

OPINION ABOUT MENTAL ILLNESS IN MEDICAL STUDENTS

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ABSTRACT

Background: Mental health disorders are a critical public health problem worldwide, weakening the quality of life of many individuals and leading to stigma and discrimination against them. This study aimed to assess the opinions of undergraduate students with and without completed rotary psychiatric clinical posts. **Materials and Methods:** This descriptive, cross-sectional study included 200 undergraduate medical students, comparing those with and without exposure to psychiatry postings at Andhra Medical College, Visakhapatnam, over two months. A semi-structured pro forma was used to gather sociodemographic information. Opinions About Mental Illness Questionnaire was used to evaluate participants' perspectives on mental illness. **Result:** The study found that students without psychiatric exposure were significantly more likely to hold stigmatising beliefs, such as believing that mental illness is a punishment for bad behaviour (79.3% vs. 20.7%, $p < 0.0001$) and viewing psychiatric patients as dangerous ($p = 0.046$), and that individuals with mental health issues were not considered humans (90% vs. 10%, $p = 0.002$). These students also perceived mental health patients as dangerous ($p = 0.046$) and supported stricter security measures in hospitals ($p = 0.002$). Students who were exposed to psychiatry were less inclined to see mental illness as different from other medical conditions ($p < 0.0001$), and were supportive of patient rights, including marriage and parenthood, after treatment. No significant differences were observed in funding or hospital environments. **Conclusion:** This study emphasised the critical role of psychiatric clinical exposure in reducing stigma and improving medical students' perceptions of mental illness. Integrating structured psychiatry rotations and anti-stigma educational programs into medical curricula can foster empathetic future healthcare professionals.

INTRODUCTION

Mental illness poses a tremendous challenge to global public health. The prevailing statistics show that it affects millions of people worldwide, making it an overwhelming health system. Not only do they degrade an individual's quality of life but they also make them susceptible to stigma, discrimination, and social isolation. In India, mental disorders affect a significant percentage of the population; in 2017, one in seven Indians reported some form of mental illness. Mental disorders have approximately doubled over the past three decades, with considerable variations across different states. This increasing concern demands an increased understanding of mental health and actions that improve an attitude

towards a person suffering from psychiatric conditions.^[1]

Medical professionals are useful for diagnosing, treating, and managing mental illnesses. Their attitudes and perceptions towards psychiatric disorders, formed due to education, clinical exposure, personal experience, and cultural beliefs, impact the care of patients and outcomes of treatment.^[2] Studies have shown that medical students tend to feel relatively uncomfortable or confused when dealing with mentally ill patients, especially at the initial stages of their training. Some of the students have negative views of psychiatric disorders and feel that they are not that well treatable, and others experience emotional stress when working in places involved with mental health and, to get free from such thoughts, opt for other specialties.^[3]

Clinical exposure through psychiatric rotations provides medical students with firsthand experiences in the management of mental health conditions, which makes them better understood and empathetic. During the rotation, students spend their time with the patients, receiving special training about the complexities of psychiatric disorders.^[4] There are findings that education interventions, provided they are of a well-formatted type, especially those entailing direct interaction with the patient, can reduce the stigma as well as have an effect in changing the attitude of medical students. These experiences may help bring about more empathetic and capable future health professionals by combating myths and promoting better mental health literacy.^[5] While prior studies have examined medical students' attitudes towards psychiatry, few have directly compared the impact of clinical postings versus non-exposure in shaping opinions on mental illness.^[6] The present study aimed to compare perceptions between medical students who have been exposed to and not exposed to psychiatric postings. Through an analysis of how psychiatric clinical training influences the attitudes of students, we seek to fill gaps in medical education and explore ways in which future healthcare professionals can become more aware of mental health issues. Reduction of stigma, early intervention, and improvement of patient outcomes in psychiatric care can be enhanced by filling these gaps.

MATERIALS AND METHODS

This descriptive, cross-sectional study included 200 undergraduate medical students regarding mental illness, specifically comparing those who had and had not experienced psychiatry postings at Andhra Medical College in Visakhapatnam over two months. The Institutional Ethics Committee approved the study before starting the study, and all participants provided informed consent.

Inclusion Criteria

Medical undergraduate students who provided informed consent and students with over 75% attendance during their under graduation.

Exclusion Criteria

Students with first- or second-degree relatives currently diagnosed with a psychiatric disorder, students receiving treatment for mental health issues, and students who did not complete the questionnaire fully were excluded.

