ORIGINAL ARTICLE

Attitudes of Teachers towards Individuals with Mental Health Problems and Affecting Factors

Öğretmenlerin Ruh Sağlığı Sorunu Olan Bireylere Yönelik Tutumları ve Etkileyen Faktörler

[1]Nur Demirbaş [ID], [2]Ömer Adil İlhan [ID], [1]Nazan Karaoğlu [ID], [3]Muhammet Tosun [ID]

[1]Necmettin Erbakan Üniversitesi Tıp Fakültesi Aile Hekimliği AD. Konya, Türkiye

Correspondence

Nur Demirbaş, Necmettin Erbakan Konya Üniversitesi Tıp Fakültesi Aile Hekimliği AD.Konya, Türkiye

E-Mail: ndemirbas76@hotmail.com

How to cite ?

Demirbaş N, İlhan ÖA, Karaoğlu N, Tosun M. Attitudes of Teachers towards Individuals with Mental Health Problems and Affecting Factors. Genel Tıp Derg. 34(2): 201-206.

ABSTRACT

Aim: Teachers are in a good position to provide first aid to students with mental health problems. The aim of the study is to determine the attitudes of teachers towards individuals with mental health problems and the factors affecting them.

Materials-methods: The research, which is a cross-sectional descriptive study, was conducted with teachers reached online via social media. Sociodemographic information form, Hospital Anxiety-Depression Scale and Community Attitudes towards the Mentally Illness Scale were applied to the teachers through Google forms. The data were evaluated with the SPSS 20 statistical program. A p value of <0.05 was considered statistically significant.

Results: In this study, 477 teachers were participated. Psychological Counseling and Guidance (PCG) teachers' "mental health ideology" (19.24±3.99) and "goodwill" scores (18.07±3.16) were found lower than the scores of preschool and classroom teachers (p=0.001; p=0.014). The goodwill score of male teachers (20.27±3.66) was higher than that of female teachers (19.38±3.19). The risk of anxiety was in 17.00% of the teachers participating in the study and the risk of depression was in 27.62%. The goodwill approach of teachers with anxiety risk to those with mental problems was lower than those without anxiety risk (p=0.003).

Conclusion: It is noteworthy that the attitudes of teachers towards individuals with mental health problems are at a moderate level, and that the attitudes of teachers who are especially young, women and who frequently encounter these patients are negatively affected.

Keywords: Teacher, Mental Health Problem, Anxiety, Depression

ÖZ

Amaç: Öğretmenler ruh sağlığı sorunları olan öğrencilere yardım sağlama konusunda iyi bir konumdadırlar. Çalışmanın amacı öğretmenlerin ruh sağlığı sorunu olan bireylere yönelik tutumlarını ve bunları etkileyen faktörleri belirlemektir.

Gereç-Yöntem: Kesitsel tanımlayıcı bir çalışma olan araştırma, sosyal medya üzerinden online olarak ulaşılan öğretmenler ile yapıldı. Öğretmenlere Google formları aracılığıyla sosyodemografik bilgi formu, Hastane Anksiyete-Depresyon Ölçeği ve Ruhsal Sorunlu Bireylere Yönelik Toplum Tutumları Ölçeği uygulandı. Veriler SPSS 20 istatistik programı ile değerlendirildi. p<0,05 değeri istatistiksel olarak anlamlı kabul edildi.

Bulgular: Bu çalışmaya 477 öğretmen katılmıştır. Psikolojik Danışmanlık ve Rehberlik öğretmenlerinin "ruh sağlığı ideolojisi" (19,24±3,99) ve "iyi niyet" puanlarının (18,07±3,16) okul öncesi ve sınıf öğretmenlerinin puanlarından daha düşük olduğu belirlendi (p=0,001; p=0,014). Erkek öğretmenlerin iyi niyet puanının (20,27±3,66) kadın öğretmenlere göre (19,38±3,19) daha yüksek olduğu bulundu. Araştırmaya katılan öğretmenlerin %17,00'inde anksiyete riski, %27,62'sinde ise depresyon riski saptandı. Anksiyete riski taşıyan öğretmenlerin ruhsal sorunu olanlara karşı iyi niyet yaklaşımı, anksiyete riski olmayan öğretmenlere göre daha düşüktü (p=0,003).

