

# Attitude towards patients with psychiatric illness among undergraduate medical students at Government Medical College: A cross-sectional study

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## ABSTRACT

**Background:** People with mental illnesses commonly experience stigma, discrimination, and prejudice from the general public and medical professionals around the world. Numerous research has looked into the unfavourable perceptions that medical students have of those who suffer from mental illness. **Objective:** The objective was to study the attitude of undergraduate medical students towards patients with psychiatric illnesses. **Materials and Methods:** A cross-sectional study was carried out among undergraduate medical students who were exposed ( $n = 69$ ) to 2-week psychiatry posting and attended lectures and those who were not exposed ( $n = 163$ ) to psychiatry training using self-reported Attitude Scale for Mental Illness (ASMI) questionnaire via Google form distributed among medical students. **Results:** The findings indicate there is no change in attitude toward the patient with psychiatric illness after exposure to psychiatry training among medical students. However, urban residence and female gender were the factors found to be influencing students' attitudes towards patients with psychiatric illnesses. **Conclusions:** There was no change in attitude towards patients with psychiatric illness after psychiatry exposure. Students belonging to urban domicile and female students showed more sympathetic attitudes toward those with mental illnesses.

**Keywords:** Attitudes, psychiatric illness, undergraduate medical students

## Introduction

Mental health is defined by the World Health Organization (WHO) as “a state of well-being in which every individual realizes his

or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.<sup>[1]</sup> According to the WHO, there are 450 million people suffering from mental illness of any kind across the globe.<sup>[2]</sup> The majority of people in the world neglect mental health and mental illness, which enlarges the treatment gap and adds to the burden of mental disorders on society.<sup>[3]</sup> Health systems face a significant challenge from mental disorders, which constituted the second biggest source of

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disease burden in terms of years lived with disability (YLDs) and the sixth major cause of disability-adjusted life years (DALYs) globally in 2017.<sup>[4]</sup> People with mental illnesses commonly experience stigma, discrimination, and prejudice not only from the general public but also from healthcare professionals around the world.<sup>[5-7]</sup> Despite mounting evidence of the significance of mental health, those who struggle with it are stigmatised and receive unfavourable publicity.<sup>[8]</sup> People with psychiatric illness in India live with their families, and attitudes around mental illness are crucial to how well these individuals are cared for in the long run by their families and communities. Family physicians and general practitioners are the front-line providers of mental health services in addition to health services and raising awareness among the pioneers of primary healthcare facilities.<sup>[9]</sup> Holistic care can only be provided if there is a positive outlook on mental illness. Each segment of society views mental illness differently, especially the younger generation and college-bound youngsters. Colleges may be the finest setting to create a comprehensive mental health programme because college students' attitudes and values tend to have the biggest impact on society.<sup>[10]</sup> Therefore, tackling the unfavourable attitudes so frequently observed in research requires first understanding undergraduate medical students' attitudes and beliefs regarding people with mental illness. Therefore, the current study specifically aimed to examine the differences in attitudes toward the person with mental illness between undergraduate medical students who underwent a 2-week psychiatric posting and teaching programme and those who did not receive knowledge about the condition through clinical experience or course curriculum. It was hypothesised that there would be a difference between the two groups' attitudes.

## Methods

This was a cross-sectional descriptive study carried out at a government medical college in North India between March 2022 and June 2022. The questionnaire was prepared as a Google form. Students were described about the study briefly. The consent form was also appended to the Google form. The link for the Google form was circulated after the lecture among medical students via WhatsApp and e-mail. Participation was voluntary. The investigators' data collection team made sure that the participants' privacy was protected. Participants were directed to a page that explained the purpose of the study and requested their consent after clicking the link. The participants were then directed to a page that requested their socio-demographic information after giving their consent. After then, participants were asked a series of questions to assess their attitudes toward those who were suffering from mental illness. The questionnaire's initial section focused on socio-demographic information. The attitude toward patients with mental illness was covered in the second section.

### Participants

Participants were selected through convenient sampling. Study criteria included (a) M.B.B.S. medical students (1<sup>st</sup>- and 2<sup>nd</sup>-year

medical students) who did not have psychiatry exposure, (b) 3<sup>rd</sup>-year students who underwent theory and clinical rotation including 2 weeks of psychiatry posting (c) students who were willing to participate. A sample of 232 students (1<sup>st</sup> and 2<sup>nd</sup> years,  $n = 163$ , 3<sup>rd</sup> year,  $n = 69$ ) participated in the study.

