITY STUDENTS  
TOWARDS PATIENTS WITH MENTAL ILLNESSES**

**IN KHARTOUM IN SUDAN**

**2019-2020**

*A Thesis submitted to fulfill the partial requirements of  
Bachelor Degree in Medicine*

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# الاستهلال

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالَ تَعَالَى:

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صدق الله العظيم

(سورة الرحمن ، الآيات 1 - 4)

## **DEDICATION**

**To my dearest great father ever, may Allah give him strength and  
wellbeing,  
my lovely mother,  
To my brothers for their encouragement,  
To my lovely daughters ..  
To all my family, friends and colleagues  
And to all who stand by me in my life  
A lot of thanks and may Allah keep them safe all the time**

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## ABBREVIATIONS

<b>WHO</b>	<b>World Health Organization</b>
<b>MI</b>	Mental illness
<b>MHD</b>	Mental health disorders
<b>MOH</b>	Ministry of Health
<b>SPSS</b>	Statistical Package for Social Sciences
<b>PTSD</b>	Post-traumatic stress disorder
<b>NRU</b>	National Ribat University



## ABSTRACT

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

**Objective:** To study Knowledge, attitudes and perception of community Tertiary Students in Ribat University towards mental illness.

**Methods:** This was a cross sectional study in evidence based, conducted in AL-Ribat among Economic and Information Technology Students, during the period from October 2019 to January 2020. The sample size was selected convenient, 190 students were questioned using a questionnaire about knowledge, attitudes and perception regarding mental illness. Data were collected, computerized, and analyzed using Statistical Package for Social Science (SPSS).

**Results:** This study found that 66.8% of participants were females, while 33.2% were males. The mean age was 23.7 years. The present study found that level of knowledge, attitude and perception were 85%, 82% and 67% respectively. Knowledge and attitudes were higher than perception, there was significantly association between attitude and age, elder students had higher attitude than younger. Gender was not significantly associated with knowledge, attitude and perception (P. Values >0.05).

**Conclusion:** The present study concluded that levels of knowledge, attitudes and perception were higher than previous studies. Depression and Schizophrenia were the most common diseases known by the Students. Majority of students think that mental patients are not crazy. Approximately half of students think psychopath cannot bear responsibilities. Knowledge and perception showed insignificant association with age, while attitude was significantly associated with age. Knowledge, attitude, and perception showed insignificant association with gender.

## المستخلص

**خلفية:** تتشكل المواقف والمعتقدات حول الأمراض العقلية والنفسية من خلال المعرفة الشخصية حول المرض، والمعرفة والتفاعل مع شخص مصاب، والقوالب النمطية الثقافية عن المرض العقلي، والقصص الإعلامية، والإلمام بالممارسات المؤسسية والقيود السابقة (مثل قيود التأمين الصحي)، قيود التوظيف؛ قيود التبني ... الخ.

**الهدف:** هدفت هذه الدراسة المعرفة والمواقف والإدراك لدى طلاب التعليم العالي في اتجاه المرض العقلي والنفسي.

**الطريقة:** كانت هذه دراسة مجتمعية، أجريت في الخرطوم بين طلاب وطاقتي التدريس في كليات الطب البشري وكلية تكنولوجيا المعلومات بجامعة الرباط الوطني، خلال الفترة من أكتوبر 2019 إلى يناير 2020. تم اختيار حجم العينة بشكل عشوائي، حيث تم استجواب 190 طالبًا وطالبة باستخدام استبيان عن المعرفة، المواقف والإدراك فيما يتعلق بالمرض العقلي والنفسي. تم جمع البيانات وحوسبتها وتحليلها باستخدام الحزمة الإحصائية للعلوم الاجتماعية (SPSS).

**النتائج:** وجدت هذه الدراسة أن 66.8% من المشاركين من الإناث، في حين أن 33.2% من الذكور. كان متوسط العمر 23.7 سنة. وجدت الدراسة الحالية أن مستوى المعرفة والموقف والإدراك كان 85%، 82% و 67% على التوالي. كانت المعرفة والمواقف أعلى من الإدراك. لا توجد أي اختلافات في المعرفة والإدراك للمشاركين فيما يتعلق بالعمر، ولكن كان هناك ارتباط كبير بين الموقف والعمر، حيث ان افراد العينة الأكبر سناً لديهم موقف أعلى من الشباب. لم يرتبط الجنس بشكل كبير بالمعرفة والموقف والإدراك (قيم الدلالة  $P > 0.05$ ).