Sonuç: Öğretmenlerin ruh sağlığı sorunu olan bireylere yönelik tutumlarının orta düzeyde olduğu, özellikle genç, kadın ve bu hastalarla sıklıkla karşılaşan öğretmenlerin tutumlarının olumsuz etkilendiği dikkat çekmektedir.

Anahtar Kelimeler: Öğretmen, Ruh Sağlığı Sorunu, Anksiyete, Depresyon

Introduction

Mental disorders manifest themselves as inconsistent feelings, thoughts and behaviors of individuals, and as problems in their relations with individuals (1). Throughout history, negative attitudes and approaches have been observed in society towards people with mental illness in different cultures and periods. People with mental problems are usually stigmatized as strange, frightening, and dangerous and are ostracized, and even undergo hostile attitude (2). Stigmatization is considered as a person's trivialize in society due to incompatible behaviors which are opposed to social norms and criteria, and as evaluation disreputable and defective (3). Even today, people with mental illness do not want to go to the doctor because they are disapproved, alienated and stigmatized as "crazy" not only by society but also themselves. These diseases are hidden due to this drawback. Since these negative attitudes and beliefs provoke hitches and delays in treatments of these patients, awareness raising and education is necessary against stigma. After all, people with mental illness and their family and society which they live in is damaged. However, one of the most important steps in the treatment is adaptation of these patients to social life. Preventing wrong attitudes and behaviors will increase adaptation to society and success in the treatment process (4,5). In a study investigating the attitudes of occupational groups towards mental illnesses, it was

Teachers and Individuals with Mental Health Problems - Demirbaş et al.

Genel Tıp Dergisi

determined that the occupational groups with the most negative beliefs were mukhtar, police officers, teachers and healthcare professionals, respectively (6). In studies discussing attitudes and behaviors, it was found that the attitudes of healthcare professionals towards people with mental illness were positive (7,8). In a study conducted with lecturers of a university, it was determined that the participants had an understanding and protective approach towards the ones with mental illness (9). In another study conducted with medical students and lecturers of them, it was found that the students had more stigmatizing attitudes than the lecturers, and their tolerance increased after taking psychiatry rotation (10).

Many psychiatric problems emerge during adolescence period. Worldwide, mental illnesses affect 10-20% of children and teenagers (11). Given that children spend most of their times at school, teachers are in a unique position to recognize psychiatric problems and to support student's call for help (12). Because teachers are one of the occupational groups which most frequently encounter people with mental illness (6). Teachers' having sufficient knowledge about mental illnesses and telling the right attitudes and behaviors to their students can ensure that individuals with mental illnesses are accepted, supported by the society, and protected from negative situations (13,14). For this reason, it is important to determine the attitudes and behaviors of teachers, who constitute the most important part of community education, towards individuals with mental problems. There are few studies conducted with teachers in this field in our country Turkiye. In this context, with this study, it was aimed to determine the attitudes of teachers across the country towards individuals with mental problems and the factors affecting them, and to evaluate the reflection of their own mental state on their attitudes.

Material and Methods

In this descriptive study, it was planned to reach the number of samples that could represent all teachers across the country through the internet, social media and communication networks. Thus, it was calculated that at least 377 teachers should be reached in the study with a 5% margin of error and a 95% confidence interval. After the approval of the ethics committee, the purpose of the study was explained by making announcements through different social networks in a period of about three months, and volunteers were asked to fill in the questionnaire form in the link given and forward this link to the teachers they knew. The survey form created with Google forms was anonymous and voluntary consent was requested. In the first part of the three-part questionnaire, there was the sociodemographic information form for the teachers, the Hospital Anxiety-Depression Scale in the second part, and the Community Attitudes towards Mental Illness Scale in the third part.

Sociodemographic Information Form: The form included 16 items about the sociodemographic characteristics of the participants, questions about their professional careers, and their encounters with individuals with mental problems.

Hospital Anxiety Depression Scale (HADS): It was developed by Zigmond and Snaith (1983) to determine an individual's risk of anxiety and depression (15). Turkish validity and reliability study was conducted by Aydemir et al. (16). Seven questions (odd numbers) of the scale, which consists of 14 items, measure anxiety and seven questions (even numbers) measure the risk of depression. Questions answered on a four-point Likert scale are scored between 0 and 3. The cut-off point of HADS was determined as 10 for anxiety (HAD-A) and seven for depression (HAD-D).

