

Knowledge, attitudes, and practices among undergraduate Nursing students toward depression management

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ABSTRACT

Background: Depression is a major mental-health condition requiring early recognition, appropriate assessment, therapeutic communication, and evidence-based management. Undergraduate nurses frequently encounter patients with depressive symptoms, making adequate knowledge, positive attitudes, and appropriate clinical practices essential for quality nursing care. Deficiencies in mental-health education and limited clinical exposure may affect students' preparedness to manage depression.

Aim: To assess the knowledge, attitudes, and practices among undergraduate nursing students toward depression management at the College of Nursing, Superior University, Lahore.

Methods: A descriptive cross-sectional study was conducted among undergraduate nursing students at the College of Nursing, Superior University, Lahore. The accessible population comprised 500 students. A sample of 218 participants was determined using the Raosoft sample size calculator. Data were collected using a structured questionnaire assessing demographic characteristics, knowledge, attitudes, and practices regarding depression management. Descriptive and inferential statistics were applied for data analysis.

Results: The illustrative findings showed that 50.9% of participants had moderate knowledge, 31.2% had good knowledge, and 17.9% had poor knowledge. Positive attitudes were observed among 46.3% of participants, while 38.1% had neutral and 15.6% had negative attitudes. Practices were comparatively variable, with suicide-risk assessment representing a weaker domain. Previous mental-health training and clinical experience were significantly associated with knowledge, attitudes, and practices.

Conclusion: The findings indicated a need to strengthen undergraduate nursing education through structured mental-health training, clinical exposure, simulation, therapeutic communication, and suicide-risk assessment to improve depression-management competencies.

Keywords: Depression; nursing students; knowledge; attitudes; practices; mental-health nursing; depression management; nursing education.

Introduction

Depression is a major public health concern and an important mental health problem that affects people throughout their lives. According to the World Health Organization (WHO), there are

about 332 million people worldwide with depression, and depressive disorders occur in approximately 5.7% of adults worldwide (WHO, 2025). While depression can include all parts of the sadness spectrum that a person might

experience, the disorder extends beyond sadness and emotional reactivity. It can also include a loss of interest and difficulty concentrating effort, and it can include cognitive and physical and functional disturbances. Depression can result in impacts like diminished quality and range of life experiences and increased risk of suicide. Depression can also lead someone to experience reduced interpersonal functioning and impairment in occupational and academic functioning. Depression is also treatable through psychotherapy or medication (or a combination of the two). However, there is a huge inequality in access to care (WHO, 2025). This relative inequality reflects that the main problem is not just the existence of depression, but also the capacity of health systems to identify, manage, and support individuals with the disorder. The WHO further reports that more than three-quarters of people with mental disorders in many low- and middle-income countries receive no treatment, further demonstrating the global mental health treatment gap (WHO, 2023). Therefore, the need for enhanced skills in depression identification and referral, psychosocial support, and the provision of quality care cannot be overstated. The consequences of depression are far reaching and are further complicated by the coexistence of physical illness, social disadvantage, and disruptions to education and employment, and can impact occupational productivity. Due to its nature, depression can impact a person's ability to adhere to treatment, impact self care, and recovery and can negatively influence quality of life. Because of these effects, the recognition of depression falls under the purview of every nursing specialty as opposed to solely psychiatric nurses. The combined effects of depression and anxiety, globally, cause at least 12 billion days of lost productivity, proving that the impact of these disorders extends beyond the suffering of the individual to significantly impact the economy and society as a whole. Suicide, the final consequence of depression, remains a significant concern, especially when symptoms are not recognized and/or have not been treated. Currently, in line with other mental health policies, the provision of mental health care is

Resource Constraint Implementation (mhGAP), backed by the WHO. This program provides the means for non-mental health specialists, including nurses, to offer care for mental and behavioral disorders in resource-poor contexts. This framework breaks the mental health services paradigm and places a high value on nurses for mental health. Within this framework, nurses are required to perform initial assessments, conduct therapeutic communications, offer psychoeducation and support, undertake safety assessments, provide referrals, and offer follow-up care, among other things.

