

ORIGINAL RESEARCH

Attitude of Medical Students towards the Concept and Practice of Psychiatry - Whether Psychiatry Posting Brings Change - A Comparative Analysis

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ABSTRACT

Background: In India, prevalence of mental illnesses is 6.5%. The stigma attached to mental illness is a Universal phenomenon. Stigmatizing attitudes among health professionals can result in compromised patient care. **Aim:** To study the impact of a clinical posting in Psychiatry on the attitudes of medical students to mental illness and Psychiatry.

Methods: Among undergraduate medical students about 479 respondents were included in the study. A validated questionnaire called "ATTITUDE TOWARDS PSYCHIATRY-30 [ATP-30]" with Likert type scale was given to two sets of students, one-exposed to Psychiatry {n=245} and another not exposed {n=234}. According to the scores attitude was compared. Anonymity and confidentiality maintained.

Results: t test was applied and found that there is significant difference between exposed and not exposed - in the attitude to patients and treatments (P=0.003). In attitude to Psychiatry and mental illness (P=0.060), attitude to Psychiatrist and institutions (P=0.167), attitude to Psychiatry teaching as a carrier (P=0.478) there is no significant difference. But in the overall attitude there is significant difference between exposed and not exposed. (P=0.034).

Conclusion: Clinical posting in Psychiatry in undergraduate has a favorable effect on overall attitude, especially attitude to patients and treatment. Better curriculum and more hours of training in Psychiatry may yield better gain.

Keywords: Attitude, Students, Psychiatry

INTRODUCTION

Psychiatric disorders are becoming more prominent and frequently affecting more than 25% of all people at some time during their lives. According to WHO report,⁽¹⁾the prevalence of mental illness in the adult population is about 10%; around 20% of all patients seen by primary health care professional have one or other mental disorder. Different studies have shown that around 30-50% of patients seen by general physicians either has primary (or) co-existing psychiatric conditions⁽²⁾. In India, prevalence of mental illness is 65%, but the country still lacks personnel trained in mental health to cater such a huge population of sufferers. Literature suggests the deficit to be 77.66%

compared to ideal number of 1/100,000 population^(3, 4) according to the available data⁽⁵⁾. Ratio of psychiatrists to patient in Portugal - 4.7/100000, Sweden - 20/100000, France - 22/100000, UK - 11/100000 and Italy - 9.8/100000.

Psychiatry remains a stigmatized subject. Medical students being member of this large community may also have negative prejudice about Psychiatry. This stigma may be due to either poor knowledge about Psychiatry (or) rare interaction with patients having mental illness. Studies have suggested that better clinical exposure in Psychiatry has been most influential in changing their attitude. It is essential that students develop a better attitude towards Psychiatry as a medical discipline. Whether the present Psychiatry exposure through posting to undergraduates, impact change in attitude among them towards the concept and practice of Psychiatry, is the question here. Stigma attached to mental illness is not limited to the general public but also among medical students.

Knowledge about the attitude and awareness of the Undergraduate medical students towards Psychiatry is important as they are going to be involved in the care of mentally ill patients either directly or indirectly in future. Keeping all these in mind a study was conducted among undergraduate medical students in a South Indian medical college to assess their attitude towards Psychiatry. Based on this aim of this study was to assess whether exposure to Psychiatry in undergraduate medical students can bring about a change in attitude towards Psychiatry.

MATERIALS AND METHODS

This study was done as a cross sectional study, Sample size was decided by using proportionate random sampling method. About 479 students were included in the study after applying inclusion and exclusion criteria. Attitude towards psychiatry -30 (ATP-30), a validated Likert type of scale was used⁽⁹⁾. The study was conducted in a South Indian medical college (covering rural population) where Psychiatry exposure is given in the 3rd and 4th year and internship in the undergraduate curriculum. The undergraduate medical students, in various years of study were divided into 2 groups.

EXPOSED: Those who already had exposure to Psychiatry, by means of exposure to Psychiatry ward and patients, assisting to patient care, counselling to care giver and evaluation on outcome of management – pre- final year, final year of MBBS and interns. **.NOT EXPOSED:** Those who are yet to undergo such exposure. First year, second year and some of the pre- final year who were not exposed.

Those students who gave consent to participate in the study were included and those students who had exposure to Psychiatry and mental illness by other means like having some sort of mental illness, having a relative / friend with psychiatric illness and those who were not filled/returned the questionnaire properly.

