Research Article

Impact of Two Weeks Psychiatric Clinical Posting on Intern Doctors' Knowledge And Attitudes Towards Psychiatry and Mental Illnesses

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Abstract

Background: Today, mental disorders are attached with negative and stigmatising attitudes, which are often due to lack of knowledge about mental illness. Prevailing negative attitude worldwide is the important reason, especially in developing countries such as India, where very little attention has been paid to the way attitudes of students are influenced by a clinical posting in psychiatry. As the intern doctors can play an important role in reduction of negative attitude and stigma, it's mandatory to study their knowledge and attitude and the findings of the study will help to focus strategies to change attitudes in this group.

Aims: To know the knowledge and attitude of intern doctors towards psychiatry before and after their 2 weeks psychiatry posting and to address the issue whether a 2 weeks posting is sufficient to favourably influence attitudes

Methods and Material: For study, over a period of 12 months, all 110 interns, who attended psychiatry posting for the 1st time in their internship, in a tertiary care centre in western India were approached amongst which 93 (33 males and 60 females) consented to be a part. Attitude and knowledge was measured with 49 items questionnaire on the 1st day and last day of their regular posting. The data thus collected was analysed by SPSS version 20.

Results: Knowledge improved about schizophrenia, ECT, alcohol dependence, psychiatric drugs. Stigmatising attitudes towards psychiatric disorders decreased. Significant number of intern doctors agreed that a psychiatric diagnosis does not lead to stigma and mental illness is not an acceptable reason for divorce. There was no statistically significant change in the other questions asked. As the exposure to psychiatry increases, overall knowledge and positive attitude toward psychiatry increases.

Conclusions: Knowledge improved about schizophrenia, ECT, alcohol dependence, psychiatric drugs. Stigmatising attitudes towards psychiatric disorders decreased but there was no statistically significant change in majority of the questions asked. 2 weeks psychiatry posting was successful in bringing about some positive changes. A longer duration psychiatry posting is necessary to bring about more robust changes in knowledge and attitude.

Introduction:

Patients with chronic mental illness suffer great stigma. The World Health Organization reported in 2001 (1) that about 450 million people worldwide suffer from some form of mental disorder or brain condition, and that one in four persons meet criteria for mental disorder at some point in their life. Stigmatizing attitudes toward people with mental illness are widespread and people tend to react in a very discriminating way toward those with mental illness. Patients with major psychiatric illness were not given the right of making decisions on their own.

In India, the prevalence of serious mental illness is 6.5%, which is roughly estimated to be 71 million people but the country still lacks personnel trained in mental-health to cater to such a large population of the mentally ill. Literature suggests the deficit to be 77.66% compared to ideal number of 1 per 100,000 populations. (2,3). So care of the mentally ill is either neglected or left on general practioners.

High levels of ignorance, discrimination, and prejudice toward mentally ill amongst health professionals has been

shown by various studies worldwide (4,5,6,7,8,9).
Amongst medical students, few studies have shown positive attitude (10,11,12) while majority point towards a more negative one.(1,13,14,15,16,17). The stigma may be due to poor knowledge about psychiatry or rare interaction with patients with mental illness. It is important that the students develop appropriate attitude toward psychiatry as a medical discipline (18) because graduating as doctors with negative attitude toward psychiatry has far reaching consequences.
Current Medical Council of India guidelines prescribe only 15 days mandatory psychiatry clinical postings for intern doctors. Does present training in psychiatry impact a change in knowledge and attitude in our intern doctors towards psychiatry? Does it equip them to better identify and understand psychiatric patients? Also, no study has been done asking the particular questions we have asked in our study.
With this background and queries we conducted this study to understand the Impact of two weeks psychiatric clinical posting on Intern doctors' Knowledge and Attitudes towards Psychiatry and Mental illnesses.

