

Depression Stigma, Treatment Seeking Behaviors and Attitudes among Students of Faculty of Nursing - Cairo University

Zeinab Abdelsalam¹, Sayeda Mohamed¹

¹ Faculty of Nursing, Cairo University, Cairo, Egypt

¹ Faculty of Nursing, Cairo University, Kasr Al-Ainy, Cairo, Egypt.

Abstract: The purpose of this study was to assess the depression stigma and mental health information seeking behavior among nursing students. A simple random sample of 192 nursing students was recruited in the current study. This research was carried out at the Faculty of Nursing, Cairo University. Four tools were used to accomplish this study including, (a) socio-demographic data, (b) Patient Health Questionnaire 9-item (PHQ-9), (c) Revised Perceived Devaluation Discrimination Scale-Depression, (d) Attitudes toward mental health treatment (ATMHT). The study revealed that about two third of sample were females (66.1%), while majority of sample were single not working (89.6% and 84.4 respectively). There were highly statistically significant differences among total revised perceived devaluation discrimination scores, total patient health questionnaire scores, and total attitude toward mental health treatment scores as ($r = .021$, $p = .776$, $r = .209$, $p = .004$ and $r = .223$, $p = .002$, respectively). The study pointed out that, the greater part of the nursing students were from different academic levels who are suffering from moderate level of depression. Students who studied mental health nursing still lack the knowledge about seeking information when suffering from depression. Accordingly, the current study recommended that, nursing students need to be supported by more available psychiatric health services. Additionally, there is great need to conduct a regular mental health screening of the students.

Keywords: depression, nursing students, stigma, treatment seeking behaviors.

I. Introduction

College students appear to have an expanded need for psychological health care due to increased danger for mental wellbeing issues. Qualities such as a high level of intellectual competencies and proactive disposition and behaviors are continuously required, each among nursing students. In this way, depression, stress, hostility, and aggressiveness are among the problems widely wide-spread amongst younger college students (Eisenberg, Hunt, Speer, & Zivin, 2011). Depression is a serious problem and that can cause restlessness amongst students. It affects their lives in the course of the essential gaining knowledge of and social improvement process. Students are one of the most susceptible groupsto develop depression (Rezayat, & Nayeri, 2011). According to Ibrahim, Kelly, Adams, and Glazebrook, (2013) college students typically go through different troubles that have a great effect on their studying process and educational overall performance and, as a result, extend their depression. Depression in the studentship period, can unconstructively affect the future and social relationships of the students, and associated with their unstable communications, suicidal behaviors, and negative work performance. These factors, in turn, create stress and intensify sadness and despair among students.

The academic atmosphere of nursing colleges is diagnosed as tense and generally has terrible impacts on academic overall performance and mental stability in students. There is a developing nervousness towards the emotional misery in nursing students. Depression is a common condition among students, seeing that one out of seven college students suffer from depression as mentioned by (Ahmed, Banu, Al-Fageer, & Al-Suwaidi, 2009). Nursing college students not only have the common troubles of other students, but additionally deal with exceptional problems of their subject together with high intellectual and emotional pressures of the health facility and emergency unit, confronting with patients' problems, and their the length of the educational period. Therefore, they are exposed to greater chance of mental health issues as compared with different students (Azizi, Khamseh, Rahimi, & Barati, 2013).

Stigma is regularly recognized as a negative force, however the term is steeped in ambiguity and the definition can differ from individual to another (Eisenberg, Downs, Golberstein, and Zivin, 2009). According to the Eisenberg and colleagues (2009) stigma can be defined as bad attitudes held through others towards these who go through from intellectual wellbeing disorders, and it has quite a number manifestations frequently serve as a barrier to in search of its care (Mojtabai et al., 2011).

Stigmatized attitudes may act as boundaries to help-seeking, can intervene with treatment and adversely have an effect on the person's lifestyles as they may additionally reason a young man or woman to experience abnormal, socially disconnected and dependent on others (Reavley, & Jorm, 2011). Many studies highlighted that there is an amplify in the incidence and severity of mental wellbeing issues in university or college students. This has been observed to be specifically proper among nursing students, who face a countless conditions that produce anxiety and regularly record feeling overwhelmed by way of their coursework (Chernomas & Shapiro, 2013).

