# Attitude of Medical Students towards Mentally Ill Patients: Impact of Clinical Psychiatric Rotation

## Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وقُلِ اعْمَلُوا فَسَيَرَى اللَّهُ عَمَلَكُمْ
ورَسُولُهُ والْمُؤْمِنُونَ

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# LIST OF ABBREVIATIONS

ADHD ..... Attention deficit hyperactivity disorder
AIDS ..... Acquired immunodeficiency syndrome
AMIQ…… .... Attitude to Mental Illness Questionnaire
AMP …… ..... Attitudes to Mental Illness Questionnaire
ANOVA Test Analysis of Variance
APE ..... Associative-propositional evaluation model
ATP …… .. Attitude to Psychiatry questionnaire
ATP …… .. Attitudes towards psychiatry questionnaire
AUDs ..... Alcohol use disorders
BA…… ..... Broadmann Area
BASTA ..... Bavarian anti-stigma initiative
CBC …… Channel Bus Controller
CS ..... Conditioned stimulus
D-ACC ..... Dorsal anterior cingulate cortex
Dl-PFC ..... Dorsolateral prefrontal cortex
Dm-PFC ..... Dorsomedial prefrontal cortex
DSM ..... The Diagnostic and Statistical Manual of Mental Disorders
EC..... Evaluative conditioning
EEG ..... Electroencephalography
ENT…….. Ear, Nose, and Throat
GBD ..... The global burden of disease
GP ..... General Practitioner
HIV ..... Human immunodeficiency virus infection
MCM ..... Meta-cognitive model
MH…… .... Mental health
MI ..... Mental illness
MICA ..... Mental illness clinician attitude scale (MICA-2 medical student version)
MODE ..... Motivation and opportunity as determinants model
NAMI….. ..... National alliance on mental illness
NIHR …… .... National Institute for Health Research

# LIST OF ABBREVIATIONS (CONT.)

NIHR…… ..... National Institute for Health Research
OMI …….. Opinions about Mental Illness Ideology Scale
PAST ..... Past attitudes are still there
P-MFC ..... Posterior medial frontal cortex
PWS..... Patients with severe mental illness
SD ..... Standard deviation
SES ..... Socioeconomic status
SIB ..... Saying-is-believing
SMA ..... Supplementary motor area
SPSS ..... Statistical Package for Social Sciences program
TMS ..... Trans-cranial Magnetic Stimulation
U.S. ..... United status
US ..... Unconditioned stimulus
WHO……. ... World health organization
WPA ..... World Psychiatric Association

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# INTRODUCTION

Mental health is an essential component of health, mental disorders can affect not only individual quality of life but also national productivity (***Wang et al., 2013***). It is an ignored subject in the field of medicine. This neglect accounts for students' lack of interest in psychiatry and fewer medical students consider psychiatry as a career choice as compared to other medical subspecialties (***Aslam et al., 2009***).

There is a growing concern about mental health literacy, Jorm found that members of the public from many countries have poor mental health literacy, which could have widespread implications for clinical care, including lack of adherence to evidence-based mental health care and help-seeking behaviors (***Furnham et al., 2008***). Mental disorders are common, widespread and are becoming major contributors to the global burden of disease (GBD) (***Abd Malik-Chia, 2012***).

Many of them suffer alone and in silence, many never receive treatment of any kind. Between them and the prospect of care stand the barriers of stigma, prejudice, shame and exclusion (***Arboleda-Florez and Sartorius, 2008***). In Egypt, one of the most commonly cited reasons for the under-use of available psychiatric services by the lay-public is the notion of stigma (***Coker, 2005***), signs of mental health problems may be ignored by the patient and the patient's family, resulting in a delay in seeking professional help (***Furnham et al., 2008***).

Furnham and colleagues found also that supernatural explanations, such as witchcraft and possession by evil spirits, are often used in non-Western cultures to explain the etiology of mental disorders, but this is not common in the West. Patients may wear a protective charm called a "Tavees", which may constitute holy verses from the Quran, and is used as a defense mechanism against witchcraft (***Furnham et al., 2008***).

However, psychiatry as a discipline is often perceived as 'different' by other medical professionals as much as by a common man. This perception of 'difference' may give rise to stigma both towards mental illness and to mental health professionals. Mental health professionals are thus both recipients of stigma and agents who can de-stigmatize psychiatry (***Kalra, 2012***).

Psychiatry as medical specialty seems to be losing its appeal. At the end of World War II, between 7-10% of medicine majors in the United States used to choose psychiatry as a career. Two different reasons have been presented as explanations. Either medicine students nowadays are less attracted to psychiatry in comparison with other alternatives, or their experience while taking the undergraduate course was unsatisfactory and this led to their rejection of that specialty (***Ortiz et al., 2010***). For decades psychiatrists have been subjected to jokes and ridicule because of their seemingly mysterious and incomprehensive ways of understanding the human mind and human passions (***Okasha, 1995***).

Goffman, in his classic 1963 work, defined stigma as "any attribute, trait or disorder that marks the person as being unacceptably different from the 'normal' people with whom the person usually interacts and that elicits some form of community sanction" (***Lyons and Hood, 2011***), it is a social injustice that discredits many people with serious mental illness, terribly harming them in the process (***Corrigan et al., 2011***). Stigma is considered as an amalgamation of three related problems: a lack of knowledge (ignorance), negative attitudes (prejudice), and exclusion or avoidance behaviors (discrimination) (***Ogunsemi et al., 2008***).