Subjects and Methods:

The study was conducted in the Department of Psychiatry of a tertiary care Government Medical College in Gujarat. Over a 12 month period, all 110 interns, who attended psychiatry posting for the 1st time in their internship, were approached, amongst which 93 (33 males and 60 females) consented to be a part. The psychiatry rotation included exposure to psychiatry ward and patients, assisting in in-patient care, exposure to ECT treatment, counselling of the caregiver and evaluating outcome of the management. We distributed questionnaires to all consenting students. Anonymity and confidentiality was emphasized to overcome the possible tendency of the students to give answers perceived as acceptable to the investigator rather than the respondent's true opinion. It was explained that their response would not have influence on their getting completion. To avoid peer group influence, students were barred to discuss their statements among themselves. Knowledge and attitude was measured with '47 items knowledge and attitude towards psychiatry questionnaire' on the 1st day and last day of their regular posting. The data thus collected was analysed by SPSS version 20.

Results:

The final sample included a total of 93 interns with 60 females (65%) and 33 males (35%).
Table 1 shows scores obtained from the total sample, categorized according to the 47 questions asked showing good knowledge about psychiatry and a neutral to positive attitude towards mental disorders. In 5 questions pertaining to knowledge there were statistically significant changes pre and post postings as depicted in Figures 1-5. In 2 questions pertaining to attitude there were statistically significant changes pre and post postings as depicted in Figures 6-7. Negative attitude towards mental illness was evident in answer to one question. 38% interns agreed pre-posting that most people with mental disorder are not in a position to take decisions on their own, for example, marriage, which increased to 53% post postings (Q.37 in Table 1)

ATTITUDE AND KNOWLEDGE QUESTIONNAIRE DATA								
SR.	QUESTION	**AGREE N(%)**	**DISAGREE N(%)**	**NOT SURE N(%)**	**AGREE N(%)**	**DISAGREE N(%)**	**NOT SURE N(%)**	**P VALUE**
1.	Stress is always bad.	48 (52)	44 (47)	1 (1)	49 (53)	44 (47)	0 (0)	.852
2.	Schizophrenia is always hereditary.	76 (82)	9 (10)	8 (9)	9 (10)	78 (84)	6 (6)	.002
3.	Depression is more common in men.	20 (22)	61 (66)	12 (13)	30 (32)	55 (59)	8 (9)	.199
4.	Postural hypotension is caused by antidepressants as well as Antipsychotics.	32 (34)	20 (22)	41 (44)	62(67)	18 (19)	13 (14)	.004
5.	Agoraphobia is fear of heights.	66 (71)	23 (25)	4 (4)	8 (9)	32 (34)	4 (4)	.721
6.	Electro Convulsive Therapy causes permanent memory disturbances.	5 (5)	82 (88)	6 (6)	10 (11)	75 (81)	7 (8)	.543
7.	All psychiatric drugs are addictive.	11 (12)	76 (82)	6 (6)	13 (14)	70 (75)	10 (11)	.756
8.	Mania is illness of the rich & Schizophrenia is of poor.	18 (19)	64 (69)	11 (12)	26 (28)	62 (67)	5 (5)	.097
9.	Obsessive Compulsive disorder is a psychosomatic disorder.	41 (44)	37 (40)	15 (16)	15 (16)	24 (26)	5 (5)	.253
10.	Sodium Valproate is a mood stabilizer	50 (54)	38 (41)	5 (5)	25 (27)	14 (15)	5 (5)	.172
11.	Schizophrenics are always violent.	9 (10)	74 (80)	10 (11)	7 (8)	81 (87)	5 (5)	.401
12.	Clomipramine is the drug of choice for premature ejaculation.	18 (19)	49 (53)	26 (28)	29 (31)	44 (47)	20 (22)	.081
13.	Peptic ulcer is a psychosomatic disorder.	41 (44)	41 (44)	11 (12)	36 (39)	17 (18)	5 (5)	1.000
14.	Once a schizophrenia, always a schizophrenic.	34 (37)	50 (54)	9 (10)	34 (37)	50 (54)	9 (10)	.384
15.	Behavior therapy helps in all Anxiety disorders.	36 (39)	49 (53)	8 (9)	36 (39)	49 (53)	8 (9)	.798
16.	Antidepressant action of the drugs starts after 2-4 weeks.	9 (10)	76 (82)	10 (11)	7 (8)	81 (87)	5 (5)	.063
17.	Anxiety and fear are synonymous.	11 (12)	76 (82)	6 (6)	13 (14)	70 (75)	10 (11)	.255
SR.	QUESTION	AGREE N(%)	DISAGREE N(%)	NOT SURE N(%)	AGREE N(%)	DISAGREE N(%)	NOT SURE N(%)	P VALUE
18.	All psychiatric disorders are functional disorders.	5 (5)	82 (88)	6 (6)	10 (11)	76 (82)	7 (8)	.320
19.	Benzodiazepines can be	18 (19)	64 (69)	11	26	62 (67)	5 (5)	.779