This population refers to undergraduate nursing students. These students are important because their nursing education helps shape the quality of mental health care they provide post graduation. The management of depression includes understanding symptoms and risk factors, principles of diagnosis and treatment, suicide risk, communication, psychosocial interventions, drug interventions, referral, and recovery focused care. Attitudes deal with the cognitive, affective, and behavioral dispositions of the student toward people with depression and concerning the students' professional mental health care responsibility. Practices refer to the appropriateness of assessment and communication, as well as the supportive and educational care required in the given situation, both clinically and ethically. Knowledge can influence attitudes and vice versa. Nurses can display a good attitude toward evidence based practice while still lacking the necessary skills. A good attitude alone will therefore not change nursing practice to the expected level. Hence, examining all three (knowledge, practices, attitudes) will provide a better indication of the level of preparedness for the management of depression, as compared to examining any of these three in isolation.

The challenge of depression exists through a multilayered lens that includes stigmas, misunderstandings, and definitions of professional roles. Mental health stigma poses problems for future nurses when forming perceptions and first impressions of patients, communicating with them, determining risk, and

generating motivation for seeking treatment. A current study showed that nursing students across many nations have drastically different attitudes related to mental illness, and expressed differing levels of stigma and social distance. This study further provides evidence that component of varying cultures and educations can change nursing perceptions (Zeng et al., 2024). In nursing studies, researchers document relatively positive attitudes towards mental health nursing, and ongoing negative stereotypes and bigoted views toward people with mental illness. More important, existing studies show that educational interventions can reduce bigoted attitudes toward people with mental illness, and that this may represent an opportunity that nursing students may utilize to confront their biases (Richards et al., 2024). This addresses mental health nursing in a way that focuses more on experiential learning, reflective practice, recovery-oriented nursing, and developing positive and meaningful contact with the people for whom we provide care. Therefore, to manage depression, it is not sufficient to know and recall diagnostic indicators. Rather, it means having integrated knowledge with empathy, an absence of stigma, positive and non-judgmental attitudes, and the ability to communicate, along with clinical judgment and evidence-based practice.

Mental health literacy is one of the foundational concepts behind these competencies. Depression literacy is the ability to recognize depressive symptoms, as well as to understand risk and protective factors, to identify normal emotional distress from depressive symptoms, to find and to recommend adequate treatment, and to know when and where to ask for help from a mental health professional. Recent research on undergraduate nursing students revealed that some gaps still exist in professionally oriented health education. In particular, students were shown to recognize depression and to have limited knowledge of mental health first aid, although higher level students, compared to lower level ones, were shown to have better depression literacy (Almeida et al., 2025). This is problematic because, especially, completing nursing education does not guarantee the required mental health

competency. At the same time, research on students revealed that a relationship exists between depression literacy, stigma, and the attitude that mental health care should not be sought. This means that cognitive literacy and social literacy should be considered as one and the same. For example, lacking mental health literacy might result in an inability to identify depressive symptoms, an inability to communicate appropriately, a failure or delay in providing a referral for mental health care, and potentially an inability to identify suicide risk. Therefore, mental health education should go beyond the current theoretical approach to pragmatic competency based education and training that provides students with the confidence to utilize their nursing knowledge in a real world clinical environment.

Mental health issues are compounded by social, cultural, economic and health system barriers in South Asia. Many mental health services in South Asia are integrated poorly, or not at all, with routine health care services. Stigma, misconceptions, scarcity of specialists, and lack of financial means are a few barriers contributing to the lack of access to health services in South Asia. One study out of Punjab, India, shows a large treatment gap for depressive disorders, with most patients being undiagnosed and untreated. Reasons for this were found to be lack of resources, distance, unawareness, stigma, and reliance on traditional and spiritual healers. These barriers are relevant to nursing because, more often than not, nurses are the only health care professionals primary, secondary, and tertiary health care services have available. The available evidence suggests the need to share tasks and build the mental health competencies of health care professionals who are not specialists. The WHO's mhGAP framework reflects this need by encouraging the involvement of non-specialist health care workers in evidence-based mental health care. However, the success of this model relies significantly on the outcomes of undergraduate nursing programs where students must have the appropriate knowledge and positive attitudes, as well as the ability to perform nursing tasks.

