

# Attitudes of Undergraduate Medical Students towards the Persons with Mental Illness in a Medical College of Western Region of Nepal

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## ABSTRACT

**Background:** The universality of harmful beliefs and subsequent negative attitude towards the persons with mental illness among medical students are the main obstacles facing the mentally ill people that further prevents them from seeking help and care for their mental health problems. Mental health education plays a significant role in changing medical students' attitude towards persons with mental illness.

**Aim:** The aim of this study was to assess undergraduate medical students' attitude towards persons with mental illness and to compare their attitudes before and after mental health education.

**Materials and methods:** A longitudinal prospective study was carried on final year MBBS students (N=68) from June, 2017 to November, 2017. Pretest- posttest design was adopted using Attitude Scale for Mental Illness (ASMI) before and after theory classes and clinical posting for mental health education.

**Results:** Findings of present study revealed that these students were less stigmatized (6.44+1.93). Domain of restrictiveness improved (9.44+2.94 from 10.54+3.09) and benevolence increased significantly ( $t=2.440$ ;  $P=0.017^*$ ) after mental health education and training. Overall attitude of the study population was found to have unhealthy attitude towards persons with mental illness since the mean scores on separatism, stereotyping, restrictiveness and pessimistic prediction subscales were elevated on ASMI.

**Conclusion:** In conclusion, mental health education was found to be effective in changing the attitude of restrictiveness i.e., decreasing an uncertain view on the rights of people with mental illness and increasing kindness and sympathetic view to some extent among undergraduate medical students towards the persons with mental illness.

**Key words:** Attitude, medical students, mental health, mental illness

## INTRODUCTION

An attitude denotes an adjustment of the individual towards some selected person, a group, or an institution. In forming an attitude towards some aspect of the environment an individual shows a readiness to respond<sup>1</sup>.

Mental illness is an important public health issue worldwide; people with mental illness frequently encounter stigma, prejudice, and discrimination not only by the public, but also by the health care providers<sup>2,3</sup>. According to World Health Organization, it was estimated that there are more than 450 million people in the world suffering from some kind of mental illness and constitutes 14% of the global burden of disease<sup>4</sup>.

Studies about population, attitude towards mentally ill show that people are afraid of mentally ill patients, would not employ them, would not marry them, would not establish any relationships with them, and mentally ill patients are considered as violent<sup>5</sup>. Stigmatization of mentally ill patients has negative effects in their rehabilitation. In this regard, the attitude towards mentally ill patients, especially the attitude of health professionals, which might play a major role as a model to public attitudes, could be a major factor in defining the quality of the future life of persons with mental illness.

Unfortunately, the universality of harmful beliefs and subsequent negative attitudes toward mentally ill is not in doubt even among medical students. Stigma and discrimination are the main obstacles facing the mentally ill people today and it is the shame and fear of this discrimination that prevents the persons with mental illness from seeking help and care for their disorders. Undoubtedly, mental health education plays a significant role in changing the attitude of students towards the persons with mental illness.

Previous studies indicated unfavorable attitude among medical students towards people with mental illness<sup>6,7</sup>. Such negative

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attitude may be detrimental not only to the patient care but also to the society's attitude towards mental illness if they are present in the health professionals. Studies looking into the impact of education or information on attitude of individuals towards mental illness and mentally ill people have shown that education may have positive impact on the prejudice<sup>8</sup>. Health care professionals can no longer ignore mental health, as it plays an increasingly important role in the care of all patients. Further the doctors' negative attitude towards mental illness may compromise the quality of life and self esteem of patients consulting the physicians<sup>9</sup>. Few cross sectional studies assessed the impact of psychiatric exposure in changing the medical students' attitude towards psychiatry and mental illness in Nepal<sup>10, 11</sup>. There are almost no studies done to assess the difference in attitude among medical students towards people with mental illness after mental health education of the same batch.

