

First year medical undergraduate students' attitude and perception towards psychiatry

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Abstract

Introduction: The way students perceive the subject and display the attitude towards a subject determines the recruitment in a subject. Hence the study was planned to assess the attitude and misconceptions towards psychiatry among the first year undergraduate medical students. **Material and Methods:** It was a questionnaire based cross sectional study. The first year undergraduate medical students were handed over a semi-structured proforma enquiring them about the demographic details and concepts regarding the treatment about psychiatry. Further they were also asked to fill Attitude Towards Psychiatry (ATP) scale. **Results and Discussion:** Fifty three students agreed to participate. Mean age of participants was 18.13±1.16 with the male: female ratio of 0.89. Stress was considered the commonest cause of mental illnesses (58.49%). Only 7 respondents (13.20%) felt that they can consider psychiatry as the first choice of specialization. "Stigma associated with the subject", was considered the most common reason for not opting psychiatry as a choice of specialization. The mean ATP score of the participants was 95.64±28.86. There was no statistically significant difference between the ATP scores of males and females (p=0.74) but the difference between the mean ATP scores of respondents from urban (107.76±31.19) and rural area (84.82±21.97) was found to be significant (p=0.003). **Conclusion:** A very small portion of participants wanted to consider psychiatry as a specialization of choice and the commonest reason for not choosing psychiatry as a choice of specialization was stigma associated with the subject. Stress was considered as the commonest cause of psychiatric illnesses and psychologists were the preferred treatment providers in case of psychiatric illnesses. The attitude of undergraduate medical students towards psychiatry was dismal with urban participants faring better as compared to the rural counterparts.

Keywords: Philos, Orif, Proximal Humerus Fractures, Neer.

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INTRODUCTION

The prevalence of psychiatric illness is increasing alarmingly across world and has become a leading cause of disability and ill health.¹ This could be due to increased awareness and improved reporting. Ideally, this huge demand for psychiatric illness should have been met with the availability of ample number of psychiatrists. Unfortunately there is a huge deficiency of Mental Health

Specialists, especially psychiatrists. This situation is prevalent globally^{2,3} and developing countries like India are not spared with such a tragedy.^{4,5} India has frequently reported shortage of psychiatrist.^{6,7} There are only 0.5 psychiatrists per 100,000 population which is grossly deficient for the 1.21 billion population of India.⁸ Unless there are adequate number of psychiatrists, the situation will deteriorate with time. To add to the problem, psychiatry is not a choice of specialization among the Indian medical graduates. In one of the study done among the Indian medical graduates, most of them chose surgical branches as their choice of specialization (32.2%) while some chose internal medicine as their first choice of specialization (20.9%). Only a small portion of undergraduates wished to choose psychiatry as their choice of specialization (3.2%).⁹ In another survey done on the first and second year medical graduates, only 8.1% of the students wished to be a psychiatrist in contrast to 48.3% of students who wanted to be a physician.¹⁰ These

studies reflect the lack of interest among students to opt psychiatry as a specialization. This problem is not restricted to India, but is prevalent across boundaries.¹¹ This low preference towards psychiatry could be due to unfavourable attitude towards the subject. The way students perceive the subject and display the attitude towards a subject determines the recruitment in a subject.^{12,13} Researchers have tried to explore the reasons behind the dismal attitudes towards psychiatry. Among the common reasons cited were low status of psychiatrists, unpredictable efficacy of treatments and the less scientific basis behind the subject.¹⁴⁻¹⁶ Along with the poor attitudes, undergraduates, like a common man, are reported to possess lot of misconceptions about the subject of psychiatry.^{17,18} Today's undergraduates will be tomorrow's doctors and the lay people generally look for doctors to seek medical information. Possessing these misconceptions by the medical doctors may harm the society a lot. We felt that it is required to assess these attitudes and misconceptions among the first year undergraduate medical students about the subject of psychiatry and hence the study was planned.

MATERIAL AND METHODS

Study design

It was a questionnaire based cross sectional study done among the first year undergraduate medical students of a rural medical college.

