



# INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

## Attitude Towards Mental Illness among Clinical and Non-Clinical Faculties in a Tertiary Care Teaching Hospital

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### ABSTRACT

**Background:** Globally, there is a growing evidence of stigmatization of people with mental illness than physical illness. Individuals with mental illness frequently encounter prejudice, stigma and discrimination by public and health care professionals. So, the present cross-sectional study aimed to assess the attitude towards mental illness among clinical and non-clinical faculties in a tertiary care teaching hospital. **Method:** A sample of 200 (132 males and 68 females) medical and non-medical faculties were selected using convenient sampling method. After obtaining permission from “SRM Medical College and Research Centre”, the participants were requested to complete the “Short Socio-demographic Data Sheet” and the “Mental Illness Clinician Attitude Scale-4 (MICA-4)”. Analysis was done using “Statistical Package for Social Sciences (SPSS), version 24. The results obtained by means of descriptive statistics and ‘t’ test. **Results:** Among 200 participants, 75% of participants were having positive attitude toward mental illness and 25% of participants were having negative attitude toward mental illness. The overall ‘t’ value revealed that ( $t = -2.129$ ) there was no significant difference found between male ( $46.55 \pm 8.79$ ) and female ( $49.34 \pm 8.69$ ) non-psychiatric faculties in the type of attitude toward mental illness. **Conclusion:** The study concluded that most of the respondents showed positive attitude toward mental illness. When compared to males and females, there was no significant gender differences found in the type of attitude toward mental illness.

**Key Words:** Attitude, Knowledge, Mental Illness, Non-psychiatric Faculties.

## INTRODUCTION

Mental illness is “a serious medical condition affecting the individual’s thought, feelings, mood and behavior” (Duckworth, 2013). According to World Health Organization (WHO), approximately 450 million people suffer from mental illness worldwide, with major depression being the leading cause of disability in the world. Stigma can be conceptualized as an overarching term that encompasses problems of knowledge such as inaccurate myths about mental illness, negative attitudes toward people with mental health problems and discriminatory behavior towards the group (Thornicroft et al, 2007). This kind of attitude and belief about mental illness are shaped by personal knowledge about mental illness, cultural stereotypes, media stories and familiarity with institutional practice (Corrigan et al, 2003). The stigmatizing attitude may also vary according to different socio-demographic characteristics such as gender (Angermeyer & Dietrich, 2006) and ethnicity (Silton et al, 2011).

Most of the individuals have strong belief and prejudice about mentally ill people based on prevailing local systems and belief. This kind of social stigma and negative attitudes can affect the quality of life of people with mental illness (Wolff et al, 1996). It is important to recognize the value of changing attitude and perceptions toward mental illness, to promote equality for people with mental illness. So, there is a need to educate all students, medical and non-medical faculties about psychiatric disorders. A study examined the effects of three strategies for changing negative attitude toward mental illness such as “education (which replaces myths about mental illness with accurate conceptions), contact (which challenges public attitudes about mental illness through direct interactions with person who have disorder), and protest (which seeks to suppress stigmatizing attitude toward mental illness)” (Corrigan et al, 2001).

Rose et al (2018) revealed that “non-governmental organization support workers held more positive attitude towards mental illness than the general practitioners such as psychiatrists and psychologists”. Many researches have highlighted the importance of health professionals having an awareness of how professionals’ attitudes and potentially stigmatizing views towards individuals with mental illness might have potential detrimental consequences on both patients and the public (Caldwell and Jorm, 2001; Jorm et al, 1999; and O’Reilly et al, 2010).

A recent study in India suggested that students who had undergone psychiatry postings, showed a positive attitude toward people with mental illness (Poreddi et al, 2015). Though, a significant decrease in a negative and stigmatizing view toward mental illness was concluded by other studies after exposure to psychiatry practice (Lyons & Janca, 2015).

In India, the availability of prompt treatment for mental illness is further complicated by stigma and initial inclination towards magico-religious treatments. Further, in Indian undergraduate medical training, there is less emphasis given to psychiatric training as compared to similar programs from other countries. This could

have a potential impact on the way future doctor's approach and assess any cases of psychiatric disorders that they may encounter.

