Undergraduate medical students’ attitude toward psychiatry: A cross-sectional study

Jatinder Mohan Chawla, Yatan Pal Singh Balhara1, Rajesh Sagar2, Shivaprakash3
SUNY Downstate Medical Center, Brooklyn, New York, USA, 1Departments of Psychiatry and De-addiction, Lady Hardinge Medical College and Smt SK Hospital, New Delhi, India, 2Department of Psychiatry and National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi, India, 3Department of Psychiatry, Johns Hopkins Hospital, CMSC 346, 600N Wolfe St, Baltimore, MD 21287, USA

ABSTRACT

Background: The present study aims at understanding the attitude of the undergraduate medical students toward psychiatry, mental health and psychiatric disorders and their treatment.

Materials and Methods: This was a cross-sectional descriptive study. The study involved random distribution of the questionnaire to the participants in an institute’s festival. The authors utilized a semi-structured questionnaire to evaluate the perceptions, attitudes and beliefs of the undergraduate students to psychiatry, mental health and psychiatric disorders. The data were analyzed using the statistical package for social sciences version 10.0 software. The analysis involved descriptive analysis of the data.

Results and Conclusions: A total of 210 of people responded to the questionnaire given to them. Of these, 164 were considered for further analysis as the rest had not provided the complete background information or the questionnaire was not completed. The undergraduate medical students had multiple lacunae in their knowledge toward psychiatry, psychiatric disorders, psychiatric patients and psychiatric treatment. A potential contributory fact could be the neglect of psychiatry as a discipline at the undergraduate level. The undergraduate medical students had multiple lacunae in their knowledge toward psychiatry, psychiatric disorders, psychiatric patients and psychiatric treatment.

Key words: Medical education, psychiatry, undergraduate training

INTRODUCTION

Mental and behavioral disorders are universal. They are common and affect more than 25% of all people at some time during their lives.[1] The point prevalence of mental illness in the adult population at any given time is about 10%. Similarly, around 20% of all patients seen by primary health care providers have one or more mental health disorders.[1]

People tend to have strong beliefs about the mentally ill, and many of these concepts are based on prevailing local systems of belief.[2] Many people have prejudiced attitudes toward mentally ill individuals. Social stigma and negative attitudes can affect the quality of life for people with mental illness. There may be various reasons for this negative attitude.[3] 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.[4] Studies looking into the impact of education or information on people’s attitudes toward the mental illness and mentally ill have shown that education may have positive impact on the prejudice.[5] Such 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.

The knowledge of the attitude and awareness of the undergraduate medical students toward psychiatry, mental health and psychiatric disorders is of utmost importance 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. Psychiatry as a discipline is felt to be given a step-motherly treatment at the undergraduate level which is reflected in the number of lectures in psychiatry and number of hours of psychiatry clinical posting. Till recently, even during the internship posting, psychiatry used to be an optional department as compared to compulsory posting in surgery, medicine, gynecology, among other branches.

The present study aims at understanding the attitude of the undergraduate medical students toward psychiatry, mental health and psychiatric disorders and their treatment.

MATERIALS AND METHODS

The study was conducted at a tertiary care teaching medical college. It was carried out during the annual cultural and sports festival of the institute. This is the time when participants from medical colleges all over the country gather in the institute. This provided the authors with an opportunity to interact with undergraduate students from medical colleges from different parts of the country.

The study involved distribution of study questionnaire to the participants in the institute’s festival. The undergraduate students were approached by the authors and were explained about the purpose of the study. Those who were willing to participate were given the proforma to fill up.

The authors utilized a semi-structured questionnaire to evaluate the perceptions, attitudes and beliefs of the undergraduate students to psychiatry, mental health and psychiatric disorders. The proforma included questions present in different questionnaires that the authors have come across, issues raised in text books and journals, and the issues considered to be pertinent by the authors. The questionnaire included information on age, sex, professional year of the students. It had questions about the undergraduates’ psychiatry posting, contact with a psychiatric patient, their response on seeing the psychiatric cases, presumed etiology of psychiatric disorders, sources for consultation for a psychiatric patient and attitude to electroconvulsive therapy. The undergraduates were also asked about their perception of psychiatry as a carrier option.