### Instruments

#### Demographic data survey instrument

The study's participants' backgrounds were gathered through questions on their "age, education, place of residence, and contact with mental illness," among other things.

#### Questionnaires

The Attitude Scale for Mental Illness (ASMI) is a valid and reliable, self-report measure used to measure respondents' attitudes toward persons with mental illness. It uses 34 items divided into six broad conceptual sub-scales.<sup>[11]</sup>

**Separatism:** Ten items (1–9 and 24) were included to measure respondents' attitudes about discrimination, for example, "People with mental illness have unpredictable behaviour."

**Stereotyping:** Contains four questions (10–13) designed to measure how far responders maintain their social distance from people with mental illnesses. For example, "It is easy to identify those who have a mental illness."

**Restrictiveness:** Consists of four items (14–17) with conflicting opinions regarding the rights of those with mental illnesses. For example, "Those who are mentally ill should not have children."

**Benevolence (reverse coded):** Includes eight questions (18–23, 25–26) about respondents' attitudes toward people with mental illness that are kind and sympathetic, for example, "People with mental illness can hold a job."

**Pessimistic prediction:** Consisting of four items (27–30) to assess the level of prejudice associated with mental illness, for example, "It is harder for those who have a mental illness to receive the same pay for the same job."

**Stigmatization:** Includes four items (31–34) that measure the discriminatory behaviour of the students toward patients with mental illness, for example, "It is seldom that people who are successful at work have a mental illness."

Respondents are given the choice of three Likert scale responses (agree = 1, sometimes agree = 2, disagree = 3) based on their feelings towards each of the 34 items.

### Ethical considerations

Permission was obtained from the Institutional Ethics Committee of the medical colleges where the study was conducted. The study's objectives and methods were explained to participants so they could decide if they wanted to take part. Tools used to collect

data did not include any identifying information, protecting the privacy of each respondent.

### Statistical analysis

Before analysis, the response from the benevolence domain was reverse-coded. Statistical analysis software was used to analyze the data, and narratives and tables were used to convey the findings. Inferential statistics (Chi-square test) and descriptive statistics (frequency and percentage) were utilised for data interpretation. To check if there were any significant differences regarding the mean attitude score, the *t*-test was employed. A Chi-square analysis was done to see whether there was a meaningful association between sociodemographic factors. Statistical significance was assumed at  $P < 0.05$ .

### Results

The present study sample consists of 232 medical undergraduates, of which 70.26% ( $n = 163$ ) were from 1<sup>st</sup>- and 2<sup>nd</sup>-year medical students and were not exposed to psychiatry training. Obviously, more number (38.65%) of the students from 1<sup>st</sup> to 2<sup>nd</sup> year were below 20 years old ( $\chi^2 = 23.075$ ,  $P < 0.000$ ). A majority of students were males (58.62%) and familiar with patients with mental illness (56.90%). The number of students belonging to urban domicile (57.33%) was greater than rural [Table 1].

Table 2 demonstrates the comparison of medical students' attitudes toward patients with mental illness between pre- and post-exposure to psychiatry training. Significant differences were not observed between the students' attitudes toward mental illness in any of the domains. The overall mean score on the attitude scale for mental illness showed no significant differences between the students those undergone psychiatry training and those do not. These results suggest that medical students' attitudes do not change after exposure to psychiatry training.

Gender-wise analysis revealed that female participants have a more favourable attitude towards patients with psychiatric illness in separatism, benevolence, and stigmatization domains

as compared to male counterparts [Table 3]. Medical students from urban had more positive attitudes toward separatism, stereotyping, restrictiveness, benevolence, and in stigmatization domains than students from rural backgrounds. No difference was observed between the students those have familiar with mental illness and those who were not [Table 3].