Methods: Data were collected in batches using a structured approach. Semi-structured pro-Forma was used to gather sociodemographic information from the participants, including name, age, gender, year of study, residential background, family history, and personal history of psychiatric conditions and treatments. The Opinion About Mental Illness (OMI) Questionnaire was used to evaluate participants' perspectives on mental illness across five key areas: authoritarianism, benevolence, mental hygiene ideology, social restrictiveness, and interpersonal aetiology.

Statistical analysis: The study employed Descriptive statistics (frequencies and percentages) were used to summarise the data. Categorical variables were assessed using the chi-squared test. Significance was defined as $p < 0.05$, using a two-tailed test. Data analysis was performed using IBM SPSS version 21.0.

RESULTS

Students without psychiatric exposure showed significantly higher agreement with stigmatising statements, such as mental illness resulting from bad thoughts (65.9% vs. 34.1%, $p = 0.003$). Mental illness was a punishment for bad deeds (79.3% vs. 20.7%, $p < 0.0001$). People with mental illnesses should not be treated in the same hospital as those with physical illnesses (60.6% vs. 39.4%, $p = 0.043$). Equally, students with psychiatric exposure were more likely to recognise that mental illness is comparable to other medical conditions ($p < 0.0001$) and supported psychiatric patient rights, such as marriage and employment and "Mental illness is usually caused by some disease of the nervous system" ($p = 0.01$).

They also showed a greater tendency to agree with the idea that "People with mental illness should never be treated in the same hospital as people with physical illness" ($p = 0.043$) and that "Sometimes mental illness is a punishment for bad deeds" ($p < 0.0001$). However, no significant differences were observed for statements such as "It is easy to recognise someone who once had a serious mental illness" ($p = 0.636$) and "College professors are more likely to become mentally ill than businessmen" ($p = 0.121$). In general, students exposed to psychiatry exhibited fewer stigmatising beliefs than their peers without such exposure [Table 1].

Table 1: Comparison of medical students' opinions on mental illness with and without exposure to psychiatry posting.

		Psychiatry Clinical Posting		P-value
		No (%)	Yes (%)	
1. Nervous breakdowns usually result when people work too hard	Agree	36 (55.4%)	29 (44.6%)	0.009
	Disagree	4 (33.3%)	8 (66.7%)	
	Not sure but probably agree	62 (69.7%)	27 (30.3%)	
	Not sure but probably disagree	10 (62.5%)	6 (37.5%)	
	Strongly agree	5 (29.4%)	12 (70.6%)	
	Strongly disagree	0	1 (100%)	
	Agree	33 (67.3%)	16 (32.7%)	0.636