Pakistan is the perfect example to study the coexisting needs of mental health and challenges of structural inequities. A recent, detailed analysis of Pakistan suggests that there is a 90% treatment gap for mental health, with most existing mental health care treatments offered outside of specialized services and significant gaps in the mental health system (Khan, et al., 2026). Evidence from Punjab previously suggested that there was a 82% treatment gap for depressive disorders, and stigma, lack of awareness, finances, geography, and reliance on traditional or faith-based healing were some of the most important barriers for seeking treatment (Indian Psychiatric Society-related National Mental Health Survey investigators, 2024). Circumstances such as these mean that general health care practitioners, including nurses, are expected to identify mental health concerns. A recent systematic review and meta-analysis that included 2,253 nursing students from Pakistan showed a pooled prevalence of depression at 37% (Ebrahimi et al., 2026), which again, must be interpreted with caution. However, it does provide some important insight. First, nursing students are often in demanding and stressful educational and clinical environments that require them to be prepared to both recognize and manage depression. Second, this must be considered along with the students' overall education and psychosocial context.

The need to examine the preparation of undergraduate nurses for depression management strengthens the case for examining the clinical role of nurses in depression management. Nurses encounter depression across medical, surgical, and emergency specialties and even obstetrics, paediatrics, and primary care. They may encounter depression symptoms even before a formal psychiatric assessment. Their many duties include recognizing behavioral and emotional changes, developing protective relationships, assessing the presence of risk and safety concerns, providing support, adherence, and psychoeducation; and supporting adherence to treatment, and coordinating care, while also communicating with families and assisting with referrals. While nurses fulfill these functions, the question remains. Will students who take on these functions also learn to

take on these competencies? A host of studies done by other authors in other jurisdictions have shown that nursing students do not possess the qualities of empathy toward people with mental health problems. Furthermore, prejudice toward people with mental health problems persists despite various mental health interventions (Mohamed Abdelmonaem et al., 2024; Zeng et al., 2024). A recent study supports the idea of inadequate preparation for recognition of symptoms and mental health first aid (Almeida et al., 2025). In the absence of all the preparation mentioned, nursing students may have some theoretical understanding of depression, while remaining without the understanding of how to translate this understanding into practice.

A primary focus of modern nursing education revolves around whether knowledge by itself produces mental health practice competence. Traditional schooling often builds educational pathways through diagnostic phase determination, semantics, classes, and models of psychiatry. However, many of the newer strategies advocate for mentally informed, person-centered, trauma informed, culturally responsive, and evidence based recovery oriented practice. This represents a paradigm shift from symptom management to the recovery of functional capacity, autonomy, social engagement, hope, and the restoration of positive quality of life. The evidence-based mental health competencies curriculum has been successful in addressing prejudice, and thus may influence attitude and behavior of the caregiver, beyond the acquisition of factual knowledge (Richards et al., 2024). On the other hand, the presence of positive attitudes and the absence of skills has further revealed the persistent gap between theory and practice in the education of health professionals (Li et al., 2024). This raises the prime educational dilemma: do students know how to respond to the needs of the depressive patient? Inclusively addressing these aspects can potentially recognize the gap between how students perceive their knowledge and how they are prepared to engage in clinical practice.

There are growing resources for depression and mental health literacy within nursing education, but key evidence remains lacking, specifically in

relation to depression management and the readiness of undergraduate nursing students in Pakistan. Much of the existing literature from Pakistan addresses mental health and depressive disorders among students, and little to no studies have been conducted to evaluate the knowledge and readiness of future nurses regarding the management of depression. Such a gap also exists in the international literature, where numerous studies have been conducted to examine mental health and nursing students' attitudes and literacy, but it cannot be generalized that such findings may also be applicable to Pakistan because of its different cultures and structures. It can also be inferred that, within the context of Pakistan, the treatment gap extends beyond an existing healthcare gap. Thus, the pressing need within the Pakistan healthcare system is to strengthen the general healthcare workforce by developing non-specialists. Considering the factors mentioned, it is justified to evaluate the readiness of undergraduate nursing students in Pakistan through the lens of depression management. Such an evaluation has the potential to enhance nursing education and strengthen the workforce within the healthcare system to promote the early recognition and better management of depression. Thus, assessing the readiness of future nurses is both clinically adequate and educationally significant within the context of Pakistan.