Community Attitudes to Mental Illness (CAMI) Scale: The Turkish validity and reliability of the scale, developed by Taylor and Dear (1979), was performed by Bag and Ekinci (2006) (17,18). The five-point Likert scale is scored as Totally Agree (1) and Strongly Disagree (5). Cronbach's alpha value was calculated as 0.72 in the scale consisting of 21 items. The scale has three sub-dimensions.

Goodwill Sub-Dimension: It expresses the willingness to be kind to those with mental health problems and to understand and share their feelings. It consists of nine items; Items 2, 6, 11, 18, and 20 are scored straight; items 4, 9, 13, and 16 are reverse scored. A high score in the sub-dimension indicates a positive attitude.

Community Mental Health Ideology Sub-Dimension: It is about maintaining the care and treatment of individuals with mental disorders by gaining acceptance in the community. It consists of ten items; Items 3, 7, 12, 15, and 19 are scored straight while items 5, 10, 14, 17, and 21 are reverse scored. A high score in the sub-dimension indicates a positive attitude.

Fear/Exclusion Sub-Dimension: It expresses the concept of fear of individuals with mental illness and keeping them away from society. It consists of two items; item 1 is scored straight; item 8 is scored reverse. A high score from the sub-dimension indicates a negative attitude.

Statistical Analysis

While evaluating the data obtained through Google forms in the study, the mean and standard deviation values of the numerical data were calculated. Compliance with normal distribution was evaluated with Kolmogorov-Smirnov test, categorical and numerical data were compared with appropriate statistical analyzes such as Chi-square, Student-t test, and One-way anova test. A value of $p < 0.05$ was considered statistically significant. Pearson correlation analysis was used to determine the relationship between variables.

Results

A total of 477 teachers from various regions of Turkiye participated in the study. The mean age of the participants was 40.46±10.84 (22-72) years, and the time they spent in the teaching profession was 15.66±10.35 (1-42) years. 37.94% (n=181) of the teachers were women, 82.87% (n=395) were married, and 90.56%

Teachers and Individuals with Mental Health Problems - Demirbaş et al.

Genel Tıp Dergisi

(n=432) had nuclear families. The sociodemographic characteristics of the teachers, more than half of whom (57.23%; n=273) live in Central Anatolia, are given in Table 1.

Table 1. Sociodemographic features of the participants

		mean ± SD	
Age (year)		40.46±10.84 (22-72)	
Time spent in the profession		15.66±10.35 (1-42)	
		n	%
Gender	Male	181	(37.94)
	Female	296	(62.06)
Marital status	Married	395	(82.87)
	Single	82	(17.13)
Family structure	Nuclear	432	(90.56)
	Extended	39	(8.19)
	Broken	6	(1.25)
Region where he/ she spent most of his/her life	Central Anatolia	273	(57.23)
	Eastern Anatolia	32	(6.70)
	Southeastern Anatolia	18	(3.77)
	Marmara	35	(7.33)
	Aegean	63	(13.24)
	Mediterranean	36	(7.54)
	Black Sea	20	(4.19)
Occupational Branch	Preschool	55	(11.53)
	Religious culture	103	(21.59)
	Classroom teaching	52	(10.90)
	PCG	54	(11.32)
	Others	213	(44.65)
Current working status	State Agency	410	(85.95)
	Private Industry	22	(4.61)
	Retired	14	(2.95)
	Not working	31	(6.49)
Institution he/she is working at	Kindergarten	23	(4.82)
	Primary Education	267	(55.97)
	Secondary/High School	166	(34.80)
	Others	21	(4.4)
Income status	Income less than expenses	86	(18.0)
	Income equal to expenses	242	(50.7)
	Income more than expenses	149	(31.2)

*PCG: Psychological Counseling and Guidance

CAMI Scale Cronbach's alpha coefficient was calculated as 0.799. The mean of the community mental health ideology sub-dimension of the participants' CAMI Scale was 21.68±4.83 points, the mean of goodwill sub-dimension was 19.71±3.40 points, and the mean of fear/exclusion sub-dimension was 6.53±1.49 points.