This study was aimed to assess medical students' attitude and to see the impact of mental health education and training on their attitude towards the persons with mental illness. The obtained information would be an aid to focus on education and other strategies to change the medical students' attitude towards the people with mental illness.

## **MATERIALS AND METHODS**

A longitudinal study was conducted in the Clinical Psychology unit of Department of Psychiatry, Nepalgunj Medical College, Teaching Hospital, Kohalpur, Nepal. Pretest- posttest design was adopted. The study was started after ethical approval from the Institutional Review Committee of this College. Duration of the study was from June, 2017 to November, 2017. Study population consisted of total 68 students from final year MBBS. Participants were selected as per inclusion and exclusion criteria. They were assessed with Personal Data Sheet and Attitude Scale for Mental Illness (ASMI) after obtaining informed written consent to participate in the study.

## **MEASURES**

### ***Informed Written Consent Form***

It was used to obtain the students' consent to participate in the study. This was prepared considering the ethics of research.

### ***Personal Data Sheet***

Personal Data Sheet was prepared for the study to obtain information of participants' demographic characteristics. It consisted of variables such as roll no., age, sex, residence, marital status, and history of contact with people having mental illness.

### ***Attitude Scale for Mental Illness (ASMI)***

This scale was used to assess the students' attitude towards the patients of mental illness. The ASMI was a valid and reliable (Cronbach's Alpha 0.86), self-report measure of attitudes. A modified version of the questionnaire, Opinions about Mental Illness in the Chinese Community in English version was used to collect the data<sup>12</sup>. The ASMI section has 34 items and measures the general attitude to mental illness. This was a 5-point Likert scale rated participants' responses from totally disagree (1) to totally agree (5). The lower scores indicate positive attitude towards persons with mental illness. It consists of six domains of attitude: separatism, stereotyping, restrictiveness, benevolence (reverse coded), pessimistic prediction and stigmatization.

## **PROCEDURE**

Total 94 out of 150 students of MBBS final year were taken for study before the lectures on Psychiatry and Clinical Psychology and 77 participants after the completion of their clinical posting in the department of psychiatry where they were exposed to the assessment and treatment (psychopharmacological and psychosocial) of the patients with mental illness. Each student was explained in brief about the purpose and procedure of the study. Their informed written consent was obtained. They were assured about the confidentiality of the responses given by them on the scale. Then Personal Data Sheet and Attitude Scale for Mental Illness were administered. The participating students were approached in lecture theatre for baseline assessment. Pre-assessment was done in a single session at a time and for post assessment, data collection was done during posting in the clinical psychology unit after completion of their training in groups. Total 68 students responded completely on the research tools.

## **Ethical Consideration**

Ethical issues was given due importance. Informed written consent of the students was taken to participate in the study. The obtained results were kept confidential. The students not willing to participate in the study were given freedom to withdraw from the study at any part of the procedure.

## **Statistical Analysis**

The data were analyzed using Statistical Packages in Social Sciences (SPSS) for windows IBM Ver. 19.0. The descriptive statistics and *t*-test were used for analysis of the obtained data. Statistical significance was assumed at  $P < 0.05$ .

**RESULTS**

From all the 150 students of final year MBBS, total 95 students participated in the baseline assessment. 18 students dropped out from the study in post-assessment and the data of 9 participants excluded because of incomplete response. The study sample consisted of total 68 students who participated in both the pre and post assessment. The mean age of students was 21.71±1.34 years. Majority of students were males (N=40, 58.8%) and females were 28 (41.20%). More number of students (41, 60.30%) were from urban area and 27 (39.70%) were from rural background. Majority of students (52, 76.50%) did not have prior history of contact with the persons having mental illness. 16 (23.50%) students had prior history of contact with the people of mental illness. [Table I]

**Table I**

Socio-demographic characteristics of the study sample (N=68):  
*Number and percentage of different demographic variables:*

Age (in years)	Mean	SD
	22.71	1.34
Number	Percentage	Gender
Male	40	58.80
Female	28	41.20
Residence		
Urban	41	60.30
Rural	27	39.70
History of contact		
Present	16	23.50
Absent	52	76.50