2. It is easy to recognise someone who once had a serious mental illness	Disagree	18 (50%)	18 (50%)	0.12
	Not sure but probably agree	43 (59.7%)	29 (40.3%)	
	Not sure but probably disagree	16 (51.6%)	15 (48.4%)	
	Strongly agree	5 (55.6%)	4 (44.4%)	
	Strongly disagree	2 (66.7%)	1 (33.3%)	
3. When people have a problem or a worry, it is best not to think about it but to keep busy with more pleasant things	Agree	44 (59.7%)	29 (40.3%)	0.054
	Disagree	15 (38.5%)	24 (61.5%)	
	Not sure but probably agree	15 (68.2%)	7 (31.8%)	
	Not sure but probably disagree	10 (66.7%)	5 (33.3%)	
	Strongly agree	26 (68.4%)	12 (31.6%)	
4. There is something about people with a mental health condition that makes it easy to tell them from normal people	Strongly disagree	7 (53.8%)	6 (46.2%)	0.003
	Agree	35 (66%)	18 (34%)	
	Disagree	9 (33.3%)	18 (66.7%)	
	Not sure but probably agree	45 (65.2%)	24 (34.8%)	
	Not sure but probably disagree	16 (50%)	16 (50%)	
5. People would not become mentally ill if they avoided bad thoughts	Strongly agree	8 (66.7%)	4 (33.3%)	0.043
	Strongly disagree	4 (57.1%)	3 (42.9%)	
	Agree	36 (78.3%)	10 (21.7%)	
	Disagree	22 (39.3%)	34 (60.7%)	
	Not sure but probably agree	27 (65.9%)	14 (34.1%)	
6. People with mental illness should never be treated in the same hospital as people with physical illness	Not sure but probably disagree	18 (56.3%)	14 (43.8%)	0.01
	Strongly agree	6 (66.7%)	3 (33.3%)	
	Strongly disagree	8 (50%)	8 (50%)	
	Agree	40 (60.6%)	26 (39.4%)	
	Disagree	13 (38.2%)	21 (61.8%)	
7. Mental illness is usually caused by some disease of the nervous system	Not sure but probably agree	20 (58.8%)	14 (41.2%)	0.121
	Not sure but probably disagree	25 (78.1%)	7 (21.9%)	
	Strongly agree	11 (61.1%)	7 (38.9%)	
	Strongly disagree	8 (50%)	8 (50%)	
	Agree	34 (60.7%)	22 (39.3%)	
8. College professors are more likely to become mentally ill than businessmen	Disagree	14 (34.1%)	27 (65.9%)	<0.0001
	Not sure but probably agree	42 (72.4%)	16 (27.6%)	
	Not sure but probably disagree	19 (59.4%)	13 (40.6%)	
	Strongly agree	2 (50%)	2 (50%)	
	Strongly disagree	6 (66.7%)	3 (33.3%)	
9. Sometimes mental illness is a punishment for bad deeds	Agree	16 (66.7%)	8 (33.3%)	0.026
	Disagree	25 (43.1%)	33 (56.9%)	
	Not sure but probably agree	24 (68.6%)	11 (31.4%)	
	Not sure but probably disagree	43 (64.2%)	24 (35.8%)	
	Strongly agree	4 (57.1%)	3 (42.9%)	
10. One of the main causes of mental illness is a lack of moral strength or willpower	Strongly disagree	5 (55.6%)	4 (44.4%)	0.0001
	Agree	23 (79.3%)	6 (20.7%)	
	Disagree	30 (46.2%)	35 (53.8%)	
	Not sure but probably agree	27 (79.4%)	7 (20.6%)	
	Not sure but probably disagree	21 (67.7%)	10 (32.3%)	
	Strongly agree	1 (50%)	1 (50%)	0.002
	Strongly disagree	15 (38.5%)	24 (61.5%)	
	Agree	52 (64.2%)	29 (35.8%)	
	Disagree	8 (32%)	17 (68%)	
	Not sure but probably agree	24 (63.2%)	14 (36.8%)	
	Not sure but probably disagree	10 (83.3%)	2 (16.7%)	0.023
	Strongly agree	19 (54.3%)	16 (45.7%)	
	Strongly disagree	4 (44.4%)	5 (55.6%)	

A notable difference emerged in the belief that mental illness was comparable to any other illness ($p < 0.0001$), with 50.5% of students lacking exposure agreeing versus 49.5% of those with exposure. A significant difference was noted in patients in mental hospitals who harmed others faced punishment ($p = 0.001$). However, no significant differences were found in attitudes towards laughing at patients ($p = 0.536$), viewing patients as akin to their children ($p =$

0.333), or the necessity of high fences around mental hospitals ($p = 0.083$). 90% of students without psychiatric exposure believed that individuals with severe mental illness were no longer human, in contrast to only 10% of those with psychiatric exposure ($p = 0.002$). Opinions on other issues, such as the need for increased tax funding for mental healthcare ($p = 0.023$) and the belief that mental hospitals should create a home environment for

patients ($p = 0.572$), did not show significant differences [Table 2].

Table 2: Attitudes towards mental illness among medical students with and without psychiatry clinical postings