**الخلاصة:** خلصت الدراسة الحالية إلى أن مستويات المعرفة والمواقف والإدراك كانت أعلى من الدراسات السابقة. أظهرت المعرفة والإدراك ارتباطاً ضئيلاً مع تقدم العمر، بينما ارتبط الموقف بشكل كبير مع تقدم العمر. وأظهرت المعرفة، والموقف، والتصور ارتباط غير دال احصائياً مع الجنس.

# **Chapter One**

## **Introduction**

# Chapter One

## Introduction

### **Background:**

People's beliefs and attitudes toward mental illness set the stage for how they interact with, provide opportunities for, and help support a person with mental illness. People's beliefs and attitudes toward mental illness also frame how they experience and express their own emotional problems and psychological distress and whether they disclose these symptoms and seek care. About one in four U.S. adults (26.2%) age 18 and older, in any given year, has a mental disorder (e.g., mood disorder, anxiety disorder, impulse control disorder, or substance abuse disorder)<sup>(1)</sup>, meaning that mental disorders are common and can affect anyone. Many adults with common chronic conditions such as arthritis, cancer, diabetes, heart disease, and epilepsy experience concurrent depression and anxiety—further complicating self-management of these disorders and adversely affecting quality of life.<sup>(2)</sup>

Attitudes and beliefs about mental illness are shaped by personal knowledge about mental illness, knowing and interacting with someone living with mental illness, cultural stereotypes about mental illness, media stories, and familiarity with institutional practices and past restrictions (e.g., health insurance restrictions, employment restrictions; adoption restrictions). When such attitudes and beliefs are expressed positively, they can result in supportive and inclusive behaviors (e.g., willingness to date a person with mental illness or to hire a person with mental illness). When such attitudes and beliefs are expressed negatively, they may result in avoidance, exclusion from daily activities, and, in the worst case, exploitation and discrimination.<sup>(3)</sup>

Stigma has been described as a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses. When stigma leads to social exclusion or discrimination (experienced stigma), it results in unequal access to resources that all people need to function well: educational opportunities, employment, a supportive community, including friends and family, and access to quality health care. These types of disparities in education, employment, and access to care can have cumulative long-term negative consequences.<sup>(4)</sup>

**Problem Statement:**

The majority of studies on mental disorder in low-income countries are conducted in setting with at least minimal mental health services. The present survey provides an opportunity to study university student's attitudes and perception towards the mentally ill in Khartoum, Sudan which consider as low-income country. The World Health Organization (WHO) recommended the development of community based mental health services inn low-income countries<sup>(5)</sup> . While the implementation process of community mental health services in low-income setting has been studies<sup>(6)</sup> , public attitudes towards community oriented versus hospital drug oriented mental health services for mentally illness have received less attention. A better understanding of public attitudes is valuable inn planning mental health programs with regard to increasing access and use of mental health services and developing relevant public education programs.

## **Research Objectives:**

### **General Objective:**

To study Knowledge, attitudes and perception of community Tertiary Students in Ribat University towards mental illness.

### **Specific objectives:**

1. To determine levels of Knowledge, attitudes and perception among tertiary students in Ribat University towards mental illness.
2. To evaluate the association between Knowledge, attitudes and perception and demographic factors.

## **Literature Review:**

A psychological disorder is a condition characterized by abnormal thoughts, feelings, and behaviors. Psychopathology is the study of psychological disorders, including their symptoms, etiology (i.e., their causes), and treatment. The term psychopathology can also refer to the manifestation of a psychological disorder. Although consensus can be difficult, it is extremely important for mental health professionals to agree on what kinds of thoughts, feelings, and behaviors are truly abnormal in the sense that they genuinely indicate the presence of psychopathology.

The biological perspective views psychological disorders as linked to biological phenomena, such as genetic factors, chemical imbalances, and brain abnormalities; it has gained considerable attention and acceptance in recent decades. Evidence from many sources indicates that most psychological disorders have a genetic component; in fact, there is little dispute that some disorders are largely due to genetic factors.<sup>(7)</sup> Mental illness (MI) is the term used to describe a broad range of mental and emotional conditions. It is also referring to mental impairments other than mental retardation, organic brain and learning disabilities (WHO, 2001). MI can be experienced over many years; the type, intensity and duration of symptoms vary from person to person. The most common forms of MI are anxiety disorders and depressive disorders.<sup>(8)</sup>

Mental and behavior disorders are so prevalent that more than 25% of people at a global level are estimated to experience this condition at some point in their life time. They affect each part of fabric of society including poor, rich, young or adult (World Health Report 2001).