Validated scale called Attitude towards psychiatry - 30 (ATP -30⁽⁹⁾) with 30 questions was given to the already mentioned two groups of students. The questions were distributed to all consented students. Anonymity and confidentiality were maintained. In order to avoid peer group interference, respondents were barred to discuss their statements among themselves. The scale measures attitude using a 5 point Likert scale with questions about attitude towards-mentally ill patients, psychiatrists, psychiatric institute, teaching, knowledge and carrier choice.

Interpretation was done question wise between students those exposed to psychiatry versus those not exposed. It generates a global score of 30-150.90 is the neutral score. Respondents were asked to express their agreement/disagreement to each item in terms of 5 point Likert scale. 1=strongly agree, 5=strongly disagree. Positively phrased items (numbers 3, 5, 8, 10, 11, 13-15, 17, 19, 22,

26-29) were reversed by subtracting the score from 6. Total score was calculated by adding all item scores. A high score on the scale indicates positive attitude towards psychiatry. Internal consistency of the test is calculated and cronbachs Alpha coefficient is 0.7129. Data were analyzed using Statistical Package for the Social Sciences (SPSS) version 20.

Comparison in groups

Age wise comparison was done by using ANOVA test to find out the statistical significance of the difference in attitude between exposed & not exposed. 't' test was used to assess the statistically significant difference in the attitude to Psychiatry between exposed and not exposed. Chi-square test was applied to analyze the statistical significance.

RESULT

Results are actually tabulated after dividing the responses into four separate headings and then analyzed. Finally, compiled under the following categories.

Table 1: Attitude towards Psychiatry and Mental Illness

Attitude to psychiatry and mental illness	Exposed					Not Exposed					t value
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
S1. Psychiatry is unappealing because it makes so little use of medical training	11(4.5%)	37(15.1%)	61(24.9%)	89(36.3%)	47(19.2%)	8(3.4%)	42(17.9%)	47(20.1%)	104(44.4%)	33(14.1%)	5.971
S2. On the whole people taking up psychiatric training are running away from participating in real medicine	5(2%)	44(18%)	71(29%)	78(31.8%)	47(19.2%)	9(3.8%)	38(16.2%)	89(38%)	69(29.5%)	29(12.4%)	8.173
S3. Psychiatry is a respected branch of medicine	106(43.3%)	95(38.8%)	36(14.7%)	6(2.4%)	2(.8%)	204(42.6%)	197(41.1%)	60(12.5%)	15(3.1%)	3(.6%)	3.645
S4. Psychiatry has very little scientific information to go in	4(1.6%)	37(15.1%)	51(20.8%)	101(41.2%)	52(21.2%)	8(3.4%)	25(10.7%)	72(30.8%)	94(40.2%)	35(15%)	10.567(s)
S5. these days psychiatry is the most common part of the curriculum in medical school	47(19.2%)	97(39.6%)	59(24.1%)	31(12.7%)	11(4.5%)	12(5.1%)	45(19.2%)	67(28.6%)	57(24.4%)	53(22.6%)	13.635(s)
S6. Psychiatry is so unspecific that even psychiatrists can't agree so as to what its basic applied science are	10(4.1%)	51(20.8%)	93(38%)	70(28.6%)	21(8.6%)	13(5.6%)	54(23.1%)	108(46.2%)	41(17.5%)	18(7.7%)	9.156
S7. most of the so called facts in psychiatry are really just vague speculation	13(5.3%)	45(18.4%)	78(31.8%)	87(35.5%)	22(9%)	7(3%)	52(22.2%)	96(41%)	65(27.8%)	14(6%)	8.881
S8. The practice of psychiatry allows the development of really rewarding relationships with people	86(35.1%)	108(44.1%)	36(14.7%)	13(5.3%)	2(.8%)	92(39.3%)	102(43.6%)	25(10.7%)	9(3.8%)	6(2.6%)	4.834

S9.Psychiatry is so amorphous that it cannot be taught effectively	21(8.6%)	71(29%)	66(26.9%)	61(24.9%)	26(10.6%)	13(5.6%)	79(33.8%)	72(30.8%)	50(21.4%)	20(8.5%)	4.192
S10.Psychiatric illness deserves at least as much attention as a physical illness	114(46.5%)	87(35.5%)	35(14.3%)	6(2.4%)	3(1.2%)	117(50%)	58(24.8%)	33(14.1%)	20(8.5%)	6(2.6%)	14.191(s)
S11.it is interesting to unravel the cause of mental illness	110(44.9%)	79(32.2%)	48(19.6%)	5(2%)	3(1.2%)	110(47%)	75(32.1%)	32(13.7%)	9(3.8%)	8(3.4%)	6.470