Stigma categorized into public stigma and self-stigma. Public stigma is defined as the unfair treatment of people with mental illness by others, while self-stigma is the internalization of stigma and expectation of discrimination within the

stigmatized individual (***Abd El Malek-Chia., et al., 2012***), a person diagnosed with the illness as schizophrenia will be seen by most of those around him or her as: dangerous, lazy, and incompetent at work, unable to be a family member that fulfills his or her social obligations (***Sartorius and Schulze, 2005***); Furnham and colleagues hypothesized that this may be due to the perception that biological causation or "brain disease" implies a lack of cognitive control on the part of the patient (***Furnham et al., 2008***).

A substantial body of research indicates that stigmatization may have numerous harmful effects on persons with mental illness, limiting their life opportunities and leading to reduced self-esteem and self-efficacy, compromised quality of life and non-adherence to treatment (***Świtaj et al., 2013***). Half of the people with mental illness who would probably benefit from psychiatric services never obtain even an initial interview with a professional (***Corrigan et al., 2011***). Moreover, People with mental illness die prematurely. One reason is that their physical healthcare is on average worse than that provided to people without mental health problems (***Friedrich et al., 2013***).

Behaviors associated with psychiatric conditions, diagnostic labels, and association with treatment all incur stigma, which, in turn, predicts more teacher-observed peer rejection and peer neglect (***Moses, 2014***). The stigma is the main obstacle to better mental health care and better quality of life of people who have the illness, of their families, of their communities and of health service staff that deals with psychiatric disorders (***Sartorius and Schulze, 2005***). Moreover, psychiatric stigma is used uncritically by policy-makers to explain the underutilization of professional psychiatric services in non-Western societies (***Coker, 2005***).

Reducing isolation and stigmatization is very important for reducing depression among families of schizophrenic

patients, stigma towards relatives must be taken into account when planning for intervention by mental health professionals (***El-Tantawi et al., 2010***). According to Kamel and colleagues, the reaction and attitude of Egyptian parents of children with Down's syndrome suggest that stigma was inherited in the perception of the family and the social relations and studies in Egypt particularly with high social standards **(*El-Defrawi et al., 2001***).

Over the last few decades strategies and programmers have been developed globally that aim to overcome discrimination and negative stereotyping of mental illness and reduce the impact on those who suffer from these illnesses. Corrigan and Penn identified three core approaches that can be targeted in anti-stigma campaigns: protest, education, and contact (***Lyons and Hood, 2011***).

Direct contact with patients with mental illness can reduce or sometimes increase stigmatizing attitudes. Positive educational experiences and positive personal experiences have been shown to improve attitudes. Other research has shown that it worsen attitudes (***De Alwis et al., 2012***). The ambitions have been to increase public knowledge about mental illness and treatment and the possibilities for recovery (***Khairy et al., 2012, Markstrom, 2009***).

Patients' experience of discrimination from the health care community perpetuates self-stigma, resulting in fear of, and withdrawal from, seeking treatment and social support (***Abd El Malek-Chia et al., 2012***). Medical students have misperceptions about psychiatry; it may be due to the impact of 'bad mouthing' by other specialists. It is against this complex backdrop that recruitment of medical graduates into psychiatry takes place. Factors such as personality, previous experience with a person with mental illness, medical school experiences, including influence of faculty members have been found to affect the attitude of medical students towards

psychiatry (***Adebowale et al., 2012***). Also, health professionals tend to hold negative attitudes towards individuals with mental illness (***Gabbidon et al., 2013***).

Attitude was defined by Rezler as: an emotionally linked and learnt belief around an object or situation predisposing one to respond in some preferential manner (***Al-Ansari and Al-Sadadi, 2002***). A change in attitude refers to the development of a more positive (less stigmatizing), or more negative (more stigmatizing) evaluation of mental illness and people with mental illness after an intervention (***De-Alwis et al., 2012***).

As Attitudes of medical students are influenced by many factors, training in psychiatry and experiences in medical school plays an important role in determining these attitudes. Therefore, a clinical rotation in psychiatry is an opportunity to influence the attitudes of medical students towards psychiatry as a discipline, as well as their attitude towards those with mental illness (***Hori et al., 2011***). Moreover, the attitude of medical students is influenced by the role of education providers (***Al-Ansari and Al-Sadadi, 2002***), Malegiano and colleagues highlight that students' beliefs are significantly related to diagnostic labeling and belief in a biogenetic causal model (***Magliano et al., 2013***).

Schmetzer and Lafuze study revealed that students possess stronger beliefs in both biological and social causes of mental illness after the psychiatric rotation (***Schmetzer and Lafuze, 2008***). Health-care providers need to make considerable efforts to deal with this stigmatization in order to be more effective in caring for mental illnesses, as well as to help society adopt a more positive attitude. For this reason, it is important to determine the attitudes of medical students toward psychiatric patients and psychiatric disorder (***Aker et al., 2007***). Medical educators have a key role in delivering education that reduces that stigma ***(Roberts et al., 2008***; ***Kalra, 2012***).