



A COMPARATIVE STUDY OF PERCEPTION, KNOWLEDGE AND ATTITUDE OF 1ST YEAR MBBS STUDENTS, MBBS INTERNS AND GENERAL POPULATION, TOWARDS PSYCHIATRY AND PATIENTS WITH PSYCHIATRIC DISORDERS IN A TEACHING TERTIARY CARE CENTRE; A CROSS SECTIONAL STUDY.

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ABSTRACT

Background- Psychiatry as a subject, Psychiatrists as professionals, and patients with Psychiatric disorders are subjected to cultural stereotypes and negative attitude by the general population as well as medical community.

The perception of First year MBBS students and Interns regarding psychiatry should be modified positively by adequate training for better treatment of these patients.

Aims and objectives-

1) To compare the ' **Perception**,' ' **Knowledge**' and ' **Attitude**' of **First year MBBS students** (Group **A**) versus **MBBS Interns** (Group **B**) towards psychiatry and patients with Psychiatric disorders. 2) To compare the perception, knowledge and attitude of **First year MBBS students** versus **General population** (Group **C**) towards psychiatry and patients with Psychiatric disorders. 3) To compare the perception, knowledge and attitude of **First year MBBS students and Interns** (Group **A+ Group B**) versus **General population** (Group **C**) towards Psychiatry and patients with Psychiatric disorders. 4) To study the **Socio demographic** profiles of **First year MBBS students, MBBS Interns and General population.**

Material & Method: It was a cross sectional study. One hundred and forty one (141) First year MBBS student, 150 Interns and 193 subject from General population actually participated in the study.. A semi-structured, pre-validated questionnaire was distributed to assess the Perception, Attitude and Knowledge, toward subject psychiatry and psychiatric disorders. For statistical analysis Chi square test was applied.

Result: There was significant difference in perception, attitude and knowledge among Interns, First year MBBS students and General population regarding psychiatry and psychiatric patients. More exposure to psychiatry was associated with positive perception about psychiatry and Psychiatric patients.

Conclusion: Though the majority of Medical students had positive attitude about psychiatry but still some of them had age old negative attitude,

KEYWORDS : Perception, Attitude, Knowledge, First year MBBS student, Interns, General population

INTRODUCTION

Globally, Psychiatry as a subject, Psychiatrists as professionals, and patients with Psychiatric disorders are subjected to cultural stereotypes and negative attitude by the general population. What is of alarming concern is that these prejudices exist within the medical community as well.(1). In the late 19th century when Psychiatry came into existence as separate subject its image was perhaps the worst. The introduction of dynamic psychiatry as a medical specialty by Sigmund Freud was not well received by his medical colleagues and his concept of Infantile sexuality and his use of hypnosis as a therapeutic tool were considered distasteful by both physicians and laymen. (2).In India, where priorities are different, mental health has received low priority. Till recently, Psychiatry in India was, by and large confined to the mental hospitals only. The growth and development of general hospital psychiatry units in India has been considered an important change in Psychiatry (3). In India, students feel that psychiatry is opted by those who perform low in postgraduate selection exams which restricts the choice of specialties.(4).Another study by Marić NP noted that 15% percent of medical students considered psychiatry was their career of choice, while 25% expressed a strong aversion. Psychiatry was ranked less attractive than Internal medicine, Surgery and Pediatrics, but more attractive than General medicine or Gynecology. Those who like psychiatry attributed more importance to an interesting and challenging job than to prestige and financial reward. Also, they found this field to be intellectually challenging and to rapidly expand the frontier of medicine. Students with negative attitude were convinced that psychiatry was lacking in scientific foundation and was clinically inefficient, they disliked intensive emotional involvement, exposure to stress and

