

Attitudes of Undergraduate Medical Students in Baghdad Toward Mental Disorders and People with Mental Health Difficulties

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أجاهات طلاب الطب الجامعيين في بغداد نحو الاضطرابات النفسية والأشخاص الذين يعانون صعوبات في الصحة العقلية

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Abstract

Background: Stigma associated with mental health disorders is a widespread problem linked to prejudices, attitudes, and misconceptions in society, which are also held by health professionals. Few studies in the Arab world have evaluated how medical students perceive people with mental health difficulties. Understanding the attitudes and perceptions of undergraduate medical students toward mental health disorders is important given the likelihood they will be involved, throughout their career, in the care of people with such difficulties. **Aims:** The current study explored the beliefs and attitudes of medical students in Baghdad toward mental illnesses and toward people who experience mental health difficulties. **Methods:** A cross-sectional design was used for a two-part survey containing sociodemographic information and the Beliefs Towards Mental Illness Scale, which was distributed to 4th and 5th year medical students attending the University College of Medicine in Baghdad. **Results:** Fifty students, ranging in ages 21 to 26 years, completed the survey. Findings suggest most students would not be embarrassed about having a relative or dating someone with a mental disorder. However, most held negative views about the capability of people with mental illnesses and 60% feared what others would think if they were diagnosed with a mental health difficulty. **Conclusion:** Awareness raising and review of course materials could go some way to reduce stigma. Normalization of mental illnesses through psychoeducation may also address the barriers that prevent undergraduate medical students and doctors from seeking help and thus avoiding burnout. Training courses and researchers also have a responsibility to update material and remove any stigmatizing language.

Keywords: undergraduate medical students, Baghdad, stigma, mental illnesses

Declaration of interest: None

Introduction

An estimated 792 million people live with a mental health disorder, which is approximately one in ten people globally.¹ Mental health disorders are complex and can take on many forms, including depression, anxiety, bipolar, eating disorders, and schizophrenia. Despite how common such conditions are, it is less common for people who experience them to seek professional help or receive the appropriate support. This may be exacerbated by strongly held beliefs that people with mental health conditions are somehow 'different', 'crazy', or 'dangerous'.² In many parts of the world, such underlying prejudice and discrimination is both a product of and a perpetuating factor for stigma.

The way in which language is used to describe people with mental health difficulties is also a problem in developing and developed countries, which can also be stigmatizing. Stigma is a way of associating a person or a thing with shame or disgrace. The process of stigmatization arises from personal and perceived ideas, which potentially 'spoils identity'.² As relates to mental

health stigma at the personal level, someone may be more likely to agree with the statement that 'it is best to avoid people with schizophrenia' while a perceived belief describes what a person thinks others believe, e.g. 'most people think that a person with schizophrenia is dangerous'. Such bias appears to be more common in medical students,^{3,4} and may arise from a range of factors, including societal norms. Research also highlights how their training does not adequately address negative beliefs and stereotypes.⁵

As with many countries, there is a need in Iraq for training courses to review the existing teaching curricula for undergraduate medical students so that it sufficiently prepares them to provide holistic care to people with mental health difficulties, but also – given the many years of war, conflict and sanctions – greater training on the links between trauma and mental health. Studies on student attitudes toward mental health have evidenced stigmatization by medical students in developed and developing nations alike, including deep-seated

stereotypes and expressions of reticence about having any social connections with people experiencing poor mental health.^{6,7,8}

In 2005, the World Psychiatric Association (WPA) Section on Stigma and Mental Health was created, with a broad mandate to reduce stigma and discrimination caused by mental health conditions in general.⁹ In light of these important developments, and the growing public health interest in stigma reduction, organizations such as the World Health Organization (WHO), the WPA and the World Association for Social Psychiatry to name a few, have all recognized stigma as a major public health challenge.¹⁰

The role that psychiatrists can play in the prevention of stigmatization of psychiatry is important when stressing the need to develop a respectful relationship with all

people they support.¹¹ The WPA has been concerned with the fate of those who experience mental health difficulties by emphasizing the importance of ensuring the best available interventions, protecting the dignity of patients, the dignity of their relatives and that of mental health personnel.¹²

Understanding the perceptions of medical students on these matters could inform how their training might usefully be improved, which has the potential to reduce stigma toward patients. Normalizing mental health and associated difficulties may also lead to reduced symptom concealment by medical students and doctors and alleviate burnout.¹³ The primary objective of the current study was to assess the beliefs and attitudes of undergraduate medical students in Baghdad toward mental illnesses and people with mental health difficulties.

