

Attitudes and Stigma Towards Mentally Ill People Among Students of College of Medicine, University of Baghdad

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ABSTRACT:

BACKGROUND:

Stigma and discrimination towards people suffering from mental illness is still unfortunately common in our community and this can negatively affects the attitudes of medical students. Medical curricula in different medical schools were found to have less effect than expected on these attitudes.

OBJECTIVE:

To compare the stigma and attitudes between fourth and sixth year medical students (before and after their psychiatry placement) at the College of Medicine, University of Baghdad, towards mentally ill people.

SUBJECTS & METHODS:

A case control study with random samples were taken from the fourth and sixth year students. The community attitudes towards mental illness questionnaire was used to rate attitudes and stigma amongst both groups of students. Independent sample's t test was used to compare between both groups. P value ≤ 0.05 was considered significant.

RESULTS:

A total of 106 students from fourth year and 107 students from the sixth year had participated in this study, male to female ratio was 0.3:1 and 0.9:1 respectively. Mean age was 21.5 ± 0.8 for the fourth year and 23.7 ± 0.7 for the sixth year. Majority of students were from Baghdad city (92.45% of 4th year and 89.72% of 6th year). Crowding index was almost similar between both groups. Stigma was not significantly different between fourth and sixth year students ($p = 0.1$). Authoritarianism was significantly higher among sixth year students ($p = 0.02$), while other subscales (benevolence, social restrictiveness, and community mental health ideology) were not significantly different (P value was 0.6, 0.08, and 0.2 respectively). Crowding index had no effect on stigma and other community attitudes towards mentally ill (CAMI) subscales.

CONCLUSION:

Stigma and attitudes towards mentally ill people were the same in fourth and sixth years' students. It seems that psychiatry curriculum did not help in changing attitudes of students towards mentally ill people.

KEY WORDS: attitudes, mental illness, medical students, baghdad college of medicine.

INTRODUCTION:

One could argue that mentally ill people are suffering more than physically ill people because their suffering is double faced. From one side they are suffering from the symptoms and disabilities of their illness and from the other side they are suffering from the stereotypes and prejudice that result from wrong perceptions about mental illness⁽¹⁾. This can lead to discrimination against mentally ill people regarding jobs, housing, health care, and social relationships.

In the Iraqi community, mental illness had been attributed to possession by jinni, black magic, and evil eye. This had created a moral judgment against mentally ill and had made mental illness a stigma.^(2,3) The World Health Organization defines stigma as "A mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society."⁽⁴⁾ Stigma can also be an influential factor in the formation of attitudes by medical students towards psychiatry and to a career in psychiatry. So, stigma might lead to discrimination and poor medical care for mentally ill patients.

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In the College of Medicine, University of Baghdad, medical students come in contact with patients suffering from mental health problems during their placement in psychiatry in the fifth year⁽⁵⁾. After careful search for publications medical database, no previous studies that had examined the effect of this placement on the attitudes of students towards mentally ill people were found.

The aim of this study is to compare between the attitudes of students of the fourth and sixth years towards mentally ill people, allowing some reflection on the impact of psychiatry course on their attitudes.

SUBJECTS AND METHODS:

This case control study was conducted in College of Medicine, University of Baghdad, during March, 2016. A random sample of students (about one third of the total) from each of the fourth and sixth years was included. The cases group is the sixth year students and the control group is the fourth year students. Official approval of the deanery of the college was taken. The students were informed about the study and oral consent was secured before filling the questionnaire. The questionnaire is composed of two parts: the first part includes the sociodemographic data of the student, and the second part includes the Community Attitudes towards Mental Illness (CAMI) scale developed by Taylor and Dear⁽⁶⁾. The CAMI scale was translated and standardized in Arabic through translation, back translation, a panel of experts, and a pilot study. The pilot sample was not included with the study sample. The questionnaire took about 15-20 minutes to be filled in. The CAMI scale measures the attitudes of people towards mentally ill people who need treatment but are capable of independent living outside the hospitals. It is composed of 40 statements with a 5 points likert scale type of response. It has four subscales: authoritarianism, which reflects the oppressive attitudes towards the mentally ill, benevolence which reflects a sympathetic attitude, social restrictiveness considers the mentally ill as a threat to the society, and "community mental health ideology" supports the idea of community-oriented care for the mentally ill. Each scale is composed of 10 items with 5 positively scored and 5 negatively scored. Scores are reversed on negatively scored items and then the total scores for each subscale are calculated. The maximum score of each subscale is 50.

