



## Research Article

# Medical students' attitude to persons with mental disorders and psychiatrists after the study of psychiatry

Victor A. Ruzhenkov\*, Olga I. Churnosova, Victoria V. Ruzhenkova, Tatyana S. Kroshkina

### ABSTRACT

This study aimed to verify and compare the degree of stigmatization of persons with mental disorders by future doctors, depending on the knowledge in the field of psychiatry, to develop recommendations for destigmatization. A solid sample of 276 medical students (139 4<sup>th</sup>-year students who have not studied psychiatry and 137 5<sup>th</sup>-year students after studying psychiatry and passing the exam) was interviewed using medico-sociological method (anonymous questioning). It was found that the study of psychiatry made softer the medical students' attitude toward people with mental disorders. The level of archaic beliefs decreased, and views on the genesis of mental disorders become more realistic. The position regarding work and intimate relations becomes softened. There is no dynamics of notions about the necessity of administrative and legal restrictions, restriction of freedom for the sake of society's safety. In addition, there remains a high level of stigmatizing in terms of treatment of the somatic pathology in persons with mental disorders. The development of destigmatization programs is necessary. They can be implemented within the courses "biomedical ethics" and "introduction to specialty." It will help to make future doctors' attitude toward people with mental disorders softer and decrease the stigmatizing.

**KEY WORDS:** Destigmatization, Medical students, Mental disorders, Stigma, Study of psychiatry

## INTRODUCTION

Stigma is understood as a complex social process of labeling people different from others for the purpose of devaluation and discrimination and is formed with the participation of cognitive, emotional, and behavioral components. At the same time, stigma occurs on several levels simultaneously: Intrapersonal and social, including discriminatory laws and by-laws.<sup>[1]</sup> It is known that 30% among those who seek help from general practitioners are diagnosed with mental disorders. Moreover, every fourth person has a mental illness during life.<sup>[2]</sup> Even physicians and medical students are not an exception: A significant number of students studying medicine are subject to a high level of stress, a state of disadaptation and mental discomfort,<sup>[3]</sup> 30% have depression of varying severity, and 50% have anxiety.<sup>[4]</sup>

Literature data indicate a significant prevalence of somatic pathology in persons with mental

disorders.<sup>[5-7]</sup> Nevertheless, the needs of this group of patients in specialized and general medical care are often neglected,<sup>[8-11]</sup> which are associated with stigmatization of mentally ill people, which leads to their discrimination in all spheres of life.

Stigma associated with mental illness is widespread both among people with a high level of education<sup>[12]</sup> and in the health-care system: People with mental disorders often report the devaluation, dismissal, and dehumanization of many health professionals they have to communicate with when seeking medical help.<sup>[13]</sup>

Furthermore, the lack of integration of general somatic and psychiatric medical services, the lack of agreement on which specialists should be responsible for the prevention and treatment of comorbid somatic diseases in patients with severe mental disorders, prevents the timely provision of the required medical care.<sup>[14]</sup> To reduce the availability of medical care, especially for vulnerable segments of the population, to which persons with mental disorders are involved,<sup>[15]</sup> leads to a reduction in hospital beds.<sup>[16]</sup> Even in the case of care, often its quality is lower than in patients

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Department of Psychiatry, Narcology and Clinical Psychology, Belgorod State National Research University, Belgorod, Russian Federation

\*Corresponding author: Victor A. Ruzhenkov, Department of Psychiatry, Narcology and Clinical Psychology, Belgorod State National Research University, Belgorod, Russian Federation. E-mail: [ruzhenkova@bsu.edu.ru](mailto:ruzhenkova@bsu.edu.ru)

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without severe mental illnesses.<sup>[7,10]</sup> The reason for this situation, from our point of view, is the stigmatization of people with mental disorders at all levels of the organization and medical care.<sup>[17]</sup>

It is known that awareness in the field of psychiatry,<sup>[18]</sup> as well as communication with persons with mental disorders in the family, reduced the severity of stigma,<sup>[19]</sup> that is, increasing literacy in the field of mental health can be one of the promising ways to reduce stigma.<sup>[20]</sup>

Thus, to reduce the level of stigmatization of persons with mental disorders, it is necessary to improve the teaching of psychiatry, increase the number of hours and time of training of medical students. In addition, psychiatrists should work actively with other medical specialists.<sup>[21]</sup>

In this regard, the objective of the study was to verify and compare the degree of stigmatization of persons with mental disorders by future physicians, depending on the knowledge in the field of psychiatry, to develop recommendations for destigmatization.