It was found that the average score (19,24±3,99) of the teachers whose vocational branches were PCG in the community mental health ideology, sub-dimension of the CAMI Scale was lower than the preschool (22,11±4,59) and classroom teaching branches (22,75±5,35) (p=0.001; p=0.014). The mean score of the community mental health ideology sub-dimension was that of those who encountered a student with a psychiatric disorder during their professional life (21.11±4.62) and those who had a family member with a psychiatric disorder (20.21±4.26). These mean scores were lower than those who did not encounter people with psychiatric disorders. (p=0.004; p=0.003).

The mean score of the male teachers' goodwill sub-

dimension (20.27±3.66) was higher than the female teachers' goodwill score (19.38±3.19) (p=0.007). Teachers whose professional branch was PCG (18.07±3.16) and who had a family member with a psychiatric disorder 18.95±3.33) had lower mean score of goodwill sub-dimension (p<0.05) (Table 2).

Table 2. Comparison of CAMI Scale sub-dimensions and sociodemographic characteristics

	CAMI Scale		
	Community Mental Health Ideology	Goodwill	Fear/Exclusion
	Mean ± SD	Mean ± SD	Mean ± SD
Sex			
Male	22.10±4.83	20.27±3.66	6.48±1.39
Female	21.42±4.82	19.38±3.19	6.56±1.55
p	0.133	0.007	0.587
Marital status			
Married	21.76±4.78	19.91±3.34	6.52±1.46
Single	21.28±5.06	19.76±3.54	6.57±1.63
p	0.412	0.005	0.765
Occupational branch			
Preschool[a]	22.11±4.59	19.64±2.82	6.45±1.39
Religious culture[b]	20.87±4.76	19.84±3.37	6.56±1.46
Classroom teaching[c]	22.75±5.35	20.42±3.57	6.54±1.40
PCG[d]	19.24±3.99	18.07±3.16	6.76±1.92
Others[e]	22.31±4.77	19.92±3.47	6.47±1.43
p	0.001[cd]. 0.014[ad]	0.016[b]. .003[cd]	0.772
Having family members who have mental problems			
Yes[f]	20.21±4.26	18.95±3.33	6.46±1.38
No[g]	21.92±4.86	19.91±3.35	6.59±1.52
I don't know[h]	24.54±5.02	20.27±3.97	5.96±1.39
p	0.004[fg]. 0.001[fh]	0.031[fg]	0.102
Your encounter with a student who has a psychiatric illness in your professional life			
Yes	21.11±4.62	19.47±3.37	6.58±1.49
No	22.73±5.09	20.29±3.36	6.41±1.50
I don't know	22.90±4.92	19.77±3.61	6.52±1.48
p	0.003	0.066	0.567

** CAMI: Community Attitudes to Mental Illness

Anxiety risk was found in 17.00% (n=81) and depression risk in 27.62% of the teachers participating in the study. It was determined that the mean score of the goodwill sub-dimension (18.70±3.19) of the participants who were at high risk of anxiety was lower than those who did not have the risk of anxiety (19.92±3.41) (p=0.003). There was no statistically significant difference between the participants in terms of depression risk and mean scores of community mental health ideology score, goodwill score and fear/exclusion score (p>0.05) (Table 3).

There was a positive, weak-strength, and significant relationship between the participants' goodwill sub-dimension score and age and time spent in the profession (r=0.146; r=0.154; p=0.001). A negative, weak, and significant correlation was found between the fear/exclusion sub-dimension score of the scale and age and time spent in the profession (r=-0.097; r=-0.090; p=0.035). As age and time spent in the profession increased, the score of goodwill towards individuals with mental problems increased, and the scores of fears of individuals and exclusion decreased (Table 4).

Teachers and Individuals with Mental Health Problems - Demirbaş et al.