Table II illustrates the mean scores, SDs and 't' values of the participants on the different domains of attitude before and after the mental health education. The study population was having negative attitude towards the persons with mental illness since the mean scores on subscales of separatism (25.38±4.62), stereotyping (11.62±2.83), restrictiveness (10.54±3.09) and pessimistic prediction (12.47±3.35) were above cut-off point. Mean score on stigmatization (6.31±2.14) was below cut-off score which revealed that the students were less stigmatized persons with mental illness. The mean score above cut-off point on benevolence scale (29.94±3.93) suggested that the students had kindness and sympathetic view towards the persons with mental illness. No significant difference was found between the students' attitude towards persons with mental illness on separatism (t=0.558; p=0.578), stereotyping (t=1.224; p=0.225), restrictiveness (t=1.697; p=0.094), pessimistic prediction (t=1.643; p=0.105), and

stigmatization (t=0.474; p=0.637) scales before and after the mental health education. Decrement in the post test mean score (9.84±2.94 from 10.54±3.09) up to below cut-off point on restrictiveness indicating that the uncertain view on the rights of people with mental illness decreased after education. Significant difference between mean scores on benevolence (t=2.440; p=0.017) indicated that students' kindness and sympathetic view increased after exposure to the persons with mental illness and their management. No significant change was observed in overall attitude (t=1.102; p=0.274) of the students after mental health education.

**Table II**

Table II: Mean scores and SDs of medical students (N=68) compared between pre and post test on the different domains of Attitude Scale of Mental Illness (ASMI):

Domains	Pre-assessment Mean (SD)	Post-assessment Mean (SD)	t	P
Separatism	25.38 (4.62)	25.04 (4.40)	0.558	0.578
Stereotyping	11.62 (2.83)	11.10 (2.93)	1.224	0.225
Restrictiveness	10.54 (3.09)	9.84 (2.94)	1.697	0.094
Benevolence	29.94 (3.93)	31.00 (3.97)	2.440	0.017*
Pessimistic Prediction	12.47 (3.35)	11.81(3.46)	1.643	0.105
Stigmatization	6.44 (1.93)	6.31 (2.14)	0.474	0.637
Over all attitude	96.53 (9.33)	95.10 (10.62)	1.102	0.274

SD: Standard Deviation; \*Significance at P < 0.05

**DISCUSSION**

This was a longitudinal study to determine the nature and extent of medical students' attitude and to assess the impact of mental health education in changing their attitude towards persons with mental illness.

High scores were found in both the negative and positive domains of attitude except on stigmatization scale as discussed below. However higher scores on negative domains indicated an overall unhealthy attitude of medical students towards the persons with mental illness.

**Separatism**

High score on this subscale indicated these students' negative attitude when it came to accepting the autonomy and independence of the persons with mental illness and considering them as part of the larger unaffected community.

**Stereotyping**

The students' high score on this subscale depicted respondents' maintenance of social distance towards persons with mental illness. As in most societies, stereotypes about mental illness, such as influence of evil spirits, religious afflictions, and deviation from societal norms, were rated high by these students.

### **Restrictiveness**

High scores indicated that the students were having an uncertain view on the rights of people with mental illness indicating that people with mental illness cannot enjoy personal or social life events, such as marriage, working, having children or family.

### **Benevolence**

Higher benevolence score showed that the students were having kindness and sympathetic view towards the persons having mental illness.

### **Pessimistic Prediction**

High score on this subscale revealed that the concept of partial recovery and rehabilitation of mentally ill people was lacking among these students.

### **Stigmatization**

The below cut off score on this subscale indicated that the students were having less discriminatory behavior towards people mental illness in oppose to that mentally ill people are deeply discredited by his/her society and gets rejected as a result of the same.