frequent unpleasant situations and had prejudices toward the patients or simply a lack of the interest (5).This image problem is also perpetuated by Cinema world. Hindi Cinema is known to paint an unflattering image of the psychiatrist. But, this is not restricted to Hindi cinema, as a similar sentiment is echoed in an analysis of commercially available American movies. Although movie making has seen a lot of technological advance in recent times, the depiction of the reel psychiatrist remains stereotyped, the brunt of which is apprehended to be borne by the real psychiatrist. Many degrading themes that project psychiatry and psychiatrists in bad light tend to recur in movies, one such theme being the medical and scientific explanation for the sufferer's symptoms as given by the psychiatrist is proven wrong while paranormal occurrences are rendered to be all correct. Supernatural happenings and witchcraft almost always are shown to supersede the psychiatrist's rationality. (6).A study by Gharaibeh NM also observed the image of Psychiatrists in commercially available movies is not flattering. And boundaries of patient –doctor relationship is crossed by Psychiatrist. The bright point in the study is that Psychiatrists were depicted as more likely to be friendly.(7).study by Malhi GS and et al, suggest that Psychiatry has an image problem that is widespread, reflecting community perceptions and the specialist interests of medical students on recruitment. If psychiatry is to improve its 'attractiveness' as a career option, identified image problems need to

be corrected and medical student selection processes re-considered.(8).The attitudes of medical students can perhaps be modified and recruitment into psychiatry enhanced by presenting the reality of psychiatry today like available therapeutic processes,

the predominantly positive outcomes, the interesting and intellectually challenging nature of the subject and its nurturing and accommodating work environment.(9). Also the importance of Psychiatry and its treatment needs to be emphasized by explaining the improvement in quality of life of patients with the help of treatment and its compliance. In the United States, medical students feel that going to psychiatry is a waste of medical education.(10) The treatment gap that exists in treating the persons with mental illness, due to an inadequate number of mental health professionals, especially psychiatrists, can be narrowed if the newly trained doctors have the acumen to spot those having a mental illness.(11). Opinion about mental illness (OMI) plays a vital role in long-term care of patients with mental illness. Stigmatizing attitudes toward people with mental illness are widespread and people tend to react in a very discriminating way toward those with mental illness. (7-11). Because of negative attitude of general population and medical community towards psychiatry, many patients, in need of psychiatric attention are directed towards General physicians and other medical fraternities. Which many a times leads to delay in treatment, poor prognosis, increase in caretaker burden and poor quality of life. Literature by G Aruna and et al observed that undergraduates in the 1st year had not received formal exposure to psychiatry yet, while the rest of the respondents (70.5%) had received some exposure to psychiatry in the form of at least one clinical posting or lecture in psychiatry and had come in contact with at least one patient with a psychiatric disorder. Negative attitudes toward psychiatric disorders became apparent when more than half of the respondents did not feel comfortable to even talk to psychiatric patients. Half of the students believed that psychiatric patients were unemployable, irrespective of their recovered status, and objected to the possibility of a close relative being married to a person with psychiatric disorder. These responses highlight the stigma and discrimination present toward patients with psychiatric disorders, within the medical community itself.(4). According to Maharashtra University of Health Sciences (MUHS) Nashik, Maharashtra, India; 20 Psychiatry lectures are to be taken for MBBS students. Five lectures in 4th and 5th semester and 15 lectures in 8th and 9th semester. Besides this there is provision of 15 days (3 hours/ day) of clinical posting in 6th and 7th semester. Only five marks question that too optional is there in Final MBBS Medicine ,Theory examination. Interns have to undergo compulsory posting for 15 days in Psychiatry.

AIMS AND OBJECTIVES

- 1) To compare the '**Perception**,' '**Knowledge**' and '**Attitude**' of First year MBBS students (Group **A**) versus MBBS Interns (Group **B**) towards psychiatry and patients with Psychiatric disorders.
- 2) To compare the perception, knowledge and attitude of First year MBBS students versus General population (Group **C**) towards psychiatry and patients with Psychiatric disorders.
- 3) To compare the perception, knowledge and attitude of First year MBBS students and MBBS Interns (Group **A+ Group B**) versus General population (Group **C**) towards psychiatry and patients with Psychiatric disorders.
- 4) To study the Socio demographic profiles of First year MBBS students, MBBS Interns and General population.

