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A Cross Sectional Study On Attitude Of Undergraduate Medical Students Towards Mental Illnesses And Psychiatry

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Abstract:
BACKGROUND: The attitude of Medical students towards Psychiatry, mental health and psychiatric disorders play a major role in their profession as they will be engaged in the care of psychiatric patients throughout their career either directly or indirectly. Many studies have shown negative attitude of Medical students towards psychiatry and mental illnesses.
AIM AND OBJECTIVE: *This study aims to assess the attitude towards psychiatry and mental illnesses among undergraduate medical students.*
Methodology: *The response of 67 medical students from third professional year batch who had completed their 2 week clinical posting of psychiatry in 4th semester were collected using validated questionnaires, Attitude towards Mental Illness(AMI) and attitude toward Psychiatry(ATP) that assessed their attitude towards mental illness and psychiatry. Data entry and validation were done using*
Results: *We have the average percentage of 28.8 percentage of overall response from Medical students and shows an individual average percentage of 42.2% of the answer Agree which is greater when compared to the average percentage of 9.3% and 35.1% of average of disagree and neutral respectively. This shows that there is a mixed attitude of Medical Students towards Psychiatry and Mental illness.*
conclusion: *There is a mixed view of medical students on psychiatry and mental illneses which needs some more knowledge among medical students to exhibit a positive attitude towards Psychiatry and Mentall illnesses.*
keywords: *attitude, medical students, mental illness, psychiatry*

INTRODUCTION

Mental health constitutes a vital aspect of overall well-being, incorporating emotional, psychological, and social dimensions. It affects cognitive functions, perceptions, behaviours, and the capacity to manage stress, interact with others, and make decisions. Despite its importance, mental health is frequently overlooked on a global scale, especially in low- and middle-income nations such as India, where societal stigma, discrimination, and insufficient awareness hinder advancements in mental health services [1].The World Health Organization indicates that mental and substance use disorders represent about 13% of the worldwide disease burden, with depression being a primary contributor to disability across the globe. In India, the

prevalence of mental illness is significant, with the National Mental Health Survey (2015–16) revealing that nearly 10% of the population experiences some form of mental disorder, and approximately 1% suffers from severe conditions like schizophrenia and bipolar disorder [2]. Despite these concerning statistics, mental health services are underused, and the treatment gap—defined as the percentage of individuals needing care who do not receive it—remains alarmingly high, ranging from 70% to 90% for various mental disorders in India. A major obstacle to accessing mental health care is the enduring stigma and negative perceptions surrounding mental illness, even among healthcare professionals and medical students [3]. Medical practitioners are essential for the early detection, referral, and management of mental health issues. However, if they possess biased or stigmatized beliefs, it can negatively impact patient care and perpetuate discrimination against individuals with mental health conditions. In this regard, the perspectives of undergraduate medical students—who will become future healthcare providers—toward mental illness and psychiatry are particularly significant [4]. Numerous studies conducted both globally and within India have shown that medical students frequently exhibit ambivalent attitudes towards psychiatry and individuals with mental health issues [5].In light of this context, it is crucial to evaluate the existing perceptions and attitudes of undergraduate medical students regarding mental health disorders and the field of psychiatry. Gaining insight into these attitudes is vital for developing focused interventions aimed at transforming perceptions, diminishing stigma, and encouraging psychiatry as a legitimate and fulfilling career path. This study, therefore aims to assess attitude to psychiatry and mental illnesses among undergraduate medical students

Aims & Objectives

To assess attitude to psychiatry and mental illnesses among undergraduate medical students