The prevalence is on the increase each day as reported by the National of Mental Health in the United States of America (2003) indicated a probability of 20% of the population would be affected by some kind of mental illness at any one point of time of their lives and that a probability of 25% of people would have been familiar with someone with Mental illness.<sup>(9)</sup>

Mental illness (MI) is a serious medical condition affecting the individual's thoughts, feelings, mood, and behavior. MIs include depression, bipolar disorder, schizophrenia, panic disorder, posttraumatic stress disorder, obsessive compulsive disorder, personality disorder, eating disorders, and addictive behaviors. As estimated by the World Health Organization,

MI is prevalent in about 25% of the world population in both developed and developing countries.<sup>(10)</sup>

Studies have shown that low rates of seeking psychiatric help are mainly due to poor knowledge of mental health disorders (MHD), That includes information about mental disorders, symptoms, and psychiatric treatments. Many studies have also shown that more knowledge leads to fewer stigma. Moreover, attitudes range from acceptance and tolerance to negativity and fear. When a positive attitude is portrayed, a supportive and open-minded behavior follows such as hiring a person suffering from MHD. Conversely, when attitudes are negative, it results in avoidance, social exclusion and discrimination.<sup>(11)</sup>

Serious mental illnesses can lead to significant distress and disability that undermines quality of life. Fortunately, researchers, service providers, and people with lived experience have joined forces to generate evidence-based interventions that help individuals attain life goals. Despite this promise, many people with serious mental illness do not seek out treatment when in need or fully participate once interventions have begun. The prejudice and discrimination that comprise the stigma of mental illness is one important reason for the disconnect between effective treatments and care seeking. Although the focus here is on mediating and moderating effects of stigma on care seeking and treatment participation, we realize that stigma explains only part of the puzzle why people might decide not to pursue mental health services or drop out of services early.<sup>(12)</sup>

Other barriers might include personal, structural, political, and economic factors, but these are beyond the scope of one article. Two broad sets of barriers related to stigma may undermine care seeking and service participation: (a) Person-level barriers are attitudes and behaviors that affect health decisions, including stigma leading to avoiding treatment or dropping out prematurely, poor mental health literacy, beliefs of treatment ineffectiveness, lack of a support network that promotes care seeking, and perceived cultural irrelevance of many treatments; (b) provider and system-level barriers include lack of insurance, financial constraints improved access to mental health services in all communities where people live Inadequate community-based formal mental health services therefore leaves the faith-based (or prayer camps) . Despite reports of human rights abuses at the faith-based healing centers (e.g., being chained to trees, deprived of food and/or water), these avenues for treatment of mental disorders remain very popular in West Africa. This is partially due to the belief that in



African countries, including Ghana, mental illness is caused by evil spirits and the lack of formal mental health treating facilities.<sup>(13)</sup>

Consequently, patients who experience the onset of mental disorders seek help from the churches, prayer camps, imams (Islamic spiritual leaders) and other shrines wherever they are available across most part of Ghana.<sup>(14)</sup>

Recent research findings show that in developing countries where severe psychotic disorders have been recorded, many of those in need of psychiatric treatment do not initially approach the formal psychiatric service providers at all, but seek the care of this informal community mental health service providers treatment at the formal public mental health facilities, which results in poor response to psychiatric treatment, consequently, lowers quality of life.<sup>(15)</sup>

Generally, there is dearth of research in Ghana on psychiatric care, part treatment at the formal public mental health facilities ,which results in poor response to psychiatric treatment quality on the pathways to care, yet knowledge of such pathways and the factors that influence, pathways to psychiatric care in Ghana, study sought to describe the distribution of first pathway contacts for psychiatric care by individuals with mental disorders attending the outpatient unit of a large public psychiatric facility. It also aimed at assessing possible link between socio-demographic factors and patients' pathways before they sought care at the Panting Psychiatric hospital in the Greater Accra region of Ghana.<sup>(16)</sup>

Negative views about individuals with mental illness were widely held. Less than half of the respondents thought that people with mental illness could be treated outside a hospital or other health facility, implying a belief that community-based care is unlikely to be feasible and might even be dangerous for the public. Only about a quarter thought that mentally ill people could work in regular jobs. Most respondents thought that people with mental illness were mentally retarded.<sup>(17)</sup>

Negative views of mental illness have been reported in some studies to be more common among the poorly educated those of low social class and persons aged.<sup>(18)</sup>

Mental health disorders and stigma prevail, it was important to assess the factors that contribute to public stigma. Knowledge, attitudes and behaviors were differently associated among different members of the Lebanese society. main finding was that more knowledge is associated with better behaviors and attitudes and therefore less stigma, which is why it is

important to initiate awareness campaigns all over the country and especially in schools to prepare a more knowledgeable and open-minded society. As a result, people suffering from mental health disorders will not feel ashamed to seek the professional help that they need.<sup>(19)</sup>

