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Association Between Beliefs Toward Mental Disorders and Negative Attitudes Toward Psychiatric Medication in Teachers

Öğretmenlerde Ruhsal Bozukluklara Yönelik İnançlar ile Psikiyatrik İlaçlara Yönelik Olumsuz Tutumlar Arasındaki İlişki

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ABSTRACT

Objective: This study aimed to evaluate the relationship between teachers' beliefs toward mental disorders and their attitudes toward psychiatric medications.

Method: This cross-sectional study was conducted among 368 teachers working in Aksaray Province, Türkiye. Data were collected online using a questionnaire prepared by the researchers and the Beliefs toward Mental Illness Scale. The construct validity and internal consistency of the questionnaire prepared by the researchers were evaluated using exploratory factor analysis (EFA) and Cronbach's alpha, respectively.

Results: Teachers with higher levels of negative beliefs toward mental disorders also exhibited higher levels of negative attitudes toward psychiatric medications. In the final hierarchical multiple linear regression model, younger age (β = −0.23), male sex (β = 0.28), more years of professional experience (β = 0.22), and higher levels of negative beliefs toward mental disorders (β = 0.49) were independently associated with more negative attitudes toward psychiatric medications. The addition of beliefs toward mental disorders increased the explained variance from $R^2 = 0.17$ to $R^2 = 0.39$ ($\Delta R^2 = 0.22$).

Conclusion: Teachers' negative beliefs toward mental disorders were independently associated with negative attitudes toward psychiatric medications. Including evidence-based content on mental disorders and psychiatric medications in teacher training and in-service programs may be beneficial.

Keywords: School teachers, psychotropic drugs, attitude, mental disorders

ÖZ

Amaç: Bu çalışma, öğretmenlerin ruhsal bozukluklara yönelik inançları ile psikiyatrik ilaçlara yönelik tutumları arasındaki ilişkiyi değerlendirmeyi amaçlamıştır.

Yöntem: Bu çevrim içi kesitsel çalışma, Aksaray ilinde görev yapan 368 öğretmenle yürütülmüştür. Veriler, araştırmacılar tarafından hazırlanan anket ve Ruhsal Hastalığa Yönelik İnançlar Ölçeği (RHYİÖ) kullanılarak toplanmıştır. Araştırmacılar tarafından hazırlanan anketin yapı geçerliği ve iç tutarlılığı sırasıyla açımlayıcı faktör analizi (AFA) ve Cronbach alfa katsayıları kullanılarak değerlendirilmiştir.

Bulgular: Ruhsal bozukluklara yönelik olumsuz inançları daha yüksek olan öğretmenlerin, psikiyatrik ilaçlara yönelik olumsuz tutumlarının da daha yüksek olduğu saptandı. Son hiyerarşik çoklu doğrusal regresyon modelinde, daha genç yaş (β = −0,23), erkek cinsiyet (β = 0,28), daha uzun mesleki deneyim (β = 0,22) ve ruhsal bozukluklara yönelik daha olumsuz inançlar (β = 0,49), psikiyatrik ilaçlara yönelik daha olumsuz tutumlarla bağımsız olarak ilişkili bulundu. RHYİÖ toplam puanının modele eklenmesiyle açıklanan varyans $R^2 = 0,17$'den $R^2 = 0,39$'a yükseldi ($\Delta R^2 = 0,22$).

Sonuç: Öğretmenlerin ruhsal bozukluklara yönelik olumsuz inançları, psikiyatrik ilaçlara yönelik olumsuz tutumlarla bağımsız olarak ilişkili bulunmuştur. Öğretmenlerin meslek öncesi ve hizmet içi eğitimlerinde ruhsal bozukluklar ve psikiyatrik ilaçlara ilişkin kanıta dayalı içeriklere yer verilmesi yararlı olabilir.

Anahtar sözcükler: Öğretmenler, psikotrop ilaçlar, tutum, ruhsal bozukluklar

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Introduction

According to data published by the World Health Organization (WHO) in 2025, over 1 billion individuals worldwide live with a mental disorder (WHO 2025). Mental disorders constitute a major public health problem and contribute substantially to the global burden of disease (Luo et al. 2026, Santomauro et al. 2026). Public attitudes toward mental disorders are often shaped by misinformation and prejudice, contributing to stigma, social exclusion, and reduced help-seeking among individuals with mental disorders (Çam and Bilge 2013).