Findings of present study revealed that the undergraduate medical students had kindness and sympathetic view about people with mental illness and they were less stigmatized towards them. Studies done in Nepal also concluded that the medical students and interns had positive or neutral attitude towards mental illness and psychiatry<sup>10, 11</sup>. However, the students had negative attitude towards the persons with mental illness on the domains of separatism, stereotyping, restrictiveness and pessimistic prediction. These findings were consistent with a study from India in which undergraduate medical students were found to have multiple lacunae in their knowledge towards mental illness, persons with mental illness, treatment and education in mental health<sup>6</sup>. High level of ignorance, prejudice and discrimination towards patients with mental illness had been confirmed among health professionals in different studies<sup>13-15</sup>. Few other studies also reported unfavorable attitude towards people with mental illness<sup>16,17</sup>. No significant difference was observed in separatism, stereotyping, restrictiveness and pessimistic prediction among the participants after mental health education in present study. This result was supported by a study from India, in which the findings revealed no significant difference in the domains of separatism, stereotyping, restrictiveness and pessimistic prediction between the students' those undergone psychiatry course and those had not<sup>18</sup>.

However improvement was seen in restrictiveness attitude indicating that the students' uncertain view on the rights of persons with mental illness was decreased after training. A study from Malaysia concluded that final year students had more favorable attitude towards mentally ill people as compared to first year medical students<sup>14</sup>. In a cross sectional study on impact of psychiatric curriculum on attitude of interns and medical students towards mentally ill, significant differences were found between interns' and students' attitude. Overall interns were found to have more favorable attitude as compared to the students from different professional years towards mentally ill people<sup>19</sup>. This study showed increment in the domain of benevolence towards persons with mental illness after mental health education. The students became more sympathetic and kind towards mentally ill people. Findings from previous studies also supported that of our study<sup>20,21</sup>.

Finding of this study was also supported by previous studies that revealed more unfavorable opinion about treatment and rehabilitation of people with mental illness among medical students<sup>22</sup>. In a recent study from Iran demonstrated medical students intolerant attitude towards having close relationships, did not accept to be willing to work with people having mental illness<sup>23</sup>.

Findings of this study revealed that with exposure to lectures and clinical posting, there was an increase in the understanding and awareness of the condition of mental illness. Role of education had been cited as integral to reduce stigma towards people with mental illness<sup>24</sup>. Research had demonstrated positive effects of completing undergraduate psychiatric training and of specific education program on attitude of medical students<sup>25</sup>.

Study from Nigeria concluded that stigmatizing attitudes towards people with mental illness seem to be most strongly affected by clinical training. Psychiatric education and especially clinical experience result in more progressive attitudes towards people with mental illness<sup>26</sup>.

Clinical rotation in psychiatry found to be an important factor influencing medical student's attitudes towards people with mental illness<sup>27</sup>. Several other studies also showing significant positive changes in students' attitude after 4-week and 8-week clinical training in psychiatry, preparing doctors to be more responsive towards psychological dimension of physical illness<sup>28, 29</sup>.

It is possible to say that social intercourse and more work experience with psychiatric patients have made a change in how final year students feel about the patients. Feeling indifferent and having less fear can be considered as a positive change in the evaluation of patients from the point of view of doctor-patient relationship.

## CONCLUSION

Findings of this study revealed that medical students' attitude in the domain of restrictiveness towards the persons with mental illness was improved after mental health education. However, significant difference was found only in benevolence domain after education. Study population was found to have less stigmatized attitude towards people with mental illness. Rest of the findings indicated that medical students' attitude of discrimination, maintenance of social distance, lack of concept of partial recovery and rehabilitation of patients with mental illness did not change even after mental health education and training. Findings of this study suggested that adequate modifications to existing medical curriculum would help in improving undergraduate medical students' attitude towards persons with mental illness. This study had few limitations as well. Students' batch was assessed only in MBBS final year that made difficult to generalize the findings. It would be beneficial to follow up the cohort prospectively and assess the change in attitude over time.

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