	stopped abruptly.			(12)	(28)			
20.	Panic disorder patients usually get admitted in ICCU.	49 (53)	44 (47)	-	49 (53)	44 (47)	-	.424
21.	Hysterical patients pretend their illness.	5 (5)	80 (86)	8 (9)	9 (10)	78 (84)	6 (6)	.134
22.	Schizophrenics are less vulnerable to physical illnesses.	20 (22)	61 (66)	12 (13)	30 (32)	55 (59)	8 (9)	.114
23.	Dystonia is a side effect of an antidepressant.	32 (34)	20 (22)	41 (44)	42 (45)	18 (19)	21 (23)	.532
24.	Delusion is a false fixed belief, not corrected by reasoning.	36 (39)	49 (53)	8 (9)	36 (39)	49 (53)	8 (9)	.363
25.	Alcohol causes depression.	9 (10)	74 (80)	10 (11)	7 (8)	81 (87)	5 (5)	.181
26.	Lithium is excreted through liver.	50 (54)	38 (41)	5 (5)	61 (66)	26 (28)	6 (6)	.184
27.	In Psychotherapy, patient is usually passive, and is given advice.	36 (39)	49 (53)	8 (9)	36 (39)	49 (53)	8 (9)	.511
28.	ECT must never be given without anaesthesia.	9 (10)	74 (80)	10 (11)	81 (87)	7 (8)	5 (5)	.010
29.	Alcohol dependence is a disease.	18 (19)	49 (53)	26 (28)	29 (31)	44 (47)	20 (22)	.026
30.	Benzodiazepines are the first line of treatment for depression.	16 (17)	63 (68)	14 (15)	36 (39)	50 (54)	7 (8)	.002
31.	Most psychiatric patients should be treated in mental hospitals rather than in general hospitals or in primary health care centres. .	28 (30)	55 (59)	10 (11)	40 (43)	46 (49)	7 (8)	.082
32.	Common mental disorders such as depression can be treated just as well by general health professionals as by mental health professionals.	34 (37)	41 (44)	18 (19)	30 (32)	53 (57)	10 (11)	.379
SR.	QUESTION	AGREE N(%)	DISAGREE N(%)	NOT SURE N(%)	AGREE N(%)	DISAGREE N(%)	NOT SURE N(%)	P VALUE
33.	Prohibition is an appropriate public health policy for the control of alcohol abuse disorders.	33 (35)	51 (55)	9 (10)	33 (35)	51 (55)	9 (10)	1.000
34.	One should not put psychiatric diagnoses such as depression as it leads to	36 (39)	37 (40)	15 (16)	21 (23)	64 (69)	8 (9)	.034

