

## Attitude towards Mental Illness among Medical Students and Non Psychiatric Doctors

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### Abstract

*Objective:* To determine the attitude towards mental illness among medical students and non psychiatric doctors of Mamata Medical College.

*Materials and Methods:* The study was cross sectional, conducted in Mamata Medical College, Khammam, from September 2016 to March 2017. Our study sample contains 150 medical students doing internship in the Mamata Medical College, Khammam, and 100 non psychiatric doctors working in the Mamata Medical College, Khammam, who are willing to participate in the study.

*Results:* In present study we observed negative attitude towards mental illness among both medical students and non psychiatric doctors. When compared attitude toward mental illness among medical students and non psychiatric doctors, we found that there was no statistically significant difference. Compared to non psychiatric doctors, the medical students had stigma that people with a severe mental illness are dangerous and its more discomfortable talking to a person with a mental illness. Compared to medical students, the non psychiatric doctors had stigma that being a psychiatrist is not like being a real doctor, it is not important that any doctor supporting a person with a mental illness also assesses their physical health. Non psychiatric doctors also had stigma that they don't want to work with a colleague if they had a mental illness.

*Conclusion:* This study demonstrates the need for educational programs aimed at medical and non psychiatric doctors for providing basic information and thus demystifying mental illness.

**Keywords:** Attitude towards mental illness; Non psychiatric doctors; Medical students.

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### Introduction

Around the world, people with mental illness frequently encounter stigma, prejudice, and discrimination not only by the public, but also by medical students and doctors [1,2]. According to World Health Organization, it was estimated that

there are 450 million people in the world currently suffering from some kind of mental illness and constitutes 14% of the global burden of disease [3]. The rate of mental disorders in India is high, which is also observed in other parts of the world [4].

Psychiatry is often perceived 'different' by other medical professionals as much as by a

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common man. This perception of 'difference' may give rise to stigma toward both mental illness and psychiatrists. Psychiatrists are thus both recipients of stigma and agents who can de-stigmatize psychiatry [5]. Psychiatry as a branch of medicine has seen numerous advances in the recent years. Better awareness regarding mental illness is not only essential among the general population but also among health care professionals. Better understanding and knowledge regarding mental illnesses and available effective treatment modalities may help in shaping up a favourable attitude towards mental health and the mentally ill among the public, medical students and most importantly the medical profession at large [6,7].

Basic understanding of psychiatry, outlook toward psychiatric disorders as well as stigma surrounding all its aspects has to be studied. Psychiatric disorders exist all over the world, affecting about 10% of the adult population, at any given point in time [8]. Despite this global presence, negative attitude toward psychiatric disorders has been consistently reported to be prevalent in all sections of society [9].

Negative attitudes toward psychiatric disorders lead to compromised patient care toward mentally ill persons. Negative attitudes toward psychiatric disorders have an impact on the lives of not only the patients, but also their caregivers. This stigma can obstruct the provision of adequate and appropriate services to persons with mental illness [10,11].

To provide effective mental health care for general population, knowledge and awareness regarding psychiatric disorders has to be increased among the general population. In addition to this, it is crucial that the medical fraternity itself is not plagued by prejudicial attitudes [12,13]. A negative attitude toward psychiatry harboured by medical professionals may prove to be a hindrance in providing quality care to the mentally ill persons in need.

A substantial number of patients attending various health care settings suffer from psychiatric disturbances with figures ranging from 15% to 50% [12]. Psychiatric exposure of medical and paramedical staff during training is grossly inadequate which eventually leads to insufficient knowledge and misconceptions about psychiatric illnesses and their treatment [13,14,15].

Mental wellbeing has been considered special since many years, but psychiatrist encounter stigma in their daily practice that affects the recovery process and affects the quality of life of their patients [16]. Profound negative attitudes toward

psychiatric illness were documented in the early studies [17]. The stigma associated with mental illness is well-recognized in the West. However, there is insufficient data about stigma in developing countries [18]. Stigmatising attitude among doctors themselves can result in compromised patient care. The attitude of medical students towards psychiatry and psychiatric disorders may be modelled by many attributes that may come into play before and while enrolment in a medical school, such as the role of education providers [19-22].