Table 2: Attitude towards Patient and Treatment

	Exposed					Not Exposed					t value
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
S12.there is very little a psychiatrist can do to their patients	10(4.1%)	46(18.8%)	66(26.9%)	81(33.1%)	42(17.1%)	15(6.4%)	45(19.2%)	58(24.8%)	74(31.6%)	42(17.9%)	1.591
S13.if we listen to them psychiatric patients are as human as other people	76(31%)	112(45.7%)	40(16.3%)	16(6.5%)	1(4%)	81(34.6%)	91(38.9%)	48(20.5%)	11(4.7%)	3(1.3%)	4.735
S14.psychiatric patients are often more interesting work with them other patients	74(30.2%)	99(40.4%)	52(21.2%)	15(6.1%)	5(2%)	67(28.6%)	74(31.6%)	63(26.9%)	25(10.7%)	5(2.1%)	7.264
S15.It is quite easy for me to accept the efficacy of psychotherapy	31(12.7%)	80(32.7%)	114(46.5%)	18(7.3%)	2(8%)	24(10.3%)	72(30.8%)	116(49.6%)	15(6.4%)	7(3%)	4.129
S16.The practice of psychotherapy is basically fraudulent since there is no strong evidence that it is effective	7(2.9%)	25(10.2%)	75(30.6%)	102(41.6%)	36(14.7%)	8(3.4%)	35(15%)	95(40.6%)	71(30.3%)	25(10.7%)	11.37(s)
S17.With the from of therapy at hand most psychiatric patient improve	30(12.2%)	128(52.2%)	69(28.2%)	14(5.7%)	4(1.6%)	27(11.5%)	108(46.2%)	72(30.8%)	23(9.8%)	4(1.7%)	3.855
S18.psychiatric treatment causes patients to worry too much about their symptoms	26(10.6%)	66(26.9%)	85(34.7%)	54(22%)	14(5.7%)	34(14.5%)	81(34.6%)	57(24.4%)	51(21.8%)	11(4.7%)	8.316
S19.In recent years											

psychiatric treatment has become effect	71(29%)	127(51.8%)	44(18%)	2(.8%)	1(.4%)	64(27.4%)	111(47.4%)	44(18.8%)	12(5.1%)	3(1.3%)	9.334
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Table 3: Attitude towards Psychiatrist and Institution

Attitude to psychiatrist and institution	Exposed					Not Exposed					P value
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
S20. psychiatrist talk a lot but do very little	16(6.5%)	45(18.4%)	70(28.6%)	93(38%)	21(8.6%)	15(6.4%)	48(20.5%)	80(34.2%)	64(27.4%)	27(11.5%)	6.653
S21. psychiatrist seems to talk about nothing but sex	3(1.2%)	6(2.4%)	37(15.1%)	103(42%)	96(39.2%)	4(1.7%)	14(6%)	58(24.8%)	89(38%)	69(29.5%)	13.178(s)
S22. Psychiatrist seems to be at least as stable as average doctor	22(9%)	104(42.4%)	92(37.6%)	20(8.2%)	7(2.9%)	23(9.8%)	64(27.4%)	110(47%)	33(14.1%)	4(1.7%)	14.912(s)
S23. psychiatrist get less satisfaction from their work then other specialist	19(7.8%)	60(24.5%)	64(26.1%)	64(26.1%)	38(15.5%)	14(6%)	53(22.6%)	49(20.9%)	2(35%)	36(15.4%)	5.206
S24. At times it is hard to think psychiatrist as equal to other doctors	16(6.5%)	49(20%)	56(22.9%)	94(38.4%)	30(12.2%)	12(5.1%)	52(22.2%)	74(31.6%)	61(26.1%)	35(15%)	10.316(s)
S25. Psychiatric hospital are little more than prison	18(7.3%)	56(22.9%)	74(30.2%)	61(24.9%)	36(14.7%)	22(9.4%)	56(23.9%)	59(25.2%)	59(25.2%)	38(16.2%)	1.928
S26. psychiatric hospital have a specific contribution to make to the treatment of the mentally ill	66(26.9%)	126(51.4%)	38(15.5%)	8(3.3%)	7(2.9%)	70(29.9%)	91(38.9%)	56(23.9%)	12(5.1%)	5(2.1%)	10.069(s)