Seeking help for mental health issues is the first step toward assessing the mental state, getting the proper diagnosis and subsequently undergoing the intervention and management of mental health by professionals. However, the factors influencing mental help-seeking attitudes need to be explored further. Researchers have identified the barriers and listed several factors, technical problems such as financial burden incurred by mental health services and difficult access to the care provider due to transportation or undersized and inadequate resources, Personal views such as the lack of perceived need for treatment or perceive ineffectiveness of the therapy, and stigma. In addition, cultural factors could also influence help-seeking intentions. For example, the practice of making a spiritual diagnosis and treatment among clergy in East Malaysia could delay medical help-seeking.<sup>(20)</sup>

A worldwide study conducted in 229 countries showed that in developed countries such as the USA and Canada, only 7% to 8% of respondents had stigma towards patients with MHD, compared to 15% or 16% in developing countries, where people stigmatize, fear and distance themselves from patients with MHD; they also show prejudices and stereotypes as they think that patients with mental illnesses tend to be more violent. In most Arab countries stigma toward mental illness is still prevalent and people with MHD still experience the disadvantages of poverty and illness stigma. Arab countries, have shared set of values, traditions and beliefs that are different from those of the western countries. In Arab countries, patients with MHD have a negative attitude toward mental health services and tend to avoid the use these services; they express their psychological problems in the form of physical symptoms In Arab countries, symptoms of psychiatric disorders are associated to religious beliefs .Most of mentally ill patients of the Arab world are first examined by the religious or spiritual healer whose task is to free the patient from the “evil” A large number of Arabspeaking persons in Australia believes that mental illness is an experience of God because it is the result of sin or wrongdoing ,Consequently, sociocultural, religious and political aspects of the Arab world have an impact on psychiatric care. A study conducted in Egypt among 208 participants recruited through their places of work showed that the majority of respondents (70.2%) do not accept a person with MHD as a teacher for their children, 53.7% do not accept him as a family member, 32.7% do not accept him as a friend and 25.1% do not accept him as a neighbor. In this study, patients with psychiatric disorders are stigmatized and

often face social rejection. Another study conducted in the United Arab Emirates among parents of children with MHD showed that the majority of parents (62%) often do not seek help from mental health specialists, Lebanon is an Arab country located in the Eastern Mediterranean region, with high religiosity among its eighteen various religious communities.<sup>(21)</sup>

Stigma is common toward persons with mental health problems and can be defined as a label that sets a person apart from others, links her or him with undesirable characteristics and leads to avoidance by others in society. To aid in the planning of effective and well-targeted initiatives to reduce stigma I examined in my dissertation the prevalence of stigmatizing attitudes of a general population and the factors associated with stigmatizing of people with mental disorders. a majority still believed that they were responsible for their recovery. A lot of negative characteristics were linked with people with mental disorders and negative consequences were linked with the disclosure of the disorders. People with depression showed more social tolerance toward people with mental problems; they also carried more positive views about anti-depressants. Those with depression were more pessimistic about the usefulness of care and the prognosis for mental problems on the whole. They were afraid of becoming stigmatized in the health care system and agreed with a stereotype that said depression can be seen as a stigmatizing and shameful disease. Among those with depression, users of mental health services carried less desire for social distance to people with mental health problems as compared to non-users and had more positive views about the effects of antidepressants. More severe depression predicted more active use of services.<sup>(22)</sup>

Generally, those attitudes were used as a measure and also showed proof that attitudes are also may helpful in understanding help-seeking behavior. Furthermore, intervention strategies aiming to build the necessary skills to manage stigma and also the view towards seeking psychological help showed satisfying results.<sup>(23)</sup>

**Help seeking behavior:** It can be defined as talking with people to get help in understanding, information, treatment, advice and general support as a reaction to a problem or unpleasant experience ,Receiving psychological help is also seen as an adaptive behavior of coping with distress problems and concerns problems .Generally, Individuals who are more willing to seek help for their problems commonly experience better adjustments and fewer emotional and behavioral problems .This suggests that attitudes toward seeking psychological help are

therefore an essential aspect of the change process. Traditionally, mental illness is seen within the medical model in the Arab region. Clients who suffer from mental illness are normally treated with occupation therapy. All those ways of treatment (e.g. Psychoeducational, counselling, and psychotherapy) are considered “just talk” and, hence not viewed as medicinal .visiting a counselor/therapist or seeking a help of a counsellor or psychotherapist is not only viewed as a worthless method which cannot bring about the desired change but also portrays weakness or humiliating act that might put the family in disgrace Confidentiality is a main element in counselling, counselors and therapists should organize the sessions in suitable situations, for example, providing professional help services out of working hours or at the clients’ home may provide a sense of security to reassure individuals and their families during seeking help. Also, providing psychological services for those who seeking professional help within the educational settings (schools, counseling centers, general health services), generally, would typically involve psychological services such as group therapy and individual therapy.<sup>(24)</sup>