Psychological health problems early in life are related with damaging life aspects and in that respect, Breslau, Lane, Sampson, and Kessler, (2008) recommended that timely and high-quality treatment can also offer massive lasting benefits. Colleges provide a distinctive probability to discover, prevent, or deal with mental problems due to the fact campuses normally include students' residences, social networks, and many offerings (Eisenberg, Downs, Golberstein, & Zivin, 2009).

Golberstein, Eisenberg, and Gollust, (2009) noted that, perceiving poor attributes for instance believing people with psychological problems are fragile, unskilled, and cannot take care of themselves, are frequent types of disgrace and may also make a contribution to increases in hazardous attitudes. In addition, bad attitudes can also lead to prejudiced behaviors toward men and women with mental health problems as properly as social isolation.

Unfortunately, humans going through stigmatized attitudes might also come to internalize unconstructive views of the self and ride feelings of disgrace. Negative views of remedy and disgrace associated to mental illness may prevent youthful adults from seeking needed treatment. However, some researchers have no longer located this kind of relationship indicating that in addition study of attitudes is needed.

II. Significance of the Study

Currently, many depressive students have no longer being diagnosed, if those had been recognized and provided effective health service, serious consequences of depression and suicide would be reduced. Faculty of Nursing, Cairo University has no research studies that was once carried out in this respect, thus an in depth lookup is needed to clarify the magnitude of the trouble and to give an explanation for whether melancholy is normally related and how the college students are seeking for cure behavior to cope with depression.

There are few Egyptian studies that focus the light on mental sickness and its related stigma and how it impacts the person's capability to adapt and manage his/her life. However, these studies did now not check the college students' population who might be struggling from mental disorders and preserve it hidden due to the fact of the social stigma that they would possibly face in search of any help for their illness. Nursing college students are commonly going through a heavy time table due to their scientific coaching which mandate them to deal with sufferers and their families, physician and different team members, in addition; the verbal exchange issues that might also arise between them and their teachers; all are factors may put them in extra advanced vicinity than different college students to suffer from anxiousness and depression. The poor attitudes, stigmatization, and discrimination associated with mental sickness are an essential health issue. Consequences for individuals with mental sickness are the apparent hazard of exclusion and that others will reject them. Stigmatization and discrimination form a magnificent barrier to recovery and social integration. This research will fill the gap of knowledge regarding the presence of depression in nursing university students and how affected persons are seeking for assist to cope with the disorder. Moreover, this study will assist mental health practitioners to pick out the appropriate methods to intervene with students who go through from mental disorders.

Aim of the Study

The aim of the current study was to assess depression stigma and mental health information seeking behavior among nursing students.

Research Questions

The subsequent research questions were formulated to fulfill the purpose of present study:

- 1- What are the levels of depression?
- 2- What are the levels of mental illness stigma?
- 3- What are the attitudes toward mental illness?
- 4- What are the relationships between depression stigma, treatment-related attitudes and behaviors?

Operational Definitions

In the present study depression is defined as intense feeling of sadness and helplessness with physiological symptoms such as lack of appetite and sleep. It was measured by Patient Health Questionnaire.

Stigma is defined as negative thoughts and often unreasonable attitudes that a the public or group of people have about mental illness. It was measured by Revised Perceived Devaluation Discrimination Scale-Depression

Health seeking behaviors is defined as the person's beliefs about mental illness and it was measured by Attitudes toward mental health treatment (ATMHT).

III. Subjects and Methods

Research Design

A descriptive correlational design was utilized in the current study; according to Burns, and Grove, (2013) this design is a systematic method which involves observing and describing the behavior of a subject without influencing it in any way and to examine the relationship between variables. The whole purpose of using correlations in research is to figure out which variables are connected.

Sample

A simple random sample of 192 students was participated in this study. The sample size was calculated using G-power version 3.3.1 with a power of ($\beta=1-.95$) with significance level of .05 (two tails), and medium effect size of (0.3).

After obtaining a whole list of the all students enrolled in the Faculty of Nursing, Cairo University which is (1200) student, the researchers used the simple random table available in (Burns & Grove, 2013) to select the estimated sample size. Although the calculated number was 300 students, the researchers could not approach them and only 192 agreed to participate in the current study.