Independent samples *t* test was carried out to examine the differences in means of scores (stigma, authoritarianism, benevolence, social restrictiveness, and community mental health ideology) between students of the fourth and sixth years. P value ≤ 0.05 was considered statistically significant.

RESULTS:

A total of 106 and 107 students from fourth and sixth years respectively, were included in the study. The age of those in fourth year was 21.5 ± 0.8 years and for the sixth year was 23.7 ± 0.7 . Male to female ratio was 0.3:1 for the fourth year and 0.9:1 for the sixth year. The majority of students were from Baghdad city (92.45% of the fourth year and 89.72% of the sixth year). The crowding index was very similar between both groups. These findings are shown in table 1.

Stigma among fourth year was 113.4 ± 7.03 and in the sixth year was 114.7 ± 5.6 . No significant difference in the stigma between the students of fourth and sixth years ($p = 0.1$).

In the fourth year, the authoritarianism was 34.3 ± 3.7 , and in the sixth year was 35.4 ± 3.4 . A significant difference was noticed in authoritarianism between the two groups ($p = 0.02$).

Benevolence among students of the fourth year was 21.2 ± 3.6 and in the sixth year was 20.9 ± 3.4 . The difference in benevolence was not significant ($p = 0.6$).

Social restrictiveness was 34.1 ± 4.9 among students in the fourth year and 35.1 ± 4.3 among students in the sixth year. No significant difference in social restrictiveness between the two groups was observed ($p = 0.08$).

Among students in the fourth year, community mental health ideology was 22.8 ± 4.5 and among students of the sixth year, it was 23.1 ± 4.2 . The difference was not significant between the two groups ($p = 0.2$). These findings are shown in table 2.

In those had crowding index ≥ 2 , the stigma was 114.4 ± 6 , authoritarianism was 35.1 ± 2.8 , benevolence 21.4 ± 3.7 , social restrictiveness was 35.1 ± 4.8 , and community mental health ideology was 22.7 ± 4.1 . In those who has crowding index ≤ 2 , stigma was 113.9 ± 6.4 , authoritarianism was 34.8 ± 3.7 , benevolence was 21.0 ± 3.5 , social

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restrictiveness was 34.6 ± 4.6 , and community , authoritarianism (0.7), benevolence ($p=0.5$), social mental health ideology was 23.6 ± 4.4 . No restrictiveness ($p=0.5$), and community mental significant differences were noticed in stigma (0.7) health ideology ($p=0.3$). These findings are shown in table 3.

Table 1: Socio-demographic characteristics of the sample.

	Fourth year			Sixth year		
	No.	mean	SD	No.	mean	SD
Age	106	21.5	0.8	107	23.7	0.7
	$t = 20.1, d.f. = 211, p < 0.001$					
Sex						
		No.	%		No.	%
	Male	26	24.5		51	47.6
	Female	80	75.5		56	52.4
	$\chi^2 = 12.3, d.f. = 1, p < 0.001$					
Residence						
	Baghdad	98	92.45		96	89.72
	Other cities	8	7.55		11	10.28
Crowding index						
	>2	11	47.8		12	52.2
	≤ 2	95	50.0		95	50.0
Total		106	100		107	100

Table 2: Scores of Stigma and CAMI subscales in the two groups of students.