Many studies have found out strongly negative public attitudes toward the mentally ill. Public opinion might be influenced by doctors. In the present study medical students and doctors, were studied regarding their attitudes toward the mentally ill as some studies found that public opinion was influenced by doctors and medical students [23].

In Indian setting there are very few studies related to attitude towards mental illness. Further research is required to assess the attitude towards mental illness to reduce the stigma and increase the awareness about mental illness among medical students and doctors. The present study was undertaken to find out the attitude of medical students and nonpsychiatric doctors toward mental illness.

## Materials and Methods

*Place of study:* Study was conducted in Mamata medical college, Khammam, Telangana.

*Study period:* The study undertaken during July 2016 to February 2017 in the department of psychiatry following the college's ethical committee approval.

*Study sample:* The study sample consists of 150 medical students doing internship in the Mamata Medical College, Khammam,) and 100 nonpsychiatric doctors working in Mamata Medical College, Khammam, who are willing to participate in the study.

*Study design:* Cross sectional.

*Inclusion criteria:* All the students who doing internship in mamatha general hospital, and all non psychiatric health care professionals in mamatha general hospital who are willing to participate in study.

*Exclusion criteria:* students and nonpsychiatric health professionals who not willing to participate, and who had psychiatric illness.

*Materials:* MICA 2 scale [24] and MICA 4 scale [25] consists of 16 questions each. A person's MICA score is the sum of the scores for the individual items. For items 3, 9, 10, 11, 12, and 16 items are scored as follows: Strongly agree = 1, Agree = 2, Some what agree = 3, Some what disagree = 4, Disagree = 5, Strongly disagree = 6. All other items (1, 2, 4, 5, 6, 7, 8, 13, 14, 15) are reverse scored as follows: Strongly agree = 6, Agree = 5, Some what agree = 4, Some what disagree = 3, Disagree = 2, Strongly disagree = 1. The scores for each item are summed to produce a single overall score. A high overall score indicates a more negative (stigmatising) attitude.

#### Statistical Analysis

The data obtained was analyzed using Statistical Package for the Social Sciences (SPSS), Version 16. student-t test were used.

### Results

In present study observed negative attitude towards mental illness among medical students and non psychiatric doctors. When compared attitude toward mental illness among medical students and non psychiatric doctors, we found that there was no statistically significant difference.

But Compared to non psychiatric doctors, the medical students had stigma that people with a severe mental illness are dangerous and its more discomfortable talking to a person with a mental illness.

Compared to medical students, the non psychiatric doctors had stigma that being a psychiatrist is not like being a real doctor, it is not important that any doctor supporting a person with a mental illness also assesses their physical health. Non psychiatric doctors also had stigma that they don't want to work with a colleague if they had a mental illness.

**Table 1:** Comparison of mean and SD of medical students towards mental illness with mean and SD of non psychiatric doctors

	Mean	S.D	p value
Medical students	46.07	8.08	0.28
Nonpsychiatric doctors	47.28	9.59	

Statistical analysis had depicted that the mean score of medical students was  $46.07 \pm 8.08$  and that of non psychiatric professionals was  $47.28 \pm 9.59$  and when the mean scores of both the groups

were compared, it was found that there was no statistically significant difference between them as depicted in Table no.1. But mean score is high in both groups which suggests that negative attitude towards mental illness is high in both groups.

