Attitudes towards Psychiatry and Mental Illness among medical students in a university hospital

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Abstract

Introduction: Psychiatry is viewed negatively by medical students. They tend to have negative attitudes towards psychiatry, psychiatrists, mentally ill and mental illnesses as a whole. This study was intended to assess attitudes to psychiatry and mental illness among medical students in Tribhuvan University Teaching Hospital.

Methods: It was a cross-sectional study done to assess attitudes to Psychiatry and Mental illness among fourth year medical students in Tribhuvan University Teaching Hospital. Socio-demographic information was filled up and two likert scales ATP-30 (Attitudes to Psychiatry) and ATM (Attitudes to Mental Illness) were used to assess attitudes. Descriptive analysis was done and chi-square test was used to see for any statistically significant difference for the items using SPSS version 20.

Results: Total sample size was forty-five and males comprised three-fourth of the respondents. The mean age of participants was 22.4 years with somewhat higher number of respondents from valley (57.8%). Brahmins (26.6%) and Hindu (88%) constituted the majority. 84.4% of the respondents belonged to nuclear family. The mean ATP-30 and ATM scores obtained were 106.78 and 66.93 respectively.

Conclusions: Overall attitude to Psychiatry and mental illness among fourth year medical students in Tribhuvan University Teaching Hospital was found to be positive. Studies with larger sample size with students from multiple universities and medical colleges and comparison of attitudes before and after psychiatry rotation are further needed.

Key word: Attitudes, psychiatry, medical students

Introduction

Mental health problems are extremely common in our society, but negative attitude prevails towards people with mental disorders.1 Attitude as defined by Rezler is an emotionally linked, learnt belief around an object or situation predisposing one to respond in some preferential manner and may be positive, negative or neutral. It originates from judgments and has affective, behavioral and cognitive components.2,3

Medical students have misperceptions about psychiatry, even before they begin medical school. This may reflect the negative image which psychiatry has among the general populace or it may be due to the impact of ‘bad mouthing’ by other specialists. It is against this complex backdrop that recruitment of medical graduates into psychiatry takes place.4

Attracting medical students to specialize in psychiatry has been identified as a problem worldwide. Medical students have neutral or negative attitude towards Psychiatry as a discipline and career choice.5 However, it is the attitudes of medical students towards psychiatry and psychotherapy as well as towards the mentally ill which form the basis of their later actions as medical doctors.5,6 Stigma attached to mental illness is said to be the major reason for development of negative attitudes to Psychiatry and mental illnesses in medical students. This study was intended to assess attitudes of medical students to Psychiatry and mental illnesses.
Methods

This was a cross-sectional descriptive study done in Tribhuvan University Teaching Hospital. The fourth year medical students comprised the study population. Prior to conducting the study, they were explained about the study and its objectives in detail. Informed consent was taken from them after ensuring confidentiality of the information. A brief questionnaire to assess the socio-demographic profile of the study population along with two self-rating scales Attitudes towards Psychiatry (ATP-30) and Attitudes to Mental Illness (AMI) were administered to the students in a lecture hall. Participation in the study was voluntary and anonymous.

ATP-30 is a 30-item, likert type scale looking at attitudes related to Psychiatry. This scale measures attitudes towards mental illnesses, psychiatric patients, psychiatric institutions and psychiatrists, teaching, knowledge, and career choice. The higher the score, the more favorable the attitude towards psychiatry (minimum score 30- very negative attitude; maximum score 150- very positive attitude; score of 90- computed neutral attitude value). Respondents express their agreement or disagreement to 30 items in terms of a five point scale: Strongly agree, Agree, Neutral, Disagree, and Strongly disagree. Response for 15 items meant to measure negative attitudes are scored as 1 to 5, whereas, items measuring positive attitudes are scored from 5 to 1 respectively. Total score on the scale indicates positive or negative attitude, with high total score indicating positive and a low score indicating negative attitudes towards different aspects of Psychiatry. Similarly, AMI is a 20-item questionnaire which focuses on attitudes towards the causes, treatment and consequences of mental illness and its impact on individuals and society. It also has the items constructed on a five-point likert scale with a higher score suggesting a more favorable attitude. The scoring on some of the items is reversed to avoid response bias.