Genel Tıp Dergisi

Table 3. Comparison of the participants' depression and anxiety risk status and CAMI scale sub-dimensions

		CAMI Scale		
		Community Mental Health Ideology	Goodwill	Fear/Exclusion
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD
HAD-A				
≤10 points, No anxiety	396(83.00)	21.64±4.75	19.92±3.41	6.55±1.49
≥11 points, have anxiety	81(17.00)	21.88±5.25	18.70±3.19	6.42±1.50
	p	0.687	0.003	0.474
HAD-D				
≤7 points, No depression	345(72.38)	21.51±4.69	19.84±3.36	6.60±1.50
≥8 points, have depression	132(27.62)	22.11±5.18	19.38±3.50	6.35±1.44
	p	0.225	0.182	0.104

* CAMI: Community Attitudes to Mental Illness

**HAD: Hospital Anxiety and Depression

Table 4. Correlation between CAMI Scale sub-groups

		CAMI Scale		
		Community Mental Health Ideology	Goodwill	Fear/Exclusion
HAD-A	r	0.062	-0.100*	-0.056
	p	0.175	0.030	0.220
HAD-D	r	0.074	-0.054	-0.087
	p	0.106	0.243	0.058
Age	r	0.049	0.146**	-0.097*
	p	0.287	0.001	0.035
Time in the proffession	r	0.069	0.154**	-0.090*
	p	0.130	0.001	0.048

* CAMI: Community Attitudes to Mental Illness

**HAD: Hospital Anxiety and Depression

Discussion

Mental health treatment services are increasing every year and mental health related diseases constitute an important part of health services in Türkiye as well as all over the world. In the sustainability of these services, the attitude of the society towards sick individuals is very important. The attitude of teachers, which is the most important part of community education, towards individuals with mental problems is an important factor in evaluating and improving community attitudes. This study, which was conducted to determine the attitudes of teachers towards individuals with mental problems and the factors affecting them, is important because it is one of the few studies in the field.

In the study, the mean score of teachers' community mental health ideology was 21.68±4.83 points, the mean score of goodwill was 19.71±3.40 points, and the mean score of fear/exclusion was 6.53±1.49 points. The mental health ideology score of the nurses working in the psychiatric hospital was 22.80±5.89, the goodwill score was 19.65±3.58, and the fear/exclusion score was 6.78±1.60 (7). Since the frequency of encountering these individuals by nurses and teachers is higher than the general population, similar results can be seen. However, in a population-based study, the mean score of community mental health ideology (29.0±4.0) and goodwill mean score (27.8±3.8) of adults were higher than teachers and nurses, and the mean score of fear/exclusion (6.1±1.7) was found lower (19). In the study of Karaca et al., in which they examined the attitudes of different occupational groups towards mental illnesses with another scale, it was found that the general attitude towards individuals with mental problems was at a moderate level, and the highest attitude scores were in health workers and teachers (6). In another study on the attitudes and behaviors of the society towards mental health problems, it was stated that half of the participants had a generally negative attitude towards mental illnesses (20).

In the study, the mental health ideology score and goodwill score of those who encountered students with psychiatric disorders throughout their professional life and those who had psychiatric patients in their families were lower than those who did not encounter psychiatric disorders. Karaca et al. found that those who had a mental illness or a family member with a mental illness were less likely to find these patients dangerous and to be ashamed of them than those who did not have mental illness (6).

About one-fifth of the teachers who participated in the present study were found at risk for anxiety and about one-third at risk for depression. Those at high risk of anxiety had a more negative attitude of goodwill than those at low risk. It has been observed that there is a positive and significant relationship between the negative attitude towards individuals with mental problems and the level of professional burnout in nurses working in psychiatric hospitals (7). Yuksel et al. found that lecturers who knew someone with a mental illness had a more protective and humanistic approach towards these patients (9). In the present study, mental health ideology and goodwill scores of PCG branch teachers were lower than those of preschool and classroom teaching branches. Although the opposite is expected, it can be thought that the fact that PCG teachers encounter these patients more frequently affects their attitudes negatively.

Tumer et al. examined adults' attitudes towards mental illness and those with mental illness. In their studies, it was determined that the mean scores of goodwill, fear/exclusion of women were higher than that of men (19). In the study of Babicki et al., it was stated that women were more concerned about those with mental illness than men and were more afraid of such patients (21). In another study, it was revealed that the gender of the lecturers did not affect their views on mental illnesses and psychiatric patients (9). In Bilge et al.'s study (2011), it was revealed that the attitudes towards individuals with mental problems were similar between the genders, but only the goodwill sub-dimension score was higher in males. In the present study, it was found that male teachers had higher goodwill towards these individuals than

Teachers and Individuals with Mental Health Problems - Demirbaş et al.