Teachers play an important role in raising mental health awareness in society (Reinke et al. 2011, Arslantaş et al. 2021). Beyond their teaching responsibilities, they support students' psychosocial development, contribute to the early identification of mental health problems, and may influence students' professional help-seeking (Gur et al. 2012, Al Omari et al. 2022, Demirbaş et al. 2024). Their beliefs toward mental disorders may also influence whether societal prejudice is reduced or perpetuated (Gur et al. 2012, Arslantaş et al. 2021, Demirbaş et al. 2024). Recent studies have highlighted the importance of teachers' mental health literacy and attitudes toward mental disorders (Yamaguchi et al. 2020, Liang et al. 2026). A recent meta-analysis showed that mental health literacy interventions for teachers improved mental health knowledge and reduced stigmatizing attitudes (Liang et al. 2026). These findings underscore the importance of addressing teachers' knowledge and beliefs about mental disorders in school-based mental health practices (Yamaguchi et al. 2020). Consistent with this view, Gur et al. (2012) reported that teachers exhibit negative beliefs and attitudes toward mental disorders.

Attitudes toward psychiatric medications may also affect the use of mental health services. Negative beliefs and misconceptions about psychiatric medications may adversely affect treatment initiation and adherence (Çam and Bilge 2013, Dikec et al. 2022, Downey et al. 2026). Information sources and personal experiences may play an important role in shaping teachers' attitudes toward psychiatric medications. Teachers' attitudes toward medications used to treat attention deficit hyperactivity disorder have been reported to be shaped more by personal experiences than by professional and scientific sources of information (Sluiter et al. 2019). Teachers' knowledge of mental disorders alone may not be sufficient to explain their attitudes, as previous experiences, mass media, and cultural factors may also contribute to shaping these attitudes (Al Omari et al. 2022). Taken together, these findings suggest that teachers' attitudes toward mental disorders and their treatment may not be explained solely by their level of knowledge.

Existing studies have generally examined teachers' beliefs and attitudes toward mental disorders and their knowledge and attitudes toward psychiatric medications as separate constructs (Sluiter et al. 2019, Arslantaş et al. 2021, Al Omari et al. 2022). However, the relationship between teachers' beliefs toward mental disorders and their attitudes toward psychiatric medications remains insufficiently understood. Examining these two constructs together may provide a more comprehensive perspective on teachers' views of mental disorders and their pharmacological treatment. Accordingly, the main aim of this study was to examine the relationship between teachers' beliefs toward mental disorders and their attitudes toward psychiatric medications. We hypothesized that more negative beliefs toward mental disorders would be associated with more negative attitudes toward psychiatric medications. The study further examined whether this association remained significant after controlling for relevant sociodemographic and psychiatric/experiential variables. The findings may contribute to school-based mental health practices, stigma-reduction efforts, and the development of mental health education programs for teachers.

Method

Sample

The target population of this study consisted of teachers working in Aksaray Province, Türkiye. According to data available on the official website of the Aksaray Provincial Directorate of National Education at the

time of the sample size calculation, the province employed 7,450 teachers. No individual-level institutional records or files related to the participants were used in the study. We determined the minimum sample size using the Cochran formula for finite populations. With a 95% confidence interval (CI), a 5% sampling error, and p = 0.50 (q = 0.50), the calculation yielded a minimum sample size of 365 participants. We did not perform an a priori power analysis. Google Forms recorded a total of 386 survey entries. We excluded 18 incomplete entries, leaving 368 teachers in the final sample.

The inclusion criteria were current employment as a teacher in Aksaray Province and voluntary informed consent to participate in the study. Failure to complete the survey was considered an exclusion criterion. The presence of a psychiatric disorder was not considered an exclusion criterion; participants were therefore not screened or excluded on the basis of a current psychiatric diagnosis.

Procedure

The study was conducted in accordance with the Declaration of Helsinki and approved by the Aksaray University Health Sciences Scientific Research Ethics Committee (05.03.2026, No 2026/71). Electronic informed consent was obtained from all participants, and participants could proceed to the online questionnaire only after indicating their consent to participate.

Following ethical approval, the study was conducted between 23 March and 23 April 2026 among teachers working in primary, middle, and high schools affiliated with the Ministry of National Education in Aksaray Province, Türkiye. Participants were recruited using convenience sampling. The survey link was distributed to teachers via WhatsApp. Participants were also invited to share the link with other teachers working in Aksaray Province. Data collection was conducted by the researcher using an online survey administered via Google Forms. The online survey began with an electronic informed consent statement providing information about the purpose of the study and participation. Providing informed consent was mandatory for participation in the study. Only teachers who provided informed consent could proceed to the survey questions. The online survey comprised 43 questions/items: 8 sociodemographic, occupational, and mental health-related questions, 14 items from the questionnaire prepared by the researchers to assess attitudes toward psychiatric medications, and 21 items from the Beliefs Toward Mental Illness Scale (BTMIS), presented in this order. All survey questions were presented on a single page, and responses to individual questions were not mandatory; participants could leave questions unanswered. The estimated completion time was 10–15 minutes. Following data collection, submissions were screened for completeness, and incomplete entries were excluded from the analysis. No financial incentives or compensation were provided for participation. To prevent duplicate submissions by the same individual, the “Limit to 1 response” setting in Google Forms was enabled. Email addresses were not recorded in the survey responses, and IP addresses were not collected by the researchers.