Exclusion criteria: Chronic physical disorders and mental disorders

Setting

The study was carried out at Faculty of Nursing, Cairo University at Kasr Al-Aini University Hospital.

IV. Tools for Data Collection

Four scales were utilized in the current study

- 1) Socio-demographic data sheet: It was constructed by the researchers and it includes information about the participants such as, gender, academic level, residence, working during study, marital status.

- 2) Patient Health Questionnaire 9-item (PHQ-9), this questionnaire was developed by Spitzer et al.,(1999) to screen, diagnose, monitor and measure the severity of depression. It consists of 9-item, the scoring of each statement is 0= (“not at all”),1=(several Days),2=(more than half the days), 3= (“nearly every day”), with a total score ranging from 0 to 27. Scores ranging from(1-4) indicates minimal depression; (5-9)=mild depression, and (10-14) =moderate depression,(15-19)= moderately severe depressionand (20-27) = severe depression. The Cronbach's Alpha reliability of this scale in this study was (r=0.81) which indicated that the tool is reliable.
- 3) Revised Perceived Devaluation Discrimination Scale-Depression:ThisScale was developed by (Link, 1982; Link et al., 1991). The 12-item Perceived Devaluation Discrimination scale ismainly utilized toassess the degree to which an individual thinks that other people will undervalue or discriminate against someone with a mental illness. All items were answered using a 4-point Likert scaleformat ranging from 4= (strongly agree), 3=(agree), 2= (disagree) and 1= (strongly disagree) , the higher the scores indicate more public stigma.This scale was relatively high (reliability (Cronbach’s α = .89).
- 4) Attitudes toward mental health treatment (ATMHT): It was designed by Brown, et al.,(2003) ; the scale comprises of 20 items with a four-point Likert scale. It is proposed to reflect an individual’s attitude toward professional mental health treatment response categories are as follows: 4= (strongly agree), 3= (agree), 2 = (disagree) and 1= (strongly disagree). The higher scores indicate more positive attitudes about seeking mental health treatment.The reliability of the scale was measured by alpha coefficient and it is equal to 0.79.

Tools Translation

All of the study research tools were translated and back translated into Arabic done by the researchers and two bilingual experts in psychiatric nursing. The content validity of these questionnaireswere checked by three experts in the field of mental health nursing and statistics. Necessary modifications were done (there were two questions omitted from (ATMHT) as they were not appropriate to the Egyptian culture).

Ethical Considerations

An official approval was obtained from the Vice-Dean for Undergraduate Students and Education. After the eligible subjects were identified, they were informed that they have the right to withdraw from participating in the study at any time without giving any reason. Informed consents were obtained from all eligible participants who agreed to participate in the study. Data confidentiality and students’ privacy were secured. Code numbers were created and kept by the researchers to keep patients' anonymity.

Procedure

Once the official approval was obtained to access the potential subjects,the researchers approached the accessible sample to identify the eligible participants for the current study. The researchers started to clarify the aim and purpose of the study for those who agreed to participate in the study. Written consents were obtained from the study participants. The researchers begin to read and explain the study tools for the participants. Each student was first given the (PHQ-9), if the student score was more than 5, then other tools were introduced to him/her.

Pilot study

A Pilot study was carried out on21 students, who were excluded from the actual study sample, to ensure the clarity and the applicability of the study measures. No modifications were needed to test the feasibility and the applicability of the study tools. Subjects who will participate in the pilot study will be excluded from the actual study.

Statistical Design

Statistics were done using SPSS window statistical package for social science version 21. Frequency and percentage were used for numerical data as well as mean and standard deviation. Correlation coefficient was used to describe association between variables, Correlation coefficient (r) of 0.5 was considered fair correlation,if more than 0.5 to0.75,it was considered good correlation and if more than 0.75, then it was considered as very good correlation, probability less than 0.05 was considered significant and less than 0.001 considered as highly significant.For parametric analysis t-test and ANOVA (Analysis of Variance) were used.