Materials and Methods

Place of the study: The research was carried out at Vinayaka Mission's Kirupananda Variyar Medical College and Hospitals (VMKVMC&H) located in Salem, Tamil Nadu, which admits 150 undergraduate medical students annually. This institution integrates psychiatry training into both the clinical and theoretical aspects of the undergraduate M.B.B.S. curriculum. The clinical psychiatry component occurs during the 4th semester, lasting for two weeks with daily sessions of three hours. During this time, students are familiarized with essential clinical elements of mental health care, including the collection of psychiatric history, mental status evaluations, clinical interviewing techniques, and an understanding of prevalent psychiatric disorders. The training also includes exposure to treatment methods such as electroconvulsive therapy (ECT), psychopharmacology, and fundamental counselling techniques. As part of their practical training, students engage in daily inpatient rounds alongside faculty and observe outpatient consultations under the guidance of a consultant psychiatrist. They are required to present clinical cases that are frequently encountered in psychiatric practice, including major depressive disorder, schizophrenia, bipolar affective disorder, anxiety disorders, obsessive-compulsive disorder, and substance use disorders. Each student must submit a detailed case record that includes the patient's history, mental status examination, and provisional diagnosis. A ward-leaving assessment is conducted at the conclusion of the posting to assess the students' comprehension and clinical proficiency. Alongside clinical exposure, the sixth semester comprises approximately 20 hours of didactic lectures presented by the psychiatry faculty. These interactive sessions address various topics, such as the classification of mental disorders, biological and psychosocial models of mental health, psychiatric emergencies, management principles, and the legal and ethical considerations in psychiatry. The lectures aim to establish a solid theoretical foundation and equip students for practical application during their internship.
Study population: Third professional year MBBs students
Study period: 3 months study
Study design: A Descriptive Cross sectional questionnaire based study

Study instrument: The study employed two self-administered rating scales: The Attitude Toward Psychiatry scale (ATP-30) and the Attitude Toward Mental Illness scale (AMI). The ATP-30 is a standardized questionnaire consisting of 30 items aimed at evaluating medical students' attitudes toward psychiatry across seven domains: (1) attitudes toward psychiatric patients, (2) perceptions of psychiatric illnesses, (3) knowledge of psychiatry, (4) psychiatric treatments including psychotropic medications, (5) views on psychiatrists, (6) willingness to pursue a career in psychiatry, and (7) adequacy of psychiatry training. Each item is assessed using a five-point Likert scale from 'strongly agree' to 'strongly disagree.' Negative attitude items are scored from 1 to 5, while positively phrased items are reverse-scored from 5 to 1. The total score indicates the respondent's attitude toward psychiatry, with higher scores reflecting more positive attitudes and lower scores indicating negative perceptions. Likewise, the AMI is a 20-item tool that assesses attitudes toward mental illness, concentrating on beliefs about its causes, treatment options, consequences, and the broader societal and individual effects. It also employs a five-point Likert scale, where higher total scores signify a more positive attitude toward mental illness. Some items are reverse-scored to reduce response bias and enhance the accuracy of the attitude measurement.

Sample size calculation: A total of 67 pre-final year MBBS students from the 6th semester at Vinayaka Mission's Kirupananda Variyar Medical College and Hospital, Salem, who had completed their psychiatry clinical posting during the 4th semester, were included in the study.

Procedure: Students were explained the nature of the study and its purpose. Informed consent was taken and anonymity was preserved.

Inclusion criteria:

- MBBS students currently in the 6th semester (pre-final year) at Vinayaka Mission's Kirupananda Variyar Medical College and Hospital, Salem.
- Students who have successfully completed the psychiatry clinical posting during their 4th semester.
- Students who provided informed consent to participate in the study.
- Students who were present on the day of data collection and willing to complete the self-administered questionnaires.

Exclusion criteria:

- Students who were absent during the psychiatry clinical posting or had incomplete attendance.
- Students who refused to participate or did not give informed consent.
- Students who submitted incomplete or improperly filled questionnaires.
- Students currently undergoing treatment for any diagnosed psychiatric condition, to avoid response bias

Data collection procedure: Data collection was conducted utilizing two standardized self-administered questionnaires: the AMI (Attitude toward Mental Illness) and the ATP-30 (Attitude Toward Psychiatry). Following the acquisition of ethical approval and informed consent, these questionnaires were distributed to all eligible pre-final year MBBS students during a designated academic session. Clear instructions were provided to ensure understanding and maintain confidentiality. Students were instructed to complete the forms independently, without engaging in discussions. The completed questionnaires were promptly collected to prevent any external influence or delays. Subsequently, the data were coded and entered into a secure database for analysis.