The data were analyzed using the statistical package for social sciences version 10.0 software. The analysis involved descriptive analysis of the data.

RESULTS

A total of 210 medical students responded to the questionnaire given to them. Of these, 164 were considered for further analysis as the rest had not provided the complete background information or the questionnaire was not completed. Of the 164 respondents, 70.1% \( (n=115) \) were males. The mean age of the respondents was 20.2 years \( (SD=1.63) \).

Majority of the respondents \( (n=79; \ 48.2\%) \) were in 2\(^{nd} \) professional year of their undergraduate education. 29.2% of the respondents were in their final professional year and 22.5% were in the first professional year [Table 1]. 93.3\% \( (n=153) \) were associated with a hospital that had both an outpatient as well as an inpatient psychiatric unit.

70.6\% \( (n=108) \) individuals have had psychiatry postings in their respective hospitals. A total of 87.8\% \( (n=144) \) individuals reported to have seen a psychiatric patient during their course of undergraduation. While a major chunk of the individuals \( (n=53; \ 36.8\%) \) reported inability to describe their emotion when in contact with such a patient, others reported emotions such as fear \( (n=41; \ 28.5\%) \) and no emotion felt \( (n=36; \ 25\%) \). The less frequently reported emotions were that of hatred \( (n=15; \ 10.4\%) \) and anger \( (n=11; \ 7.6\%) \) [Figure 1].

Regarding the presumed etiology of psychiatric illnesses, maximum respondents reported of excessive emotions \( (n=109; \ 66.5\%) \) and loneliness \( (n=85; \ 51.8\%) \). The other

| Table 1: Number of respondents in different professional years |
|---------------------------------------------------------------|
| Professional year | No. of respondents | % age |
|-------------------|---------------------|-------|
| 1\(^{st} \)        | 37                  | 22.5  |
| 2\(^{nd} \)       | 79                  | 48.2  |
| Final             | 48                  | 29.2  |

Figure 1: Emotions experienced on being in contact with a psychiatric patient
probable etiologies suggested were past sins \((n=17; 10.4\%)\), others \((n=15; 9.1\%)\) and evil spirits \((n=10; 6.1\%)\) [Figure 2].

A psychiatrist was the professional to be contacted in the event of a possible psychiatric illness in the family member according to 92.7\% \((n=152)\) individuals who responded to the questionnaire. The other answers that were given in the order of increasing frequency were: nowhere \((n=5; 3\%)\), Indian schools of medicine (including Ayurveda and Homeopathy) \((n=6; 3.7\%)\) and faith healers \((n=6; 3.7\%)\). A significant group of individuals \((n=152; 92.7\%)\) considered psychiatric illnesses to be treatable. Also, 53.0\% \((n=87)\) and 56.7\% \((n=93)\) of the individuals were aware of treatment in the form of medicines and electroconvulsive treatments, respectively [Figure 3].

When asked for the acceptability of modified electroconvulsive therapy (MECT), 51.2\% individuals \((n=84)\) had agreed to electroconvulsive therapy as a possible modality of treatment for their family member, while 23.8\% \((n=39)\) were unsure of the same. The primary reason for the refusal of MECT as a treatment modality for own family member was fear of permanent brain damage \((n=26; 63.4\%)\). Individuals also refused for no particular reason \((n=12; 29.3\%)\).

Of all the undergraduate students, 39.6\% \((n=65)\) had ever thought of psychiatry as a possible career option. While 47.6\% \((n=78)\) refused to consider psychiatry as a career, the rest \((n=21; 12.8\%)\) were unsure of the same. The reasons stated by the individuals for considering psychiatry as a career consisted of psychiatry being challenging \((n=48; 73.8\%)\) and interesting \((n=30; 46.2\%)\). The primary reasons for rejecting the same were reported to be that managing psychiatric patients was difficult \((n=40; 51.3\%)\) and that they were unsure of the field as a rule \((n=21; 26.9\%)\). People did report of family pressures against the same \((n=15; 17.9\%)\) and fears of acquiring psychiatric illness \((n=13; 16.7\%)\).