## MATERIALS AND METHODS

A total of 276 students of the medical institute were examined: 139 4<sup>th</sup>-year students (not studied psychiatry), 101 (72.7%) female and 38 (27.3%) male, and 137 5<sup>th</sup>-year students (studied psychiatry), 96 (70.1%) female and 41 (29.9%) male. The age of 4<sup>th</sup>-year students was in the range of 19–25 ( $20.8 \pm 1.2$ ) years, and those of the 5<sup>th</sup> course - 20–25 ( $21.8 \pm 0.9$ ) years.

The main methods of research were: Medical and sociological using a modified questionnaire,<sup>[17]</sup> including sociodemographic information, an idea of the causes of mental disorders, attitudes toward mentally ill people in the household, family, intimate, administrative, and legal and industrial spheres; sociometric (modified scale of social distance of Bogardus) separately studied the attitude towards the treatment of mentally ill patients. Statistical processing of the database (descriptive statistics,  $\chi^2$  criterion with Yates correction for conjugation Tables  $2 \times 2$ , odds ratio [OR]) was carried out with the help of a package of applied statistical programs Statistica 6.

## RESULTS AND DISCUSSION

A study of the respondents' views on mental disorders shows in Table 1.

As can be seen from the presented table, 4<sup>th</sup>-year students (not studying psychiatry) are somewhat more likely than 5<sup>th</sup>-year students to believe that "mental illness is the result of a lack of will and a weak character." They are more often convinced that mental illnesses" are phenomena unknown to science," "they can be contagious," and "are the result of divination, curse, and spoilage." In other respects, the points of view of students of 4<sup>th</sup> and 5<sup>th</sup> years on psychiatric disorders coincide.

It is peculiar that a significant part - more than 70% of students of both years believe that mental disorders are simulated to avoid criminal punishment. In addition, the

**Table 1: Medical students' beliefs about mental disorders**

Beliefs about mental disorders	4 years	5 years	$\chi^2$	P<
	n (%)	n (%)		
Mental illness is easy to feign	52 (37.4)	46(33.6)	0.29	0.59
Mental illness is the result of a lack of will and weak character	23 (16.5)	10(7.3)	4.76	0.03
Mentally ill people are just people with extraordinary views	46 (33.1)	53 (38.7)	0.71	0.4
Mental illness is a sign of a talented person	15 (10.8)	19 (13.9)	0.35	0.55
People simulate mental illnesses to avoid criminal punishment	100 (71.9)	102 (73.7)	0.11	0.74
Mental illness can be contagious	19 (13.7)	4 (2.9)	9.08	0.004
Mental diseases are the result of divination, curses, and spoiling	25 (18.0)	11 (8.0)	5.18	0.02
Mental disorders are phenomena which are unknown to science	50 (36.0)	33 (24.1)	4.08	0.04
If a person has a mental illness, then he will never recovered	35 (25.2)	40 (29.2)	0.38	0.54
Mental diseases, like somatic, have a biological basis	113 (81.3)	121 (88.4)	2.12	0.15
Psychics, mages, and healers can help with mental illness	23 (16.5)	13 (9.5)	2.44	0.12