Data analysis: The data were examined through both descriptive and inferential statistical methods to evaluate the perceptions of undergraduate medical students regarding mental health disorders and psychiatry. Demographic variables were summarized using frequencies and percentages, while the mean and standard deviations were utilized to characterize ATP and AMI scores. To investigate the relationships between age, ATP, and AMI scores, Spearman's rho correlation was applied. The Mann–Whitney U test was employed to assess gender differences in ATP and AMI scores, given the non-normal distribution of the data. The findings revealed no significant correlations or gender disparities, indicating similar attitudes among the groups.

Ethical consideration: Approval from the Institutional ethics committee was obtained. Privacy and confidentiality of data was maintained.

Results

Table 1: Gender distribution of the study participants (N-67)

Gender	Frequency (N)	Percentages (%)
Male	26	38.8
Female	41	61.2

The table illustrates the gender distribution among the study participants, detailing both the frequencies and percentages. Among the total respondents, 26 were male, constituting 38.8% of the sample, whereas 41 were female, making up 61.2%. This suggests a greater involvement of females than males in the study population. The data reveals a gender disparity, with females comprising the majority of the respondents.

Table-2: Medical Students' attitude towards Psychiatry and Mental illness

S.NO	Statement	Agree (%)	Disagree (%)	Neutral (%)
1	If we listen to psychiatric patients, they are just human as other people	44.8	1.5	22.4
2	Psychiatric patients are often more interesting to work with than other patients	37.3	9	50.7
3	Those with a psychiatric history should be given a job with minimal responsibilities	40.3	9	44.8
4	Those who attempt suicide leaving them with serious liver damage should not be given transplant	16.4	38.8	26.9
5	People who take an over dose are in need of compassionate treatment	53.7	1.5	25.4
6	It is preferable that the mentally ill live independently rather than in the hospital	17.9	25.4	43.3
7	Not enough is being done for the care of the mentally ill	28.4	9	52.2
8	Patients with chronic Schizophrenia are incapable of looking after themselves	52.2	11.9	35.8
9	Psychiatric illness deserves at least as much as attention as physical illness	37.3	1.5	26.9
10	It is interesting to try to discover the cause of psychiatric illness	52.2	0	22.4
11	Violence mostly results from mental illness	46.3	10.4	29.9
12	Depression occurs in people with a weak personality	22.4	22.4	32.8
13	Mental illness is the result of adverse social circumstances	56.7	0	32.8
14	Alcohol abusers have no self control	52.2	7.5	29.9
15	Mental illnesses are genetic in origin	7.5	19.4	59.7
16	People who had good parenting as children rarely suffer	29.9	13.4	37.3
17	It is quite easy for me to accept the efficacy of psychotherapy	41.8	0	52.2

18	With the forms of therapy now at hand, most psychiatric patients improve	67.2	0	28.4
19	Psychiatric treatment causes patient to worry too much about the symptoms	46.3	10.4	40.3
20	In recent years, psychiatric treatment has become quite effective	67.2	1.5	19.4
21	Psychiatric drugs are mostly used to control disruptive behaviour	68.7	3	254
	AVERAGE	42.2	9.3	35.1

Average Percent-28.8%

Table 2 shows the individual average percentage of each question on attitude of medical students towards Psychiatry and Mental illness and the cumulative average percentage of attitude of medical students towards Psychiatry and Mental illness.