Rationale for study:-

To know the socio-demographic profile, 'Perception', 'Attitude', and 'Knowledge' of First year MBBS students (Group **A**), MBBS Interns (Group **B**) and General population (Group **C**) regarding Psychiatry and Psychiatric patients. This study will help in assessing the misconceptions regarding Psychiatry and help creating awareness. However, little Indian research has been done on this, hence we planned to do this study.

Inclusion criterion-

- 1) First year MBBS students who had never been exposed to Psychiatry in form of clinical posting or never attended Psychiatry lectures in their curriculum.
- 2) Medical students who had completed the compulsory Internship program in Department of Psychiatry.

- 3) General population represented by relatives of patients coming to Medicine and Surgery OPD in our institution Government Medical college, Nagpur.
- 4) Who has given consent to be a part of study.

Exclusion criterion

- 1) Second and Third year MBBS students.
- 2) Those who were not willing to be the part of this study and has not given the consent.
- 3) Subjects who themselves have mental illnesses.

MATERIALS AND METHODS-

Sample source-

1) The study was conducted in a tertiary care teaching centre Government Medical College and Hospital, Nagpur from January 2017 to December 2017. Sample consisted of First year MBBS students of Batch 2016. MBBS Interns of Batch 2011 who had completed Psychiatry Internship posting and General population represented by randomly selected relatives of patients coming to Medicine and Surgery OPD. This population of relatives was selected due to easy accessibility. Institutional Ethical committee's approval was taken before commencement of the study..

2) **Sample size**- It consisted of 150 '**First**' year MBBS students (Group **A**), 150 MBBS **Interns** (Group **B**) and 300 sample of General population (Group **C**).

This sample size was selected as each batch had 200 medical students. Considering dropout rate of 25%, 150 First year MBBS students were taken, but due to absenteeism 145 students were recruited. One hundred and fifty, MBBS Interns and 300 representatives of General population were recruited. One hundred and forty one (141) First year MBBS student, 150 Interns and 193 subject from General population actually participated in the study. After taking informed consent authors distributed semi-structured questionnaire for socio-demographic profile. A semi-structured, pre-validated questionnaire was also distributed to assess the **Perception, Attitude and Knowledge**, toward subject psychiatric and psychiatric disorders. The questionnaire comprised a total of 24 questions, which were further divided into subsections. Questions in each subsection were targeted to assess various parameters, which includes basic knowledge about psychiatric disorders, treatment modalities and general attitude towards Psychiatry and Psychiatrist. Necessary changes has been made in the questionnaire to suit the study. The subjects were approached by the authors and were explained the purpose of the study. Those who were willing to participate were given the questionnaire to be filled up.

For statistical analysis Chi square test was applied.

RESULTS

There is overall significant difference in **Perception** amongst 'First year MBBS' students (Group **A**) versus 'MBBS Interns' (Group **B**), except in Item no 3, 4, 5, 6 and 12' means there was no difference in **perception** for these items: 'Psychiatric disorders are well treated by **faith healers** as well as Psychiatrist' Item no 3; 'Psychiatric disorders improve by leaving patient **alone**' Item no. 4; 'Psychiatric disorders improve by change in **environment**' Item no 5; 'Psychiatric disorders improve by increasing awareness towards **emotions**' Item no.6 and '**God's punishment** for past sins is a cause for psychiatric disorder' Item no. 12. There is overall significant difference in **Perception** amongst 1st year MBBS students (Group **A**) versus General population (Group **C**), except in items no. 5 and 8 'First year MBBS student' and 'General population' both perceived that psychiatric disorders improve by 'change in **environment**' Item no. 5 and '**Contact** with psychiatric patients lead to strange behavior', Item no. 8.

There is significant difference in **Perception** amongst 'First year MBBS students' and Interns, (Group **A** + Group **B**) versus 'General population'(Group **C**) except in Item 16 that is 'majority of psychiatrist opt for subject by their **choice**', (Table no. 1a, 1b.).

There is significant difference in **Attitude** amongst 1st year MBBS students (Group **A**) versus Interns (Group **B**) except in item no. 3 and 6 that is, both groups felt **sympathetic** and **empathetic** towards psychiatric patient' Item no.3 and 6 respectively..