Measures

Study data were collected using a questionnaire prepared by the researchers and the Beliefs Toward Mental Illness Scale (BTMIS). Due to the lack of a validated and reliable measurement tool for assessing teachers' attitudes toward psychiatric medications, the questionnaire was developed specifically for this study. Its construct validity was examined using exploratory factor analysis (EFA), and its internal consistency was evaluated using Cronbach's alpha coefficient.

Questionnaire Prepared by the Researchers

To prepare the questionnaire items, the relevant literature was reviewed to identify key aspects of attitudes toward psychiatric medications, and a pool of 14 items was developed accordingly. The draft 14-item questionnaire was reviewed by three psychiatry specialists. After this review, the questionnaire was piloted with 10 teachers using Google Forms. The teachers provided feedback on the clarity, wording, and content of the items. The pilot was also used to test the technical functionality of the online form, including link accessibility, item display, and successful response submission. Based on the feedback, the researchers made the necessary revisions.

The questionnaire consists of two parts. The first part includes self-reported information on participants' sociodemographic characteristics, occupational characteristics, and mental health-related experiences, including age, sex, school type, teaching subject, years of professional experience, history of psychological/psychiatric support, history of psychiatric medication use, and whether a family member or close acquaintance uses psychiatric medication. The second part consists of 14 items rated on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree) designed to assess teachers' attitudes toward psychiatric medications. EFA identified a three-factor structure: Pharmacological Prejudice and Occupational Concerns, Perception of Stigma Associated with Psychiatric Medication Use, and Beliefs toward Psychiatric Medication Treatment. The total questionnaire score was defined as the Total Negative Attitudes toward Psychiatric Medication Score and ranges from 14 to 70. Higher total and factor scores indicate more negative attitudes toward psychiatric medications. No items are reverse-scored, and no cutoff score was defined for the questionnaire.

Beliefs toward Mental Illness Scale (BTMIS)

The scale was developed by Hirai and Clum (2000) to assess beliefs toward mental disorders. The Turkish validity and reliability of the scale were established by Bilge and Çam (2008). The BTMIS consists of 21 items rated on a six-point Likert scale from 0 to 5 and comprises three subscales: Dangerousness, Incurability/Poor Social and Interpersonal Skills, and Embarrassment. The total score is calculated by summing the scores of the three subscales and ranges from 0 to 105, with higher scores indicating more negative beliefs toward mental disorders. No items are reverse-scored, and no established cutoff score is available for the BTMIS.

Statistical Analysis

Principal component analysis (PCA) with Direct Oblimin rotation was performed on the 14-item questionnaire. Factors with eigenvalues greater than 1 were retained. The analysis yielded a three-factor structure explaining 54.74% of the total variance. Data suitability for factor analysis was assessed using the Kaiser–Meyer–Olkin measure of sampling adequacy and Bartlett's test of sphericity. Internal consistency was assessed using Cronbach's alpha coefficients for each factor and the overall questionnaire. Data distribution was tested for normality using the Shapiro–Wilk test. As the data did not meet the assumption of normality, non-parametric methods were used for group comparisons and correlation analyses. The Mann–Whitney U test was used for comparisons between two independent groups, while Spearman's rank correlation coefficient was used to assess correlations between variables. Descriptive data are presented as mean ± standard deviation (SD) or frequency (%), as appropriate. Statistical significance was set at a two-tailed $p < 0.05$.

Hierarchical multiple linear regression analysis was performed to identify factors associated with negative attitudes toward psychiatric medications, with the Total Negative Attitudes Toward Psychiatric Medication Score entered as the dependent variable. Multicollinearity was assessed using tolerance and variance inflation factor (VIF) values; tolerance > 0.20 and VIF < 5 were considered acceptable. Variables were entered into the hierarchical model based on their theoretical relevance. Step 1 included age, sex, school type, and years of professional experience as potential sociodemographic and occupational covariates. In Step 2, previous psychological/psychiatric support, previous psychiatric medication use, and psychiatric medication use by a family member or close acquaintance were added to represent personal or close-contact experience with mental health services and psychiatric medication. The BTMIS total score, the primary independent variable of interest, was entered in the final step to examine whether it was independently associated with negative attitudes toward psychiatric medications after adjustment for the variables entered in the preceding steps.