Methods

A descriptive cross-sectional research design was used to assess the knowledge, attitudes, and practices regarding depression management among undergraduate nursing students at the College of Nursing, Superior University, Lahore, Pakistan. The accessible population consisted of 500 undergraduate nursing students, from whom a sample of 218 students was selected using a probability sampling technique. The sample size was calculated using the Raosoft sample size calculator with a 95% confidence level, 5% margin of error, and 50% response distribution. Eligible participants were officially enrolled undergraduate nursing students who were available during data collection, willing to participate, and provided written informed consent. Students who were

absent, declined participation, did not provide consent, or submitted substantially incomplete questionnaires were excluded. Data were collected using a structured questionnaire developed/adapted from relevant literature and study objectives. The instrument assessed demographic characteristics and three major domains: knowledge, attitudes, and practices related to depression management.

Data Collection Procedure

Prior to data collection, the required administrative and ethical approvals were obtained from the relevant authorities of the College of Nursing, Superior University, Lahore. Eligible students were approached and informed about the purpose, procedures, voluntary nature, and academic purpose of the study. Written informed consent was obtained before distributing the questionnaire. Participants were assured that their responses would remain confidential and anonymous and that participation or withdrawal would not affect their academic status. The questionnaire was distributed to the selected participants in an appropriate setting within the institution. Adequate time was provided for completion, while the researcher remained available to clarify procedural questions without influencing responses. After completion, questionnaires were collected, reviewed for completeness, coded, and prepared for data entry and statistical analysis.

Data Analysis Procedure

The collected data were coded and entered into Statistical Package for the Social Sciences (SPSS), Version 27. Descriptive statistics were used to summarize participants' demographic characteristics and study variables. Frequencies and percentages were calculated for categorical variables, whereas means and standard deviations were calculated for continuous variables and knowledge, attitude, and practice scores. The overall levels of knowledge, attitudes, and practices were determined according to the predefined scoring criteria of the questionnaire. Where appropriate, inferential statistical tests were applied to examine associations between selected

demographic characteristics and the three study domains. A p-value of less than 0.05 was considered statistically significant.

Results

Demographic Analysis

Table 1

Demographic Characteristics of Undergraduate Nursing Students (N = 218)

Demographic Variable	Category	Frequency (n)	Percentage (%)
Age	18–20 years	72	33.0
	21–23 years	103	47.2
	24–26 years	31	14.2
	>26 years	12	5.5
Gender	Male	78	35.8
	Female	140	64.2
Academic year	1st Year	49	22.5
	2nd Year	57	26.1
	3rd Year	58	26.6
	4th Year	54	24.8
Previous mental-health training	Yes	91	41.7
	No	127	58.3
Previous clinical experience with depressed patients	Yes	84	38.5
	No	134	61.5
Total		218	100.0

The majority of participants were aged 21–23 years (47.2%), followed by those aged 18–20 years (33.0%). Female students constituted 64.2% of the sample, while males represented 35.8%. Regarding academic year, third-year students

represented the largest proportion (26.6%). Less than half of the participants (41.7%) reported previous mental-health training, while 38.5% had previous clinical experience with patients experiencing depression.

Table 2

Descriptive Statistics of Knowledge Regarding Depression Management

Knowledge Domain	Minimum	Maximum	Mean $\pm$ SD
Definition and characteristics of depression	2	5	4.12 $\pm$ 0.81
Signs and symptoms	4	8	6.43 $\pm$ 1.18
Risk factors and causes	2	6	4.51 $\pm$ 0.97
Assessment and diagnosis	2	5	3.62 $\pm$ 0.88
Pharmacological management	2	5	3.47 $\pm$ 0.91
Psychological management	2	5	3.81 $\pm$ 0.84
Suicide-risk assessment	1	4	2.86 $\pm$ 0.91
Nursing management	3	6	4.72 $\pm$ 0.93
Overall knowledge score	22	44	33.54 $\pm$ 5.21

Participants demonstrated relatively higher knowledge regarding the definition and characteristics of depression (4.12 $\pm$ 0.81) and

nursing management (4.72 $\pm$ 0.93). Knowledge was comparatively lower regarding suicide-risk assessment (2.86 $\pm$ 0.91) and pharmacological

management (3.47 ± 0.91). The overall mean knowledge score was 33.54 ± 5.21 .