There is significant difference of **Attitude** amongst 'First year MBBS students' (Group **A**) versus General population (Group **C**) except in Item no. 3, 5, and 7 that is, there is no significant difference in items 'You feel **sympathetic** towards psychiatric patient' Item no 3; Psychiatric patients should be **treated**, Item no. 5 and **ECT** should be banned, Item no. 7.

There is significant difference in **Attitude** amongst 'First year MBBS' students and MBBS Interns that is (Group **A** + Group **B**) versus General population (Group **C**), except in Items 2, 5 and 8 that is, no significant difference was found in following items, 'Would you object to a recovered psychiatric patient **marrying** your relative, Item 2; 'Psychiatric patient should be **treated**, Item no. 5; 'Would you take up psychiatry as a **profession** in future, Item no.8.

(Table 2a, 2b). There is significant difference of **Knowledge** amongst 'First year MBBS students' (Group **A**) versus Interns (Group **B**) except in items no.6, 7, 8, 9, 15 and 21 that is, no significant difference was found amongst items, 'Risk of psychiatric disorder increases in people who have a **busy** and hectic lifestyle' items no. 6. 'Risk of psychiatric disorder increases in people who frequently complain of relation, Item 8. Risk of psychiatric disorder increases in people who have a **traumatic childhood**, Item no. 9. Higher **education** or higher IQ increase risk of psychiatric disorders, Item 15. **Polluted atmosphere** leads to psychiatric disorders, Item no. 21. There is no significant difference of **Knowledge** amongst 'First year MBBS' students (Group **A**) versus general population (Group **C**) except in items no. 1, 2, 3, 4, 5, 11, 12, 13, 15 and 23 that is, there is significant difference amongst 'First year MBBS' student versus Interns in following items. 'Psychiatric disorders are only relieved **not cured** using medicines', items no. 1. 'Psychiatric disorders are **less disabling** than the treatment itself', Item no. 2. 'Risk of psychiatric disorders increases in people with **less sexual** desire', Item no. 3. 'Risk of psychiatric disorders increases in people who **masturbate excessively**', Item no. 4. 'Risk of psychiatric disorder increases in people who are **sad** and unhappy mostly', Item no. 5. 'Are **older** people less prone to mental disorders', Item no.11. ' **Children** do not suffer from psychiatric disorders' Item no. 12. **Women** are less prone for psychiatric disorders', Item no. 13.

'**Higher education** or higher IQ increases risk of psychiatric disorders', Item no. 15. 'Psychiatry is an **early discipline**', Item no. 23. There is significant difference of **Knowledge** amongst 'First year MBBS' students and Interns that is (Group **A** + Group **B**) versus General population (Group **C**) except in Item no.1, 6, 8, 14, 16, 20, 21 and 24 that is, there was no significant difference amongst following Items between above population. 'Psychiatric disorders are only relieved **not cured** using medications', Item no. 1, 'Risk of psychiatric disorders increases in people who have a busy and **hectic lifestyle**', Item no. 6; in people who have a **failed romantic relationship**', Item no. 8, in '**Lower socio-economic** class, Item no.9; '**Genetic** reasons', Item no.10; '**Poor Nutrition**', Item no. 20; and '**Polluted atmosphere** , Item no. 21. 'Psychotherapy is essential part of all psychiatric disorders', Item no. 24. There is overall significant difference in **Perception** amongst all 3 groups that is 'First year MBBS' students (Group **A**) versus Interns (Group **B**) versus General population (Group **C**). There was overall significant difference in **Attitude** amongst all 3 groups that is, 1st year MBBS students (Group **A**) versus Interns (Group **B**) versus General population that is Group **C** except in items, 'Psychiatric patient should be treated', Item no. 5. There is overall significant difference in **Knowledge** amongst all 3 groups that is 'First year MBBS' students (Group **A**) versus Intern (Group **B**) versus General population (Group **C**) except in item nos. 6, 8 and 21 that is, there was no significant difference amongst 'First year MBBS' students (Group **A**) versus Intern (Group **B**) versus