SPSS Version 20 was used for data entry and statistical analysis. Descriptive statistics was used to analyze socio-demographic factors and chi-square test was used to see for the statistical significance of the differences. Data have been expressed as mean±SD and percentages, wherever appropriate.

Results

The sample size was forty-five, of which three-fourth (73.3%) were males and rest (26.7%) were females. The mean age of participants was 22.4±1.2 years. 57.8% of the respondents were from Kathmandu valley while 42.2% were from outside the valley. Ethnicity wise, Brahmins constituted the majority accounting to 26% of total followed by Chettris (20%), Newar (15.6%) and Janajati/Dalits (6.6%). Most of them were Hindu (88.9%) followed by Buddhist (6.7%) and Muslim (4.4%). Regarding the family type, 84.4% belonged to the nuclear family while 15.6% were from joint/extended family.

We also looked into whether the students sought mental illness or not and if they had any relatives suffering from mental illness. It was found that 4.4% of the students had sought mental help in past or currently at the time of study and around one-fourth (26.7%) of the respondents had relatives suffering from mental illness whether treated or not.

The analysis of the ATP-30 gave a mean score of 106.8±17.7 (range; 52-140) indicating a favorable attitude to Psychiatry among our respondents. Going through each item in ATP-30, it was seen that most of the students had positive attitude to most of the items in ATP-30 scale. In response to item 1, i.e., Psychiatry being unappealing, 66.6% of the students disagreed and 15.5% had neutral attitude. Majority (42%) of the students disagreed and 29% had neutral attitude to the statement that psychiatric hospitals are little more than prisons. Regarding career choice as Psychiatry, 57.8% had neutral attitude while only 17% agreed to this statement. Only 19% respondents disagreed to the statement that psychotherapy could be a useful option of treatment and that it is evidence-based. 60% of the students agreed and 15.5% had neutral attitude. Majority (42%) of the students disagreed and 29% had neutral attitude to the statement that psychiatric hospitals are little more than prisons. Regarding career choice as Psychiatry, 57.8% had neutral attitude while only 17% agreed to this statement. Only 19% respondents disagreed to the statement that psychotherapy could be a useful option of treatment and that it is evidence-based. 60% of the students agreed and 17% had neutral attitude to the statement that Psychiatry training in undergraduate course is valuable. Only 30% of the students agreed to the statement that Psychiatry is based on scientific information while 24.4% had neutral attitude. Around 62% of the students believed that psychiatrists tend to be as stable as the average doctor and 50% of them believed that psychiatrists get as much satisfaction from their work as other specialists. 38.8% of the students agreed psychiatry to be one among the three most exciting specialties and 24.4% had neutral attitude. 46% of the students felt it difficult to consider Psychiatrists as equal to other doctors. 88% of the students thought
that psychiatry patients if listened to are just as human as other people and 72% believed that psychiatry practice allows for the development of really rewarding relationships with people. 52% of the respondents felt that psychiatric patients are more interesting to work with than other patients and 31% had neutral attitude.

Evaluating students’ attitudes towards mental illness using AMI-20 scale, the mean ATM score was 66.93 indicating an overall positive attitude. Going through individual items in AMI, 39% of the students felt that psychiatry patients are difficult to like while 22% had neutral views. 71.1% of the students disagreed to the statement that mentally ill be discouraged from marrying. 42% of the students had a view that violence results from mental illness while 26% had neutral attitude. Regarding item four, 40% of the students believed that those with psychiatric history should never be given job with responsibility while 20% had neutral attitude. Only 24% of the students felt that psychiatric diagnoses stigmatize people and should not be used while 22% had neutral view. Regarding the statement that mental illnesses are wrongly diagnosed in women and ethnic minorities, 24.4% disagreed while 33.3% had neutral opinion. 42.2% of the students agreed to the statement that those with attempted suicide with serious liver damage as a consequence should not be given transplants. 57.6% of the students were of the opinion that psychiatric drugs are mostly used to control disruptive behavior and 28.4% had neutral opinion. Most respondents had positive attitudes towards use of ECT in psychiatry since 62.2% of the students disagreed that ECT be banned and that 26.7% were neutral regarding this issue. 62.2% of the students were of the opinion that people who took an overdose are in need of compassionate treatment while 22.2% thought that psychiatric drugs do more harm than good. 62% of the students believed that depression occurs in those with weak personality and 86.6% believed that mental illness occurs as a result of adverse social circumstances. 60% of the students agreed to the statement that alcohol-abusers have no self-control. 70.4% believed that mental illnesses are genetic in origin. Regarding the statement that people with good parenting rarely suffer from mental illness, 60% seemed to agree. Community care for the mentally ill putting society at risk was disagreed on by 60% of respondents. 80% of the students thought that it is preferable that the mentally ill live independently rather than in hospital. 80% of the students positively stated that not enough was being done for the care of the mentally ill. 53.2% of the students were of the opinion that chronic schizophrenics are incapable of looking after themselves.