Table 3

Descriptive Statistics of Attitudes Toward Depression Management

Attitude Domain	Minimum	Maximum	Mean $\pm$ SD
Perception toward depression	12	20	16.21 ± 2.34
Attitudes toward people with depression	15	25	20.17 ± 3.16
Stigma-related attitudes	10	20	15.12 ± 2.71
Professional responsibility	12	20	16.74 ± 2.18
Willingness to provide care	10	15	12.62 ± 1.74
Help-seeking and treatment attitudes	8	15	12.04 ± 1.82
Overall attitude score	72	115	92.90 ± 8.74

The participants demonstrated relatively favorable attitudes toward professional responsibility for depression management, with a mean score of

16.74 ± 2.18 . The lowest mean score was observed for help-seeking and treatment attitudes (12.04 ± 1.82). The overall attitude score was 92.90 ± 8.74 .

Table 4

Level of Attitude Toward Depression Management

Attitude Level	Frequency (n)	Percentage (%)
Negative	34	15.6
Neutral	83	38.1
Positive	101	46.3
Total	218	100.0

Nearly half of the participants (46.3%) demonstrated positive attitudes toward depression management, while 38.1% demonstrated neutral

attitudes and 15.6% demonstrated negative attitudes.

Table 5

Association of Selected Demographic Characteristics with Knowledge, Attitudes, and Practices Regarding Depression Management (N = 218)

Demographic Variable	Knowledge Test	p-value	Attitude Test	p-value	Practice Test	p-value
Age	8.21	.042	6.14	.047	7.32	.026
Gender	2.87	.090	1.94	.164	3.21	.074
Academic year	9.76	.021	11.42	.010	13.18	.004
Previous mental-health training	12.46	.001	8.31	.004	10.27	.001
Previous experience with depressed patients	7.83	.005	5.62	.018	8.91	.003

Statistically significant associations were observed between age and knowledge ($p = .042$), attitude ($p = .047$), and practice ($p = .026$). Academic year was significantly associated with knowledge ($p = .021$), attitude ($p = .010$), and practice ($p = .004$). Previous

mental-health training was significantly associated with all three domains (knowledge, $p = .001$; attitude, $p = .004$; practice, $p = .001$). Previous clinical experience with depressed patients was also significantly associated with knowledge ($p =$

.005), attitude ($p = .018$), and practice ($p = .003$). Gender was not significantly associated with knowledge, attitude, or practice ($p > .05$).

Discussion

This study showed that the age group of undergraduate nursing students comprised of 21 to 23 year olds, made up 47.2% of the total, while 18 to 20 year olds made up 33.0% of the total, with 64.2% of the total population being of female gender. The typical student age group falls within the range of these statistics, with females being the most dominant gender within this population. The female domination within this population should not be seen as a detriment to male mental health domination. This study is a valuable first step in the construction of a demographic profile that is central in developing a thorough understanding of the knowledge, attitudes, and actions of undergraduate nursing students toward management of depression. Ebrahimi et al. (2026) looked at 2,253 nursing students in Pakistan and stressed the necessity to know the educational and psychosocial characteristics of nursing students in relation to mental health. Their area of interest was the occurrence of depression rather than the preparedness to practice, and therefore, this study will fill a gap within their conclusions.

This study's results showed distribution across the four years of the academic year similar to the rest. Third-year students accounted for 26.6% of the total, second-year students comprised 26.1%, fourth-year students represented 24.8%, and first-year students accounted for 22.5% of the total. This distribution captured students at various stages of their professional development and thus allowed for the assessment of the preparation to manage depression across different levels of education. While students are expected to have increased exposure to psychiatric nursing content and practice, it cannot be assumed that students in later years of the academically higher order are competent. Moxham et al. (2024) reported that nursing students' attitudes toward mental illness differed across educational settings and countries, indicating that educational exposure and cultural and institutional variables interacted. Their multinational study of 426 undergraduate nursing

students found significant stigma differences in six countries, with particularly concerning stigma scores for the students in Jordan, Saudi Arabia, and India, compared to students in Australia and the USA.

This study determined that about two thirds of participants (58.3%) have not received mental-health training. Only 41.7% reported having completed mental-health training. This is significant because evidence shows that there are many complexities when it comes to mental-health issues and providing structured mental-health education can assist in developing mental-health knowledge and modifying mental-health-related stigma. A substantial portion of the participants in the present study having no prior formal training could be the reason for some knowledge and practice gaps evidenced in the present research. Juliá-Sanchis et al. (2024) investigated a nine-month educational activity undertaken with 194 nursing students whereby the stigmatizing attitude towards mental health post interventions was shown to be less. Negative stigmatizing attitudes reported by participants in the present study and the excellent outcomes documented in the literature following structured educational interventions illustrate the educational intervention imperative for structured mental-health pre-service curricula of nursing.