Results

The 21-item BTMIS showed strong internal consistency, with Cronbach's alpha coefficients of 0.90 for the total scale, 0.77 for the Dangerousness subscale, 0.86 for the Incurability/Poor Social and Interpersonal

Skills subscale, and 0.93 for the Embarrassment subscale. PCA of the 14-item questionnaire prepared by the researchers yielded a three-factor structure explaining 54.74% of the total variance, with a KMO measure of 0.82 and a statistically significant Bartlett's test of sphericity ($p < 0.001$). The overall Cronbach's alpha coefficient of the questionnaire was 0.80. The factor loadings, percentages of explained variance, and Cronbach's alpha coefficients for each factor are presented in Table 1.

Table 1. Explaratory factor analysis and internal consistency of the questionnaire prepared by the researchers to assess attitudes toward psychiatric medication

Subscale and questionnaire items	Factor loading	Explained variance (%)	Cronbach's alpha coefficient
Factor 1. Pharmacological Prejudice and Occupational Concerns		30.04	0.75
The dosage of psychiatric medication needs to be continuously increased over time.	0.73		
The use of psychiatric medication negatively affects a teacher's classroom performance.	0.73		
Psychiatric medications are addictive.	0.69		
A teacher's use of psychiatric medication may undermine their professional credibility.	0.67		
Psychiatric medications damage brain tissue.	0.57		
Teachers' history of psychiatric medication treatment should remain confidential.	0.54		
Factor 2. Perception of Stigma Associated with Psychiatric Medication Use		15.86	0.85
If a person's use of psychiatric medication becomes known to those close to them, people's attitudes toward that person become more negative.	0.88		
Receiving psychiatric medication for a mental disorder is a cause of social stigma.	0.87		
The use of psychiatric medication is a reason for social exclusion in society.	0.84		
Factor 3. Beliefs Toward Psychiatric Medication Treatment		8.84	0.70
Psychiatric medication is appropriate only for short-term treatment.	0.84		
Medication is unnecessary for individuals with mild mental health problems.	0.79		
Psychotherapy is more effective than psychiatric medication in the treatment of mental disorders.	0.75		
Recovery from mental disorders is possible without psychiatric medication.	0.72		
Medication should be considered only as a last resort in the treatment of psychological problems.	0.56		
Total Negative Attitudes Toward Psychiatric Medication		54.74	0.80

Factor loadings ≥0.50 are presented. Cronbach's α values indicate the internal consistency of each factor

The mean age of the 368 teachers included in the study was 41.09 ± 8.66 years, and 64.4% were female. By school type, 13.6% worked in primary schools, 24.7% in secondary schools, and 61.7% in high schools (Table 2). Male teachers had significantly higher BTMIS total, Dangerousness, and Incurability/Poor Social and Interpersonal Skills subscale scores. They also had significantly higher Total Negative Attitudes Toward Psychiatric Medication Scores and higher scores on all three factors (Table 3).

Participants who had not previously received psychological or psychiatric support had significantly higher BTMIS total and subscale scores. They also had significantly higher Total Negative Attitudes Toward Psychiatric Medication Scores, as well as higher scores on the Pharmacological Prejudice and Occupational Concerns and Beliefs Toward Psychiatric Medication Treatment factors (Table 4).

In the final hierarchical regression model, younger age, male sex, more years of professional experience, and higher BTMIS total scores were independently associated with more negative attitudes toward psychiatric medications. The addition of the BTMIS total score increased the explained variance from R^2 = 0.17 to R^2 = 0.39 (ΔR^2 = 0.22; Table 5). Multicollinearity diagnostics were within acceptable limits, with tolerance values ranging from 0.21 to 0.97 and VIF values from 1.04 to 4.67.

Table 2. Sociodemographic characteristics of the participants

Variable	**Value**
Age, years, Mean ± SD	41.09 ± 8.66
Sex, n (%)	
Female	237 (64.4)
Male	131 (35.6)
School type, n (%)	
Primary school	50 (13.6)
Secondary school	91 (24.7)
High school	227 (61.7)
Previous psychological/psychiatric support, n (%)	
Yes	96 (26.1)
No	263 (71.5)
Prefer not to answer	9 (2.4)
Previous psychiatric medication use, n (%)	
Yes	81 (22.0)
No	280 (76.1)
Prefer not to answer	7 (1.9)
Having someone in close environment using psychiatric medication, n (%)	
Yes	227 (61.7)
No	136 (37.0)
Prefer not to answer	5 (1.4)

SD: standard deviation

Table 3. Comparison of BTMIS and psychiatric medication attitude questionnaire scores according to sex