Statistical significance was seen in item number four, nine, eleven, twenty-one and twenty-two of ATP-30 and item 15, i.e. mental illnesses are genetic in origin in relation to students who had relatives suffering from mental illness.

Discussion

People’s beliefs and attitudes towards mental illness set the stage for how they interact with, provide opportunities for, and help support a person with mental illness. A decrease of interest in psychiatry has been reported internationally in medical students since the 1960s from approximately 10% to currently approximately 2–5%. However, consolidated knowledge about psychiatric disease patterns and the need of positive attitudes towards psychiatry and mentally ill patients is a basic requirement for all medical doctors irrespective of career aspirations, since a 40% comorbidity rate for psychiatric problems is seen by general practitioners, half of which remain unrecognized resulting in compromised patient care. Negative attitudes may be detrimental not only to the patient care but also to the society’s attitude to psychiatric disorders if they are present in the health professionals. Medical students’ attitudes to psychiatry seem to be determined by a number of factors. Personality, previous experience and training in medicine and psychiatry all seem to be influential. The relative contribution of any of these factors should be determined not only for recruitment reason but also because this may influence a doctor’s ability to recognize patients with psychiatric disorders.

Many studies have been conducted to assess the attitude of medical students towards mental illness and Psychiatry using different scales. Some studies...
Attitudes towards

specifically focused on assessing attitudes of university students towards schizophrenia and some on assessing beliefs about treatment and rehabilitation of persons with mental illness. Some studies devised their own questionnaires, like those conducted in United States, Spain, India, Iran, Canada and Pakistan. ATP-30 was used in studies done at Bahrain, Pakistan, Chile, Africa and United Kingdom. Both ATP-30 and AMI have been used in studies conducted at United Kingdom, Malaysia and our own country Nepal. These scales tend to assess attitudes related to Psychiatry looking upon the following four aspects: Psychiatric patients and psychiatric illness, Psychiatrist and subject of Psychiatry, Psychiatric knowledge and teaching and Psychiatric treatment and hospitals.

Recently many studies have been conducted in Nepal too. Study done by Subedi et al. attempted to examine attitudes of non- psychiatry consultants to Psychiatry while Shrestha MR attempted to assess knowledge and attitudes among nursing attitudes devising their own questionnaire. One study done long ago in Dharan assessed the impact of a two-week training program on the awareness of medical students about Psychiatry. ATP- 30 and AMI scales were used in a study by Risal et al however this was done to assess attitudes in medical students from different semesters. Our study instead focused on assessing attitudes of students of the fourth year of medical school.

Our study showed favorable attitudes of medical students to Psychiatry and to mental illness. This is in accordance with the results from similar study carried out in Kathmandu University School of Medical Sciences by Risal et al. Our study has also attempted to find if there is any significant difference in attitude of students who sought mental help for themselves and those who had relatives suffering from mental illness from those who didn’t.

Our study has many limitations. Sample size is very small and it is a cross- sectional study. We took students from fourth year only as our sample population and we did not do comparative study in these students regarding change in attitudes before and after psychiatric rotation. However, there are strengths too. This was conducted at the start of the fourth year presuming that none of the students had been exposed to clinical psychiatry rotation though few theory classes on Psychiatry were already taken for all of these students attempting to prevent bias. The response rate in the sample population was 100% and no item was left blank.

Conclusions

Favorable attitudes towards Psychiatry and mental health were seen among our medical students of fourth year. Large scale studies from different universities and medical schools comparing attitudes of students from all years of medical school before and after psychiatric rotation are further needed to get a complete overview on this subject matter.

Conflict of interests: None Declared

References