Since the religious leaders have important affects in the Arab community, it would be highly advisable to support them who actively handle religion and educational programmed on mental-health issues to enable them further to enhance the knowledge, practice, and methods of supporting those with psychological and mental health problems.

Well-trained practitioners, agencies and centers that usually lack resources need more facilitations and occupations.<sup>(25)</sup>

## Chapter Two

### Methodology

#### Study design:

Cross sectional evidence based study.

#### Study Area:

Ribat, University, Khartoum, Sudan, Faculty of Economic, Faculty of Information Technology, and Faculty of Business.

#### Study period:

October 2019 to January 2020.

#### Method of data collection:

A well-designed questionnaire was distributed among the study population using Google Forms.

#### Data Collection Tools:

The researcher used a questionnaire containing a structure questions about knowledge, attitude and perception of participants regarding mental illness.

#### Study population:

Study population represents all students in Faculty of Economic, Faculty of Information Technology, and Faculty of Business Administration in El Ribat University

#### Sample size:

Sample size was calculated according results obtained from Open Epi, Version 3, open-source calculator—SS Proper Print from the browser.

$$\text{Sample size } n = \frac{[DEFF * Np(1-p)]}{[(d2/Z21-\alpha/2*(N-1)+p*(1-p)]}$$

DEFF = Design Effect = 1

N = Population = 2500

P= Proportion of Characteristic, 50%

Z21- $\alpha$  = z value equivalent to 0.05 confidence interval = 1.96

The researcher selected a convent sample 190 students.

**Inclusion Criteria:**

All students enrolled in Faculty of Economic, Faculty of Information Technology, and Faculty of Business.

**Exclusion Criteria**

Subjects refused to participate in the study and staff.

**Statistical Analysis:**

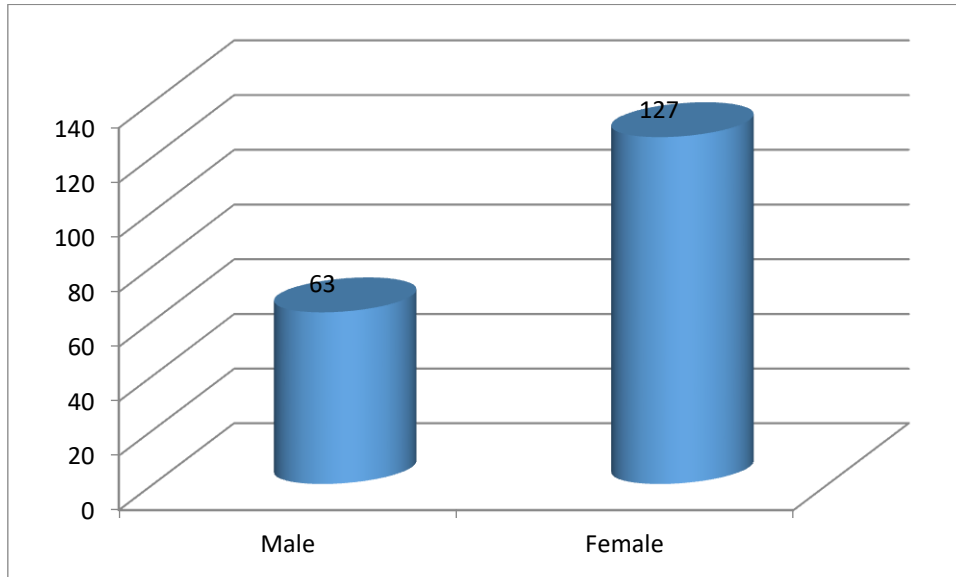
The researcher used table, figures to expose results, Qui Square test was performed to test the association between variables using Statistical Package of Social Science (SPSS).