### Discussion

An individual's likes or dislikes for anything are represented by their attitude, which can be positive, negative, or neutral. It comprises emotional, behavioural, and cognitive components and is based on judgments.<sup>[12]</sup> Additionally, it establishes orientation toward a specific environment. Therefore, medical students' attitudes regarding mental illness are influenced by how they are trained to address psychological issues in physically ill patients. The present study examined how psychiatry education affected medical students' perceptions of those who suffer from mental illness. The findings of the current study suggest that the students who have undergone psychiatry training do not have a significant difference in attitudes toward people with mental illness in any domain in comparison to those who have not undergone psychiatric training. According to a study from India, students' general attitudes did not change before and after the posting of psychiatry.<sup>[13]</sup> A recent study showed medical students did not considerably reduce stigmatisation of those who suffer from mental illness.<sup>[14]</sup> According to several Indian research, a 2-week placement in psychiatry was insufficient to significantly change students' attitudes toward the right direction.<sup>[15]</sup> Students' attitudes were negative, and exposure to psychiatry did little to modify them.<sup>[16]</sup> Contrary to the earlier study,<sup>[17]</sup> this study did not find evidence of a change in medical students' perceptions of those with mental illness in any domain. After being exposed to psychiatry, medical students' beliefs remained unchanged, this result was consistent with other studies.<sup>[18]</sup> However, after being exposed to psychiatry, the students' overall mean attitude score increased but it was statistically not significant [Table 2]. In their fourth semester, our students completed their 2-week psychiatry clinical posting and attended lectures, which could have had an

**Table 1: Chisquare analysis of the study population**

Variables	Before psychiatric exposure (n=163) (70.26%)	After the psychiatric exposure (n=69) (29.74%)	Total (n=232)	$\chi^2$	P
Age					
Below 20	63 (38.65)	5 (7.25)	68 (29.31)	23.075	0.000*
Above 20	100 (61.35)	64 (92.75)	164 (70.69)		
Gender					
Male	92 (56.44)	44 (63.77)	136 (58.62)	1.073	0.300
Female	71 (43.56)	25 (36.23)	96 (41.38)		
Contact with mental illness					
Yes	94 (57.67)	38 (55.07)	132 (56.90)	0.133	0.715
No	69 (42.33)	31 (44.93)	100 (43.10)		
Residence					
Rural	70 (42.94)	29 (42.03)	99 (42.67)	0.017	0.897
Urban	93 (57.06)	40 (57.97)	133 (57.33)		

\*Significance at  $P < 0.05$

impact on their attitudes because they were all familiar with the field and mental illnesses. Previous research has shown that medical students exhibit inflexible views<sup>[19]</sup> regarding intimacy and are unwilling to work with those who are mentally ill. However, the majority of students said that mental illness is treatable in persons.<sup>[20]</sup> Unfortunately, medical students in the current study showed unfavourable opinions toward the treatment and rehabilitation of those with mental illnesses following their exposure to psychiatry. From a sociological perspective, mental illness is a stigmatised topic. Medical students' attitudes may be influenced by a variety of other factors, including their personal beliefs, as well as by the immediate family environment, the school environment during formative years, their social circle, and the mass media they are currently exposed to. Our findings corroborate earlier research that found medical students and doctors to have less favourable attitudes<sup>[12]</sup> toward the care of those with mental illnesses.<sup>[21]</sup> According to the current study, women are more tolerant of mental illness patients than males are in the areas of separatism, benevolence, and stigmatisation. Our results confirm past studies showing more empathy among women for those with mental illness.<sup>[22]</sup> Men were more likely to stigmatise those with mental illness than women.<sup>[23]</sup> Fewer studies,

with a few exceptions, did not reveal more favourable attitudes among women toward those with mental illness.<sup>[24]</sup> Contrary to the earlier study,<sup>[17]</sup> students from urban backgrounds had more positive attitudes toward separatism, stereotyping, restrictiveness, benevolence, and stigmatization domains than those from rural backgrounds in this study. A similar study finding showed participants with urban backgrounds had more positive attitudes than participants with rural backgrounds towards patients with mental illness.<sup>[25,26]</sup> This could be due to increased awareness about mental illness and increased literacy.<sup>[27]</sup> Hence, to provide mental health services, raise awareness, and create an integrated health system, the healthcare systems, and academic institutions must perform their respective roles.<sup>[28]</sup> The primary healthcare facilities must be the first to do this because before entering medical education, students live in a community where at some point in time their families visited primary care physicians.