General population (Group **C**) in following items: 'Risk of psychiatric disorders increases in people who have a **busy** and hectic life style ' Item no.6. 'Risk of psychiatric disorder increases in people who have **failed romantic relationship**' Item no. 8, and '**Polluted atmosphere** lead to psychiatric disorders', Item no. 21. (Table 3a, 3b),

Regarding socio-demographic profile:

All 1st year MBBS students and Interns had passed Inter science (Class XIIth) and got selection in prestigious MBBS course. Forty three percent (43%) of general population (Group **C**) were Post Graduates. All 1st year MBBS students (Group **A**) and majority (99%) of Interns (Group **B**) had age between 16 to 25 years and majority (73%) of General population (Group **C**) had age between 26 to 35 years . Forty seven percent (47%) of 1st year MBBS students (Group **A**) and 45% of Interns (Group **B**) were male while 78% of General population (Group **C**) were male. Fifty three percent (53%) of 1st year MBBS students (Group **A**), 55% of Interns (Group **B**), and 22% of General population (Group **C**) were female. All 1st year MBBS students (Group **A**), Interns (Group **B**), and 39% of General population (Group **C**) were unmarried. Neither 1st year MBBS students nor the Interns were employed and in Group C, 42% of persons were either skilled worker or labourer (Table, 4).

DISCUSSION

Our findings are similar to the findings of Jatinder Mohan et al, (2012), that the undergraduate medical students had poor knowledge towards psychiatry, psychiatric disorders, psychiatric patients and psychiatric treatment. Medical undergraduate also believe that past sin and evil spirits are etiological factor for psychiatric illnesses and 23.8% were thinking that MECT may lead to brain damage(12).

In our study First year MBBS students and Interns both believed that Psychiatric illnesses are due to God's punishment for patient's past sin and '**Contact** with psychiatric patients' lead to strange behavior, Item no. 8. This finding is in concordance with the findings of Charan Singh Jilowa et al (13).

Regarding sympathy towards psychiatric patients our findings was in concordance with findings of Bhise, et al. Regarding choosing carrier as Psychiatrist, First year MBBS students, Interns and General population of our study believe that Psychiatrist choose carrier by their choice (14). Our finding was in contrast with the finding of Aron Zieger, who found that psychiatrist choose their carrier as psychiatrist because they have personal problem of their own (15). Patra (2017) found that 97% of participants were favorable toward patients with psychiatric illness, 90% felt psychiatric interventions as effective whereas 87% found psychiatry unappealing and 52% said that they would not have liked to be a psychiatrist.(16).

Our finding was in concordance with finding of Surani Patra, and Binod Kumar Patro, First year MBBS students and Interns had positive attitude regarding psychiatric patients. But regarding psychiatrist and choice of carrier as psychiatrist Patra found that 'teaching medical specialist' had negative attitude.

CONCLUSION

Interns had significantly better perception, attitude and knowledge about Psychiatry and psychiatric patients, as compared to First year MBBS students as well as General population ..

Similarly First year MBBS student had significantly better perception, attitude and knowledge about Psychiatry and psychiatric patients than General population. But still, some Interns and First year MBBS students believed that psychiatric disorders is "God's punishment for past sin, psychiatric disorder can be caused by contact with psychiatric patients, it can be treated by 'faith healer' and MECT should be banned.

Table no.1a PERCEPTION TOWARDS PSYCHIATRY

Sl No.	Items
1	Psychiatric disorders are legitimate medical disorders?
2	Psychiatric disorders are untreatable.
3	Psychiatric disorders are as well treated by faith healers as psychiatrist.
4	Psychiatric disorders Improve by leaving patient alone.
5	Psychiatric disorders Improve by change in environment.
6	Psychiatric disorders Improve by increasing awareness towards emotions.
7	Psychiatric disorders are treatable by a psychiatrist.
8	Does contact with psychiatric patients lead to strange behavior.
9	Recovered psychiatric patients are not employed productively.
10	Most psychiatrist are eccentric.
11	Most psychiatrist "Know nothing and do nothing".
12	Gods punishment for past sins is a cause for psychiatric disorder .
13	Psychiatry is a stimulating discipline.
14	Psychiatry is a glamorous profession.
15	Psychiatry has bright prospects for private practice in India.
16	Majority of Psychiatrist opt for the subject by choice.
17	ECT is Inhuman and cruel.