Variable	**Female Mean rank (n = 237)**	**Male Mean rank (n=131)**	**Mann–Whitney U**	**Z**	**p-value**
Dangerousness	175.39	200.97	13.365.50	−2.21	0.027
Incurability/Poor Social and Interpersonal Skills subscale,	176.20	199.52	13.556.50	−2.02	0.044
Embarrassment	183.04	187.14	15.177.50	−0.38	0.701
BTMIS Total Score	175.08	201.54	13.291.50	−2.29	0.022
Pharmacological Prejudice and Occupational Concerns	161.14	226.76	9.987.50	−5.82	< 0.001
Perception of Stigma Associated with Psychiatric Medication Use	167.01	216.14	11.379.00	−4.28	< 0.001
Beliefs Toward Psychiatric Medication	165.67	218.56	11.061.50	−4.53	< 0.001
Total Negative Attitudes Toward Psychiatric Medication	156.71	234.77	8.938.00	−6.75	< 0.001

BTMIS: Beliefs toward Mental Illness Scale

Table 4. Comparison of BTMIS and questionnaire scores according to history of previous psychological/psychiatric support

Variable	Received support Mean rank (n = 96)	Did not receive support Mean rank (n = 263)	Mann–Whitney U	Z	p-value
Dangerousness	132.44	197.36	8.058.00	−5.25	< 0.001
Incurability/Poor Social and Interpersonal Skills subscale	131.82	197.59	7.999.00	−5.32	< 0.001
Embarrassment	157.66	188.15	10.479.50	−2.68	0.007
BTMIS Total Score	128.47	198.81	7.677.50	−5.70	< 0.001
Pharmacological Prejudice and Occupational Concerns	121.63	201.31	7.020.00	−6.46	< 0.001
Perception of Stigma Associated with Psychiatric Medication Use	169.84	183.71	11.648.50	−1.13	0.259
Beliefs Toward Psychiatric Medication	154.73	189.22	10.198.50	−2.80	0.005
Total Negative Attitudes Toward Psychiatric Medication	131.47	197.71	7.965.00	−5.36	< 0.001

BTMIS, Beliefs Toward Mental Illness Scale

Table 5. Hierarchical multiple regression analysis predicting negative attitudes toward psychiatric medication

Predictor	B	SE	β	t	p-value	95% CI for B
Model 1						
Age	−0.20	0.10	−0.22	−2.07	0.039	−0.39 to −0.01
Sex	5.61	0.85	0.34	6.63	< 0.001	3.95 to 7.28
School type	−0.49	0.55	−0.05	−0.90	0.372	−1.57 to 0.59
Years of professional experience	0.22	0.10	0.24	2.29	0.022	0.03 to 0.41
Model fit: R^2 = 0.12; Adjusted R^2 = 0.11; ΔR^2 = 0.12; F = 12.79; p < 0.001						
Model 2						
Age	−0.18	0.10	−0.19	−1.83	0.069	−0.36 to 0.01
Sex	4.89	0.84	0.29	5.80	< 0.001	3.23 to 6.55
School type	−0.33	0.54	−0.03	−0.61	0.546	−1.39 to 0.74
Years of professional experience	0.22	0.10	0.24	2.31	0.022	0.03 to 0.41
Previous psychological/psychiatric support	0.34	1.31	0.02	0.26	0.797	−2.23 to 2.90
Previous psychiatric medication use	3.58	1.41	0.20	2.54	0.011	0.81 to 6.35
Close environment psychiatric medication use	0.15	0.79	0.01	0.19	0.851	−1.41 to 1.70
Model fit: R^2 = 0.17; Adjusted R^2 = 0.15; ΔR^2 = 0.05; F = 10.48; p < 0.001						
Model 3						
Age	−0.21	0.08	−0.23	−2.55	0.011	−0.37 to −0.05
Sex	4.63	0.73	0.28	6.38	< 0.001	3.20 to 6.06
School type	−0.32	0.47	−0.03	−0.69	0.493	−1.23 to 0.59
Years of professional experience	0.21	0.08	0.22	2.54	0.012	0.05 to 0.37
Previous psychological/psychiatric support	−0.25	1.12	−0.02	−0.22	0.826	−2.46 to 1.96
Previous psychiatric medication use	1.76	1.22	0.10	1.44	0.151	−0.64 to 4.16
Close environment psychiatric medication use	−0.15	0.68	−0.01	−0.21	0.831	−1.48 to 1.19
BTMIS Total Score	0.25	0.02	0.49	11.30	< 0.001	0.21 to 0.29
Model fit: R^2 = 0.39; Adjusted R^2 = 0.37; ΔR^2 = 0.22; F = 28.38; p < 0.001						

Dependent variable: Total Negative Attitudes Toward Psychiatric Medication score.