		Psychiatry clinical posting		P-value
		No (%)	Yes (%)	
11. Mental illness is an illness like any other illness	Agree	47 (50.5%)	46 (49.5%)	<0.0001
	Disagree	20 (69%)	9 (31%)	
	Not sure but probably agree	24 (96%)	1 (4%)	
	Not sure but probably disagree	17 (68%)	8 (32%)	
	Strongly agree	6 (27.3%)	16 (72.7%)	
	Strongly disagree	3 (50%)	3 (50%)	
12. Even though patients in mental hospitals behave in funny ways, it is wrong to laugh about them	Agree	56 (53.8%)	48 (46.2%)	0.536
	Disagree	2 (66.7%)	1 (33.3%)	
	Not sure but probably agree	18 (75%)	6 (25%)	
	Not sure but probably disagree	8 (66.7%)	4 (33.3%)	
	Strongly agree	32 (58.2%)	23 (41.8%)	
	Strongly disagree	1 (50%)	1 (50%)	
13. Patients in mental hospitals are in many ways like children	Agree	65 (53.7%)	56 (46.3%)	0.333
	Disagree	1 (33.3%)	2 (66.7%)	
	Not sure but probably agree	26 (72.2%)	10 (27.8%)	
	Not sure but probably disagree	10 (71.4%)	4 (28.6%)	
	Strongly agree	14 (58.3%)	10 (41.7%)	
	Strongly disagree	1 (50%)	1 (50%)	
14. More tax money should be spent on the care and treatment of people with severe mental illness	Agree	48 (48.5%)	51 (51.5%)	0.023
	Disagree	5 (55.6%)	4 (44.4%)	
	Not sure but probably agree	32 (71.1%)	13 (28.9%)	
	Not sure but probably disagree	16 (84.2%)	3 (15.8%)	
	Strongly agree	15 (55.6%)	12 (44.4%)	
	Strongly disagree	1 (100%)	0	
15. Anyone who tries hard to better himself deserves the respect of others	Agree	46 (52.3%)	42 (47.7%)	0.349
	Disagree	2 (50%)	2 (50%)	
	Not sure but probably agree	15 (71.4%)	6 (28.6%)	
	Not sure but probably disagree	7 (77.8%)	2 (22.2%)	
	Strongly agree	47 (60.3%)	31 (39.7%)	
16. People who have been patients in a mental hospital will never be their old selves again	Agree	22 (66.7%)	11 (33.3%)	0.813
	Disagree	34 (56.7%)	26 (43.3%)	
	Not sure but probably agree	22 (61.1%)	14 (38.9%)	
	Not sure but probably disagree	22 (52.4%)	20 (47.6%)	
	Strongly agree	3 (75%)	1 (25%)	
	Strongly disagree	14 (56%)	11 (44%)	
17. Many mental patients are capable of skilled labour, even though, in some ways, they are very disturbed mentally	Agree	69 (57%)	52 (43%)	0.281
	Disagree	6 (60%)	4 (40%)	
	Not sure but probably agree	26 (72.2%)	10 (27.8%)	
	Not sure but probably disagree	6 (60%)	4 (40%)	
	Strongly agree	10 (43.5%)	13 (56.5%)	
18. To become a patient in a mental hospital is to become a failure in life	Agree	10 (62.5%)	6 (37.5%)	0.738
	Disagree	48 (57.8%)	35 (42.2%)	
	Not sure but probably agree	11 (73.3%)	4 (26.7%)	
	Not sure but probably disagree	15 (60%)	10 (40%)	
	Strongly disagree	33 (54.1%)	28 (45.9%)	
19. If a patient in a mental hospital attacks someone, he should be punished so he doesn't do it again	Agree	7 (58.3%)	5 (41.7%)	0.001
	Disagree	45 (51.7%)	42 (48.3%)	
	Not sure but probably agree	18 (75%)	6 (25%)	
	Not sure but probably disagree	38 (76%)	12 (24%)	
	Strongly agree	2 (100%)	0	
	Strongly disagree	7 (28%)	18 (72%)	
20. Every mental hospital should be surrounded by a high fence and guards	Agree	48 (66.7%)	24 (33.3%)	0.083
	Disagree	11 (37.9%)	18 (62.1%)	
	Not sure but probably agree	30 (58.8%)	21 (41.2%)	
	Not sure but probably disagree	17 (68%)	8 (32%)	
	Strongly agree	9 (52.9%)	8 (47.1%)	
	Strongly disagree	2 (33.3%)	4 (66.7%)	
21. The law should allow a woman to divorce her husband as soon as he has been confirmed in a mental hospital with severe mental illness	Agree	16 (59.3%)	11 (40.7%)	0.868
	Disagree	32 (52.5%)	29 (47.5%)	
	Not sure but probably agree	17 (65.4%)	9 (34.6%)	
	Not sure but probably disagree	38 (62.3%)	23 (37.7%)	
	Strongly agree	4 (57.1%)	3 (42.9%)	
	Strongly disagree	10 (55.6%)	8 (44.4%)	
22. Regardless of how you look at it, patients with severe mental illness are no longer human	Agree	9 (90%)	1 (10%)	0.002
	Disagree	36 (43.4%)	47 (56.6%)	
	Not sure but probably agree	14 (70%)	6 (30%)	
	Not sure but probably disagree	26 (74.3%)	9 (25.7%)	