**Table 2: Attitude to persons with mental disorders in the household sphere**

Beliefs	4 years	5 years	$\chi^2$	P<
	n (%)	n (%)		
Mentally ill people are dangerous in most cases	89 (64.1)	66 (48.2)	6.41	0.012
Mentally ill people evoke pity and sympathy	102 (73.4)	109 (79.6)	1.14	0.29
Would react with fear to a friend after setting his psychiatric diagnosis	58 (41.7)	46 (33.6)	1.6	0.2
Allow a person with a mental disorder to join their friends' company	60 ((43.2)	72 (52.6)	2.08	0.15
This is a sin - to hurt mentally ill people	104 (74.8)	103 (75.2)	0.0005	1.0
A caring attitude toward mentally ill people is an indicator of public health	122 (87.8)	129 (94.1)	2.7	0.1
Mentally ill people in many respects are the same as all other people	100 (72.0)	103 (75.2)	0.22	0.64

archaic beliefs that “mentalists, magicians, and healers can help with mental illness” are quite widespread: From 16.5% of the 4<sup>th</sup> year to 9.5% of the 5<sup>th</sup> year. Although the study of psychiatry has allowed the formation of certain beliefs in the biological nature of pathology, archaic beliefs are difficult to rethink. The results of the study of the attitudes of students to the mentally ill in the household sphere are presented in Table 2.

It is established that 4<sup>th</sup>-year students more often than the 5<sup>th</sup>-year believe that mentally ill in most cases are dangerous (OR = 1.9, 95% confidence interval [CI] = 1.15–3.19). Thus, it can be said that the study of psychiatry almost 2 times reduces the probability of an opinion about the mentally ill as a constant danger. This point of view is more characteristic of female subjects: 69.3% of the 4<sup>th</sup>-year and 45.8% of the 5<sup>th</sup>-year ( $\chi^2 = 10.18$  p = 0.002; OR = 2.7, 95% CI = 1.4–5.0). On the other parameters, the points of view coincide (no statistically significant differences revealed).

Despite the fact that 2/3 students of both years believe that it is a sin to offend a mentally ill person, there are gender differences among the students of the 4<sup>th</sup> year: This point of view was more common to females (80.2%) than for males (60.5%) ( $\chi^2 = 4.67$  P = 0.03; OR = 2.6, 95% CI = 1.1–6.4). In addition, 98% of female students of the 5<sup>th</sup> year and 85.4% of the male students ( $\chi^2 = 6.1$  P = 0.01; OR = 8.05, 95% CI = 1.4–60.8) believe that a humane and caring attitude toward the mentally ill is an indicator of health society. Thus, in the domestic sphere, a more humane attitude to persons with mental disorders at the verbal level was demonstrated by females.

The results of the study of the attitude toward the mentally ill in the administrative-legal sphere are presented in Table 3.

**Table 3: Attitude toward people with mental disorders in the administrative sphere**

Beliefs	4 years	5 years	$\chi^2$	P<
	n (%)	n (%)		
Mentally ill patients must be isolated to avoid committing crimes	82 (59.0)	73 (53.3)	0.7	0.4
You can sacrifice the freedom of a mentally ill person for the safety of society	89 (64.0)	98 (61.5)	1.45	0.23
A mentally ill person may have the same civil rights as a normal	94 (77.6)	104 (75.9)	1.94	0.16
A mentally ill person should not have electoral rights	41 (29.5)	46 (33.6)	0.36	0.55

**Table 4: Attitude toward persons with mental disorders in work and employment sphere**

Beliefs	4 years	5 years	$\chi^2$	P<
	n (%)	n (%)		
Mentally ill people cannot work in a competent manner	69 (49.6)	54 (39.4)	2.5	0.11
A mentally ill person should not work as a teacher in a higher educational institution	109 (78.4)	89 (65.0)	5.5	0.019
A mentally ill person cannot be trusted as a manager	108 (77.7)	106 (77.4)	0.0005	1.0
Mentally ill person can fail at any time that is why it is undesirable to hire them	80 (57.5)	78 (58.4)	0.0005	1.0
Most people do not want their employees to be mentally ill	121 (87.0)	129 (94.2)	0.0005	1.0
A mentally ill person cannot be trusted with management in the workplace	125 (89.9)	116 (84.7)	1.28	0.26

As can be seen from Table 3, the students of both courses are unanimous in the aspect of limiting persons with mental disorders to rights. At the same time, there is a certain ambivalence - two-thirds of the students of both years argued about the fullness of the civil rights of the mentally ill people.

The study of the attitude toward persons with mental disorders in the employment sphere is shown in Table 4.