V. Results and Data Analysis

Table (1): Frequency distribution of sample according to their socio-demographic (n= 192)

Variables	N	%
Gender		
Male	65	33.9
Female	127	66.1
Total	192	100
Marital status		
Single	172	89.6
Married	20	10.4
Total	192	100
working during study:		
Working	29	15.1
Not working	162	84.4
Total	192	100
Residence		
Urban	137	71.4

Rural	55	28.6
Total	192	100
Academic Year		
First	34	17.7
Second	31	16.1
Third	47	24.5
Fourth	55	28.6
Internship year		
Total	192	100

Table (1) indicated that, about two third of sample were females (66.1%), while majority of sample were single and not working (89.6% and 84.4%, respectively). Regarding the sample residence, about three third of sample were from urban areas (71.4%) and less than one third of sample (28.6%) were from the fourth academic year.

Table (2): Distribution of studied sample according to health seeking behavior (n=192)

Variables	Agree		Disagree	
	N	%	N	%
Have you ever visited a specialist in psychotherapy	9	4.7	182	94.8
Are you currently receiving psychiatric treatment	2	1.0	190	99
Do you have faith in the coming weeks in that one of the visiting specialists in psychological field	44	22.9	148	77.1
What are the resources that you use when you feel psychological distress?				
1- Psychiatrist	8	4.1	8	4.1
2- Psychiatric nurse	-	-	-	-
3- Searching the internet	31	16.1	31	16.1
4- Talking with a close friend or relative	129	67.1	129	67.1
5- Others	52	27.1	52	27.1

Table (2): showed that, the majority of studied sample were ever visited a specialist in psychotherapy (94.8%), while 99% of the studied sample were currently receiving psychiatric treatment, and more than fourth third of the sample were faith in the coming weeks to visit specialist in psychological field (77.1). According to resources when seeking help represented about two thirds of sample (67.1%) talking with close friend or relative if has psychological distress. The minority of studied sample visit psychiatrist.

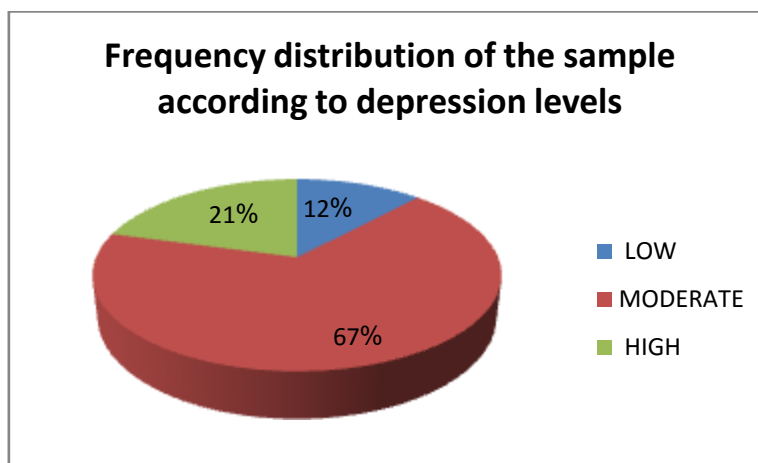


Figure (1) Frequency distribution of the sample according to depression levels

Figure (1) showed that (67%) of the studied sample has moderate level of depression.

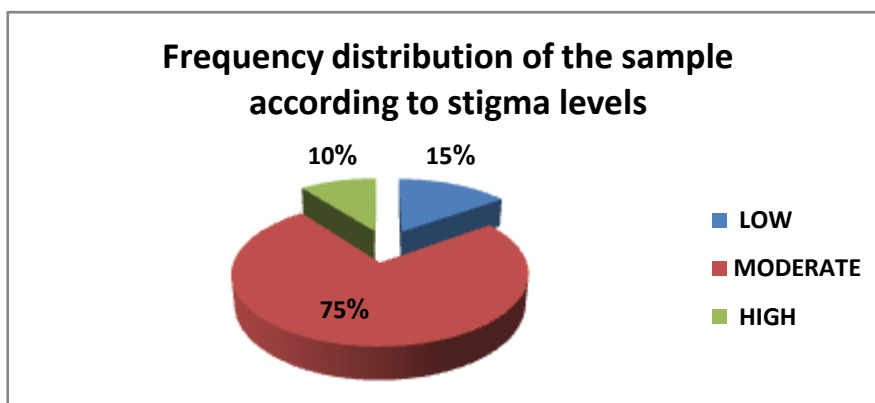


Figure (2) Frequency distribution of the sample according to stigma levels

Figure (2) showed that (75%) of the studied sample has moderate level of stigma toward mental illness,