**Ethical Consideration:**

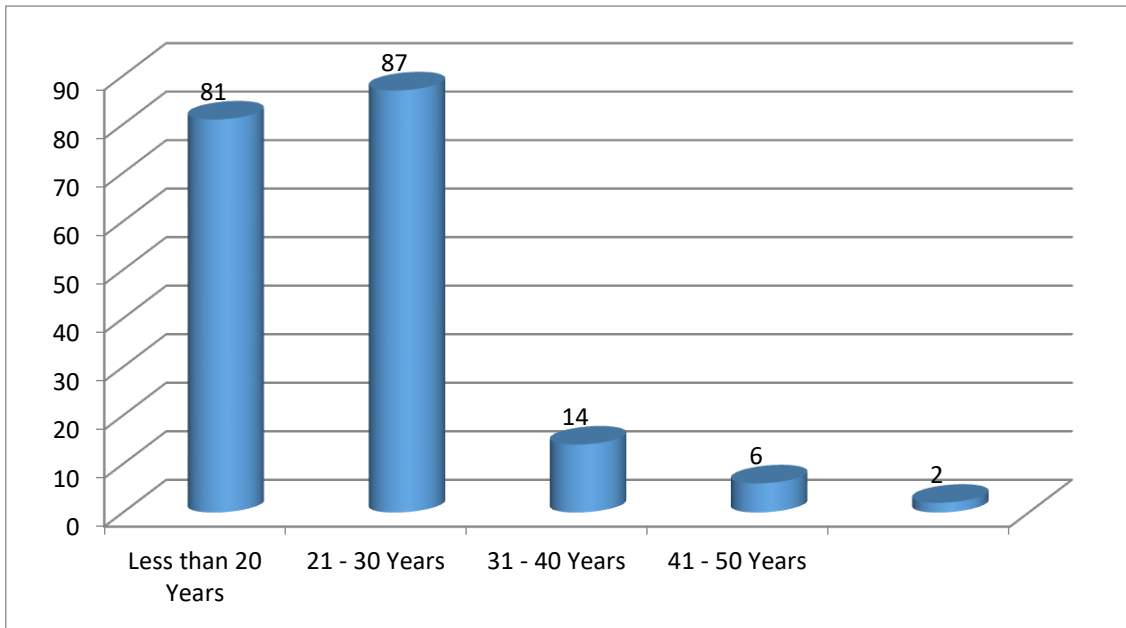
A written consent was obtained from Napata College and El Ribat University, a written was distributed among students with the questionnaire to ensure that all information will be used for scientific purposes.

## Chapter Three

### Section One: Demographics



**Figure 1. Distribution of Participants According Gender**



**Figure 2. Distribution of Participants According to Age**



## Section Two: Evaluation of Knowledge, Attitude and Practice

### 1. Knowledge

**Table 1. Knowledge of Participants about Psychological Diseases**

Questions (Knowledge)	Yes	Sometimes	No	Subtotal	Mean	Score
Have you encountered a psychiatric patient before?	137	0	53	190	1.44	72%
Do you think that people with mental illness have a lower IQ than normal people	28	0	162	190	1.70	85%
Do you think that mental illness deserves to be asked for help and treatment?	186	0	4	190	1.95	98%
<b>Average Score Knowledge</b>						<b>85%</b>

**Table 2. Frequency of Diseases Recognized by Participants**

Disease	Frequency	Percentage
Depression	69	36%
Schizophrenia	63	33%
Autism	30	16%
Bipolar Disorder	11	6%
Obsessive-compulsive disorder	10	5%
Paranoia	10	5%
PTSD	4	2%
Phobia	3	2%
I don't know	12	6%

## 2. Attitude

**Table 3. Attitude of Participants about Psychological Diseases**

Questions (Attitude)	Yes	Sometimes	No	Subtotal	Mean	Score
Are you afraid of approaching or dealing with mental patients?	26	98	66	190	1.21	61%
Do you think that every mental patient is crazy?	6	22	162	190	1.82	91%
If someone in your family has a mental illness, are you shy about talking about it or are you afraid of your friends knowing about it?	30	0	160	190	1.68	84%
Do you think that mental illness is a shame in society?	19	0	171	190	1.80	90%
Do you think that the psychological patient is a burden on society?	31	0	159	190	1.67	84%
<b>Average Score Attitude</b>						<b>82%</b>

### 3. Perception

**Table 4. Attitude of Participants about Psychological Diseases**

<b>Questions (Perception)</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Subtotal</b>	<b>Mean</b>	<b>Score</b>
Do you think that problems during childhood, the nature of social life, and the pressures of work affect mental health?	188	0	2	190	1.978947	99%
Do you think that the psychological patient with his ability to form successful relationships?	116	0	74	190	1.221053	61%
Do you think that the psychopath can not bear responsibilities	90	0	99	189	1.05	52%
Do think that Ruquia is one of the treatments of psychological diseases?	102	0	88	190	1.073684	54%
<b>Average Score Perception</b>						<b>67%</b>