**Table 2:** Mean and SD of medical students towards mental illness

S. No	MICA 2 Questionnaire	Mean	S.D.
1	I just learn about psychiatry because it is in the exam and would not bother reading additional material on it.	2.649	1.729
2	People with a severe mental illness can never recover enough to have a good quality of life.	2.668	1.402
3	Psychiatry is just as scientific as other fields of medicine.	2.715	1.56
4	If I had a mental illness, I would never admit this to any of my friends because I would fear being treated differently.	3.046	1.505
5	People with a severe mental illness are dangerous more often than not.	3.68	1.194
6	Psychiatrists know more about the lives of people treated for a mental illness than do family members or friends.	3.84	1.413
7	If I had a mental illness, I would never admit this to my colleagues for fear of being treated differently.	3.370	1.428
8	Being a psychiatrist is not like being a real doctor.	2.172	1.349
9	If a consultant psychiatrist instructed me to treat people with a mental illness in a disrespectful manner, I would not follow their instructions.	2.311	1.539
10	I feel as comfortable talking to a person with a mental illness as I do talking to a person with a physical illness.	3.205	1.248
11	It is important that any doctor supporting a person with a mental illness also assesses their physical health.	2.198	1.316
12	The public does not need to be protected from people with a severe mental illness.	4.145	1.411
13	If a person with a mental illness complained of physical symptoms (such as chest pain), I would attribute it to their mental illness.	2.695	1.292
14	General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist.	3.311	1.553
15	I would use the terms 'crazy', 'nutter', 'mad' etc. to describe people with a mental illness who I have seen in my work.	2.178	1.281
16	If a colleague told me they had a mental illness, I would still want to work with them.	2.470	1.115

Medical students had felt that, Psychiatrists know more about the lives of people treated for a mental illness than do family members or friends.

Medical students had felt that, public need to be protected from people with a severe mental illness.

**Table 3:** Mean and SD of non psychiatric doctors towards mental illness

S. No	MICA 4 Questionnaire	Mean	S.D.
1	I just learn about psychiatry because it is in the exam and would not bother reading additional material on it.	3.049	1.731
2	People with a severe mental illness can never recover enough to have a good quality of life.	2.931	1.470
3	Working in the mental health field is just as respectable as other fields of health and social care.	2.33	1.42
4	If I had a mental illness, I would never admit this to any of my friends because I would fear being treated differently.	3.323	1.593
5	People with a severe mental illness are dangerous more often than not.	3.186	1.191
6	Health/social care staff know more about the lives of people treated for a mental illness than do family members or friends.	4.029	1.505
7	If I had a mental illness, I would never admit this to my colleagues for fear of being treated differently.	3.284	1.575
8	Being a health/social care professional in the area of mental health is not like being a real health/social care professional.	2.754	1.550
9	If a senior colleague instructed me to treat people with a mental illness in a disrespectful manner, I would not follow their instructions.	2.54	1.709
10	I feel as comfortable talking to a person with a mental illness as I do talking to a person with a physical illness.	2.303	1.041
11	It is important that any health/social care professional supporting a person with a mental illness also ensures that their physical health is assessed.	2.745	1.64
12	The public does not need to be protected from people with a severe mental illness.	3.81	1.38
13	If a person with a mental illness complained of physical symptoms (such as chest pain), I would attribute it to their mental illness.	2.83	1.51
14	General practitioners should not be expected to complete a thorough assessment for people with psychiatric symptoms because they can be referred to a psychiatrist.	3.38	1.69
15	I would use the terms 'crazy', 'nutter', 'mad' etc. to describe people with a mental illness who I have seen in my work.	2.0	1.194045

16 If a colleague told me they had a mental illness, I would still want to work with them. 2.76 1.415

Nonpsychiatric doctors had felt that, Psychiatrists know more about the lives of people treated for a mental illness than do family members or friends.

Nonpsychiatric doctors had felt that, public need to be protected from people with a severe mental illness.