	stigma.							
35.	In general, referring patient to a psychiatrist does not help much.	36 (39)	49 (53)	8 (9)	36 (39)	49 (53)	8 (9)	.569
36.	Any doctor should be able to treat common mental disorders.	16 (17)	63 (68)	14 (15)	36 (39)	50 (54)	7 (8)	.474
37.	Most people with mental disorder are not in a position to take decisions on their own, for e.g. Marriage.	35 (38)	50 (54)	8 (9)	49 (53)	36 (39)	8 (9)	.707
38.	Mental illness is an acceptable reason for divorce.	9 (10)	74 (80)	10 (11)	7 (8)	81 (87)	5 (5)	.021
39.	Recovered mentally ill can work and earn well.	37 (40)	41 (44)	15 (16)	65 (70)	20 (22)	8 (9)	.185
40.	Mentally ill are weak-willed people.	25 (27)	61 (66)	7 (8)	36 (39)	49 (53)	8 (9)	.895
41.	Mentally ill are themselves responsible for their illnesses.	16 (17)	72 (77)	5 (5)	13 (14)	75 (81)	5 (5)	.445
42.	One must not ask about suicidal ideas to a patient.	24 (26)	57 (61)	12 (13)	22 (24)	61 (66)	10 (11)	.729
43.	More Mental Hospitals are needed for mentally ill persons.	48 (52)	31 (33)	14 (15)	58 (62)	26 (28)	9 (10)	.105
44.	Depression is a disorder which is more common in the rich as compared to the poor.	46 (49)	39 (42)	8 (9)	36 (39)	49 (53)	8 (9)	.119
45.	Doctors do not have time to treat mental disorders.	15 (16)	73 (78)	5 (5)	15 (16)	70 (75)	8 (9)	.630
46.	Psychotherapy is not possible in the Indian setting because patients do not find it acceptable.	34 (37)	47 (51)	12 (13)	27 (29)	59 (63)	7 (8)	.635
47.	Mental disorders are imaginary, they are not real disorders like T.B.	23 (25)	66 (71)	4 (4)	15 (16)	72 (77)	6 (6)	.110

KNOWLEDGE

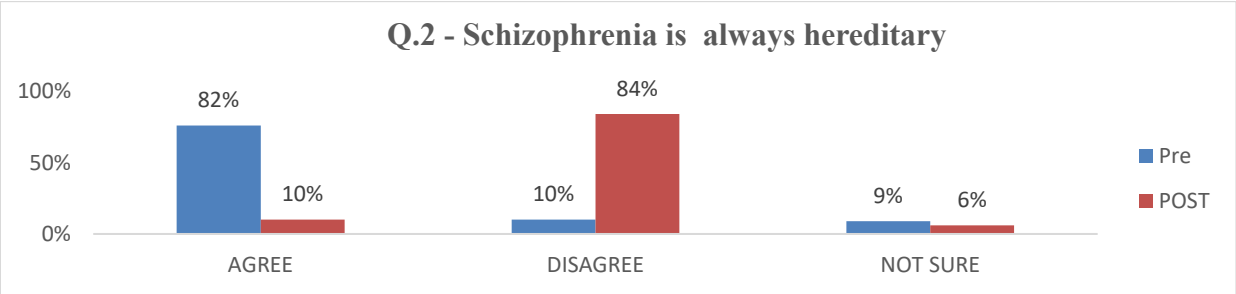

Fig. 1 - Schizophrenia is always hereditary. - 82% agreed pre posting which dropped to 10% post posting.

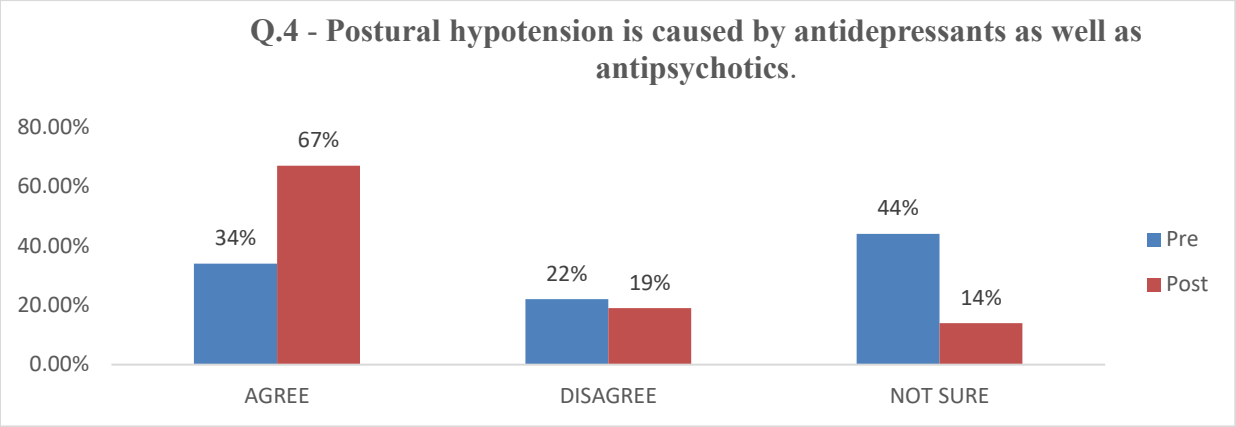

Fig. 2 - Postural hypotension is caused by antidepressants as well as antipsychotics. - 34% agreed in pre posting which increased to 67% post posting.