**Section Three: Association between Demographics and level of knowledge, attitude and perception**

**Table 5. Association between Demographics Knowledge, attitude and Perception**

<b>Factor (Age)</b>	<b>P. Value</b>	<b>Significance</b>
Knowledge	0.441	NS
Attitude	0.004	S
Perception	0.144	NS
<b>Factor (Gender)</b>		
Knowledge	0.166	NS
Attitude	0.185	NS
Perception	0.939	NS

## Chapter Four

### Discussion and Conclusion

#### Discussion

To the best of our knowledge, this is the first study to evaluate the university student's knowledge, attitudes and perception toward mental disorders through a web-based survey in Sudan.

The present study found that level of knowledge, attitude and perception were 85%, 82% and 67% respectively. Compared with previous studies such as<sup>(26), (27)</sup> and <sup>(28)</sup> showed less levels of knowledge attitudes and perception, in a study conducted in Tanzania by<sup>(29)</sup> showed that 85.9% (n=330) of community individuals had poor knowledge about mental illness and 75.8% could not identify any type of illness, while in our study just 6% could not identify any type of illness.

In another study conducted in Nigeria by<sup>(30)</sup> revealed that just 12.1%, n=186) identified Schizophrenia, while in our study 33% of participants identified Schizophrenia. These differences between the present study and previous studies were due differences in the nature of samples, previous studies covered the general population in china and they might not educate comparing to the sample in the current study which contains university students who expected to have high knowledge about mental diseases. Although this survey conducted in non-medical colleges, but some students were able to identify some medical terms of mental diseases such as bipolar disorder which is not common in the knowledge of Sudanese people, indicating the good culture of university students regarding mental diseases. This good knowledge can be explained by the newly spread of international education (English Schools) in Khartoum, thousands of Sudanese students received British and American school curriculum and syllabuses in English language.

Our results showed that mental health knowledge and attitudes were higher than perception, perception was very low because some of questions were not totally agreed by all psychologists, such as the question (Do you think that psychopath cannot bear responsibilities?),<sup>(31)</sup> argued that psychopaths don't accept any responsibility for hurting other people's feelings. Instead, they blame other people and deny any responsibility.<sup>(32)</sup> argued against the disease model of psychopathy and against their automatic exemption from moral

responsibility as argued for by many moral philosophers. Psychopaths possess sufficient moral agency, such that exempting them from moral responsibility is problematic both epistemically and morally. Yet psychopaths frequently offer reasons for their behavior that reveal their distance from full moral agency. So how are we to respond to such middle ground moral agents when they do terrible things to other people? The discussion then turns to the normative question of how we should respond to wrongdoing psychopaths. Although the attitude of students in the current study was high, but most people's attitudes toward mental disorders are still negative. Hence, it is vital to further discuss how to improve mental health knowledge and what might be the impact of such programs on people's attitudes toward mental disorders. In the current study most of students 65% said they afraid or some time afraid from approaching or dealing with mental, while most of them didn't think mental patients were crazy, and most of students feel shame if one of their family members is a mental case. In terms of knowledge and perception on mental disorders, we didn't find any differences with respect to participants' age, but there was significantly association between attitude and age, elder students had higher attitude than younger, indicating that attitude can be improved with age. This result was in agreement with the findings of<sup>(33)</sup> and <sup>(34)</sup>. The current study revealed that most of students believe in Ruqia as a treatment of psychological disease, this could be explained by the religious orientation of Muslims, the holly Quran is scientifically considered as a treatment, and approved by many studies such as<sup>(35)</sup> who found that the effectiveness factor came after ability and willingness and gave a result of 92.6% for those who support the contention that the Quran has a significant healing influence. Also, some of the patients who regularly attended Quranic therapy sessions have been successfully cured,<sup>(36)</sup> who proved the efficacy of Surah Al-Rehman as a remedy to reduce depression. The current study revealed that gender was not significantly associated with knowledge, attitude and perception (P. Values >0.05) this results was in contrast with the findings of<sup>(37)</sup> that investigated such measures in university students and mental health staff that demonstrated that women tend to have greater knowledge about mental health and that they were more willing to interact with people with mental disorders. In our survey, we did not report such significant differences and thus this issue should be further explored in order to properly discuss the need of developing gender-specific anti-stigma interventions in China

## **Conclusion:**

The present study concluded that levels of knowledge, attitudes and perception were higher than previous studies. Depression and Schizophrenia were the most common diseases known by the Students. Majority of students think that mental patients are not crazy. Approximately half of students think psychopath cannot bear responsibilities. Knowledge and perception showed insignificant association with age, while attitude was significantly associated with age. Knowledge, attitude, and perception showed insignificant association with gender.