Model 1 included age, sex, school type, and years of professional experience. Model 2 additionally included previous psychological/psychiatric support, previous psychiatric medication use, and having someone in the close environment who used psychiatric medication. Model 3 additionally included the BTMIS total score. B, unstandardized regression coefficient; SE, standard error; β, standardized regression coefficient; CI, confidence interval; BTMIS, Beliefs Toward Mental Illness Scale. R^2, coefficient of determination; ΔR^2, change in R^2.

The BTMIS total score was positively correlated with the Total Negative Attitudes Toward Psychiatric Medication Score and all three factors of the questionnaire (all $p < 0.001$). The strongest correlation was observed with the Pharmacological Prejudice and Occupational Concerns factor ($r = 0.57$) (Table 6).

Table 6. Correlations between the BTMIS and questionnaire scores

	1	2	3	4	5
1. BTMIS Total Score	—				
2. Pharmacological Prejudice and Occupational Concerns	0.57***	—			
3. Perception of Stigma Associated with Psychiatric Medication Use	0.32***	0.29***	—		
4. Beliefs Toward Psychiatric Medication	0.28***	0.54***	0.12*	—	
5. Total Negative Attitudes Toward Psychiatric Medication	0.54***	0.87***	0.57***	0.77***	—

Spearman correlation coefficients (r) are presented. *p < 0.05, **p < 0.01, and ***p < 0.001. BTMIS: Beliefs Toward Mental Illness Scale

Discussion

The most important finding of this study is that teachers' negative beliefs toward mental disorders were independently associated with negative attitudes toward psychiatric medications. This association remained significant after adjustment for age, sex, school type, years of professional experience, previous psychological/psychiatric support, previous psychiatric medication use, and psychiatric medication use by a family member or close acquaintance.

Among the three factors identified in the questionnaire prepared by the researchers, the strongest association with negative beliefs toward mental disorders was observed for the Pharmacological Prejudice and Occupational Concerns factor. Teachers may have concerns that receiving psychiatric treatment could negatively affect their professional lives. Similarly, Dikeç et al. (2022) reported that concerns about psychiatric treatment records negatively affecting future professional life are common in society. The continued prevalence of misconceptions that psychiatric medications are addictive, cause brain damage, or merely suppress symptoms may also contribute to negative attitudes toward these medications (Çam and Bilge 2013, Downey et al. 2026). Downey et al. (2026) showed that misinformation and fears regarding psychiatric medications reinforce negative attitudes toward pharmacological treatments. Teachers have also been reported to have limited knowledge about psychotropic drugs, with their evaluations often influenced by personal experience and misconceptions rather than scientific evidence (Snider et al. 2003, Lien et al. 2007, Ryan et al. 2008, Sluiter et al. 2019).

The study found that negative beliefs toward mental disorders were significantly associated with perceived stigma related to psychiatric medication use. This suggests that negative beliefs toward mental disorders may be reflected not only in perceptions of the illness itself but also in societal perceptions of psychiatric treatments and individuals who use them. Although our research was conducted in a teacher sample, Dikeç et al. (2022) showed that stigma associated with psychiatric medication use is also widespread in different segments of society. Their study reported that both adolescents and their parents were concerned about being stigmatized because of psychiatric medication use. Parents, in particular, were concerned that their children would be perceived as "different" or "deficient" if others learned that they were receiving psychiatric treatment. Similarly, Downey et al. (2026) reported that stigma, shame, and distrust of the health system negatively affected professional help-seeking behavior. Al Omari et al. (2022) reported that viewing individuals with mental disorders as "dangerous," "inadequate," or "unpredictable" may contribute to social exclusion.

The literature suggests that individuals with mental disorders and their caregivers may prefer psychotherapy to pharmacological treatment, with psychiatric medications often considered a last resort (Downey et al. 2026). Such reluctance may partly reflect the belief that mental health problems can resolve over time without professional treatment or through individual efforts. In line with this, Uzman and Telef (2015) reported that one of the main reasons prospective teachers avoid seeking professional help is the

belief that they can solve their problems on their own or that their symptoms will improve over time. Similarly, Dikeç et al. (2022) reported that many families believed their children would recover without psychiatric medication, and some discontinued treatment without a physician's recommendation. Such misconceptions may contribute to delays in appropriate psychiatric treatment, reduced treatment adherence, and premature treatment discontinuation (Dikeç et al. 2022, Downey et al. 2026). Çam and Bilge (2013) stated that perceiving mental disorders as an indicator of personal weakness rather than a medical illness may contribute to psychotherapy being viewed as more acceptable than pharmacological treatment.

