# Internet Journal of Medical Update

## Journal home page: http://www.akspublication.com/ijmu

## Original Work

# Study on the attitude of "Tomorrow's Doctors" towards mental illness: A cross-sectional study

## H Nirendra Kr Singh*[Ψ], T Hemchand Singh**, Y Rameshwor Singh***

*Department of Community Medicine, **Department of Psychiatry, ***Department of Pediatrics, Jawaharlal Nehru Institute of Medical Sciences, Imphal, Manipur, India

**ABSTRACT:** Different studies show different attitudes towards mental illness among medical students. This study was initiated to explore the attitude towards mental illness among medical students in a medical college of Manipur. A cross-sectional self-administered questionnaire-based study was conducted among medical students in Manipur. Two self rating scales – Social Distance Scale and Dangerousness scale were used to assess attitude towards mental illness. Descriptive statistics and independent sample t-test were applied using SPSS 22 for analysis. The students didn't keep social distance against the mentally ill, and exposure to psychiatry did not have any effect. However regarding dangerousness scale they had a negative attitude towards mental illness and as overall exposure to psychiatry did not have any effect. Medical students did not keep social distance against the mentally ill, however these students have tendency to feel that mentally ill persons are dangerous.

## INTRODUCTION

A person hospitalized for mental illness is assumed to be dangerous, incompetent and untrustworthy[1]. Many studies have demonstrated negative opinions about mental disorder[1-3]. Medical students have negative attitudes towards mental illness[4]. Mentally ill patients are affected by the negative prejudices and cultural stereotypes of the public[5]. Surprisingly this problem is noted even among medical students who, despite receiving education on psychiatry, still harbor an unhealthy attitude about mentally ill patients and psychiatric practices[6,7]. Roth found that the medical students' experience with mental illness in general, either through personal or professional activities, was associated with more positive attitude towards the mentally ill[8]. Hill again concluded that medical students' attitude to psychiatric patients were based upon opinions they formed in childhood, at school and university and upon influences they encountered during pre-clinical and clinical professional training[9].

Here in Manipur there is limited local data regarding attitude of medical students towards mental illness. Therefore the aim of the study is to find out the attitude of medical students of JNIMS towards mental illness and to ascertain the association between different variables of interest.

## METHODOLOGY

The study was conducted at the Department of Community Medicine, JNIMS among undergraduate students of the college from 29th May to 24th June 2014. It was intended for universal coverage except for students involved in the research (20), refusal to give consent, non-availability even after three visits and inability to respond due to sickness.

All participants completed self-administered questionnaires on attitude toward mental illness using two scales – Social Distance Scale (SDS) and Dangerousness Scale (DS)

A vignette and two dependant measures namely SDS and DS were used to assess the attitude of medical students towards mental illness. They were

---

[Ψ]**Correspondence at:** Thangmeiband Lairenhanjaba Leikai near Fishery Gate, Lamphel, Imphal, Manipur, India; Phone: +919612907760; Email: hnirendra10@gmail.com

used by Penn[3] and Link[10] in a study of undergraduate students and found to be valid for ascertaining attitude towards mental illness. Both tools were slightly customised according to the local situations through correcting and re-correcting after testing among medical and nursing students.

Social Distance Scale comprises seven statements that refer to interaction with the target individuals with each statement rated on 4-point Likert scale (0 = definitely willing to 3 = definitely unwilling. A higher the score of the composite measure of social distance scale demonstrated the more discrimination and stigmatisation. On SDS, the original statement - 2 read as "How about as a worker on the same job as someone like Mr.Y.S?" had been changed to "How about working together on the same job with Mr. Y?". The internal consistency (Cronbach's alpha) of the original scale was 0.75 (1).