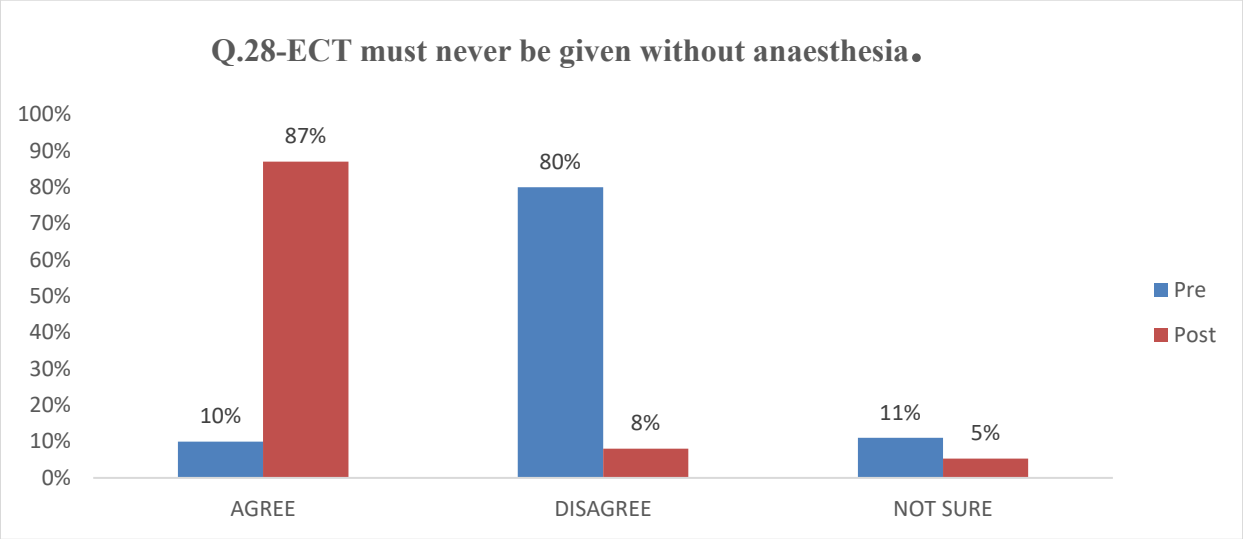

Fig. 3 - ECT must never be given without anesthesia -10 % agreed in pre-posting assessment which increased to 87% in post posting assessment.

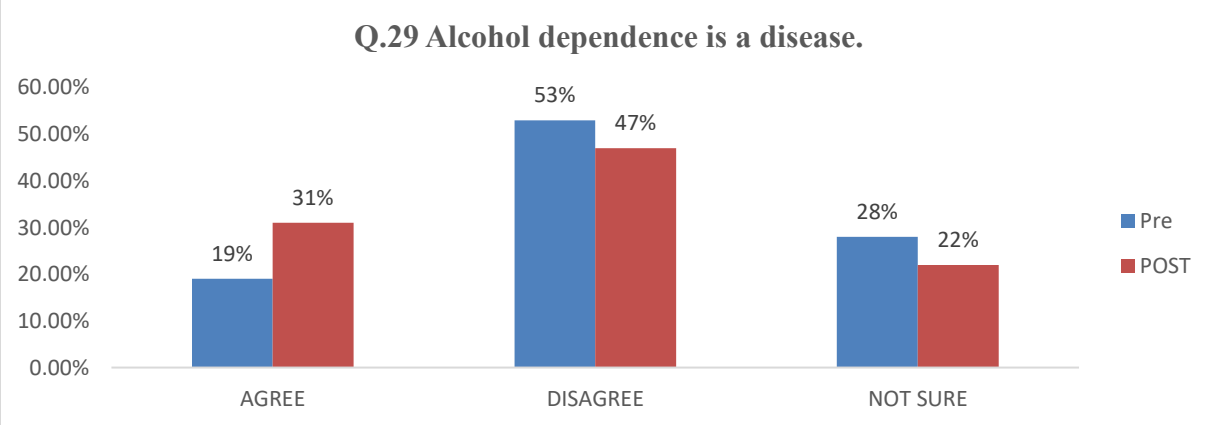

Fig. 4 - Alcohol dependence is a disease -19% agreed in pre posting assessment that alcohol dependence is a

disease which increased to 31% in post posting assessment.