Teachers who had not previously received psychological or psychiatric support had higher BTMIS total scores and more negative attitudes toward psychiatric medications than teachers with such experience. This finding suggests that previous contact with mental health services may be related to attitudes toward mental disorders and their treatment. Consistent with our findings, Abi Doumit et al. (2019) and Arslantaş et al. (2021) reported that individuals who had not previously received treatment for a mental disorder had higher levels of negative beliefs toward mental disorders and more stigmatizing attitudes. Use of professional mental health services may be associated with lower levels of stigmatizing attitudes through greater knowledge and awareness of mental disorders and their treatment (Çam and Bilge 2013). Conversely, among individuals who avoid seeking professional support, low mental health literacy and perceived stigma may contribute to the persistence of negative beliefs and attitudes toward mental disorders and psychiatric medications.

Male teachers had higher BTMIS total scores than female teachers and also showed more negative attitudes toward psychiatric medications. Most previous studies using the BTMIS did not report a significant relationship between sex and beliefs toward mental disorders (Çıtak et al. 2010, Ünal et al. 2010, Günay et al. 2016, Kutuk et al. 2016). In contrast, Yuan et al. (2016) and Arslantaş et al. (2021) reported higher levels of negative beliefs among males. The finding that male teachers had both more negative beliefs toward mental disorders and more negative attitudes toward psychiatric medications suggests that these two constructs may be related to similar sociocultural factors. This difference may be related to gender roles, sociocultural norms, and traditional masculinity expectations that can make it more difficult for men to seek professional help for mental health problems (Addis and Mahalik 2003, Nam et al. 2010).

The present study contributes to the literature by examining beliefs toward mental disorders and attitudes toward psychiatric medications within the same framework in a teacher population. Considering these constructs together provides a broader perspective on teachers' perceptions of mental disorders and their pharmacological treatment. The findings also draw attention to attitudes toward psychiatric treatment as an important aspect of teachers' mental health attitudes.

This study had several limitations. First, the cross-sectional design did not allow causal relationships between the variables to be established. The study was conducted only among teachers working in Aksaray Province, which may limit the generalizability of the findings to teachers in other regions. Data were also collected online via Google Forms using convenience sampling rather than random sampling. The voluntary nature of participation may have introduced self-selection bias, as teachers with greater interest in or awareness of mental health issues may have been more likely to participate. The sample may therefore not fully represent the broader teacher population. The use of self-report measures may also have introduced social desirability and recall bias.

Conclusion

Teachers' negative beliefs toward mental disorders were independently associated with negative attitudes toward psychiatric medications. The association was strongest for pharmacological prejudice and occupational concerns. Teachers who had not previously received psychological or psychiatric support had higher levels of negative beliefs toward mental disorders and negative attitudes toward psychiatric medications. Previous contact with mental health services may thus be related to these attitudes. Given these findings, including evidence-based content on mental disorders and psychiatric treatments in teacher training and in-service programs may be beneficial. Future studies should examine these

relationships in larger samples of teachers from different geographical and cultural settings. Longitudinal studies may help clarify the direction of the observed associations over time. The 14-item questionnaire prepared in this study should also be evaluated in independent samples using confirmatory factor analysis. Qualitative or mixed-methods studies may help identify the cultural and contextual factors underlying teachers' beliefs toward mental disorders and psychiatric medications. Further research could investigate whether these beliefs and attitudes are associated with teachers' recognition of students' mental health needs, referral attitudes, and support for professional help-seeking. Controlled intervention studies could also evaluate whether mental health education programs for teachers are associated with changes in these beliefs and attitudes over time.

References

Abi Doumit C, Haddad C, Sacre H, Salameh P, Akel M, Obeid S et al. (2019) Knowledge, attitude and behaviors towards patients with mental illness: Results from a national Lebanese study. PLoS One, 14:e0222172.

Addis ME, Mahalik JR (2003) Men, masculinity, and the contexts of help seeking. Am Psychol, 58:5-14.

Al Omari O, Khalaf A, Al Hashmi I, Al Qadire M, Abu Shindi Y, Al Sabei S et al. (2022) A comparison of knowledge and attitude toward mental illness among secondary school students and teachers. BMC Psychol, 10:109.

Arslantaş H, Abacıgil F, Yüksel R, Adana F, Sarı E, Yeşilfidan D et al. (2021) Ortaöğretim öğretmenlerinde ruhsal hastalıklara yönelik inanç ve sosyal mesafeyi etkileyen faktörler. Klinik Psikiyatri Dergisi, 24:523-536.

Bilge A, Çam O (2008) Validity and reliability of beliefs towards mental illness scale. Anadolu Psikiyatri Derg, 9:91-96.

Çam O, Bilge A (2013) The process of stigmatization, attitude, and belief about mental illness and patient in Turkey: a systematic review. J Psychiatr Nurs, 4:91-101.