DISCUSSION

The present cross-sectional study sheds light on the prevailing attitudes of undergraduate medical students towards mental illnesses and psychiatry. With a sample of 67 students (61.2% female and 38.8% male), the overall findings highlight a complex mix of empathy, stigma, misconceptions, and ambivalence that reflect broader societal attitudes and underscore the urgent need for targeted educational interventions.

1. Positive attitudes and awareness

A considerable proportion of students displayed positive attitudes towards individuals with mental illnesses. More than half (53.7%) agreed that people who overdose require compassionate treatment, and 52.2% found discovering the cause of psychiatric illness interesting. These findings align with global mental health priorities, which emphasize the need for compassionate, human-centered care and integration of mental health into medical education [1].Furthermore, 67.2% of students believed that psychiatric treatment is effective, and an equal proportion acknowledged that most patients improve with current therapies. This is consistent with existing literature indicating a growing acceptance of psychiatric advancements among medical students [5]. Such findings may reflect improved psychiatric curricula and clinical exposure over recent years.

2. Persistent stigma and misconceptions

Despite positive indicators, stigma and misconceptions persist. Alarmingly, 52.2% agreed that patients with chronic schizophrenia are incapable of self-care, and 46.3% associated violence with mental illness. Such stereotypes are widely documented and continue to fuel discrimination and fear surrounding mental illness [3,4]. The view that psychiatric drugs are primarily used to control disruptive behaviour (agreed by 68.7%) also points to a misunderstanding of therapeutic goals and the holistic role of psychopharmacology.Similarly, 40.3% agreed that individuals with a psychiatric history should be assigned jobs with minimal responsibilities. This stigmatizing belief can severely impair the rehabilitation of mentally ill individuals and contradicts WHO's employment policies [1].

3. Ambivalence and lack of conviction

A striking proportion of students selected the "neutral" option on several items—particularly on social and biological determinants of mental health. For instance, 59.7% were neutral regarding the genetic origin of mental illness, and 52.2% were neutral about whether enough is being done for the mentally ill. This may reflect uncertainty, limited exposure to psychiatric training, or societal taboos that restrict open discourse on mental health in India [2].These mixed attitudes are not unique. A review by Kumar & Isaac found that healthcare professionals, including students, often harbor ambiguous or negative attitudes due to insufficient mental health training and prevailing cultural stigma [3]. Moreover, only 17.9% supported independent living for mentally ill individuals, indicating a tendency to perceive them as dependent and potentially dangerous—a finding consistent with societal beliefs in many parts of India.

4. Influence of gender and educational context

Gender differences in attitude may also be at play. Studies show female students often display greater empathy in health-related domains [7], and this could partly explain the higher percentage of neutral or positive responses in this sample, which had a female majority. Literature indicates that students earlier in their training exhibit more stigmatizing views, which may improve with clinical exposure to psychiatry and structured mental health curricula [5].

5. Sociocultural determinants and need for reform

The belief that mental illness results from adverse social circumstances (agreed by 56.7%) is reflective of growing awareness about social determinants of health. However, the simultaneous belief that mental illness stems from weak personality traits (22.4% agreed) or poor parenting (29.9%) reveals residual misconceptions that must be addressed through structured education and awareness campaigns.India's National Mental Health Survey (2015-16) emphasized that stigma is a key barrier to seeking treatment and recovery [2]. This study corroborates that finding and reinforces the need for reforms in medical education to include anti-stigma modules and longitudinal exposure to psychiatric patients. Studies suggest that direct patient contact and involvement in psychotherapy sessions significantly enhance student empathy and reduce negative attitudes [4,5].

6. Implications for public health and medical training

The attitudes of future doctors are pivotal in shaping of mental health care in India. If unaddressed, negative perceptions can translate into poor patient engagement, under-diagnosis, and suboptimal treatment of psychiatric conditions. On the contrary, positive and informed attitudes foster holistic care and advocacy for mental health parity [4].Given WHO's call to scale up community-based mental health services and promote human rights in psychiatry [1], equipping medical students with correct knowledge and empathetic attitudes is no longer optional—it is essential. Structured psychiatric training, early clinical exposure, and inclusion of service users' experiences in medical curricula are some evidence-based strategies to achieve this [5].