There were limited research evidences related to attitude towards mental illness. Further research is required to assess the attitude toward mental illness to reduce stigma and to increase insight about mental illness among non-psychiatric faculties. So, this study was undertaken to find out the attitude of non-psychiatric faculties (both medical and non-medical) toward mental illness.

## REVIEW OF LITERATURE

Borg et al (2020) examined "the attitudes of medical students in Malta toward psychiatry and mental illness by conducting a cross-sectional study". A sample of three hundred and ninety-six students were participated and administered using "Attitude Toward Psychiatry 30" and "Mental Illness Clinician Attitude Scale-2 (MICA-2)". The findings revealed that males had more positive attitude toward psychiatry as a career choice and importance of psychiatry. Participants with clinical exposure to psychiatry had more negative attitude toward the efficacy of psychiatry and psychiatrists and also having experience with mental illness in some form was associated with decreased appeal in psychiatry as a career.

Kumar et al (2019) conducted a cross-sectional study "to determine the attitude toward mental illness among medical students and non-psychiatric doctors". Samples of 150 medical students and 100 non-psychiatric doctors were participated and measured using "Mental Illness Clinician Attitude Scale-2 (MICA-2)" and "Mental Illness Clinician Attitude Scale-4 (MICA-4)". The result indicated that "both the medical students and non-psychiatric doctors have negative attitude towards mental illness. When compared to non-psychiatric doctors, medical students had a stigma that people with severe mental illness are dangerous and it is more uncomfortable talking to a person with a mental illness. Compared to medical students, the non-psychiatric doctors had a stigma that being a psychiatrist is not being a real doctor and it is not important that any doctor supporting a person with mental illness also assesses their physical health".

Youssef (2018) investigated "the medical student's knowledge and attitude toward mental illness". Preclinical medical students were surveyed and then retested in the final year of training. The result found that knowledge and attitude towards mental illness showed significant improvement over a 5-year period. Though, both preclinical and clinical students revealed significant levels of stigmatization toward mental illness despite improvement in knowledge.

Sujaritha et al (2017) conducted a cross-sectional study to "assess the attitude toward mental illness among doctors and staff nurses in a tertiary care centre". A sample of 120 Doctors and 101 Nurses were participated and administered with 34 items of "Opinion About Mental Illness in Chinese Community". The study found that 25% of doctors and 4.9% of nurses showed positive attitude toward mental illness. Doctors sample group had higher positive attitude than nurses in domain separatism, stereotyping, benevolence, and stigmatisation.

Poreddi, Thimmaiah & Math (2015) directed a study to “assess and compare the attitude toward people with mental illness among medical students using cross-sectional descriptive study design”. Medical students who were exposed (n=115) and not exposed (n=61) to psychiatry training were participated and analysed using “Attitude Scale for Mental Illness”. The findings revealed that improvement in student’s attitude after exposure to psychiatry in benevolent and stigmatization domains. Gender, residence, and contact with mental illness were the factors found to be influencing student’s attitudes toward mental illness.

AI-Naggar (2013) conducted a research “to determine the attitude of university students towards person with mental illness”. Two hundred and seventy-nine medical and health science students were randomly selected and administered with 15 statements “Attitude towards Mental Health Illness”. The result revealed that majority of the participants showed a moderate to good attitude toward people with mental illness. There are some specific factors such as gender, marital status, smoking and drinking alcohol significantly influence the attitude of undergraduate students towards people with mental illness.

Chawla et al (2012) conducted cross-sectional descriptive study “to explore the attitude of undergraduate medical students toward psychiatry, mental health, psychiatric disorders and treatment”. One hundred and sixty-four people were selected and participated in this study. The result indicated that undergraduate medical students had multiple lacunae in their knowledge toward psychiatry, psychiatric disorders, psychiatric patients and treatment and also a potential contributory fact could be the neglect of psychiatry as a discipline at the undergraduate level.

The above research evidences were reported that stigma associated with mental illness was frequently reported in general as well as medical community. The mental health literacy (knowledge, beliefs and attitude about psychiatric morbidity) of clinicians that is most important in deciding whether a patient requires a psychiatric consultation. So, this study intends to investigate the knowledge, belief and attitude of non-psychiatric faculties (clinical and non-clinical) towards mental illness in a tertiary care teaching hospital.