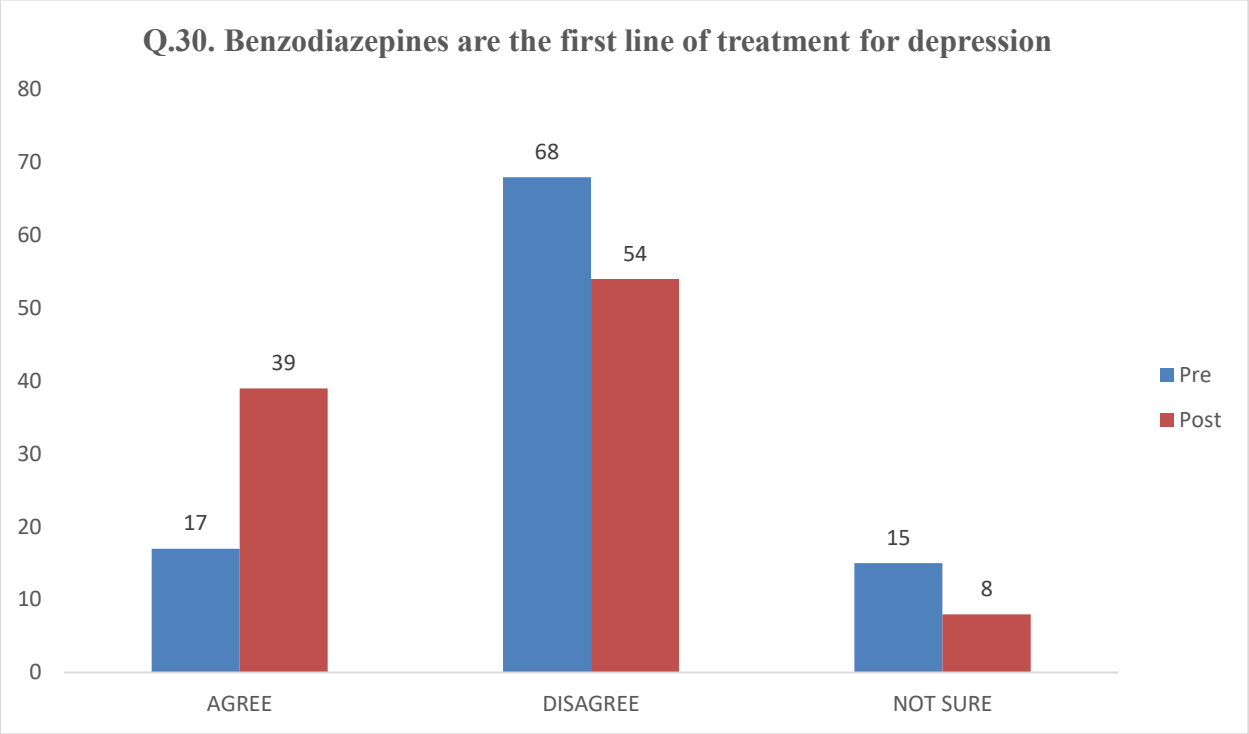

Fig.5 - Benzodiazepines are the first line of treatment for depression – 68% disagreed in pre posting which decreased to 54% in post posting assessment.