Table 2a ATTITUDE TOWARDS PSYCHIATRY

Sl. No. of Items	Items
1.	Are you comfortable talking to a psychiatric patient?
2.	Would you object to a recovered psychiatric patient marrying your relative?
3.	You feel sympathetic towards a psychiatric patient
4.	You feel sad and sorry towards a psychiatric patient.
5.	Psychiatric patient should be treated.
6.	You feel empathetic towards a psychiatric patient.
7.	ECT should be banned.
8.	Would you take up psychiatry as a profession in your future,

Table 3a KNOWLEDGE OF PSYCHIATRY

Sl No of Items	Items
1.	Psychiatric disorders are only relieved, not cured using medicines.
2.	Psychiatric disorder is less disabling than the treatment itself.
3.	Risk of psychiatric disorder increases in people with less sexual desire.
4.	Risk of psychiatric disorder increases in people who masturbate excessively.
5.	Risk of psychiatric disorder increases in people who are sad and unhappy mostly.
6.	Risk of psychiatric disorder increases in people who have a busy and hectic lifestyle.
7.	Risk of psychiatric disorder increases in people who frequently complain of tiredness.
8.	Risk of psychiatric disorder increases in people who have failed romantic relationship.
9.	Risk of psychiatric disorder increases in people who have a traumatic childhood.
10.	Risk of psychiatric disorder increases in people who have lot of tensions.
11.	Are older people less prone to mental disorders.
12.	Children do not suffer from psychiatric problems.

- Women are less prone for psychiatric disorders.
- Lower socioeconomic class increases risk of having psychiatric disorders.
- Higher education or high IQ increases risk for psychiatric disorders.
- Genetic reasons leads to psychiatric disorders.
- Neurotransmitter imbalances leads to psychiatric disorders.
- Abnormal family leads to psychiatric disorders.
- Social circumstances leads to psychiatric disorders.
- Poor nutrition leads to psychiatric disorders.
- Polluted atmosphere leads to psychiatric disorders.
- Loss of seminal / genital fluids leads to psychiatric disorders.
- Psychiatry is an early discipline.
- Psychotherapy is an essential part for all psychiatric disorders.
- Psychotherapy is a waste of time.
- M-ECT is given under GA.
- M-ECT is one of the effective treatment modality in psychiatry.

TABLE NO-2a ATTITUDE TOWARDS PSYCHIATRY											
Sl. No.	Items	1st yr MBBS	1st yr MBBS Stu	Interns	Gen Popu	1st yr MBBS	1st yr MBBS Stu	Interns	Gen Popu	1st yr MBBS	1st yr MBBS Stu
1.	Are you comfortable talking to a psychiatric patient?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
2.	Would you object to a recovered psychiatric patient marrying your relative?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
3.	You feel sympathetic towards a psychiatric patient	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
4.	You feel sad and sorry towards a psychiatric patient.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
5.	Psychiatric patient should be treated.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
6.	You feel empathetic towards a psychiatric patient.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
7.	ECT should be banned.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
8.	Would you take up psychiatry as a profession in your future,	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 4 SOCIO DEMOGRAPHIC PROFILE

Total sample	n-141	n-150	n-193
	1st yr MBBS	Interns	Gen Popu
AGE			
16-25	141	148	71
26-35	0%	2	123
GENDER			
MALE	67	68	151
FEMALE	76	82	43
MARIETAL			
UNMARRI	141	150	75
MARRIED	0%	0%	119
EDUCATIC			
PRIMARY	0%	0%	9
SECONDARY	0%	0%	12
HSC	141	0%	29
GRADUATE	0%	150	61
POST GRADUATE	0%	100%	83
OCCUPAT			
SELF EMPLOYED	0%	0%	22
UNSKILLED WORK	0%	0%	37
SKILLED WORK	0%	0%	41
LABOURER	0%	0%	12
PROFESSIONAL	0%	150	18
HOUSEWIFE	0%	0%	22
STUDENTS	141	100%	42

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