The study showed that most students of both courses believe that a mentally ill person should not work as a teacher at a higher educational institution (OR = 1.96, 95% CI = 1.1–3.46). This point of view is more inherent in females of 4<sup>th</sup> year - 82.2% compared with the 5<sup>th</sup> year - 66.6% ( $\chi^2 = 5.46$  p = 0.02, OR = 2.3, 95% CI = 1.1–4.7). In addition, 4<sup>th</sup>-year students often ( $\chi^2 = 5.7$  p = 0.017; OR = 2.09 95% CI = 1.14–3.87) than the 5<sup>th</sup>-year believe that mentally ill people cannot perform well: 53.4% and 35.4%, respectively.

At the same time, the 5<sup>th</sup> year male students (29.3%) are more likely than female students (9.4%) to believe that a mentally ill person can be trusted in management at work ( $\chi^2 = 7.29$  P = 0.008; OR = 4.0, 95% CI = 1.39–11.65).

The results of the study of the attitude to persons with mental disorders in the family sphere are presented in Table 5.

It is established that students of both years have the equally negative attitude to the friendship of their children with mentally ill children. At the same time, they do not allow the thought that their relatives and friends can become mentally ill. Students are unanimous in the aspect of prohibiting mentally ill people from giving birth and raising their children, as well as to marry.

At the same time, after studying psychiatry (OR = 2.69, 95% CI = 1.58–4.59), in particular, the role of hereditary factors in the development of mental disorders, students note that mentally ill people are often give birth to mentally ill children.

The results of the study of the attitude to persons with mental disorders in the intimate sphere are presented in Table 6.

mAs for the intimate sphere, it is somewhat more likely (OR = 1.86 95% CI = 1.0–3.5) for 5<sup>th</sup>-year students than for the 4<sup>th</sup>-year to believe that a person who has been treated by a psychiatrist can be a full-fledged sexual partner. Significantly less often students of both courses stigmatize persons with mental disorders in the aspect of attributing to the sexual promiscuity and perversions, as well as the inability to love.

The results of the study of the attitude to the treatment of somatic diseases in people with mental disorders are presented in Table 7.

It was found that 4<sup>th</sup>-year students with a greater probability (OR = 2.39 95% CI = 1.38–4.15) than the 5<sup>th</sup>-year believe that mentally ill people are undesirable to treat somatic diseases along with mentally healthy ones. The majority of students (most of whom have not studied psychiatry) said that the place of treatment for people with mental disorders from physical illness should be a psychiatric hospital. Furthermore, more than half of the 4<sup>th</sup>-year students and 43.8% of the 5<sup>th</sup>-year think that it is necessary to create separate clinics for the treatment of somatic diseases in mentally ill people so that they were separated from the mentally healthy (OR = 2.14, 95% CI = 1.29–3.58).

Some ambivalent attitude of students regarding the treatment of mentally ill people from physical illness is revealed: 79.9% of students of the 4<sup>th</sup> year and the most part (89.8%) of the 5<sup>th</sup>-year believe that when treating a physical illness a mentally ill person should have the same rights as a mentally healthy person ( $\chi^2 = 4.53$   $P = 0.037$ ; OR = 2.2 95% CI = 1.05–4.69). 4<sup>th</sup>-year students more often than the 5<sup>th</sup>-year refused to persons with mental disorders inexpensive high-tech care, accordingly (OR = 2.7, 95% CI = 1.08–6.98).

More than a quarter (26.6%) of the 4<sup>th</sup>-year students and 11.0% of the 5<sup>th</sup>-year think that the therapist can independently diagnose mental disorders and prescribe a wide range of psychotropic medications ( $\chi^2 = 10.07$   $p = 0.002$ , OR = 2.95, 95% CI = 1.46–5.99). There is a similar point of view also in the aspect of diagnosis and therapy of depressive disorders (OR = 1.9, 95% CI = 1.07–3.38).