## **Recommendations:**

This study recommended the following:

1. We recommended administration of NRU immediately constructs a panel of experts with the general objective of advocating and educating students and faculty members of the aspects our research has found lacking or in need of modification.
2. Programs addressing awareness regarding mental illness (e. g: workshops) should receive increased funding and logistical support.
3. We recommended mental disorder patients have rights to participate in the Ribat University; therefore should embrace them as members.
4. We recommend NRU be a national trailblazer as far as this is concerned.

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## Questionnaire

Age : .....

1. Gender:

Male

Female

2. Have you encountered a psychiatric patient before?

Yes

No

3. Are you afraid of approaching or dealing with mental patients?

Yes

No

Sometimes

4. Do you think that every mental patient is crazy?

Yes

No

Sometimes

5. Do you think that people with mental illness have a lower IQ than normal people?

Yes

No

6. Do you think that the patient is a burden on society?

Yes

No

7. Do you think that mental illness deserves to be asked for help and treatment?

Yes

No

8. If someone in your family has a mental illness, are you shy about talking about it or are you afraid of your friends knowing about it?

Yes

No

9. Do you think that mental illness is a shame in society?

Yes

No

10. Do you think that problems during childhood, the nature of social life, and the pressures of work affect mental health?

Yes

No

11. Do think that Ruquia is one of the treatments of psychological diseases?

Yes

No

12. Do you think that the psychological patient with his ability to form successful relationships?

Yes

No

13. Do you think that the psychopath can not bear responsibilities

Yes

No

14. What is the most common mental illness you've heard about before

.....

15. Have you encountered a psychiatric patient before?

Yes

No

16. Are you afraid of approaching or dealing with mental patients?

Yes

No

17. Do you think that every mental patient is crazy?

Yes

No

18. Do you think that people with mental illness have a lower IQ than normal people?

Yes

No

19. Do you think that the patient is a burden on society?

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No

20. Do you think that mental illness deserves to be asked for help and treatment?

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Yes

No

26. Do you think that the psychopath can not bear responsibilities

Yes

No

27. What is the most common mental illness you've heard about before

## كلية نيّة

### قسم طب المجتمع

بحث بعنوان معرفة الناس للأمراض النفسية وردود فعلهم تجاه المصابين بها

هذا الاستبيان للبحث كإنجاز جزئي لدرجة البكالوريوس في الطب ، لا تتردد في إكمال الاستبيان مع العلم أن جميع المعلومات سيتم استخدامها للأغراض الأكاديمية فقط ..

هل توافق على المشاركة في هذه الدراسة ؟

○ نعم

○ لا

العمر؟ .....

الجنس؟

○ ذكر

○ انثى

1- هل تصادفت مع شخص مريض نفسي من قبل ؟

○ نعم

○ لا

2- هل تخاف من الاقتراب او التعامل مع المرضى النفسيين ؟

○ نعم

○ لا

3- هل ترى ان كل مريض نفسي مجنون ؟

○ نعم

○ لا

4- هل تعتقد أن الأشخاص الذين يعانون من مرض نفسي درجة الذكاء عندهم أقل من الأشخاص الطبيعيين ؟

○ نعم

○ لا



5- هل تعتقد أن المريض النفسي عيب على المجتمع ولا يستطيع تحمل المسؤوليات ؟

- نعم  
 لا

6- هل ترى ان المرض النفسي يستحق طلب المساعدة والعلاج ؟

- نعم  
 لا

7- لو كان احد من افراد اسرتك مصاب بمرض نفسي هل تخجل عن التحدث عنه او تخشى من معرفة اصدقائك عن ذلك ؟

- نعم  
 لا

8- هل تظن ان المرض النفسي عار في المجتمع ؟

- نعم  
 لا

9. هل تعتقد أن المشاكل خلال فترة الطفولة، طبيعة الحياة الاجتماعية، ضغوطات العمل. تؤثر على الصحة النفسية؟

- نعم  
 لا

10. هل تعتقد أن " الشيوخ والرقية" من وسائل علاج الأمراض النفسية،؟

- نعم  
 لا

11- هل تعتقد ان المريض النفسي ب استطاعته تكوين علاقات ناجحة؟

- نعم  
 لا

12- ما هي اكثر الامراض النفسية التي سمعت عنها من قبل ؟