## **MATERIALS AND METHOD**

### **Aim**

To assess the attitude towards mental illness among clinical and non-clinical faculties in a tertiary care teaching hospital.

### **Study Design**

A cross-sectional study was conducted in “SRM Medical College and Research Centre”, Kattankulathur, Tamil Nadu. A total of two hundred non-psychiatric faculties were participated in this study. Approval from Institutional ethical committee was obtained and after gaining informed consent, the participants were asked to complete “The Mental Illness Clinician Attitude Scale (MICA-4)”. The responses were collected and obtained data were analysed using “Statistical Package for Social Sciences”, Version 24.

## Inclusion Criteria

- Non-psychiatric faculties in “SRM Medical College and Research Centre”.
- Both the male and female faculties.
- Faculties who are ready to sign the informed consent.

## Exclusion Criteria

- Faculties who do not consent for the study.
- Faculties of psychiatry department.

## Research Tool

The “Mental Illness Clinician Attitude Scale-4 (MICA-4)” is a self-administered scale consist of 16 questions, used to assess the attitude of staff across a range of health and social care professions towards psychiatry and psychiatric patients through validated questions about how doctors deal with psychiatric patients and how they see them as a person and if they are ready to communicate with them and accept them in their community; also, it detects how other doctors in different specialties see psychiatry as a specialty. Psychometric validation of the scale was undertaken. A person’s MICA score is the sum of the scores for the individual items. Item number 3, 9, 10, 11, 12, and 16 are scored as follows: strongly agree = 1, agree = 2, somewhat agree = 3, somewhat disagree = 4, disagree = 5, and strongly disagree = 6. All other items (1, 2, 4, 5, 6, 7, 8, 13, 14, 15) are reverse scored as follows: strongly agree = 6, agree = 5, somewhat agree = 4, somewhat disagree = 3, disagree = 2, and strongly disagree = 1. The scores for each item are summed to produce a single overall score.

A high overall score indicates a more negative (stigmatizing) attitude. The scale does not have a cut-off point as it is not easy to claim that there is a level above which attitudes are negative. It is a continuous scale, and it is recommended that the mean and standard deviation are to be used. According to the MICA score, those who have higher scores have more negative attitude towards psychiatry. The cut-off point was set at 56 (16 questions with 6 Likert score answers, with the midpoint being 3.5, this is to mean that  $16 \text{ questions} \times 3.5 \text{ mid-point} = 56$ ). This scale is suitable for nurses, health care and social service professionals.

## RESULTS

A sample of 200 non-psychiatric faculties (132 males and 68 females) in a tertiary care teaching hospital were participated, they were administered with “Mental Illness Clinician Attitude Scale-4 (MICA-4)” and were analysed using descriptive statistics and ‘t’ test.

**Table 1** shows the frequency and percentage of socio-demographic variables of the sample (N=200)

Socio-Demographic Variables		Frequency	Percentage
Age	20 – 30	27	13.5%
	31 – 40	72	36%
	41 – 50	39	19.5%
	51 – 60	50	<b>25%</b>
	60 and above	12	6%
Gender	Male	132	<b>66%</b>
	Female	68	34%
Qualification	M.S	61	30.5%
	M.D	109	<b>54.5%</b>
	M.Sc	16	8%
	Ph.D	2	1%
	D.M	12	6%
Designation	Assistant Professor	130	<b>65%</b>
	Senior Resident	30	15%
	Associate Professor	22	11 %
Department	Medical	132	<b>66%</b>
	Non-medical	68	34%
Experience as Faculty	1 – 10	119	<b>59.5%</b>
	11 – 20	40	20%
	21 – 30	32	16%
	31 and above	9	4.5%

Table 1 shows the socio-demographic details of the participants such as age, gender, qualification, designation, department and experience. Total number of samples taken for the study is 200 non-psychiatric faculties, age ranging from 20 to 65 years of both males (66%) and females (34%).

Most of the participants turned out to be from M.D qualified (54.5%) than from M.S (30.5%), from M.Sc (8%), from D.M (6%) and from Ph.D qualified (1%).

Department of most of the respondents turned out to be from medical (66%) than from non-medical faculties (34%). Most of the respondent's designation was "Assistant Professor" (65%) than "Senior Resident" (15%).