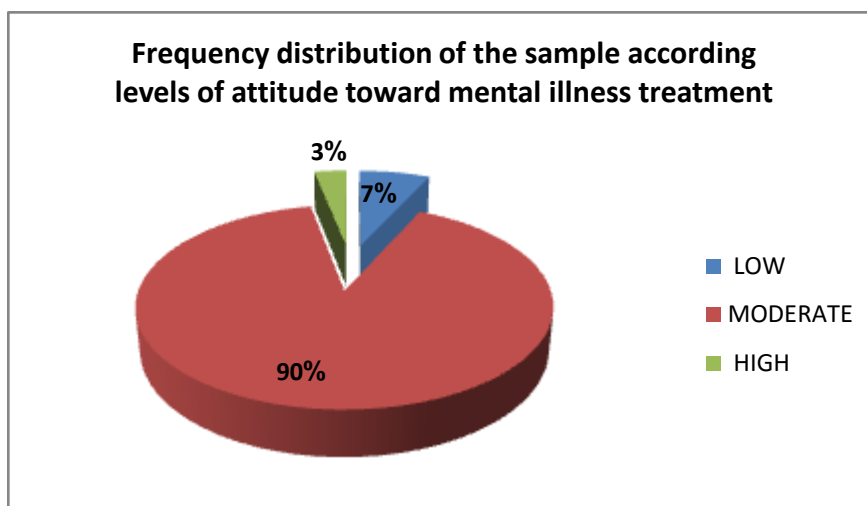


Figure (3) Frequency distribution of the sample according to levels of attitude toward mental illness treatment
 Figure (3) illustrated that (90%) of the studied sample had moderate level of attitude toward mental illness treatment, 7% had low level of attitude toward mental illness treatment, and 3% had had high level of attitude toward mental illness treatment.

Table (3): Differences between males and females according to patient health questionnaire, attitude toward mental health treatment and revised perceived devaluation discrimination scale (n=192)

Variables	Gender		t	p
	Male	Female		
	M±SD	M±SD		
patient health questionnaire scores	14.92±5.55	15.62±5.24	.841	.402
attitude toward mental health treatment	30.09±4.63	30.98±5.83	1.152	.251
revised perceived devaluation discrimination scores	44.56±6.81	45.67±5.54	1.132	.260

*significant <0.05

Table (3) showed that, there were no major differences between gender and total patient health questionnaire scores, total attitude toward mental health treatment scores and total revised perceived devaluation discrimination scale scores as (t=.841, p= .402; t= 1.152 ,p= .251; t= 1.132 and p=.260; respectively).

Table (4): Relationship between residence and patient health questionnaire, attitude toward mental health treatment and revised perceived devaluation discrimination scale (n=192)

Variables	Residence		t	p
	Urban	Rural		
	M±SD	M±SD		
Total patient health questionnaire scores	15.45±5.42	15.20±5.20	.309	.758
Total attitude toward mental health treatment scores	30.43±5.79	31.29±4.53	1.084	.280
Total revised perceived devaluation discrimination scale scores	44.72±6.17	46.72±5.37	2.227	.028*

*significant <0.05

Table (4) indicated that, there were no observable differences between residence in relation to total patient health questionnaire scores, total attitude toward mental health treatment scores as (t=.309, p= .758 and t=1.084, p=.280 respectively). While, there was statistically significant differences between residence and total revised perceived devaluation discrimination scale scores as (t=2.227 and p=.028).

Table (5): Association between marital status and patient health questionnaire, attitude toward mental health treatment and revised perceived devaluation discrimination scale (n=192)

Variables	Marital status		t	P
	Single	Married		
	M±SD	M±SD		
patient health questionnaire scores	15.33±5.16	15.80±6.89	.366	.715
Attitude toward mental health treatment scores	31.04±5.18	27.55±6.80	2.223	.037*
revised perceived devaluation discrimination scores	45.24±6.09	45.80±5.36	.432	.669

*significant <0.05

Table (5) indicated that, marital status did not differ by total patient health questionnaire scores, total revised perceived devaluation discrimination scale scores as ($t=.366$, $p=.715$ and $t=.432$, $p=.669$, respectively) while, there was statistically significant differences between marital status total attitude toward mental health treatment scores as ($t= 2.223$ and $p=.037$).

