

## Medical students' attitude towards Psychiatry and Mental Disorders

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### Abstract

**Introduction:** It is always difficult to attract medical students' interest in Psychiatry as a career choice. Most of the students have negative views of Psychiatry even before entering medical school such as 1) stigma on patients and psychiatrists. 2) Unscientific specialty with less prestige. 3) Derogatory remarks by other specialty physicians. 4) Less financial return. This study was done to evaluate and analyze medical students' attitude towards psychiatry at their different levels of medical career.

**Material And Method:** Medical students from three different years were surveyed to assess their perception and attitude on psychiatry and related matters. First year students were surveyed when they joined within 2 weeks in medical college. Third year were given questionnaire at the first day of Psychiatry clerkship and 4th year students were also given on the first day of posting.

**Results:** 280 students from 1st year (61 out of 100), 3rd year (79 out of 104) and 4th year (70 out of 76) studying MBBS were surveyed. Majority of students from different levels preferred medicine, surgery, pediatric when they first joined medical college and their current preference choice of specialization. Fifteen out of 61 first year students planned to join Psychiatry when they entered medical college which changed to 11 while they were enquired about current planning.

**Conclusion:** Medical colleges need comprehensive course in Psychiatry that involves inpatient and outpatient to create interest in Psychiatry and we need strong advocacy to decrease stigma of "Psychiatry as a career choice" among medical students.

**Keywords:** Medical Students, Attitude, Mental Disorder

### INTRODUCTION

Psychiatric disorders are universal. They are common and affect more than 25% of all people at some time during their lives<sup>1</sup>. Similarly, around 20% of all patients seen by primary health care providers have one or more mental health disorders.<sup>1</sup> Most of the people have very strong opinion regarding mental illness. Most of the times attitudes towards mental illness are of negative and strong prejudice exist in every society. Nepalese society is no exception in negative attitude towards mental illness and

psychiatry as a whole. Lack of accurate information about mental illness, lack of contact with individuals with mental illness and lack of familiarity might be one of the most important reasons of these stigma and discrimination against mental illness.<sup>2</sup> Such negative and biased attitude for mental illness and psychiatry as a subject matter is detrimental for patients, care givers, treating mental health professionals (MHP). This will have significant impact on social norms and values towards mental illness

and psychiatry.<sup>3</sup> So health professionals other than MHP will have same biasness as it becomes social norms and it will definitely hamper patients care.

Since medical students are also part of social structure and they are the future generation of doctors who will be treating patient with mental illness, their negative attitude will have detrimental impact on patients' welfare. The knowledge, attitude and awareness of medical students towards mental disorders, psychiatry is very critical as these individuals are going to be involved in the care of these patients either directly or indirectly during the later years of their careers.<sup>4</sup> The current study was undertaken to assess medical students' attitudes towards psychiatry and mental illness.

**MATERIAL AND METHOD**

This is a cross sectional descriptive study done at one of the prominent medical colleges of Nepal. Three groups of students were enrolled in the study. First year students who had just joined the medical college within six months of their course. The third year students some of whom had ongoing Psychiatry clinical posting and theoretical classes were also going on. Another group was fourth year students who came for Psychiatry clinical posting for the second time & already finished theory classes. Students were gathered in the theory class and they were explained about the study. They were explained about the voluntariness about the study and they may not reply the given questionnaire if they are not comfortable. So the informed consent form was also designed to take consent from students. Two well validated questionnaire used and data collection was done.<sup>5,6,7</sup> Response rates were very good. Data analysis was done using SPSS-10 software package

**RESULT**

Data from surveyed students were analyzed. Out of total 100 first year students, 61 responded; 79 out of 104 from third year students and 70 out of 76 from fourth year students as shown in table 1. Table 2 shows different year of students having different subject preferences- while they joined medical school for the first time and student's subject preference currently. Table 3 shows attitudes of

medical students of different year towards mentally ill patients using well validated questionnaire. Result shows students have (regardless of the year of medical school and clinical and theoretical exposure they have) positive attitudes towards psychiatry and mentally ill patients. Most of the students said that they "know any patients" of mental illness. They also answered that they "met and talked" and "recognize person with mental illness" after talking with them. Most of the responded (as in table 3) that they feel "curious" and "compassionate" towards mental illness. They said they will have continued relationship even if they have mental illness.

Most of the students responded that patients with psychiatric disorders psychiatric hospitals when they have been treated. Majority agree that they will give job despite knowing having mental illness and they will not hesitate to examine patients with mental illness. Many students responded that patients with mental illness are "like everyone else". They also responded that causes of mental illnesses are "genetic" and "life experiences".