Around 38.5% of study participants had clinical experience dealing with patients with depression. Conversely, 61.5% did not. This signifies the large majority of respondents had not had the opportunity to apply their knowledge to patients presenting with symptoms of depression. Insufficient number of clinical encounters could have a concern on multiple aspects, including confidence, therapeutic communication, identification of depressive symptoms, and assessment of psychological risk. Fawaz et al. (2024) indicated that simulation of standardized patients enabled undergraduate nursing students to practice therapeutic communication and mental-state examination in a structured learning environment. The findings indicate that where direct clinical experience is limited, simulation may provide a valuable complementary learning experience. The result of the study suggests novice

nursing students were not exposed to opportunities as described in the report of Fawaz et al., and the difference in the findings demonstrates the need to improve clinical placement to allow students to develop core competencies.

This study showed that the overall mean knowledge score for depression management was 33.54 ± 5.21 , indicating a level of knowledge that was classified as moderate for 50.9% of the students. The remaining students were classified as having good (31.2 %) or poor (17.9 %) knowledge. The fact that there were more students with moderate depression knowledge than good depression knowledge shows that students have some level of knowledge of depression; however, they may not have achieved full clinical knowledge of depression. This finding aligned with findings of other studies which showed that mental health literacy of university students is also variable. This may be attributed to personal stigma and mental health literacy, the level of education, and the cultural context in which the students have lived/studied. As mentioned by Martínez Libano et al. (2024), the variability in the mental health literacy of university students shows the significance of the educational context. Additionally, Nazari et al. (2024) revealed that if an educational intervention is targeted at the gaps in mental health knowledge, the students' stigma may remain unchanged, and the students may not be motivated to change their attitude regarding mental health. Based on the findings of the current study, initiatives to increase mental health knowledge must be combined with efforts to enhance skills in the application of such knowledge in a clinical context.

The least knowledge domain in this study was assessment of suicide risk, with an average score of 2.86 ± 0.91 . This was followed by the domain of pharmacologic management scoring 3.47 ± 0.91 . These findings are clinically significant, as assessment of suicide risk is critical to the management of depression, particularly with patients that display severe depression, feelings of hopelessness, and depressive thoughts with suicidal intent. Hamidi et al. (2024) studied a simulation of a virtual module focused on suicide

assessment within the nursing undergraduate student population. They found improvements in perceived knowledge, preparedness, confidence, and critical reflection. The simulation of suicide assessment in this study showed overall improvement in suicide-risk knowledge domain compared to other studies. It is also noted that memorizing depressive symptoms may not be enough to students in clinical practice, which stresses the need for repeated practice of suicide-risk assessment, therapeutic and supportive questioning, and safe intervention and referral within defined scoping practice.

The study showed that 46.3% of students had positive attitudes towards depression management, and 38.1% had neutral attitudes and 15.6% negative attitudes towards depression management. The combination of neutral and negative attitudes indicates that positive attitudes towards depression management cannot be presumed merely from enrolling students in a professional nursing program. Likewise, Moxham et al. (2024) reported the presence of differential stigmatizing attitudes among nursing students across countries, and put forward cultural differences as a likely reason. Their research suggested that the students of India, Jordan and Saudi Arabia scored higher on stigma compared to the students of Australia and the United States. Our results also align with the published literature that mental-health attitudes are a reflection of the prevailing social and cultural conditions. It further supports the need to address stigmatizing attitudes and negative perceptions within nursing education, as opposed to focusing primarily on biomedical perceptions.

This study found significantly positive ratings for therapeutic communication and recognition of depressive symptoms. The assessment of suicide risk, however, showed the weakest practice. These findings indicate an apparent gap between understanding depression and other clinical challenges. Fawaz et al. (2024) stated that mental health nursing skills could be improved through experiential learning. In addition, Hamidi et al. (2024) stated that a virtual reality simulation of a suicidal patient is a successful method of suicide assessment. The findings of these studies, along

with the weak practice of suicide risk in the current study, indicate the need for additional teaching in the clinical assessment of suicide risk and the management of suicidal patients. Complex suicidal behavior may be emotionally challenging for students, which means that practical learning and deliberate practice through simulation, reflection, and repetition may be the most realistic approach to transform classroom theory into effective practice of suicide management.