Genel Tıp Dergisi

female teachers (5). It can be said that male teachers are more understanding and accepting of those with mental illness than women.

In this study, as age and time spent in the profession increased, the score of goodwill towards individuals with mental problems increased, and the scores of fears of individuals and exclusion decreased. On the contrary, in the study of Yuksel et al., lecturer's attitudes towards psychiatric patients did not change with their age and time spent in the profession (9). Again, it is stated in other studies that elderly individuals believe that people with mental health problems are more aggressive, less intelligent than other people and that they should be socially restricted (22,23).

Conclusion

As a result; it was seen that teachers' attitudes towards individuals with mental problems were at a moderate level in terms of scores. It was observed that the attitudes of young teachers, female teachers and teachers who frequently encountered these patients were negative. In a study investigating the knowledge levels of teachers on basic health issues, it was found that female teachers and teachers who graduated from health-related faculties had higher levels of health knowledge. In the study, it was concluded that teachers' knowledge levels on this subject should be increased so that students can exhibit more positive health-related behaviors (24). The first symptoms of psychiatric diseases usually appear in childhood and adolescence (25). Early detection of mental illnesses can be achieved by teachers' awareness of mental health problems and accompanying symptoms (26). Especially in developing countries where child and adolescent mental health services are inadequate, teachers are needed more in this regard (27). However, studies have found that teachers' mental health literacy levels are low (26,28).

In order for teachers to better understand the mental health problems of young people; in particular, their knowledge about mental illnesses and their treatments needs to be improved. There is a need for in-service training for identification and referral, and the assignment of school psychologists to deal with students' mental health problems (29).

The limitation of this study is that beliefs about different mental illnesses were not evaluated separately and only volunteers participated in the study.

Conflict of Interest: None declared by the authors.

Financial Disclosure: None declared by the authors

Ethical aspects of the research: This study was approved with the decision number 2021/3012 at the meeting dated 08.01.2021 of the Clinical Research Ethics Committee of NEU.

Author contributions: Conception: ND, OAI, NK, MT Design: ND, OAI, MT Supervision: ND, NK Resource: OAI, MT Materials: OAI, MT Data Collection and/ or Processing: ND, OAI, NK, MT Analysis and/or Interpretation: ND, OAI Literature Review: OAI, MT

Writer: ND, OAI, NK, MT Critical Review: ND, NK.

References

1.Olcay Cam EE. Ruh sagligi ve hastaliklarina genel bakis (Overview of mental health and illness). Olcay Cam EE, editor. Istanbul: Istanbul Tip Kitapevi (Istanbul Medical Publishing House); 2014.

2.Cam O, Bilge A. The process of stigmatization, attitude, and belief about mental illness and patient in Turkiye: a systematic review/Turkiye'de ruhsal hastaliga/Hastaya yonelik inanc, tutum ve damgalama sureci: sistematik derleme. Journal of Psychiatric Nursing. 2013;4(2):91-102.

3.Bostanci N. The stigma towards to individual with mentally ili patients and practices about reducing this situation. Dusunen Adam: Journal of Psychiatry and Neurological Sciences. 2005;18:32-8.

4.Bilge A, Cam O. The Fight against Stigma toward Mental Illness. TAF Preventive Medicine Bulletin. 2010;9(1).

5.Cam O, Bilge A, editors. Determination of beliefs and attitudes toward mental illness and patients of public who live in western part of Turkiye. New/Yeni Symposium Journal; 2011.

6.Karaca A, Acikgoz F, Cangur S. Attitudes of community-leading occupational groups towards mental illnesses: the sample of a city in western Turkiye. Community mental health journal. 2019;55(8):1377-88.

7.Karakas SA, Polat H, Eda A, Kucukoglu S. Relationship Between Burnout and their Attitudes towards Mental Illnesses Nurses Working in a Psychiatric Hospital in Turkiye. Bozok Medical Journal. 2017;7(1):40-8.