**Table 4:** Comparison of individual parameters of MICA 2 (students) with individual parameters of MICA 4 (doctors)

Question no	MICA 2 mean	MICA 2 S.D	MICA 4 mean	MICA 4 S.D	p value
1	2.64	1.72	3.04	1.731	0.08
2	2.66	1.40	2.93	1.470	0.16
3	2.71	1.56	2.33	1.423	0.05
4	3.04	1.50	3.32	1.593	0.15
5	3.68	1.19	3.18	1.191	0.001 (s)
6	3.84	1.41	4.02	1.505	0.27
7	3.37	1.42	3.28	1.575	0.74
8	2.17	1.34	2.75	1.550	0.0008 (s)
9	2.31	1.53	2.54	1.70	0.17
10	3.20	1.24	2.30	1.041	0.0001 (s)
11	2.19	1.31	2.74	1.645	0.001 (s)
12	4.14	1.41	3.81	1.383	0.12
13	2.69	1.29	2.83	1.516	0.2
14	3.31	1.55	3.38	1.69	0.49
15	2.17	1.28	2.0	1.194	0.56
16	2.47	1.11	2.76	1.415	0.01 (s)

Compared to nonpsychiatric doctors, medical students had stigma that, people with a severe mental illness are dangerous as depicted in question number 5.

Compared to medical students non psychiatric doctors had stigma that, being a psychiatrist is not like being a real doctor as depicted in question number 8.

Compared to non psychiatric health professionals, medical students had stigma that, it's more uncomfortable talking to a person with a mental illness as depicted in question number 10.

Compared to medical students, non psychiatric health professionals had stigma that, it is not important that any doctor supporting a person with a mental illness also assesses their physical health as depicted in question number 11.

Compared to medical students, non psychiatric health professionals had stigma that, they don't want to work with a colleague if they had a mental illness as depicted in question number 16.

## Discussion

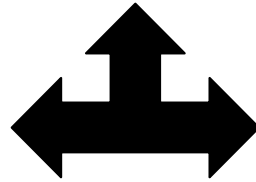
In present study observed negative attitude towards mental illness among medical students

and non psychiatric doctors. Similar studies were observed by a number of authors in different countries [26-29].

When the mean scores of both medical students

### Compared to non psychiatric doctors, medical students had more stigma that:

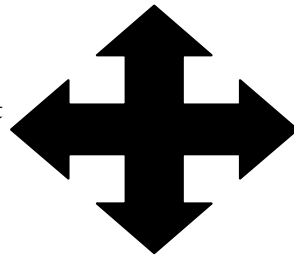
People with a severe mental illness are dangerous



Its more uncomfortable talking to a person with a mental illness

### Compared to medical students, non psychiatric doctors had more stigma that:

Being a psychiatrist is not like being a real doctor.



Don't want to work with a colleague if they had a mental illness.

It is not important that any doctor supporting a person with a mental illness also assesses their physical health.

and non psychiatric health professionals groups were compared, it was found that there was no statistically significant difference between them. But both medical students and non psychiatric doctors had stigma that, psychiatrists know more about the lives of people treated for a mental illness than do family members or friends and the public need to be protected from people with a severe mental illness.

It is integral to recognise the value of changing attitudes and perceptions towards mental illness, to promote equality for people with psychiatric illness. There is a need to educate all students and doctors about psychiatric disorders. For which we may use interventions such as discussions, talks, and awareness sessions in class and tutorials. A recent study examined the effects of three strategies for changing negative attitudes towards mental illnesses: (i) education (which replaces myths about mental illness with accurate conceptions); (ii) contact (which challenges public attitudes about

mental illness through direct interactions with persons who have these disorders); and (iii) protest (which seeks to suppress stigmatising attitudes about mental illness) [30].

A recent study in India suggested that students who had undergone psychiatry postings, showing positive attitudes toward people with mental illness [31]. Whereas a significant decrease in negative and stigmatizing views toward mental illness was concluded by other studies after exposure to psychiatry practice [32].

## Conclusion

In present study we observed negative attitude towards mental illness among medical students and non psychiatric doctors which demonstrates the need for educational programs aimed at medical and non psychiatric doctors for providing basic information and thus demystifying mental illness.

### Limitations

Study sample was collected from only one tertiary care hospital, which was the major limitation of the study and further research can be conducted, so results cannot be generalised to the population.

### Conflicts of Interest

There are no conflicts of interest.

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