ATTITUDE

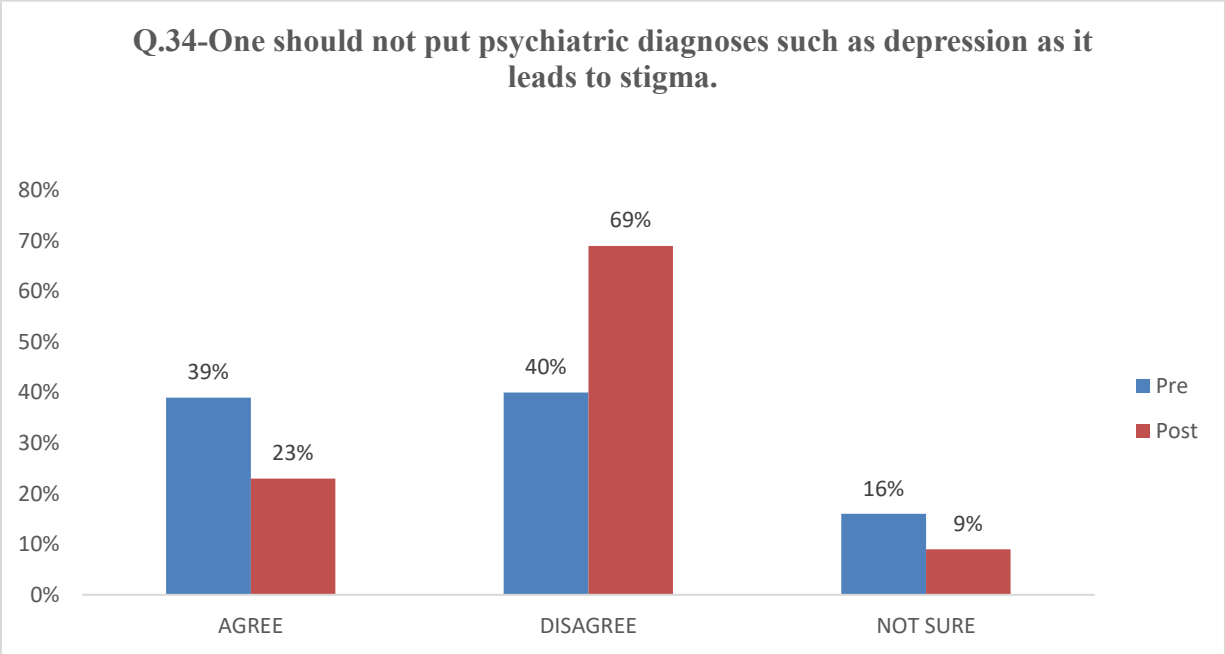

Fig.6 - One should not put psychiatric diagnoses such as depression as it leads to stigma. – 40% disagreed pre posting which increased to 69% post posting.