## CONCLUSION

Thus, the research showed that the study of psychiatry to some extent softens the attitude of medical students to persons with mental disorders. Thus, the level of archaic beliefs decreases and the ideas about the genesis of mental disorders become more realistic. The number of those who are convinced of the social danger of mentally ill patients is decreasing, although it remains at a high level, especially among the females. The attitude in the intimate sphere is somewhat relaxed. Along with this, there is no dynamics of ideas about the need for administrative and legal restrictions on persons with mental disorders: Isolation to prevent

**Table 5: Attitude to persons with mental disorders in the family sphere**

Beliefs	4 years	5 years	$\chi^2$	P<
	n (%)	n (%)		
Do not want their children to be friends with the mentally ill child	89(64.0)	78 (57.0)	1.17	0.28
Do not assume the thought that their family and friends can develop a mental disorder	75 (54.0)	79 (58.1)	0.25	0.62
Want to prohibit mentally ill people from giving birth to children	36 (25.9)	46 (33.6)	1.6	0.21
Mentally ill people cannot be trusted in the upbringing of their own children	70 (50.4)	72 (52.6)	0.06	0.81
It is not good idea to marry a mentally ill person	36 (26.0)	39 (28.4)	0.12	0.73
Cannot be good spouses	35 (25.2)	30(21.9)	0.32	0.57
Want to prohibit mentally ill people to marriage	23 (16.5)	16 (11.6)	0.98	0.32
Mentally ill people are often born mentally ill children	38 (27.3)	69 (50.4)	14.4	0.0008

**Table 6: Attitude to persons with mental disorders in the intimate sphere**

Beliefs	4 years	5 years	$\chi^2$	P<
	n (%)	n (%)		
Mentally ill people are not able to love	4(2.8)	4 (2.9)	0.0005	1.0
Mentally ill people - sexual pervers	22 (15.9)	17 (12.4)	0.41	0.52
Mentally ill people are sexually dissolute often	24 (17.3)	30 (21.9)	0.67	0.41
A person who has been treated by a psychiatrist can be a full-fledged sexual partner	101 (72.7)	114 (83.2)	3.87	0.049



**Table 7: The attitude to the treatment of somatic diseases in people with mental disorders**

Beliefs	4 years	5 years	$\chi^2$	P<
	n (%)	n (%)		
Treat separately from the mentally healthy	60 (43.2)	33 (24.1)	10.4	0.002
Treat by psychiatrist	39 (28.1)	29 (21.1)	1.41	0.23
Treat in a psychiatric hospital	82 (59.0)	63 (46.0)	4.17	0.041
Most people would not want to be treated in the same room with a mentally ill person	115 (82.7)	125 (91.2)	3.68	0.055
Do not provide high-tech assistance	20 (14.4)	8 (5.9)	4.63	0.032
Create special clinics so that mentally ill people would not be together with mentally healthy	87 (62.6)	60 (43.8)	9.05	0.003
Consultation of somatic patients (in the presence of neurotic disorders) by a psychiatrist is reasonable	111 (79.9)	108 (78.9)	0.004	0.95
A doctor therapist can independently diagnose mental disorders and prescribe psychotropic drugs	37 (26.6)	15 (11.0)	10.07	0.002
Depressive disorders in somatic patients can easily be treated by a therapist (neurologist and surgeon)	47 (37.8)	29 (21.2)	4.91	0.027

the commission of offenses and restrict freedom for the sake of society's safety. In the production sphere, more than two-thirds of the students of both courses would refuse to persons with mental disorders a managerial position, and more than half - a job in general; the vast majority of students (87% and 94.2% of 4<sup>th</sup> and 5<sup>th</sup> year, respectively) "do not want their employees to be mentally ill." In the family sphere, students of both courses equally negatively treat persons with mental disorders, both in the aspect of friendly relations and in the possibility of allowing the birth and upbringing of children. A high level of stigmatizing attitude toward the organization of treatment of the existing somatic pathology in persons with mental disorders has been identified and maintained. In fact, half of those surveyed believe that people with mental pathology must be treated in a psychiatric clinic, or one must create special institutions. The vast majority of students of both years believe that most people would not be willing to be treated in the same room with a mentally ill person. In this regard, the development of destigmatization programs that can be implemented within the courses "Biomedical Ethics" and "Introduction to Specialty" is required, which will help to soften the stigmatizing attitude of future doctors to people with mental disorders.

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