**Table 1: Details Of The Subject**

Sex	First Year (Total=100 n=61)	Third Year (Total=104 n=79)	Fourth Year (Total=76 n=70)
Male	27	34	30
Female	31	45	40
Age (Years)	Minimum-17 Maximum-22 Average=19.6	Minimum-19 Maximum-23 Average=21.3	Minimum-20 Maximum-24 Average=22.4

**Table 2: Students' Subject Preference(Psychiatry indicated in bold)**

	First Year(Total=100;n=61)	Third Year(Total=104;n=79)	Fourth Year(Total=76;n=70)
Top 3 subjects that students opted to specialize the first day they entered medical college	<b>Psy-15</b> ; med-12; gyn-8; ortho-7; paed-7; surg-6; ent-4; com med-1; derma-1	Surg-40; paed-8; <b>psy-8</b> ; gyn-7; med-7; ortho-6; cardio-1; neuro surg-1; uro-1	Med-27; surg-17; paed-6; gyn-4; <b>psy-4</b> ; eye-3; ortho-3; com med-2; path-2; fam med-1; radio-1
	Med-13; surg-12; Gyn-11; paed-9; derma-5; <b>psy-4</b> ; com med-3; ent-2; eye-1; ortho-1	Med-19; paed-18; gyn-9; surg-9; ortho-8; derma-5; ent-4; neurol-3; <b>psy-2</b> ; cardiosurg-1; eye-1	Paed-17; med-16; eye-7; surg-7; ortho-6; <b>psy-6</b> ; radio-5; com med-2; path-2; derma-1; gyn-1
	Med-14; surg-14; derma-7; paed-6; gyn-5; ent-4; ortho-4; <b>psy-3</b> ; eye-2; com med-1; rad-1	Paed-15; <b>psy-9</b> ; derma-8; gyn-8; ortho-8; surg-8; eye-6; med-6; ent-5; com med-2; anes-1; fam med-1; neurol-1; radio-1	Paed-14; <b>psy-11</b> ; ent-8; med-8; ortho-7; gyn-5; surg-5; path-4; radio-3; forensic-2; derma-1; eye-1; fam med-1
Top 3 subjects that students currently want to specialize	Med-15; <b>psy-11</b> ; Gyn-8; paed-8; ortho-6; surg-6; ent-4; derma-2; com med-1	Surg-41; paed-8; <b>psy-8</b> ; med-7; gyn-6; ortho-6; cardio-1; neuro surg-1; uro-1	Med-24; <b>psy-9</b> ; surg-9; ent-7; paed-6; gyn-4; eye-3; radio-3; fam med-2; ortho-2; path-1
	Surg-14; gyn-11; med-8; paed-7; <b>Psy-7</b> ; derma-4; ent-4; ortho-3; com med-1; eye-1; radio-1	Med-19; <b>psy-18</b> ; surg-11; gyn-9; paed-8; derma-5; ent-4; ortho-2; cardio surg-1; eye-1; neurol-1	Paed-13; eye-9; med-8; <b>psy-7</b> ; ent-6; surg-6; ortho-5; radio-5; com med-3; forensic-3; derma-2; path-2; gyn-1
	Paed-10; surg-10; med-8; <b>psy-8</b> ; derma-6; ortho-6; ent-6; com med-4; gyn-2; eye-1	Paed-15; <b>psy-9</b> ; derma-8; gyn-8; ortho-8; surg-8; eye-6; ent-5; com med-2; anes-1; fam med-1; neurol-1; radio-1	Paed-20; <b>psy-13</b> ; ent-6; eye-6; gyn-6; med-6; path-6; surg-4; com med-1; fam med-1; radio-1

**Subjects** anes- anesthesia; com med- community medicine; cardio- cardiology; cardio surg- cardiothoracic surgery; derma- dermatology; ent- ear, nose & throat; eye- ophthalmology; forensic- forensic medicine; fam med- family medicine; gyn- gynecology & obstetrics; med- internal medicine; neurol- neurology; neuro surg- neurosurgery; ortho- orthopedics; path- pathology; ped- pediatric; psy- psychiatry; radio- radiology; surg- surgery; uro- urology