Çıtak EA, Budak E, Kaya Ö, Öz Ş, Şahin S, Taran N et al. (2010) Başkent Üniversitesi'nde öğrenim gören hemşirelik öğrencilerinin ruhsal hastalıklara karşı inançlarının belirlenmesi. Hacettepe Üniversitesi Hemşirelik Fakültesi Dergisi, 17:68-73.

Demirbaş N, İlhan ÖA, Karaoğlu N, Tosun M (2024) Attitudes of teachers towards individuals with mental health problems and affecting factors. Genel Tıp Dergisi, 34:201-206.

Dikec G, Kardelen C, Pilz González L, Mohammadzadeh M, Bilaç Ö, Stock C (2022) Perceptions and experiences of adolescents with mental disorders and their parents about psychotropic medications in Turkey: a qualitative study. Int J Environ Res Public Health, 19:9589.

Downey PM, Collins JC, El-Den S, O'Reilly CL (2026) Caregivers' perspectives regarding the use of psychotropic medication in children and young adults: a systematic review. Int J Soc Psychiatry, 72:728-744.

Gur K, Sener N, Kucuk L, Cetindag Z, Basar M (2012) The beliefs of teachers toward mental illness. Procedia Soc Behav Sci, 47:1146-1152.

Günay S, Bekitkol T, Ekitli BG, Yıldırım S (2016) Bir hemşirelik fakültesindeki öğrencilerin ruhsal hastalığa yönelik inançlarının belirlenmesi. Psikiyatri Hemşireliği Dergisi, 7:129-134.

Hirai M, Clum GA (2000) Development, reliability, and validity of the beliefs toward mental illness scale. J Psychopathol Behav Assess, 22:221-236.

Kutuk MO, Durmus E, Gokcen C, Toros F, Guler G, Evegu E (2016) Determination of beliefs, attitudes of consulting teachers towards mental diseases, and referral reasons of their students to a child and adolescent psychiatrist. Dusunen Adam, 29:227-236.

Liang C, Zhang X, Chen Y (2026) Meta-analysis of the effects of mental health literacy intervention on teachers: knowledge, stigma, help-seeking, and helping. Front Psychol, 16:1700220.

Lien MT, Carlson JS, Hunter-Oehmke S, Knapp KA (2007) A pilot investigation of teachers' perceptions of psychotropic drug use in schools. J Atten Disord, 11:172-177.

Luo Z, Zhu L, Shan S, Zhou J, Ying J, Jiang D et al. (2026) Global, regional, and national burden of five major mental disorders in working-age population, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. J Affect Disord, 403:121243.

Nam SK, Chu HJ, Lee MK, Lee JH, Kim N, Lee SM (2010) A meta-analysis of gender differences in attitudes toward seeking professional psychological help. J Am Coll Health, 59:110-116.

Reinke WM, Stormont M, Herman KC, Puri R, Goel N (2011) Supporting children's mental health in schools: teacher perceptions of needs, roles, and barriers. Sch Psychol Q, 26:1-13.

Ryan JB, Reid R, Ellis C (2008) Special educators' knowledge regarding psychotropic interventions for students with emotional and behavioral disorders. Remedial Spec Educ, 29:269-279.

Santomauro DF, Miller PA, Shadid J, Hanson SW, Vo A, Roy DJ et al. (2026) Updated trends in the global prevalence and burden of mental disorders, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023. Lancet, 407:2040-2064.

Sluiter MN, Wienen AW, Thoutenhoofd ED, Doornenbal JM, Batstra L (2019) Teachers' role and attitudes concerning ADHD medication: a qualitative analysis. Psychol Sch, 56:1259-1270.

Snider VE, Busch T, Arrowood L (2003) Teacher knowledge of stimulant medication and ADHD. Remedial Spec Educ, 24:46-56.

Uzman E, Telef BB (2015) Prospective teachers' mental health and their help-seeking behaviours. Dusunen Adam, 28:242-254.

Ünal S, Hisar F, Özgüven Z (2010) University students' beliefs about mental illness. Dusunen Adam, 23:145-150.

WHO (2025) World Mental Health Today: Latest Data. Geneva, World Health Organization.

Yamaguchi S, Foo JC, Nishida A, Ogawa S, Togo F, Sasaki T (2020) Mental health literacy programs for school teachers: a systematic review and narrative synthesis. Early Interv Psychiatry, 14:14-25.

Yuan Q, Abdin E, Picco L, Vaingankar JA, Shahwan S, Jeyagurunathan A et al. (2016) Attitudes to mental illness and its demographic correlates among general population in Singapore. PLoS One, 11:e0167297.

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