**DISCUSSION**

The Indian undergraduate medical education consists of 4.5 years of education and 1 year of internship. During this period, there are frequent visits to other colleges only during annual festivals. The choice of the institute’s annual festival provided the authors with the opportunity to have this diversified sample. The sample selected for the study was a fair representation of the undergraduate students from all the three professional years. The respondents were from different states of the country. The responses are representative of the undergraduate students from different state medical colleges.

Majority of the respondents had attended their psychiatry posting and more than 90\% of them had an exposure to at least one psychiatry patient. The undergraduates reported feelings of anger, hatred and fear toward the psychiatry patients, although majority of them could not describe the feelings and another major chunk could not feel anything. This lack of feelings could be an equivalent of lack of empathy on part of these students, which is of paramount importance in the understanding and management of the psychiatric cases. Lack of empathy on the part of the undergraduates could jeopardize their attempts at assessment of these cases. Even worse is the arousal of feelings of fear and hatred toward these patients. These feelings could be suggestive of lack of understanding and acceptance by the students of psychiatric patients like patients in any other medical specialty. These feelings would prove to be a major obstacle in establishing a therapeutic relation with these patients without which the treatment could be a distant hope.

Giving excessive emotions and loneliness as the most common presumed etiologies of the psychiatric disorders highlights the lack of knowledge of the undergraduate medical students of the biological aspects of etiology of psychiatric disorders. It seems that the students have not been explained or have not accepted the understanding

![Figure 2: Presumed etiology of psychiatric disorders](image)

![Figure 3: Sources for consultation for a psychiatric patient](image)
of the psychiatric disorders in biopsychosocial framework. Such an explanation of these disorders points to the gross lacunae in the training of the undergraduates. Probably, the socio-cultural background and beliefs of the respondents have shaped their responses. What is noticeable is a lack of modification of these beliefs by the medical education. Role of past sins and evil spirits as presumed etiological agents is not explained by any school of contemporary medicine.

The responses regarding the management of such cases seemed to be more rational and medically oriented, but still there were choices of faith healers and no treatment at all as the possible intervention modalities. But keeping in mind the responses for etiologies and the concerns regarding the safety of the psychiatric treatments, this could well be an artifactual response because of the respondents being the members of the medical fraternity and hence endorsing it.

The undergraduate medical students were apprehensive and ill-informed about the MECT. 23.8% of the respondents were unsure of acceptability of MECT mainly because of the fear of brain damage. While the studies have shown MECT to be free of any sustained brain damage, these apprehensions seem to be unjustified.

Psychiatry as a career choice also crept into the mind of only 39.6% of the respondents. Although they had not decided about psychiatry as a career option, they had at least given it a thought. 47.6% could not even think of psychiatry as a career option. Those who gave psychiatry a thought as a career option found it challenging as well as interesting. Seeing psychiatry as a difficult branch, familial pressure against psychiatry as a choice and fears of contracting psychiatric illness were the reasons for not taking psychiatry.

The respondents in the study had poor knowledge about the psychiatric disorders and the psychiatric treatment. Findings similar to the current study have been reported previously as well, although in different settings in different countries. There seemed to various lacunae in the education being imparted to them. They still had a biased view toward psychiatry as a discipline which, although could be a result of socio-cultural milieu, is expected to change during medical training. Such an attitude toward psychiatry, psychiatric disorders, patients and treatment could be detrimental to the branch of psychiatry and management of the patients. This could go a long way in shaping community’s attitude. Even if these respondents do not choose psychiatry as a career option, in the capacity of physician, surgeon or a gynecologist, they would come across psychiatric patients every now and then and such an attitude could be of significant consequences.

CONCLUSIONS

The undergraduate medical students had multiple lacunae in their knowledge toward psychiatry, psychiatric disorders, psychiatric patients and psychiatric treatment. The possible reasons could be many. But a potential contributory fact could be the neglect of psychiatry as a discipline at the undergraduate level. The lesser number of hours assigned to psychiatry at this level could add to the cause. Subjects such as psychiatry are underrepresented during this training. It has been felt that psychiatry remains a neglected subject during the undergraduate training. Thus, there is a need to relook into the curricula of the undergraduates and possibly a few solutions could be reached at.

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