An eight-statement Dangerousness Scale was used to gauge individual beliefs about whether a person who is or has been mentally ill is likely to be a danger to others. The original statement 1 which read "If a group of former mental patients lived nearby, I would not allow my children to go to the movie theatre alone" was changed to "If a group of former mental patients lived nearby, I would not allow my children to go to the nearby shopping area alone". Statement 2 which read: "If a former mental patient applied for a teaching position at a grade school and was qualified for the job, I would recommend hiring him/ her" had been changed to "If a former mental patient applied for a teaching position at a school and was qualified for the job, I would recommend hiring him/ her". Statement 6 which read : "If a former mental patient lived nearby, I would not hesitate to allow young children under my care on the sidewalk" had been changed to "If a former mental patient lived

nearby, I would not hesitate to allow young children under my care to go to the playground alone". Statement 8 which read: "There should be a law forbidding a former mental patient the right to obtain a hunting licence" had been changed to "There should be a law forbidding a former mental patient the right to obtain a hunting licence". Response to each item was rated by the subjects on a 7-point Likert scale from" strongly disagree = 1" to "strongly agree = 7" with midpoint being "no opinion". A high statement response indicated a more negative attitude. The original dangerousness scale had internal consistency of 0.78 (1).

Exposed students are those undergraduate medical students who are in six semesters and above. The Likert scale items used in Social Distance Scale are – definitely willing = 0, probably willing = 1 probably unwilling = 2 and definitely unwilling = 3 while in the Dangerous Scale items used are Strongly agree = 7,6,5 , No opinion = 4 and Strongly disagree = 3,2,1. Written consent was taken from the respondents and confidentiality was maintained by excluding personally identifiable characteristics.

The statistical package SPSS 22nd version was used for analysis. Descriptive statistics are expressed in the form of mean and percentage etc. The difference in means was tested using t-test after checking the distribution to be normal. An alpha level of significance 0.05 was set for all analysis.

**RESULT**

There are 380 eligible medical students in the college of which 323 students' responded giving rise to 85% response rate. Out of 323 students, 50.2% were unexposed while 49.8% were already exposed. (**Figure 1**)
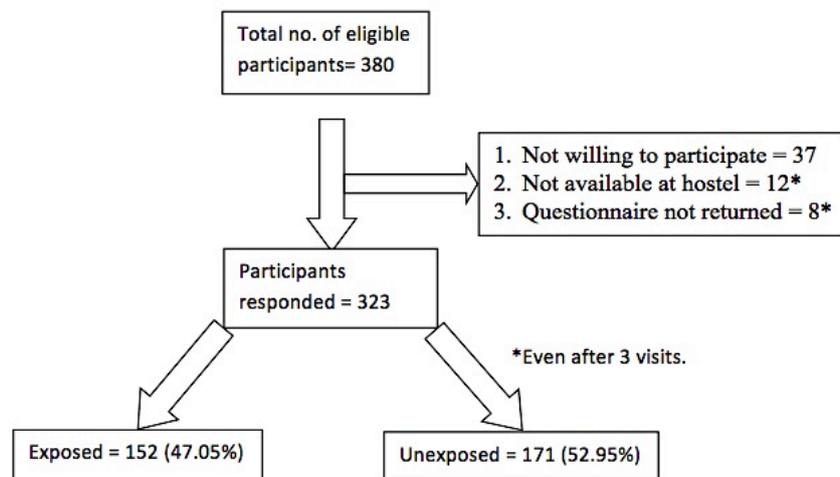


**Figure 1: Students' respose**

**Table 1** illustrates the religions of the participants where 41.8% of them are Hindu. More than half of them (55%) have not attended religious services regularly. Many of them (57.6%) have known someone with mental illness while only 17% of the participants have volunteered/ worked with individual who has a mental illness.

In **Table 2**, regarding Social Distance Scale there is no significant difference in the overall and item-wise means of the exposed and unexposed students;

however regarding item no.4 and 5 has means more than 1.5 which is neutral value indicating that there is tendency towards negative attitude towards mental illness.

In **Table 3**, exposure to psychiatry has definitely decreased the means of items 5 and 7 as compared to unexposed groups (p =0.032) while it has no significant effect in social distance scale. Overall item and Item no 3, 4, 7 and 8 have mean values towards negative attitude (neutral mean = 4).