Table 4: Attitude to Psychiatry Teaching and As Carrier

Attitude to psychiatry teaching and as carrier	Exposed					Not Exposed					P value
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
S27. Psychiatric teaching increases our understanding of medical and surgical patients	69(28.2%)	93(38%)	58(23.7%)	22(9%)	3(1.2%)	68(29.1%)	90(38.5%)	51(21.8%)	20(8.5%)	5(2.1%)	.849
S28. The majority of the students report that their psychiatric undergraduate training has been valuable	41(16.7%)	110(44.9%)	51(20.8%)	32(13.1%)	11(4.5%)	35(15%)	98(41.9%)	85(36.3%)	14(6%)	2(9%)	22.700(s)
S29. Would like to be a psychiatrist	27(11%)	48(19.6%)	79(32.2%)	57(23.3%)	34(13.9%)	41(17.5%)	34(14.5%)	79(33.8%)	38(16.2%)	42(17.9%)	9.667(s)
S30. If ever asked what I considered to be the three most exciting medical specialty, psychiatry would be excluded	30(12.2%)	47(19.2%)	68(27.8%)	62(25.3%)	38(15.5%)	24(10.3%)	44(18.8%)	67(28.6%)	68(29.1%)	31(13.2%)	1.508

s=statistically significant

Demographic Data: The age distribution among the respondents was around 19-25 years. Average age of the non-exposed group was between 19-20 years (40.1%) and exposed group was around 21-23 years (38.4%). Among them, respondents exposed: male- n=113(46.1%), female n=132(53.9%). Among the not exposed: male-n=125 (53.4%), female n=109(46.6%). Total male n=238(49.7%), female n=241(50.3%).

On taking into account the age parameters, results were analyzed to assess the statistical significance in difference in attitude as age advances. There was a significant improvement in attitude towards psychiatrists and institution as age advances [p =0.028(s)] s = statistically significant. In all other issues there was no significant difference in attitude.

ON APPLYING t-test: on analyzing the gender there was no significant difference in attitude among exposed group. Among non-exposed group there was statistically significant difference in attitude between male and female only in the attitude to Psychiatry and mental illness but not in other areas.

BY APPLYING t- test: All the four categories of answers were analyzed to assess the statistically significant difference between exposed and non-exposed group in the attitude to psychiatry. Result is indicated in the table – 5.

Table -5

Group	Mean	S.D	Statistical inference
Attitude to psychiatry and mental illness			
<i>Exposed (n=245)</i>	40.31	5.637	t=1.883 df=477 .060>0.05 Not Significant
<i>Not exposed (n=234)</i>	39.37	5.305	
Attitude to patient and treatments			
<i>Exposed (n=245)</i>	28.97	3.818	t=2.948 df=477 .003<0.05 Significant
<i>Not exposed (n=234)</i>	27.97	3.573	
Attitude to psychiatrist and institution			
<i>Exposed (n=245)</i>	24.46	4.180	t=1.383 df=477 .167>0.05 Not Significant
<i>Not exposed (n=234)</i>	23.93	4.134	
Attitude to psychiatry teaching and as carrier			
<i>Exposed (n=245)</i>	13.42	2.961	t=-.710 df=477 .478>0.05 Not Significant
<i>Not exposed (n=234)</i>	13.62	2.921	
Overall attitude			
<i>Exposed (n=245)</i>	107.16	13.348	t=2.871 df=477 .034<0.05 Significant
<i>Not exposed (n=234)</i>	104.89	12.404	

There was a significant difference between exposed and non-exposed in the attitude towards patient and treatment [p=0.003<0.05(s)] and overall attitude [p=0.034<0.05(s)] s= significant.

DISCUSSION

The Indian undergraduate medical curriculum consists of 4.5 years of education and 1 year of Internship. This study was conducted to assess the impact of clinical exposure to psychiatry in bringing a satisfactory improvement in attitude towards Psychiatry. The sample selected for the

study is a fair representation of Undergraduate students from all the professional years including interns.