While considering the participants experience as faculty, majority of the respondents were turned out to be from 1 to 10 years (59.5%) of experience, than from 11 to 20 years (20%) of experience, 21 to 30 years (16%) of experience and from 31 and above (4.5%) years of experience.



The majority of the respondents were males; aged between 31 to 40 years; M.D qualified; designated as assistant professor and 1 to 10 years experienced as faculty.

**Table 2** shows the level of attitude towards mental illness among non-psychiatric faculties in a tertiary care teaching hospital.

<b>Attitude Toward Mental Illness</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Positive Attitude	150	<b>75%</b>
Negative Attitude	50	25%

Table 2 shows the frequency and percentage of attitude towards mental illness among non- psychiatric faculties in a tertiary care teaching hospital. In a total number of 200 participants, 150 participants were having positive attitude toward mental illness and 50 participants were having negative attitude toward mental illness. This indicated that most of the medical and non-medical faculties having favorable attitude toward mental illness.

**Table 3** shows the frequency and percentage of attitude toward mental illness among male and female non-psychiatric faculties.

<b>Gender</b>	<b>Attitude Toward Mental Illness</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Male	Positive Attitude	105	<b>79.5%</b>
	Negative Attitude	27	20.5%
Female	Positive Attitude	45	<b>66%</b>
	Negative Attitude	23	34%

Table 3 shows the frequency and percentage of attitude toward mental illness among male and female non-psychiatric faculties in a tertiary care teaching hospital. Among 132 male participants, 105 faculties show positive attitude and 27 individuals shows negative attitude towards mental illness. Similarly, among 68 female faculties, 45 participants show positive attitude and 23 faculties shows negative attitude towards mental illness. This shows that both the males and female faculties working under medical and non-medical department were having favorable attitude toward mental illness.

**Table 4** shows the frequency and percentage of attitude toward mental illness among medical and non-medical faculties.

Department	Attitude Toward Mental Illness	Frequency	Percentage (%)
Medical	Positive Attitude	102	77%
	Negative Attitude	30	23%
Non-medical	Positive Attitude	48	71%
	Negative Attitude	20	29%

The above table shows the frequency and percentage of attitude toward mental illness among medical and non-medical faculties. Among 132 medical faculties, 102 faculties show positive attitude and 30 of them show negative attitude toward mental illness. Similarly, among 68 non-medical faculties, 48 participants show positive attitude and 20 faculties show negative attitude towards mental illness. This shows that both the medical and non-medical faculties were having favorable attitude toward mental illness.

**Table 5** shows the gender differences in the level of attitude towards mental illness among non-psychiatric faculties.

Study Variable	Gender	N	Mean	Standard Deviation	Mean Difference	't' Value	Significance
Attitude Toward Mental Illness	Male	132	46.55	8.799	-2.785	-2.129	0.514
	Female	68	49.34	8.698	-2.785		

In the level of attitude toward mental illness, mean and standard deviation of males is 46.55 and 8.799. This indicates that most of the male faculties in a tertiary care teaching hospital have positive attitude toward mental illness. Mean and standard deviation of females is 49.34 and 8.698 respectively. This reveals that, most of the females also have positive attitude toward mental illness. The overall 't' value is -2.129 and the significance value is 0.514, which indicates that there is no significant difference between male and female faculty in the level of attitude toward mental illness.



**Table 6** shows the differences in the level of attitude towards mental illness among medical and non-medical department faculties.

Study Variable	Department	N	Mean	Standard Deviation	Mean Difference	't' Value	Significance
Attitude Toward Mental Illness	Medical	132	47.35	9.016	-0.446	-0.337	0.737
	Non-medical	68	47.79	8.555	-0.446		

Among medical and non-medical department faculties, mean and standard deviation of medical department is 47.35 and 9.016. The mean value indicates that most of the medical faculties in a tertiary care teaching hospital have positive attitude toward mental illness. Meanwhile, mean and standard deviation of non-medical department is 47.79 and 8.555 respectively. This indicates that non-medical faculties also have a favorable attitude toward mental illness. The overall 't' value is -0.337 and the significance value is 0.737, which reveals that there is no significant difference between medical and non-medical faculties in the level of attitude toward mental illness.