Inclusion Criteria

All the first year undergraduate medical students of either gender or whichever age, consenting to participate were included in the study.

Exclusion Criteria

Students refusing to consent for the study were excluded.

Protocol

All the first year medical (n=65) students of either gender or age were explained about the study. They were explained that there was no compulsion to participate in the study and they had all rights to refuse to consent. The students who finally agreed to participate in the study were handed over a semi-structured proforma enquiring them about the demographic details and concepts regarding the treatment about psychiatry. Questions such as aetiology and treatability of psychiatric illnesses, concerned doctor to be shown to, choice of treatment, consideration of psychiatry as a choice of specialization and reasons for not choosing psychiatry as a choice of specialization were enquired for. Further they were also asked to fill Attitude Towards Psychiatry (ATP) scale. ATP scale is a 5 point likert scale having 30 items.^[19] In the ATP scale, the students were asked to state their level of agreement (strongly disagree, disagree, neutral, agree, strongly agree) for each of the 30 items about psychiatry.

Statistics

Means and standard deviations were used to present continuous variables. Categorical values were mentioned as percentages. The mean ATP scores were compared across gender and place of residence. A p value of less than 0.05 was considered as statistically significant.

RESULTS

Out of the 65 students approached for the study, 53 students agreed to participate as 12 students refused to give consent citing various reasons such as lack of time and lack of interest. The age of the participating students ranged from 17 to 22 years. Mean age of participants was 18.13±1.16. There were 25 males and 28 females in the study with the male: female ratio of 0.89. Most of the participants originally belonged to the rural area (n=32) and some belonged to the urban area (n=21). The participants were asked about their beliefs about the commonest aetiology of psychiatric illnesses. Most of the participants believed that stress is the commonest cause of mental illnesses (n=31; 58.49%). The other stated common aetiological reasons for psychiatric illnesses in descending order were biological reasons (n=12; 22.64%), faulty emotions (n=6; 11.32%), past sins (n=3; 5.66%) and evil spirits (n=1; 1.88%). Majority of the participants stated that psychiatric illnesses were treatable (n=34; 64.15%), some stated that the psychiatric illnesses were not treatable (n=7; 13.20%) while some were not sure about the treatability of psychiatric illnesses (n=12; 22.64%). Respondents were asked about their ideas about whom should a patient with psychiatric illness approach first. Psychologists were considered to be the most popular choice for being the first professional to be contacted in case of psychiatric illness (n=19; 35.84%). The next popular choice in descending order were physician (n=14; 26.41%), psychiatrist (n=12; 22.64%) and alternative therapy healers (n=5; 9.43%). Surprisingly, 5.66% (n=3) of the students stated that the patients of psychiatric illness should be first shown to a faith healer. Even among the 12 respondents who felt that psychiatric illness should be first attended to by psychiatrists, 8 felt that psychotherapy should be the primary treatment offered and only four felt that medicines should be the primary treatment offered. (Table 1) Only 7 respondents (13.20%) felt that they can consider psychiatry as the first choice of specialization. Most of the respondents (n=40; 75.47%) felt the contrary and 6 respondents were undecided (11.32%). (Table 2) Among the 40 respondents who felt that psychiatry cannot be their primary choice of specialization, "*stigma associated with the subject*" was considered the most common reason for the same (n=18; 45%). Among the other reasons stated "*Less earning potential*" (n=10;

25%), “Subject being less scientific” (n=5; 12.5%), “Poor Image of psychiatrist” (n=4; 10%) and “Subject being unchallenging” (n=1; 2.5%) were other common causes (Table 3). The mean ATP score of the participants was 95.64 ± 28.86 . The mean ATP scores of the undergraduate students were compared across gender and place of residence. It was found that the mean ATP score of the males was 97.04 ± 30.44 whereas that of females was 94.39 ± 27.89 and there was no statistically significant difference between these scores ($p=0.74$). However the difference between the mean ATP scores of respondents from urban (107.76 ± 31.19) and rural area (84.82 ± 21.97) was found to be significant ($p=0.003$). (Table 4).