**Table 1: Distribution showing certain background characteristics of the participants**

| S. N. | Characteristics | Types | Frequency (%) | Total (%) |
|-------|-----------------|-------|---------------|-----------|
| 1 | Religion | Hindu | 135 (41.8) | 323 (100) |
| | | Christian | 96 (29.7) | |
| | | Meitei | 63 (14.5) | |
| | | Islam | 26 (8) | |
| | | Jewish | 2 (0.6) | |
| | | Others | 1 (0.3) | |
| 2 | Whether attended religious services regularly? | Yes | 143 (44.3) | 321 (99.4) |
| | | No | 178 (55.1) | |
| 3 | Do you know someone with mental illness? | Yes | 186 (57.6) | 321 (99.4) |
| | | No | 135 (41.8) | |
| 4 | Have you ever volunteered / worked with individual who has a mental illness? | Yes | 55 (17) | 320 (99) |
| | | No | 265 (82) | |

**Table 2: Distribution showing social distance scale from the participants\***
*(Social distance scale: Mr. Y is a 32 years old man who has had treatment for a mental illness and is now in remission. He goes for regular follow-up checks and is doing well in society.)*

| S. N. | Question | Exposed | | Unexposed | | p - value |
|-------|----------|---------|------|-----------|------|-----------|
| | | No. | Mean | No. | Mean | |
| 1 | How would you feel about renting a room in your home to someone like Mr. Y? | 152 | 0.79 | 171 | 0.82 | 0.709 |
| 2 | How about working together on same job with Mr. Y? | 151 | 0.83 | 171 | 0.91 | 0.285 |
| 3 | How would feel having someone like Mr. Y as your neighbour? | 151 | 0.87 | 171 | 0.85 | 0.747 |
| 4 | How about as the caretaker of your children for a couple of hours? | 150 | 1.87 | 171 | 1.83 | 0.658 |
| 5 | How about having your children marry someone like Mr. Y? | 150 | 2.03 | 170 | 2.06 | 0.702 |
| 6 | How would you feel about introducing Mr. Y to a young woman you are friendly with? | 151 | 1.40 | 171 | 1.32 | 0.428 |
| 7 | How would you feel about recommending someone like Mr. Y for a job working for a friend of yours? | 151 | 1.25 | 171 | 1.23 | 0.847 |
| 8 | **Overall impression** | 7 | 1.2914 | 7 | 1.2886 | 0.992 |

*\*Mean / neutral score for each item as 1.5*

**Table 3: Distribution showing dangerousness scale felt by the participants\***

| S. N. | Question | Exposed | | Unexposed | | p - value |
|---|---|---|---|---|---|---|
| 1 | If a group of former mental patients lived nearby, I would not allow my children to go to the nearby shopping area. | 151 | 3.95 | 166 | 4.09 | 0.478 |
| 2 | If a group of former mental patients applied for a teaching at a school and qualified for the job, I would like to recommend hiring him/her | 151 | 3.41 | 166 | 3.52 | 0.580 |
| 3 | One important thing about mental patients is that you can't predict what they will do from one minute to the next. | 151 | 4.96 | 166 | 5.11 | 0.429 |
| 4 | If I know a person has been a mental patient I will be less likely to trust him | 151 | 4.17 | 166 | 4.22 | 0.780 |
| 5 | The main purpose of mental hospital should be to protect the public from mentally ill. | 151 | 3.50 | 166 | 3.98 | 0.032 |
| 6 | If a former mental patient lived nearby, I would not hesitate to allow young children under my care to go to the playground alone. | 151 | 3.64 | 166 | 4.60 | 0.132 |
| 7 | Although some mental patients may seem alright, it is dangerous to forget for a moment that they are mentally ill | 150 | 4.21 | 166 | 4.60 | 0.040 |
| 8 | There should be a law forbidding a former mental patient the right to obtain firearm license in this country | 151 | 4.64 | 166 | 4.51 | 0.484 |
| 9 | Overall impression | 8 | 4.2475 | 8 | 4.0600 | 0.481 |