**Table 3: Attitude Towards Mentally Ill Patients**

Attitudes towards mentally ill patients	First Year(Total=100;n=61)	Third Year(Total=104;n=79)	Fourth Year(Total=76;n=70)
Know any patients	<b>Yes-49(80%)</b> No-12(20%)	<b>Yes-46(58%)</b> No-33(42%)	<b>Yes-60(86%)</b> No-10(14%)
Met and talked	<b>Yes-57(93%)</b> No-4(7%)	<b>Yes-46(58%)</b> No-33(42%)	<b>Yes-70(100%)</b> No-0
Recognize person with mental illness	Observation-12(20%) <b>Talking-45(74%)</b> Impossible to say-4(6%) Others-0	Observation-34(43%) <b>Talking-25(32%)</b> Impossible to say -8(10%) Others-12(15%)	Observation-10(14%) <b>Talking-38((54%)</b> Impossible to say-6(9%) Others-16(23%)
Worked	<b>Yes-39(64%)</b> No-22(36%)	<b>Yes-77(98%)</b> No-2(2%)	<b>Yes-27(39%)</b> No-43(61%)
Feel	Indifference-10(16%) Fear-2(3%) Curiosity-31(52%) Compassion-16(26%) Others-2(3%)	Indifference-12(15%) Fear-6(8%) Curiosity-26(33%) Compassion-28(35%) Others-7(9%)	Indifference-9(13%) Fear-0 Curiosity-21(30%) Compassion-40(57%) Others-0
Continuation of relationship	Yes-59(97%) No-2(3%)	Yes-78(99%) No-1(1%)	Yes-69(99%) No-1(1%)
Marry with past History of mental illness	Yes-12(20%) No-49(80%)	Yes-39(49%) No-40(51%)	Yes-14(20%) No-56(80%)
Hurt others	Yes-36(59%) No-25(41%)	Yes-19(24%) No-60(76%)	Yes-52(74%) No-18(26%)
Mental patients Should live in	Psychiatry hospitals-12(20%) Asylums-0 Together with the other people-47(77%) Prison-0 Others-2(3%)	Psychiatry hospitals-29(37%) Asylums-5(6%) Together with the other people-41(52%) Prison-0 Others-4(5%)	Psychiatry hospitals-18(26%) Asylums-4(6%) Together with the other people-48(38%) Prison-0 Others-0
Give a job	Yes-52(85%) No-9(15%)	Yes-63(80%) No-16(20%)	Yes-49(70%) No-21(30%)
Hesitate to examine psychiatric patient	Yes-0 No-61(100%)	Yes-3(4%) No-76(96%)	Yes-15(21%) No-55(79%)
What do you think about psychiatric patients	Dangerous /aggressive-2(3%) Like everyone else-10(16%) Strange-9(15%) Unforeseeable-18(30%) Others-22(36%)	Dangerous /aggressive-6(8%) Like everyone else-25(32%) Strange-23(29%) Unforeseeable-22(28%) Others-3(3%)	Dangerous /aggressive-7(10%) Like everyone else-40(57%) Strange-10(14%) Unforeseeable-13(19%) Others-0
Causes of psychiatric illnesses	Genetic-21((34%) Life experiences-40(66%) Organic causes-0 Evil spirit-0 Chance causes-0 Others-0	Genetic-11(14%) Life experiences-56(71%) Organic causes-11(14%) Evil spirit-0 Chance causes-1(1%) Others-0	Genetic-10(14%) Life experiences-30(43%) Organic causes-17(24%) Evil spirit-6(9%) Chance causes-7(10%) Others-0

## DISCUSSION:

There are 18 medical colleges in Nepal with yearly intake of 1500 students every year nearly 20000 registered doctors in the population of 30 million, but numbers of psychiatrists are only 110. This is grossly inadequate and it is very difficult to patients who reside in remote and rural areas to get service. Though Nepal also has Psychiatry post graduate program there have been continuous difficulties of recruitment of psychiatry residency program. For better care of patients, Nepal needs at least one psychiatrist in 50000 population along with other sub-specialties (for example geriatric psychiatry; child and adolescent psychiatry; addiction psychiatry).

It is always difficult to attract medical students' interest in Psychiatry as a career choice. Strong negative socializing pressure from peers, house staffs and non-psychiatric faculties were both common and effective in discouraging students interested in psychiatry<sup>8</sup>. There have been steady decline in students choosing psychiatry after they graduate<sup>9, 10, 11</sup>.

Several studies have shown that students' attitudes toward psychiatrists, psychiatric treatment, psychiatric patients, and psychiatry in general change significantly in a positive direction after their psychiatric training & clerkship<sup>12, 13, 14</sup>. But interest is not sustained for a long period of time, after certain time students will lose interest again, opting for other specialty<sup>15, 16</sup>.

One of the challenges facing psychiatric residency training programs today is recruiting as many of the medical students as possible. There has been growing interest in the international literature on the impact of psychiatric education programs on medical students' attitudes toward psychiatry. Undergraduate psychiatric educational programs have been criticized as

- Unresponsive to the needs
- Not comprehensive enough to tackle stigma and negative attitudes toward psychiatry

## CONCLUSION:

Due to stigma and ingrained cultural factors, most of the students still feel uncomfortable when they meet patients with mental illness despite receiving extensive theoretical and clinical exposures. To make matter bleak, medical students perceive psychiatrists as "low status among other discipline" along with "having lower income comparing other discipline". But there is always a hope. The image of psychiatry and mental illness among medical students in Nepal is improving in positive manner. Psychiatry now has been viewed as "valid, progressive-making branch of medicine and as a helping discipline"<sup>17</sup>. Despite adequate theoretical and clinical expose of psychiatry during undergraduate level, choosing psychiatry as a specialization depends upon complex determinants - social factors, personal issues, financial issues and existing environmental issues. Combined of these factors then individual choose psychiatry

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