Table 1: Opinion of participants regarding commonest aetiology, treatability and first contact professional for a patient with psychiatric illness

Commonest aetiology of psychiatric illnesses			
1	Biological	12	22.64%
2	Faulty Emotions	6	11.32%
3	Stress	31	58.49%
4	Past Sins	3	5.66%
5	Evil Spirits	1	1.88%
Are psychiatric illnesses treatable?			
1	Yes	34	64.15%
2	No	7	13.20%
3	Can't say	12	22.64%
Whom should a patient of psychiatric illness be primarily consulted with?			
1	Psychologist	19	35.84%
2	Physician	14	26.41%
3	Psychiatrist	12	22.64%
4	AYUSH healer	5	9.43%
5	Faith healers	3	5.66%

Table 2: Opinion of participants regarding considering psychiatry as a choice of specialization.

Would you consider psychiatry as the choice of specialization?			
1	Yes	7	13.20%
2	No	40	75.47%
3	Can't say	6	11.32%

Table 3: Reasons for not choosing psychiatry as a choice of specialization

Reasons for not choosing psychiatry as a choice of specialization?			
1	Poor Image of psychiatrist	4	10%
2	Less earning potential	10	25%
3	Subject being less scientific	5	12.5%
4	Subject being unchallenging	1	2.5%
5	Stigma associated with the subject	18	45%
6	Others	2	5%

Table 4: Distribution of mean ATP scores of participants across gender and place of residence

Variable		Mean ATP scores (Mean \pm SD)	p-value	t	df
Gender	Males	97.04 ± 30.44	0.74	0.33	51
	Females	94.39 ± 27.89			
Place of residence	Urban	107.76 ± 31.19	0.003	3.12	51
	Rural	84.82 ± 21.97			

DISCUSSION

To the best of our knowledge, this study is the first of its kind being reported from a rural medical college of India. As all the participants were in their first professional year of MBBS, we had a young crowd to study with the mean age of the participants being 18.13 ± 1.16 . As the institute is located in a rural area, probably that explains the reason behind the majority of students being from the rural area. Stress was considered as the commonest aetiology of psychiatric illness followed by biological reasons and faulty emotions. Stress has always been suggested as one of the common cause of various psychiatric illnesses.^{20,21} In-fact certain life-stressors such as those involving social rejection can cause a 21.6% increased chance of developing major depressive disorder.^[22] Not only depression, even psychotic disorders like schizophrenia are frequently associated with stress. One of the study reported that 46% of 50 patients with acute onset schizophrenia has been exposed to stressful life events in the preceding 3 months as compared to only 14% among the controls.^[23] Recent scientific advances have identified the link between the stress and the biological phenomenon which finally leads to various psychiatric illness,²⁴ but still the respondents in this study stated stress as the commonest aetiology of psychiatric illness. Some even reported past sins (5.6%) and evil spirits (1.8%) as aetiology of psychiatric illness. In one of the similar studies done in Mangalore among the first, second and third year medical students, 33.4% agreed to the fact that past sins could be responsible for psychiatric illnesses.²⁵ Similar survey done on the 76 medical professionals from Delhi showed that 5.2% of the professionals believed the past sins could be responsible for psychiatric illnesses.²⁶ In a same study 4% of the medical professionals also believed in the bad effects of evil/ghosts.²⁶ Hence the results of our study showing the acceptance of past sins and evil spirits as the cause of mental illness by some medical students is not very surprising and has been documented in other similar studies as well. Most of the participants felt that people with mental illnesses should be taken to a psychologist first. Only 22.64% of the participants felt that a psychiatrist should be the first contact person for people with mental illness. Further 5.66% of the participants felt