Methods

The Ethics Committee at Baghdad Teaching Hospital reviewed the current study, which was conducted in accordance with the Helsinki declaration on research ethics. Participation was voluntary and the responses anonymous. All participants provided verbal consent.

The study was conducted in the Baghdad Medical City, which is a complex of several teaching hospitals situated along the east bank of the Tigris River in the city's Rusafa district. The Medical City campus includes many hospitals. The Baghdad Teaching Hospital is one of them.

A convenience sample was drawn from a cohort of medical students attending Al-Kindy Medical School who were in the 4th and 5th year of their medical training. All were attending a two-week round in the psychiatry department of Baghdad Teaching Hospital. Four groups, comprised of 50 students out of an overall total of 200, were selected. Groups were randomly selected with 12 in the first three groups and 14 in the fourth group. The questionnaire was delivered by two psychiatrists from the Baghdad Teaching Hospital. Both

were present during data collection. Data collection took place during mornings and afternoons on weekdays between February to April 2018.

The two-part survey included a sociodemographic section and one standardized scale – Beliefs Toward Mental Illness (BMI).¹⁴ The sociodemographic questionnaire included questions regarding gender, age, religious affiliation, and student year. The BMI was used to measure negative stereotypical views of mental health disorders. It is a 21-statement measure comprised of three subscales: social and interpersonal skills, dangerousness, and incurability. Items are rated on a 6-point Likert scale ranging from 'completely disagree' (0) to 'completely agree' (5) with higher scores reflecting greater negative belief. All responses were collected anonymously.

Cronbach's alpha was high among American (0.89) and Asian (0.91) participants¹⁴ and good (0.80) in the current study. The questionnaire was translated into Arabic, and back translated to English by psychiatrists with a good knowledge of English.

Results

All 50 participants completed the questionnaires in full. Participant ages ranged from 21 to 26 years ($M=23$, $SD=2.16$); 36 (72%) women and 14 (28%) men. All were Muslim. The majority

(94%) lived in Baghdad. Table 1 summarizes the students' responses to each of the 21 statements in the BMI. These are separated by three subscales and reported in descending order from most to least agreed per subscale.

Table 1. Proportion of respondents who completely agreed with each statement per subscale

BMI Subscale Statement	Proportion of Respondents Who Completely Agree	
	N	%
Social and Interpersonal Skills		
A person with psychological disorder should have a job with only minor responsibilities.	33	66%
A person with psychological disorder is less likely to function well as a parent.	32	64%
Most people would not knowingly be friends with a person who has a mental disorder.	31	62%
I am afraid of what my boss, friends, and others would think if I were diagnosed as having a psychological disorder.	30	60%
It might be difficult for people with mental illnesses to follow social rules such as being punctual or keeping promises.	27	58%
People with mental illness are unlikely to be able to live by themselves because they are unable to assume responsibilities.	18	36%
I would not trust the work of a person with a mental health condition assigned to my work team.	13	26%
The term 'psychological disorder' makes me feel embarrassed.	12	24%
I would be embarrassed if a person in my family experienced a mental illness.	10	20%
I would be embarrassed if people knew that I dated a person who once received psychological treatment	5	10%
Dangerousness		
The behavior of people who have psychological disorders is unpredictable.	35	70%
A mentally ill person is more likely to harm others than a normal person.	27	54%
Mentally ill people are more likely to be criminals.	21	42%
I am afraid of people who are suffering from psychological disorder because they may harm me.	12	24%
It might be difficult for people with mental illness to follow social rules, such as being punctual or keeping promises.	7	14%
Incurability		
Psychological disorders are recurrent.	45	90%
Psychological disorders would require a much longer period of time to be cured than would other general diseases.	38	76%
People who have received psychological treatment are likely to need further treatment in the future.	19	38%
Individuals diagnosed with mental illness suffer from the symptoms throughout their life	15	30%
Mental disorder is unlikely to be cured regardless of treatment.	7	14%
I believe that mental disorders can never be completely cured.	4	8%

Overall responses indicated that most students held negative beliefs about the capability of people with mental health difficulties and about the attitudes of others towards them, but were far more optimistic about how they would treat someone with mental health difficulties compared to how society might.