	Fourth year		Sixth year	
	mean	SD	Mean	SD
Stigma	113.4	7.03	114.7	5.6
	$t = 1.5, d.f. = 211, p = 0.1$			
Authoritarianism	34.3	3.7	35.4	3.4
	$t = 2.2, d.f. = 211, p = 0.02$			
Benevolence	21.2	3.6	20.9	3.4
	$t = 0.4, d.f. = 211, p = 0.6$			
Social restrictiveness	34.1	4.9	35.1	4.3
	$t = 1.7, d.f. = 211, p = 0.08$			
CMHI	22.8	4.5	23.1	4.2
	$t = 1.1, d.f. = 211, p = 0.2$			

Table 3: Sigma and CAMI subscales scores according to the crowding index.

Variables	Crowding index			
	>2		≤ 2	
	mean	SD	mean	SD
Stigma	114.4	6.4	113.9	6.4
	$t = 0.3, d.f. = 211, p = 0.7$			
authoritarianism	35.1	2.8	34.8	3.7
	$t = 0.3, d.f. = 211, p = 0.7$			
Benevolence	21.4	3.7	21.0	3.5
	$t = 0.5, d.f. = 211, p = 0.5$			
Social restrictiveness	35.1	4.8	34.6	4.6
	$t = 0.5, d.f. = 211, p = 0.5$			
CMHI	22.7	4.1	23.6	4.4
	$t = 0.9, d.f. = 211, p = 0.3$			

DISCUSSION:

This study revealed that 6th years students showed significantly higher scores of authoritarianism (a person's beliefs about appropriate relationship between a group and its members) than that of 4th students ($p = 0.02$). This finding reflects that the beliefs among 6th year students are geared toward subordination of personal needs and values to promote group cohesion. It might be explained by the fact that Iraqi society is a collectivistic society and promotes social cohesion and interdependence. Collectivistic orientation tends to be evident in East Asia, Africa and Latin America.⁷⁻⁹ Authoritarianism (subordination) might be also demonstrated in the relationship between doctors and patients, and between professors and students. Benevolence (humanistic and sympathetic view) was not significantly differed between 4th and 6th year students ($p = 0.2$). This finding indicates no genuine concern about mentally ill patients by students of college of medicine. Literature showed that benevolence measures the altruistic concern about others^(10,11). This finding might be explained by lack of aspects of professionalism in the college curriculum, that is shown to be very important aspect in different colleges in the world¹². This finding might be also explained by negative attitudes towards mentally ill people among teaching staff of the college of medicine, Baghdad. Professionalism prospective among medical students might be affected by exposure to trauma (terrorism and civil war) on the emotions of students. Several articles documented this exposure⁽¹³⁻¹⁵⁾.

This study showed that social restrictiveness (belief that psychiatric patients are a threat to society) was the same among students in both studied groups. The finding indicates that psychiatric curriculum did not change beliefs of students about mentally ill patients. Cultural beliefs that include myths about mental illness and that mentally ill patients are dangerous might contributed to this finding⁽¹⁶⁾.

This study revealed that community mental health ideology (acceptance of mental health services and integration of mentally ill patients in the community) was similar among students of 4th and 6th years ($p=0.2$). It is disappointing to see that passing training course in psychiatry had no effect to accept community mental health services. This might be explained by the absence of the concepts of community mental health services from the college curriculum during the time of this study⁽⁵⁾.

No significant difference in stigma between 4th and 6th year students was noticed ($p = 0.1$). This finding indicates that studying psychiatry in the 5th year of the college fails to modify the misconceptions about mental illness among the students. This finding is consistent with many studies of stigma among medical students around the world⁽¹⁷⁻²⁰⁾. Prejudice, stereotypes and discrimination (main components of stigma) were not changed by curriculum. Perhaps the curriculum needs to focus more on other components of medical education such as attitudes and skills rather than just simply factual and procedural knowledge.

Such an observation that attitudes and professionalism among students were not given enough attention in the medical school curriculum were among the driving forces for the new integrated system based curriculum. This new curriculum which was implemented in the college of medicine, university of Baghdad, since 2012, is expected to address the deficiencies in the previous curriculum.

CONCLUSION:

Attitudes towards mental illness and mentally ill people were the same in 4th and 6th year medical students in the college of medicine, university of Baghdad. The new curriculum must address changing the attitudes and stigma towards mental illness and mentally ill people amongst students.

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