that the people with mental illness should be taken to faith healers first and 9.43% felt that alternative medicine practitioners should be the first choice. Mishra *et al.* tried to study the health seeking behaviour of patients with mental illness and found that 8% of them went to the traditional faith healers and 2.5% of them went to the alternative practitioners. Interestingly, 86% of the patients had consulted a psychiatrist by the time of their second consultation.²⁷ Probably due to stigma, psychiatrists are still not the first choice of referral even in case of patients having psychiatric illness. In one of the studies reported from Iran, when faced with a patient whose signs are not explained by general medical condition, adverse drug reaction or substance abuse, 9.6% of the physicians prefer prescribing antidepressant or sedative hypnotic agents by themselves rather than referring it to a psychiatrist. The common reasons stated were forgetfulness, lack of time, unavailability of a psychiatrist, and lack of belief in the need for psychiatric consultation respectively.^[28] Understanding the reasons for choosing a particular service help in identifying how population perceives mental illnesses and respond to them. This information can help in structuring awareness programs and removing the myths and misconceptions about the psychiatric illnesses. Further it may also help in planning mental health services, mental health reforms and planning for training to health care providers. Also most of the participants who wanted to refer the patient to a psychiatrist wished that the treatment should be based on psychotherapy and not on medicines. None wanted the treatment to be through electro convulsive therapy (ECT). Earlier studies also showcased the opinion of medical students that psychotropic drugs were not targeting the actual cause of illness²⁹ and psychotherapy was considered more preferred option in some instances.³⁰ Many students perceive ECT as a form of punishment³¹ and to be considered as the option of last resort.³² The attitude of participants towards psychiatry was very dismal with the mean ATP scores at 95.64 ± 28.86 . The poor attitude of medical students towards psychiatry has been time and again reported in the literature. In one of the surveys done among 255 Afyon Kocatepe University medical students, the ATP score of the students was 106.07 (SD=13.05) and males were reported to fare better as compared to females. This gender difference did not reflect in our study.^[33] Similar low attitudes towards psychiatry were demonstrated in a study from Vellore wherein the ATP scores of the undergraduate students were found to be 64.17.^[34] In our study, although there was no difference among the ATP scores noted across the gender but it was found that participants from rural area bore more statistically significant negative attitude towards psychiatry as compared to participants from the

urban area. Our findings are in congruence to many other researchers who attempted to study the effect of area of residence on attitude towards psychiatry.^[35,36] However, our findings differ with the findings of Poreddy *et al.* wherein he found out that students from rural area had a better attitude towards psychiatry as compared to those from urban area.³⁷ In our study, a very small proportion of participants (13.20%) felt like considering psychiatry as the first choice of specialization. The most common reasons being the stigma associated with the subject (45%). Other reasons stated were less earning potential, subject being less scientific, poor image of psychiatrists and subject being less challenging. In one of the surveys done on US medical students on medical specialties perceived as the object of bashing, psychiatry ranked third (39%) after family medicine and general internal medicine.³⁸ Other authors have also identified low job satisfaction and limited challenges put forth by psychiatry as some common reasons for students not opting for psychiatry.³⁹⁻⁴¹ Lack of strong scientific foundation has also been documented as one of the commonest causes for students not opting for psychiatry.^{42,43} Other common reasons mentioned in the literature were low pay of the psychiatrists^{44,45} and lack of government funding.^{46,47} Efforts should be taken on various national and international platforms to address these issues which are preventing students from opting psychiatry as a choice of specialization. Only when these issues are sorted out, the students will opt for psychiatry and more number of quality psychiatrists will be produced for the sake of society.

CONCLUSION

Stress was considered as the commonest cause of psychiatric illnesses and psychologists were the preferred treatment providers in case of psychiatric illnesses. Psychotherapy was the preferred treatment option as compared to the medicines and ECT. The attitude of undergraduate medical students towards psychiatry was dismal with urban participants faring better as compared to the rural counterparts. A very small portion of participants wanted to consider psychiatry as a specialization of choice and the commonest reason for not choosing psychiatry as a choice of specialization was stigma associated with the subject. Steps should be taken to address the issues preventing students from taking up psychiatry as a choice of specialization.

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