Table (6): Relationship between work status and patient health questionnaire, attitude toward mental health treatment and revised perceived devaluation discrimination scale (n=192)

Variables	Work status		t	p
	Working	Not working		
	M±SD	MI±SD		
patient health questionnaire scores	16.51±6.98	15.11±4.92	1.320	.189
attitude toward mental health treatment scores	28.68±5.86	31.04±5.34	2.017	.051
revised perceived devaluation discrimination scale scores	45.89±6.68	45.19±5.91	.527	.601

*significant <0.05

Table (6) showed that, there were no statistically significant differences between occupation and total patient health questionnaire scores, total attitude toward mental health treatment scores and total revised perceived devaluation discrimination scale as ($t=1.320$, $p=.189$; $t=2.017$, $p=.051$; and $t=.527$, $p=.601$, respectively).

Table (7): Differences among academic level according to patient health questionnaire, attitude toward mental health treatment and revised perceived devaluation discrimination scale (n=192)

variables	Academic Level					F	p
	First	Second	Third	Fourth	Internship		
	Mean±SD	Mean +SD	Mean±SD	Mean +SD	Mean +SD		
1- patient health questionnaire scores	13.67±6.30	13.67±6.30	13.67±6.30	13.67±6.30	13.67±6.30	3.632	0.007*
2- attitude toward mental health treatment scores	31.50±6.67	31.50±6.67	31.50±6.67	31.50±6.67	31.50±6.67	4.315	0.002*
3- revised perceived devaluation discrimination scale	46.50±8.4	46.50±8.4	46.50±8.4	46.50±8.4	46.50±8.4	1.600	1.600

** Highly significant <0.001

Table (7) showed that, academic level greatly differ by the total patient health questionnaire as ($F= 3.632$ and $p=.007$). There were highly statistically significant differences between academic year and total attitude toward mental health treatment scores as ($F= 4.315$ and $p=.002$). There were no statistically significant differences between academic year and total revised perceived devaluation discrimination scale scores as ($f= 1.600$ and $p=.176$).

Table (8): Correlation matrix among patient health questionnaire, attitude toward mental health treatment and revised perceived devaluation discrimination scale (n=192)

Variables	Attitude toward mental health treatment	Revised perceived devaluation discrimination scale
Patient health questionnaire	r	.021
	p	.776
Attitude toward mental health treatment	r	-.209
	p	.004**
	r	.223
	p	.002**

** Highly significant <0.001

Table (8) indicated that there were no statistically significant relationships between total attitude toward mental health treatment scores and total patient health questionnaire scores. Whereas, there were highly statistically positive relationships among total revised perceived devaluation discrimination scale scores and total patient health questionnaire scores and total attitude toward mental health treatment scores as ($r=.021$, $p=.776$; $r=.209$, $p=.004$; and $r=.223$, $p=.002$, respectively) .

VI. Discussion

This study was novel in its endeavor to survey the level of depression among Faculty of Nursing students, and to evaluate the depression disgrace and mental health information seeking behaviors among Faculty of Nursing understudies, Cairo University.

Concerning the Socio-demographic information: The dispersion of the sample as indicated by their sexual orientation, conjugal status, occupation, sort of living arrangement and scholastic level of the present study (Table:1) demonstrated that, more than half of the sample were females while the rest were guys. While most of the example was single and was not working. Consequences of the present study demonstrated that, around 66% of students are from urban zones and rest was from country zones. These outcomes might be because of the that faculty of nursing are overwhelmingly gone to by females.