The aforementioned findings confirm earlier studies' conclusions that medical students' attitudes toward those with mental illness are not significantly changed by the existing curriculum for undergraduate medical students.<sup>[29,30]</sup> Our country's training programmes for health practitioners do not provide nearly enough exposure to psychiatry.<sup>[31]</sup> To provide the greatest care for patients with mental illness and increase awareness, family physicians and general health practitioners should collaborate with mental health specialists whenever possible.<sup>[9]</sup> Family physicians and general practitioners should learn about and keep up with mental health trends. Standard of education, teachers' enthusiasm, a holistic approach, and the scientific underpinnings of psychiatry, however, are the crucial variables that affect how students view people who suffer from mental illness, hence better outcomes in settings such as primary care.<sup>[32,33]</sup>

**Limitation**

Due to the 3 year establishment of this government medical college and the fact that there were only three batches of students,

**Table 2: Pre- and post-comparison of medical students' attitudes toward mental illness**

Subscales	Before psychiatric exposure (n=163) mean±SD	After the psychiatric exposure (n=69) mean±SD	t	P
Separatism	22.35±3.28	22.99±3.29	1.3573	0.1760
Stereotyping	9.37±1.73	9.17±1.90	0.7815	0.4353
Restrictiveness	9.41±1.97	9.71±1.77	1.0919	0.2760
Benevolence	19.56±2.31	20.06±2.00	1.5300	0.1276
Pessimistic prediction	7.10±1.86	7.17±2.06	0.2537	0.8000
Stigmatization	10.52±1.52	10.64±1.37	0.5656	0.5722
Overall attitudes	78.32±7.97	79.68±7.97	1.1881	0.2360

**Table 3: Mean scores of domains of attitude scale for mental illness with socio-demographic variables**

	Separatism	Stereotyping	Restrictiveness	Benevolence	Pessimistic prediction	Stigmatization
Gender	t=2.3947 P=0.0174*	t=0.9729 P=0.3316	t=0.7825 P=0.4347	t=2.4482 P=0.0151*	t=0.2734 P=0.7848	t=3.1604 P=0.0018**
Male (n=136)	22.11±3.44	9.22±1.88	9.42±1.97	19.41±2.37	7.10±1.84	10.30±1.61
Female (n=96)	23.15±2.98	9.45±1.61	9.62±1.84	20.13±1.95	7.17±2.03	10.91±1.18
Age	t=0.5476 P=0.5845	t=0.6237 P=0.5335	t=0.9070 P=0.3654	t=0.0000 P=1.0000	t=0.0360 P=0.9713	t=0.7506 P=0.4537
<20 (n=68)	22.72±3.12	9.43±1.62	9.32±2.03	19.71±2.07	7.13±1.84	10.66±1.37
>20 (n=164)	22.46±3.36	9.27±1.84	9.57±1.86	19.71±2.30	7.12±1.96	10.50±1.52
Residence	t=3.5188 P=0.0005***	t=5.0301 P=0.0001***	t=2.9301 P=0.0037**	t=3.4268 P=0.0007***	t=1.8961 P=0.0592	t=3.7777 P=0.0002***
Rural (n=99)	21.68±3.24	8.67±1.90	9.08±2.00	19.14±2.30	7.40±1.93	10.14±1.52
Urban (n=133)	23.18±3.19	9.80±1.52	9.81±1.78	20.13±2.08	6.92±1.89	10.86±1.37
Contact with mental illness	t=0.8904 P=0.3742	t=0.7209 P=0.4717	t=0.2757 P=0.7830	t=0.9482 P=0.3440	t=0.5105 P=0.6102	t=0.0540 P=0.9570
Yes (n=132)	22.37±3.47	9.39±1.80	9.53±1.88	19.83±2.21	7.07±1.98	10.61±1.33
No (n=100)	22.76±3.07	9.22±1.75	9.46±1.96	19.55±2.25	7.2±1.84	10.6±1.48

\*P<0.05, \*\*P<0.01, \*\*\*P<0.001

we were only able to include participants from three batches of students from our institute in this study.

## Conclusion

The majority of the medical students at our college had a neutral attitude toward mental illness. Urban residents and female students showed more sympathetic attitudes toward those with mental illnesses. To provide a complete picture, additional research among students from different semesters is required. To shift the mindset in the direction of positivity, more work is required.

## Recommendations

Given the prevalence of psychiatric illnesses, it is crucial to make an effort to instill a positive attitude toward psychiatric illness in undergraduate students. To bring about the desired change in attitude, carefully organised instructional programmes that include greater exposure to the individual, as well as appropriate contact with teachers, should be tried. In addition, the function of health facilities in raising awareness of mental illness must be increased.

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## Conflicts of interest

There are no conflicts of interest

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