*\*Mean /neutral score for each items as 4*

## DISCUSSION

A study conducted by Mas[11] et al at the Department of Social Preventive Medicine, University of Malaya, Kuala Lumpur, reveals that social distance from the mentally ill people among first year students is significantly more as compared to final year students. But in our study the social distance scale among the exposed and unexposed groups shows insignificant difference. The difference in the findings of the two studies could be because of the selection of participants, years of study and environmental conditions. They selected only first year and final year students while in the present study all medical students were selected as there are different levels of exposure to mental illness. Globalisation and rapid urbanisation in the second most populated country in the world could have enhanced the prevalence of mental illness thus indirectly sensitizing the community towards mental illness and thus also the present participants. A study done by Risal et al[12] among medical students and interns in a medical college in Nepal found the attitude towards mental illness to be positive or neutral. Similar finding of positivity is found in the present study in overall impression. Regarding Dangerousness Scale the same study done by Mas[11] et al showed significant difference in the means among first year and final year students. On the contrary in the present study there is no difference in the means of exposed and unexposed groups. The difference between the two studies could be because of the same reason explained above.

Study conducted by Gyllensten[13] et al 2011 showed that most of the attitudes towards persons with mental illness did not change in the group of allied health care students as a whole after a theoretical course in a university education program. Though the tools are different the main idea is similar to the finding in our study.

## CONCLUSION

Medical students overall did not keep social distance from the mentally ill, however these students have a tendency to feel thar mentally ill persons are dangerous. Exposure to psychiatry did not have any effect.

## REFERENCES

1. Link BG, Struening EL, Rahar M, et al. On stigma and its consequences: evidence from a longitudinal study on man with dual depression of mental illness and substance abuse. *J Health Soc Behav*. 1997;38:177-80.
2. Crisp AH, Gelder MG, Rix S, et al. Stigmatisation of people with mental illness. *Br J Psychiatry*. 2000;177:4-7.
3. Penn DL, Guynan K, Daily T, et al. Dispelling the stigma of schizophrenia: what source of

information is best? *Schizophr Bull*. 1994;20:567-78.

4. Fernando SM, Deane FP, McLeod HJ. Sri Lankan doctors' and medical undergraduates attitude towards mental illness. *Soc Psychiatry Psychiatr Epidemiol*. 2010;45:733-9.

5. Thompson DJ, Sims AC. Malaise in Psychiatric recruitment and its remedy. *Psychiatry Bull*. 1999;23:227-9.

6. World Health Organisation. Investing in mental health. Geneva: WHO. 2003.

7. Malhi GS, Parker GB, Parker K, et al. Attitude towards psychiatry among students entering medical school. *Acta Psychiatr Scand*. 2003;107:424-9.

8. Roth D, Antony MM, Kerr KL, Downie F. Attitudes toward mental illness in medical students: does personal and professional experience with mental illness make a difference? *Med Educ*. 2000;34:234-6.

9. Hill D. Acceptance of psychiatry by the medical students. *Br Med J*. 1960;1:917-8.

10. Link BG, Cullen FT. Contact with mentally ill and perception of how dangerous they are. *J Health Soc Behav*. 1986; 1:917-18.

11. Mas A, Hatim A. Stigma in mental illness: attitudes of medical students towards mental illness. *Med J Malaysia*. 2002;57(3):433-44.

12. Rishal A, Sharma PP, Sanjel S. Attitude towards mental illness and psychiatry among the medical students and Interns in a Medical College. *J Nepal Med Assoc*. 2013;52:322-31.

13. Gyllensten A, Svensson B, Bjorkman T, et al. Attitudes in Healthcare Students Towards Mental Illness – A Pre- and Post Multicentre University Program Survey. *Internet J Allied Health Sci Pract*. 2011;9:1-8.