As in regards to, health seeking behaviors table (2) demonstrated that, the majority of examined sample were ever gone by a pro in psychotherapy, while the greater part of the studied sample did not as of now getting any psychiatric treatment, and more than fourth third of the sample have confidence in the coming weeks to visit a specialist in the mental health field. About two thirds of sample demonstrated that the fundamental source to look for assist was chatting with dear companion or relative if have mental pain. These finding could be due to the belief that the students hold that others will contemplate them. In Egyptian culture, students never tend to look for psychiatric help that might be identified with family and social support, notwithstanding religious convictions and sentiment shame to be rationally sick and stigmatizing. They liked to talk incline toward conversing with dear companion or relative if have mental issue. This outcomes was upheld by the discoveries of Pompeo, (2014), who demonstrated that undergraduate students hold twofold benchmarks in their sentiments on looking for psychological wellness mind regularly understudies will bolster other people who need to look for

tend to emotional wellness concerns, yet when they feel in need to look for treatment will keep away from treatment since they trust others will contemplate them.

The present study comes about by and large demonstrated that, more than half of the sample had direct level of sadness among nursing students, this could be because of their experience of little enthusiasm for getting things done, resting excessively, feeling tired, and poor craving. While the remaining of the sample was not experienced sentiment disappointment, trouble in focus on things, saw trouble in moving or talking and terrible contemplations about their passing or harming them-selves. These outcomes upheld by Ohayon, et al. (2014) who showed that, it is not totally clear onset of sadness manifestations happening at more youthful ages is expanding the commonness of dejection and related figures college understudies, yet the predominance of emotional sickness in undergrads is constantly expanding regardless of endeavors to execute psychological wellness mind in colleges.

Likewise, Center for Disease Control (CDC) (2013) showed that, dejection is not just a weight to the people experiencing it, additionally impacts interpersonal connections, and can make much bigger issues inside groups. Moreover expanding rates of depression show that more particular treatment strategies, precise measures of treatment, and screening for depression are required (Ohayon et al. 2014; Hou et al. 2014; Feixas et al. 2014).

In respect to the levels of stigma, three fourth of the sample had direct level of disgrace toward mental illness. This finding could be because of numerous students still said that they would be reluctant to fill others in regarding whether they had encountered gloom. They said that individuals with depression were generally observed to be tricky, delicate or inadequate. This finding was as per Abdullah, (2010) who uncovered that stigma can have far reaching impacts on the lives of individuals with emotional instabilities including minimization from lodging and employments, reduced self-regard, a diminished probability to look for help while encountering side effects of dysfunctional behavior, a lessened feeling of self-esteem and decreased social cooperation so as to maintain a strategic distance from dismissal.

In relation to the students' states of mind toward mental illness, the study discoveries demonstrated that, the dominant part of the sample had moderate attitude toward mental illness. The findings of the present study recommended that the students hold more uplifting dispositions toward individuals with mental illness. This outcome might be come back to the corresponding individual and open discernment in regards to emotional sickness and its side effects that may make the patients either aggravated in their relations with other individuals, at work, companions and even at home or absolutely a long way from reality. This finding is consistent with Pillai, Kalmbach, and Ciesla, (2011) who reported that, the apparent impact of stigma was more noteworthy if the patient had more noticeable positive side effects, adding to this the considerable subjective feeling that they are not full individuals from society that may delivered from the target level of separation that an individual is presented to.

The present study uncovered that there were no measurably critical contrasts between gender, patient health questionnaire, attitude toward mental health treatment and revised devaluation discrimination scale (table:3). This finding could be because of high predominance of depression among females, demeanor of looking for encourage might be because of lower individual stigma identified with emotional wellness issue, and more inspirational states of mind concerning mental openness in ladies. These outcomes could be translated that, the nursing students (male and female) experience the ill effects of similar expanding scholarly weights, insufficiency about social and scholastic and depressive side effects. This finding was as per Boisjolie, (2013) who called attention to that female dominance in predominance, rate and dreariness danger of depressive issue. Expanded hazard to females differs by symptomatic subtypes and is considerable for real dejection, dysthymia, atypical despondency and seasonal winter depression.

Similarly, Boisjolie, (2011) reported that eagerness to look for expert assist was connected with general medicinal care. Be that as it may, for strength mind the affiliation was much more grounded for males contrasted with females. Despite the fact that mental illness influences both men and women likewise, men act uniquely in contrast to ladies when it comes looking for offer assistance. Not just are men more averse to look for expert help, they are likewise more averse to perceive and mark nonspecific sentiments of trouble as passionate issues.