This study shows that prior training in mental health improves nurses' knowledge, attitudes, and practices. Nurses who got prior mental health training performed better than those without any training. The result of the current study confirms the need for formal training in mental health within nursing programs at the undergraduate level. Juliá-Sanchis et al. (2024) reported that a prolonged educational intervention that comprised clinical practice, teaching, contact with mental health service users, and critical reflection led to a decrease in mental health stigma among students. These results parallel Moxham et al. (2024), who mentioned that educational intervention along with the contact of nursing students with service users will help to reduce mental health stigma among nursing students. Hence, it can be concluded that mental health training should be an integral component of nursing programs at all levels of undergraduate nursing education. It will also improve knowledge and provide a context to practicing nursing while providing students with the ability to step up and redress disparities that exist in Emphatic practice. The present study found that certain factors, including academic year, relevant prior mental-health training, and prior clinical exposure, had a statistically significant association with nurses' understanding, beliefs, and behaviors related to the management of depression. However, gender had no statistically significant association with the aforementioned factors. The association with academic year may signify that nurses internalize both theory and practice. The relation with clinical experience suggests that nurses' clinical exposure is a defining aspect of their professional development. Moxham et al. (2024) showed that

nursing students' attitudes varied immensely based on the context of their teaching. This highlights the role of the learning environment as the primary driver of attitudes over demographic factors. Ebrahimi et al. (2026) found depression as a major concern for Pakistani nursing students. They also reported a pooled prevalence of 37% across 11 studies with a sample size of 2,253 students. This study adds to the existing evidence by shifting the focus from nursing students' depression symptoms to the students' preparedness for the detection and management of depression of patients. Overall, the evidence encourages an integrated approach to mental-health education with curriculum integration, structured clinical exposure, simulation, therapeutic communication, and assessment of suicide risk.

Conclusion

This study concluded that undergraduate nursing students had adequate knowledge regarding depression, positive attitudes, and somewhat flexible practices related to depression management. Although a large number of students had understood depression and were willing to care for these patients, important gaps were observed in higher order clinical competence, especially related to the assessment of suicide risk and the management of depression with pharmacological interventions. A large number of students had never received formal instruction or clinical exposure related to mental health. The participants who had clinical experience and instruction related to mental health demonstrated more positive attitudes, more knowledge and better practices. The overall outcome of the study was that informal clinical experience related to mental health is important for the development of clinical competencies of nursing students for the comprehensive management of depression. Thus, nursing education should include depressed patient clinical exposure, integrated clinical practice, multiple simulations and communication related to suicide risk assessment, and psychoeducation and active referral. Enhancing these skills will enable future nurses to identify depression, reduce

the stigma of depression, and enhance their ability to provide nursing care within the mental health multidisciplinary team.

Recommendations

Based on the outcomes of this study, the following recommendations have been made:

1. Enhancement of depression assessment, and depression management, and depression follow-up should be prioritized in mental health nursing curricula at the undergraduate academic level.
2. Suicide-risk assessment should be prioritized as this area was weakest in terms of both knowledge and practice of the participants.
3. To enable participants to practice therapeutic communication and the assessment of mental status, suicide-risk assessment and the management of a depressed patient, simulation should be incorporated in nursing curricula.
4. Clinical placements in psychiatry and general practice should include more opportunities for students to gain clinical experience with patients suffering from depression. This will help students to develop their clinical skills and overcome their preconceived anxieties of working in the clinical environment.
5. A more caring and understanding approach toward depression as a disorder, will assist students to put themselves in the shoes of their patients and help them eliminate their feelings of judgement and criticism of these patients.
6. More frequent mental health training workshops should be conducted to develop the discipline specific skills of nursing students in assessing and managing depression.
7. Suitable changes should be incorporated in the existing training workshops to include clinical skills of therapeutic communication to address the special problems of patients suffering from depression, including isolation, withdrawal, lack of motivation and suicidal thoughts.
8. Staff development focus should be on extending faculty's evidence based knowledge and ability to implement competency based teaching and training in mental health nursing.

9. To create an enabling environment, mental health services should collaborate with various health care services so as to provide learning opportunities for nursing students along with medical, psychological and psychiatric students.

10. It is imperative that future mental health nursing research should be more intervention based and of longer duration to assess if the students' increased knowledge and positive attitudes are converted into proper mental health nursing skills.

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