Perceived social and interpersonal skills of people with mental illnesses

Responses highlight that over half of students perceived people with mental illnesses as less capable of holding significant job responsibilities (66%); unable to function well as parents (64%); and, unable to follow simple social rules, such as being punctual or reliable (58%). More than half also held negative views about how others might feel toward anyone with a mental disorder with 62% stating that people would not knowingly be friends with a person having such conditions and 60% stating that they would be afraid of what their boss, friends or others might think if they had a diagnosed mental disorder. However, far fewer were less negative about having a family member (10%) or dating someone (5%) with a mental disorder. Sixty percent worried about what others would think if they were diagnosed with a mental health difficulty.

Discussion

The current study assessed the attitudes of 4th and 5th year undergraduate medical students in Baghdad toward mental illnesses and people with such conditions. Compared with studies in developing countries, response rates indicated negatively held beliefs about risk posed by people with mental health difficulties and the prognosis for treatment of mental health conditions were high.^{15,16}

However, responses appeared much less negative compared with students from Nigeria⁴ India⁵, Iran⁹ although the methodologies were not homogenous and, therefore, not directly comparable. Most participants shared negative attitudes about the ability of people with mental health difficulties to parent well, hold a demanding job, or follow social rules. Such views reflect an unhelpful stereotype that associates mental illnesses with personal shortcomings; however, poor social skills are also causes, consequences, or vulnerability factors for various types of mental health difficulties including schizophrenia, depression, substance use, and social anxiety.

One strategy to improve attitudes towards persons with mental health difficulties would be to increase student contact with patients in community settings; particularly given student, beliefs about the need for social distance due to risk of harm. The undergraduate curriculum

Perceived dangerousness of people with mental illnesses

Negative beliefs as to the dangerousness of people with mental illnesses were expressed by a greater number of respondents as relates to their unpredictability (70%) and likelihood of causing harm (54%). Just under half believed criminal behavior was also likely (42%). Given their roles as medical professionals, a higher than expected number of respondents expressed fear of being harmed by people with mental disorders (24%) and the belief that it is best to stay away due to the risk of harm (14%).

Perceived incurability of mental illnesses

Views as to prognosis seemed reasonable with 90% stating mental disorders are recurrent and 76% believing these might require more time to cure compared with general diseases. The numbers, who viewed mental disorders as being beyond treatment, while not high, were nevertheless higher than what might be expected from 4th and 5th year medical students. Fourteen percent held the view that mental disorders were unlikely to be cured and 8% stated these can never be cured.

should also incorporate anti-stigma lectures or seminars. These seminars might involve close interactions and discussions between students and persons with mental illness who are recovered and their caregivers on how they perceive stigma including its adverse effects on their lives. Studies have noted the positive effect of familiarity on mental illnesses and aspects of stigma such as reduced social distance^{17,18,19} and false beliefs and doubts about people with mental disorders.²⁰

When examining possible causes for and consequences of stigma, it would be important to consider that 60% of students in the current study feared what others would think if they were diagnosed with a mental disorder. Fear of exposure to stigmatization not only perpetuates stigma, it is a crucial factor contributing to symptom concealment in medical students and doctors and is a barrier to accessing mental health services.^{19,21} Increased perceptions of stigma were also strongly associated with less positive attitudes toward seeking psychological support among students.²¹ Burnout is a common experience within the medical profession.¹³ Prevention should include normalization of mental disorders in training.

Another important consideration is the way in which language can influence perceptions of mental health and people with mental health difficulties.^{3,22} Language is

powerful. Improving both the written and the spoken word as communicated by researchers and professionals can go some way to ending discrimination. Training programs for undergraduate medical students in developing countries, or post conflict countries such as Iraq, may rely upon outdated materials or have limited access to reliable sources of new information through their universities. Researchers who assess attitudes and beliefs toward mental illnesses must reflect on the tone and language used when designing questionnaires to explore what perceptions because the statements can equally influence what people think. For example, the BMI and the Attitude Toward Mental Illness (AMI)¹³