In the current study there were no statistically significant differences among type of residence, patient health questionnaire, attitude toward mental health treatment while; there was statistically significant differences between residence and revised perceived devaluation discrimination scale. This finding could be clarified as mental wellness services were available in various settings in rustic or urban zones. This finding was as per Thornicroft and Tansella, (2009) who discovered that availability to mental wellness care of individuals with longer-term mental clutters is vastly improved with group based services than with the customary psychiatric healing centers more over the group based services better secure human privileges of individuals with mental issue and prevent stigmatization of those individuals.

The study proved that, there were no differences among marital status in relation to patient health questionnaire, and revised perceived devaluation discrimination scale a while; there were statistically significant differences between marital status and attitude toward mental health treatment. This outcome could be deciphered as nursing students see side effects of mental issue as undermining and uncomfortable, and these states of mind much of the time cultivate stigma and separation towards individuals with mental well-being issues. This outcome compared to the past results by Davey (2013) underlined on states of mind of the most social orders that view side effects of psychiatric issues as undermining and uncomfortable, and these dispositions much of the time cultivate shame and segregation towards individuals with mental wellness issues, and can serve as a pointer of people in general's mental wellness education.

The present study demonstrated that, there were no factually noteworthy contrasts among occupation among nursing students, and the study tools (table: 6). This outcome might be identified with the dominant part of nursing understudies don not work amid scholarly year.

In this study, depression level and attitude toward mental health treatment greatly differ among the student's academic levels, while there were no statistically significant differences in relation to revised perceived devaluation. These discoveries showed that, the inspirational dispositions among the students those early study in the personnel toward maladjustment. This discoveries were reliable with Regina and Perpétua, (2013) who expressed that, last year students from

the Bachelor's degree and Licentiate's degree courses at the Ribeirão Preto College of Nursing, of the University of São Paulo, the collective of 88 participants in the study, 69.8% have no despair, 18.2% exhibited dysphoria, 6.8% moderate depression, and 5.7% severe depression, which is a low rate compared to the general population. Moreover, 142 nursing students participated in the study. 43.9% of them experienced depressive symptoms. The scores were higher in freshmen students and third year, while the lowest score was observed in second year (Halikiopoulou, Tsiga, Khachaturian & Papazisis, 2011).

The present study results revealed that, there were significant correlations among the study tools total scores (table: 8). This result could be due to the fact that depressed patients usually fear of being judged or treated according to the unconstructive labeling process done by others. Therefore, although the depressed person he/she might go to seek treatment to get well, the actual behavior may trigger stigma and beliefs about mental health problems.

The present research highlights the importance of examining depression's stigma among university students. Future research should address the nature of the association among stigma, coping strategies, and mental health service utilization. This is consistent with that fact that higher stigma was associated with more negative attitudes toward mental health treatment. Thus, the association among stigma and treatment initiation, engagement, and retention may be important factors to examine extended mental health problems treatment studies.

VII. Conclusion

The study concluded that students who were females, not working, single, and in the internship year are more prone to have depression. Majority of the students from different academic years suffered from moderate level of depression,

Although nursing students studied psychiatric nursing in a whole semester, they still have lack of knowledge about how to seek professional help when suffering from mental disorder. Socio-demographic variables except for academic year have no evident effect on the incidence of depression. In addition to that academic year have an effect on the student's attitudes toward depression and how to deal with it.

Mental illness stigma is evident among the students and can affect their attitudes toward mentally ill persons.

VIII. Recommendations

Based upon the findings of this study, the following recommendations are made:

- Faculty of Nursing, Cairo University administrative board need to regularly screen for psychological problems among the students from all academic levels and especially the first level.
- Raise the students' awareness about the use of available psychological support and help strategies.
- Scientific departments need to have coordination and unity among them to identify students at risk and support them in their learning process.
- The role of academic advisor for students need to be activated more to facilitate, help and support the students not only in their educational process, but also, to their psychological and emotional help.
- Design psycho-educational programs for nursing students are needed to help students to cope with psychological problems.
- Availability of psychological support and counseling center in the faculty to provide follow up for students who suffer from any psychiatric distress.

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