The outcome of the study shows that there was a change that is improvement in attitude after exposure to Psychiatry. Though the overall attitude in all the 30 Attitude Towards Psychiatry (ATP) questions among both exposed and not exposed is having positive attitude that is score more than 90, there was no statistically significant difference between exposed and not exposed in all areas. The change in attitude was statistically significant in scale dealing with attitudes to patients and treatment (Table-5). Anyhow statistical significance did lag behind in questions dealing with attitude to Psychiatry and mental illness (Table-5), attitude to psychiatrist and institution and attitude towards psychiatric teaching and as a career (Table-5).

On comparison with similar study Konwar *et al.* (13) results in this study, though similar, there is difference in separate areas. In the former study better attitude was observed in scale dealing with Psychiatry and mental illness but not in other areas.

Similar kind of results showing poor knowledge about psychiatric disorders and treatment at the undergraduate level have been reported previously as well, although in different settings in different countries (14). Tharyan *et al.* (10) in his study also found that the psychiatric rotation did bring about change in attitude among medical students. Mc Parland *et al.* (15) found that the change in attitude and career intentions were dependent on actions of the teachers. Though these kinds of questions were not asked in this study, there is no statistically significant improvement in attitude to psychiatrist and institution after exposure to posting in our study report.

CONCLUSION

Medical training is an excellent environment in which proper and professional attitudes toward Psychiatry can be made better. This positive attitude may be made use of in giving care while treating patients with mental illness and giving psycho-education to their caregivers. By giving a better exposure to the under graduate medical students it is possible to bring about a favourable change in attitude towards Psychiatry.

Recommendations

More exposure to Psychiatry is required to bring about a robust and significant improvement positively in the attitude towards the subject on the whole. This can be achieved by increasing the number of theory classes and duration of clinical training in Psychiatry. By emphasizing objective evaluation in mental health care and incorporating psychiatric aspects in general medical care, by giving special training during internship in our under graduate curriculum. Even better results can be obtained by including Psychiatry as a subject in qualifying examinations like other clinical subjects in the undergraduate curriculum. This would improve the quality of life in our population - one of the steps to improve our country's economy.

REFERENCES

1. WHO available from: <http://www.who.int/whr2001/2001>. The world Health report 2001. Mental health: New Understanding: new hope. Geneva: (WHO 2001).
2. Murthy RS., Kuruvilla K., Verghese A., Pulimood BM. Psychiatric illness at general hospital medical clinic. J Indian Med Assoc (1976); 66:6-8
3. Thirunavukarasu M., Thirunavukarasu P. Training in psychiatry. Indian J Psychiatry (2010); 52:S30-5

4. NCMH Background paper. Burden of disease in India. National Commission of Macroeconomics and Health, Ministry of Health and Welfare, Government of India, (2005) New Delhi.
5. WHO project atlas: resources of mental health.2010.
6. Kaplan&sodack's comprehensive text book of Psychiatry-8th Edition. Sodack(B),Sodack VA editors.Philedelphia-LippincortWilliams(2005):pp664-665.
7. WHO. Investing in mental health. Department of Mental Health and Substance Dependence, Noncommunicable. Diseases and Mental Health, World Health Organization. (2003). Geneva.
8. LeafPJ,,BruceML,,TischlerGL, et al. The relationship between demographic factors and attitudes toward mental health services. J Community Psychol (1987);15: 275–284.
9. Burra P., Kalin R., Leichner P., Waldron JJ., Handforth JR., Jarrett FJ., et al. The ATP 30 – A scale for measuring medical students' attitudes to psychiatry. Med Educ (1982);16:31-8.
10. Tharyan P., John T., Tharyan A., Braganza D. Attitudes of „tomorrow's doctors" towards psychiatry and mental illness. Natl Med J India (2001);14:355-9
11. Tharyan A., Datta S., Kuruvilla K. Undergraduate training in psychiatry an evaluation. Indian J Psychiatry (1992);34:370-2.
12. Rajagopalan M, Kuruvilla K. Medical students' attitude to psychiatry: The effect of a four weeks posting. Indian J Soc Psychiatry (1987);3:238-59.
13. Konwar, R, Pardal, P.K. et al: Attitude of MBBS students towards psychiatry. Indian Psychiatry journal (2012). Jul-Dec: 21(2): 144-147.
14. Baxter H,SwaranPS.,StandenP.,DugganC.The attitudes of "tomorrow's doctor"s towards mental illness and Psychiatry. Med Educ (2001);35:381
15. McParland M,,NobleLM.,Livingston., McManusc. The effect of a Psychiatric attachment on students attitudes to and intention to pursue Psychiatry as a career. Med Educ (2003);37:447-54