Conclusion

Findings highlight the need for ongoing awareness raising and review of course materials to ensure a better knowledge of mental health difficulties. More opportunities for undergraduates to work alongside psychiatry and psychology colleagues may help further with awareness raising. Participants were in the final years of their undergraduate study and would soon move on to more specialist training, which is a time for consolidating the learning gained at the undergraduate level. In terms of what the findings may highlight about self-care, most students stated they would worry about the views of others towards them were they to experience

refer to people with mental health difficulties as ‘the mentally ill’ and go on to compare them to a ‘normal person’. It can be argued that this is dehumanizing in the same way that using the terms ‘learning disabled’ or ‘retarded’ is dehumanizing for people with intellectual disabilities and comparing them to ‘normal people’ equally debasing. How such ideas are communicated can contribute to the stigma that people with severe and enduring mental health conditions experience throughout their lives and, therefore, ensuring a more compassionate ‘tone of voice’ can be educative for the public, for people with mental health conditions and their families as well as for the medical professionals who support them.

a mental disorder and this should be of concern since it reflects the degree to which stigma can lead to self-stigmatization and the perpetuation of unhelpful views around mental health. Burnout in medical students and doctors is not uncommon; such reticence may be a contributing factor. More globally, researchers must consider the power of language when designing questionnaires like the BMI, which are of course, reflective of their time. Rather than replicating studies (including this one), more can be done to challenge the narrative to improve the quality of future research, which in turn, could help to reduce stigma.

Limitations and Recommendations

The current study used a convenience sample of undergraduates in their final years of study, which limits the generalizability of the findings. Further, the complex nature of mental disorders makes assessing perceptions and attitudes rather more difficult to quantify through the reductionist lens of a brief self-report questionnaire. It was also difficult to offer consistency when communicating to students about mental health difficulties given the language used in the BMI.

The findings offer an opportunity to broaden the knowledgebase for those working with people experiencing mental health difficulties inside Iraq. Iraqi society has endured many decades of war and conflict. Reducing stigma associated with mental illnesses in Iraq may also help to normalize the consequences of war-related trauma, which we would suggest, based on our clinical experience, and are often missed in psychiatric assessments.

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المخلص

الخلفية: وصمة العار المرتبطة باضطرابات الصحة العقلية هي مشكلة واسعة النطاق مرتبطة بالتحيزات والمواقف والمفاهيم الخاطئة في المجتمع، والتي يتم الاحتفاظ بها أيضاً من قبل المهنيين الصحيين. قيمت دراسات قليلة في العالم العربي كيف ينظر طلاب الطب إلى الأشخاص الذين يعانون من صعوبات في الصحة العقلية. إن فهم موقف وتصورات طلاب الطب الجامعيين تجاه اضطرابات الصحة العقلية أمر مهم بالنظر إلى احتمال مشاركتهم، طوال حياتهم المهنية، في رعاية الأشخاص الذين يعانون من هذه الصعوبات. **الأهداف:** استكشفت الدراسة الحالية معتقدات واتجاهات طلاب الطب في بغداد تجاه الأمراض العقلية، ونحو الأشخاص الذين يعانون من صعوبات في الصحة العقلية. **الطريقة:** تم استخدام تصميم مقطعي مستعرض لمسح من جزأين يحتوي على معلومات ديموغرافية اجتماعية وتم توزيع مقياس المعتقدات تجاه المرض العقلي على طلاب كلية طب الكندي في السنة الرابعة والخامسة الذين يتدربون في الطب النفسي لمدة اسبوعين لكل مجموعة في مستشفى بغداد التعليمي. **النتائج:** أكمل الاستطلاع خمسون طالباً تتراوح أعمارهم بين 21 و26 عاماً. تشير النتائج إلى أن معظم الطلاب لن يشعروا بالخرج من وجود قريب أو مواعدة شخص يعاني من اضطراب عقلي. ومع ذلك، كان لدى معظمهم آراء سلبية حول قدرة الأشخاص الذين يعانون من أمراض عقلية و60٪ خافوا مما قد يعتقده الآخرون إذا تم تشخيصهم بصعوبة في الصحة العقلية. **الخلاصة:** رفع مستوى الوعي ومراجعة مواد الدورة يمكن أن يقطع شوطاً إلى حد ما للحد من وصمة العار. تطبيع الأمراض العقلية من خلال التعليم النفسي قد يعالج أيضاً العوائق التي تمنع طلاب الطب والأطباء الجامعيين من طلب المساعدة وتجنب الإرهاق. تتحمل الدورات التدريبية والباحثون أيضاً مسؤولية تحديث المواد وإزالة أي لغة وصمة.

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