CONCLUSION

This study highlights the mixed attitudes of undergraduate medical students towards mental illness and psychiatry—marked by empathy in some areas and persistent stigma in others. While optimism regarding treatment efficacy is evident, negative stereotypes and misconceptions remain prevalent. Addressing these attitudes is essential for improving the future landscape of mental health care in India. Targeted educational strategies, guided by evidence and WHO recommendations, are crucial to fostering a generation of physicians who are both clinically competent and compassionate in mental health care delivery.

Recommendations

- Incorporate more comprehensive mental health education and psychiatry training into the undergraduate medical curriculum to enhance students' attitudes and reduce stigma.
- Conduct larger multicenter studies to validate these findings across diverse medical colleges and regions.
- Implement longitudinal studies to assess changes in attitudes over time and after specific educational interventions.
- Promote awareness campaigns and workshops focused on mental health to further improve knowledge and empathy among medical students.
- Encourage early clinical exposure to psychiatry to foster positive attitudes and better understanding of mental illnesses.

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REFERENCE:

1. World Health Organization. Mental health: strengthening our response. Geneva: WHO; 2018. Available from: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
2. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, et al. National Mental Health Survey of India, 2015-16: Prevalence, Patterns and Outcomes. Bengaluru: National Institute of Mental Health and Neurosciences; 2016.
3. Kumar CN, Isaac MK. Stigma towards mental illness among healthcare professionals in India: A systematic review. Indian J Psychiatry. 2019;61(4):341-8.
4. Henderson C, Evans-Lacko S, Thornicroft G. Mental illness stigma, help seeking, and public health programs. Am J Public Health. 2013;103(5):777-80.
5. Balon R, Franchini G, Coverdale JH. Medical students' attitudes toward psychiatry: a review of the literature. Acad Psychiatry. 2014;38(1):10-14
6. So L, Prasad A, Singh S, et al. Sex disparities in management and outcomes of acute myocardial infarction in India. Indian Heart J. 2024;76(1):32–40.
7. Prasad A, So L, Singh M, et al. A Nationwide Registry Study of Acute Myocardial Infarction in India: Sex-Based Differences in Care and Outcomes. J Am Coll Cardiol. 2024;83(15):1456–1465.
8. Lichtman JH, Leifheit EC, Safdar B, et al. Sex differences in the presentation and perception of symptoms among young patients with myocardial infarction: Results from the VIRGO study. Circulation. 2018;137(8):781–790.
9. Mehta LS, Beckie TM, DeVon HA, et al. Acute myocardial infarction in women: A scientific statement from the American Heart Association. Circulation. 2016;133(9):916–947.
10. Alreshidi FS, Alharthi AS, Alqahtani AS, et al. Gender differences in health-promoting lifestyle behaviors among university students. J Family Med Prim Care. 2022;11(2):730–735.
11. Herber OR, Schnepp W, Rieger MA. A systematic review on the impact of health education on the knowledge and attitudes of patients with coronary heart disease. Patient Educ Couns. 2007;66(1):3–20.
12. Wang L, Wang Y, Xue H, et al. Health literacy and its determinants among adults in China. BMC Public Health. 2020;20:161.
13. Shafei MN, Moy FM, Omar A. Awareness and practice of healthy lifestyle among hypertensive patients at Klinik Kesihatan Seri Kembangan. Med J Malaysia. 2012;67(4):442–447.
14. Cohen J. Statistical Power Analysis for the Behavioral Sciences. 2nd ed. Hillsdale, NJ: Lawrence Erlbaum Associates; 1988.
15. Mishra A, Kumar S. Effectiveness of health communication campaigns in India: A critical review. Indian J Public Health Res Dev. 2018;9(3):65–70.