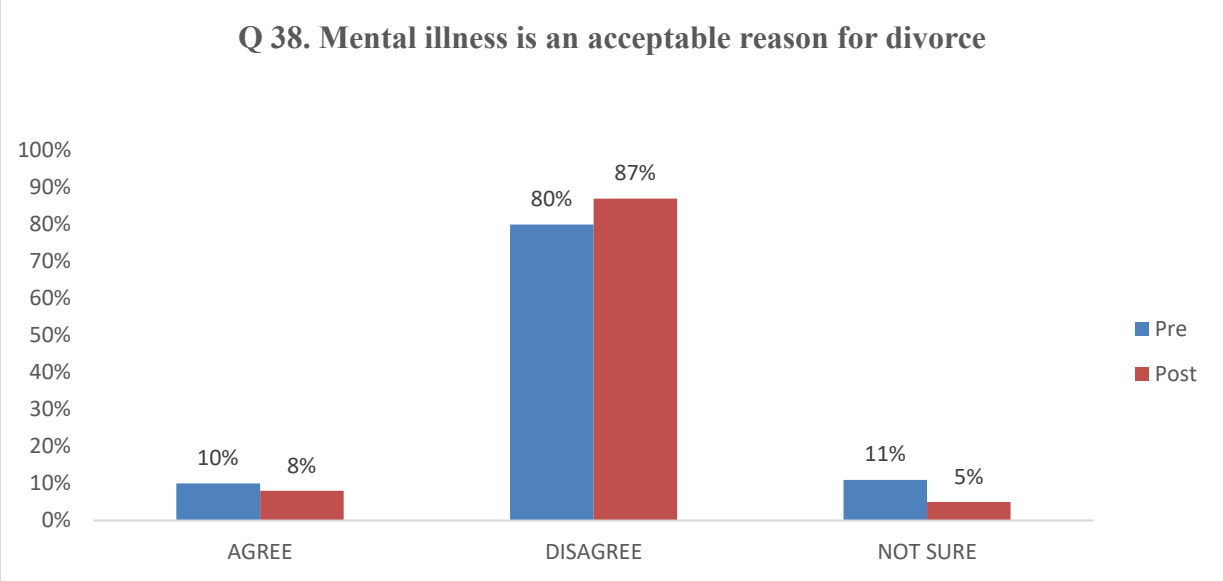

Fig.7 - Mental illness is an acceptable reason for divorce. – 80% disagreed pre posting which increased to 87% post posting.

Discussion:

Our study found good knowledge and mostly neutral to positive attitude toward psychiatry in students who were exposed to 2 weeks clinical rotation in psychiatry. Similarly, positive attitude were found in studies by Jiloha RC *et al.* (10), Kumar A *et al.* (11) and Raaj K *et al.* (12). Tharyan *et al.* (19) in their study also found out that the psychiatric rotation did bring a positive change in attitude of doctors.

There was a statistically significant change in knowledge and attitude in only 15% of the questions. Rest 85% of the questions showed no statistically significant change. Raaj K et al (12) also found that change in attitude was not statistically significant in 63.3% of the questions. In our study, this may be due to that even in pre-posting assessment, the interns showed mostly a positive knowledge and attitude towards psychiatry.

To the question, Schizophrenia is always hereditary, 82% agreed pre posting which dropped to 10% post posting. This may be due to exposure to many schizophrenia patients without a family history of schizophrenia in our OPD.

Postural hypotension is caused by antidepressants as well as antipsychotics, 34% agreed in pre posting which increased to 67% post posting. This positive change in knowledge might have been due to extensive exposure to side effects in patients caused by psychiatry medications.

10 % agreed in pre-posting assessment that ECT must never be given without anesthesia which increased to 87% in post posting assessment. The interns observed and assisted the resident doctors in giving ECT to the patients. This might have increased their knowledge about ECT.

The question is ''Alcohol dependence a disease' showed positive change in knowledge post postings. 19% agreed in pre posting assessment that alcohol dependence is a disease which increased to 31% in post posting assessment. This may be due to exposure to alcohol dependence patients at the Deaddiction Centre run in our department.

One question in which the interns showed decreased knowledge post assessment was in the question whether Benzodiazepines are the first line of treatment for depression. 68% disagreed in pre posting which decreased to 54% in post posting assessment. This may be due to frequent use of benzodiazepines as a first line treatment to treat insomnia in depressed patients.

One should not put psychiatric diagnoses such as depression as it leads to stigma, 40% disagreed pre posting which increased to 69% post posting. Also, post posting 87% interns disagreed that Mental illness is an acceptable reason for divorce (which was 80% pre postings). This shows the acceptance among the intern doctors about the validity of psychiatry disorders, that it is like any other disorder and should not be associated with stigma. Similar positive

change in attitude of interns after psychiatry posting has been found by Tharyan *et al.* (19), Wilkinson *et al*. (20), Lyons et al. (21), Bulbena *et al.* (22).

Negative attitude towards mental illness was evident in answer to one question. 38% interns agreed pre-posting that most people with mental disorder are not in a position to take decisions on their own, for example, marriage, which increased to 53% post postings. This was in spite of meeting the peer support volunteers (recovered patients) working at our centre. This might have been because of the exposure to acutely psychotic patients which generally the students never encountered before their posting.

Conclusion:

Mental health care in India is far below desired (2,3). Psychiatrists are less and the responsibility of mental-health-care of a large population lies with the general practitioners. A negative attitude towards psychiatry will affect the quality of mental health care at the primary care level.

Our study found that 2 weeks exposure to psychiatry brought about some positive changes in attitude and knowledge about psychiatry. More exposure to psychiatry is necessary to bring about a more significant change. Further study with larger sample will help in reaching more definitive conclusion.

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