## DISCUSSION

The current research aimed at assessing the attitude toward mental illness among medical and non-medical faculties (non-psychiatric faculties) in a tertiary care teaching hospital. Medical faculties include "General Medicine, General Surgery, Pediatric, Forensic Medicine, Cardiology, Orthopedics, Dermatology, Nephrology, Rheumatology, Medical Oncology, ENT, Pulmonary Medicine, Community Medicine, Neurology, and Endocrinology" department. Non-medical faculties were from the department of "Anatomy, Microbiology, Biochemistry, Radiology, Pharmacology, Anesthesiology, Ophthalmology, and Physiology". The majority of the participants were males; aged between 51 to 60 years; M.D qualified; designated as assistant professor and 1 to 10 years they were experienced as faculty.

The analysis found that 75% of participants were having positive attitude toward mental illness and 25% of participants having negative attitude toward mental illness. This indicated that most of the medical and non-medical faculties (non-psychiatric) having favorable attitude toward mental illness. The result revealed that the prejudice and stigma towards mental illness was reduced by education and experience and also it suggested that the examination of attitude towards mental illness should be included in medical training. Only few participants showed a stigmatizing attitude toward psychiatry. This may be due to the lack of accurate information about mental illness, lack of contact with person with mental illness and may be due to the lack of familiarity. So, they must know and understand the basic concept of psychiatry and outlook toward psychiatry disorders. Similarly, a study by Mohammed et al (2013) found that "doctors of non-clinical specialities had a more positive attitude (81.8%) than their counterparts in medical (53.7%) and surgical (68.8%) specialities". A contradictory result found that "the professionals expressed more negative attitude towards mental illness than

positive attitude, particularly in relation to alcohol misuse, medication, patient's ability to control the emotions, and genetic predisposition to mental illness (Ahmead et al, 2010)".

Among 132 male participants, 79.5% of faculties showed positive attitude and 20.5% of participants showed negative attitude towards mental illness. Similarly, among 68 female faculties, 45 participants show positive attitude and 23 faculties' shows negative attitude towards mental illness. This shows that both the males and female faculties working under medical and non-medical department were having favorable attitude toward mental illness. A contradictory result found that "males had better knowledge, attitude and belief towards mental illness than females (Bener & Ghuloum, 2011)".

From the analysis, it was found that 77% of medical faculties and 71% of non-medical faculties were having a favorable attitude toward mental illness. This indicated that most of the medical and non-medical faculties have better attitude against stigmatization. Contradictorily, a recent research revealed that medical students had more positive attitude toward mental illness than non-medical students (Abo EI magd & AI Zamil, 2013).

There were no significant differences found in the type of attitude toward mental illness in terms of gender. Similarly, Singh et al (1998) found "medical students have more favorable attitude towards mental illness and there was no significant difference between males and females in the type of attitude toward mental illness and psychiatry".

The analysis revealed that there was no significant difference between medical and non-medical faculties in the type of attitude toward mental illness. This indicated that most of the medical and non-medical faculties have better knowledge, open to acknowledge psychological problems, and are somewhat open to seeking mental health services. However, few individuals are very concerned about stigma associated with mental illness. So, psycho-education or community awareness programs must be designed to reduce stigmatizing attitude toward mental illness.

## CONCLUSION

- Most of the non-psychiatric (both medical and non-medical) faculties showed positive attitude toward mental illness.
- Both the male and female participants showed positive attitude towards mental illness.
- Both the medical and non-medical faculties showed favorable attitude towards mental illness.
- There was no significant gender difference between male and female participants in the type of attitude towards mental illness.
- There was no significant difference between medical and non-medical faculties in the type of attitude towards mental illness.

## Limitation

The study sample was collected from only one tertiary care teaching hospital (SRM Medical College and Research Centre) at Kattankulathur, Tamil Nadu. So, results cannot be generalized to the population. Since it is done our setup and questionnaire given directly in front of examiner there is possible that faculties might answer in favor of positive attitude towards mental health.

## Funding

There are no financial conflicts of interest to disclose.

## Declaration of Competing Interest

There are no conflict of interest.

## Acknowledgement

We are grateful to each and every faculty who participated in this study and “SRM Medical College and Research Centre”, Kattankulathur, Tamil Nadu who permitted them to participate.

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