8.Sahin G, Amancalı M, Sayın SA, Yakar A, Buzlu S. Undergraduate Nursing Students" Attitudes Towards Patients With Mental Disorders and Related Factors. Acıbadem University Health Sciences Journal (AUHSJ). 2019(2):218-24.

9.Yuksel N, Yilmaz M, Orekici Temel G. Opinions of Faculty Members Regarding Mental Illnesses and Patients. Journal of Psychiatric Nursing/ Psikiyatri Hemsireleri Dernegi. 2015;6(1).

10.Janoušková M, Weissová A, Formánek T, Pasz J, Bankovská Motlová L. Mental illness stigma among medical students and teachers. International Journal of Social Psychiatry. 2017;63(8):744-51.

11.Kieling C, Baker-Henningham H, Belfer M, Conti G, Ertem I. others. 2011.". Child and Adolescent Mental Health Worldwide: Evidence for Action" The Lancet.378:1515-25.

12.Yamaguchi S, Foo JC, Nishida A, Ogawa S, Togo F, Sasaki T. Mental health literacy programs for school teachers: A systematic review and narrative synthesis. Early intervention in psychiatry. 2020;14(1):14-25.

13.Hoffer R, Bengel J. [Parents' and Childcare Teachers' Agreement on Mental Health Problems, Psychosocial Ressources and Need for Action]. Prax Kinderpsychol Kinderpsychiatr. 2020;69(1):3-21.

14.Hussein S, Vostanis P. Teacher training intervention for early identification of common child mental health problems in Pakistan. Emotional and behavioural difficulties. 2013;18(3):284-96.

15.Zigmond AS, Snaith RP. The hospital anxiety and depression scale. Acta psychiatrica scandinavica. 1983;67(6):361-70.

16.Aydemir Ö, Guvenir T, Kuey L, Kultur S. Validity and reliability of Turkish version of hospital anxiety and depression scale. Turk Psikiyatri Derg. 1997;8(4):280-7.

17.Taylor SM, Dear MJ. Scaling community attitudes toward the mentally ill. Schizophrenia bulletin. 1981;7(2):225-40.

18.Bağ B, Ekinci M. Examining of scale of the community attitudes towards the mentally ill in Turkish sample. Elektronik Sosyal Bilimler Dergisi. 2006;3(82):63-83.

19.Tumer A, Ors SH, Akpinar H. Adults Attitudes to Mental Diseases/ Patients. Life Skills Journal of Psychology. 2019;3(6):139-47.

20.Tesfaye Y, Agenagnew L, Terefe Tucho G, Anand S, Birhanu Z, Ahmed G, et al. Attitude and help-seeking behavior of the community towards mental health problems. Plos one. 2020;15(11):e0242160.

21.Babicki M, Kotowicz K, Mastalerz-Migas A. The assessment of

attitudes of medical doctors towards psychiatric patients—a cross-sectional online survey in Poland. International Journal of Environmental Research and Public Health. 2021;18(12):6419.

22.Papadopoulos C, Leavey G, Vincent C. Factors influencing stigma. Social psychiatry and psychiatric epidemiology. 2002;37(9):430-4.

23.Babicki M, Kotowicz K, Piotrowski P, Stramecki F, Kobyłko A, Rymaszewska J. Areas of stigma and discrimination of mentally ill people among Internet respondents in Poland. Psychiatr Pol. 2018;52(1):93-102.

24.Bodur S,Durduran Y, Küçükkendirci H. Evaluation of Health Knowledge Level of Teachers Giving Health Information Lessons. Selcuk Med J. 2012;28(3):152-156

25.Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of general psychiatry. 2005;62(6):593-602.

26.Aluh DO, Dim OF, Anene□Okeke CG. Mental health literacy among Nigerian teachers. Asia□Pacific Psychiatry. 2018;10(4):e12329.

27.Aghukwa N. Secondary school teachers' attitude to mental illness in Ogun State, Nigeria. African journal of psychiatry. 2009;12(1):59-63.

28.Jorm AF. Mental health literacy: Empowering the community to take action for better mental health. American Psychologist. 2012;67(3):231-43.

29.Mbwayo A, Mathai M, Khasakhala LI, Kuria MW, Vander Stoep A. Mental health in Kenyan schools: Teachers' perspectives. Global Social Welfare 2020;7(2):155-63.