	Strongly agree	3 (100%)	0	
	Strongly disagree	29 (59.2%)	20 (40.8%)	
23. Our mental hospitals should be organised in a way that makes patients feel as much as possible like they are living at home	Agree	64 (59.8%)	43 (40.2%)	0.572
	Disagree	2 (28.6%)	5 (71.4%)	
	Not sure but probably agree	10 (71.4%)	4 (28.6%)	
	Not sure but probably disagree	5 (62.5%)	3 (37.5%)	
	Strongly agree	35 (56.5%)	27 (43.5%)	
	Strongly disagree	1 (50%)	1 (50%)	
24. There is little that can be done for patients in mental hospitals except to see that they are comfortable and well-fed	Agree	46 (56.1%)	36 (43.9%)	0.855
	Disagree	16 (55.2%)	13 (44.8%)	
	Not sure but probably agree	21 (67.7%)	10 (32.3%)	
	Not sure but probably disagree	16 (61.5%)	10 (38.5%)	
	Strongly agree	11 (52.4%)	10 (47.6%)	
	Strongly disagree	7 (63.6%)	4 (36.4%)	

A notable difference emerged regarding perceptions of patient danger, with 52.3% of students lacking exposure, agreeing that most mental health patients were not dangerous ($p = 0.046$). Regarding opinions on hospital stays without locked doors, 51.4% of students without exposure agreed, in contrast to 48.6% of those with exposure ($p = 0.002$). However,

no significant differences were found for other statements, including patients' willingness to work, privacy rights, or financial support for those unable to work because of mental illness. These findings indicate that exposure to psychiatry influences attitudes towards patient safety and hospital care [Table 3].

Table 3: Attitudes towards mental hospital practices among medical students with and without psychiatry clinical postings

		Psychiatry clinical posting		P-value
		No (%)	Yes (%)	
25. Most patients in mental hospitals are not dangerous	Agree	58 (52.3%)	53 (47.7%)	0.046
	Disagree	1 (20%)	4 (80%)	
	Not sure but probably agree	37 (69.8%)	16 (30.2%)	
	Not sure but probably disagree	17 (73.9%)	6 (26.1%)	
	Strongly agree	3 (42.9%)	4 (57.1%)	
	Strongly disagree	1 (100%)	0	
26. Most mental patients are willing to work	Agree	46 (50%)	46 (50%)	0.145
	Disagree	2 (50%)	2 (50%)	
	Not sure but probably agree	47 (70.1%)	20 (29.9%)	
	Not sure but probably disagree	18 (60%)	12 (40%)	
	Strongly agree	4 (66.7%)	2 (33.3%)	
	Strongly disagree	0	1 (100%)	
27. If our hospital has enough well-trained doctors, nurses, and aids, many of the patients would get well enough to live outside the hospital	Agree	66 (60.6%)	43 (39.4%)	0.375
	Disagree	4 (80%)	1 (20%)	
	Not sure but probably agree	34 (60.7%)	22 (39.3%)	
	Not sure but probably disagree	7 (46.7%)	8 (53.3%)	
	Strongly agree	6 (40%)	9 (60%)	
29. The best way to handle patients in mental hospitals is to keep them behind locked doors	Agree	7 (50%)	7 (50%)	0.758
	Disagree	52 (59.1%)	36 (40.9%)	
	Not sure but probably agree	15 (57.7%)	11 (42.3%)	
	Not sure but probably disagree	21 (56.8%)	16 (43.2%)	
	Strongly agree	3 (100%)	0	
	Strongly disagree	19 (59.4%)	13 (40.6%)	
30. The patients of mental hospitals should be allowed privacy	Agree	55 (54.5%)	46 (45.5%)	0.063
	Disagree	4 (30.8%)	9 (69.2%)	
	Not sure but probably agree	26 (59.1%)	18 (40.9%)	
	Not sure but probably disagree	18 (75%)	6 (25%)	
	Strongly agree	13 (76.5%)	4 (23.5%)	
	Strongly disagree	1 (100%)	0	
31. People who are unable to work because of mental illness should receive money for living expenses	Agree	51 (51%)	49 (49%)	0.194
	Disagree	3 (42.9%)	4 (57.1%)	
	Not sure but probably agree	36 (66.7%)	18 (33.3%)	
	Not sure but probably disagree	16 (76.2%)	5 (23.8%)	
	Strongly agree	10 (62.5%)	6 (37.5%)	
	Strongly disagree	1 (50%)	1 (50%)	
32. Many people who have never been patients in a mental hospital are more mentally ill than many hospitalised mental patients	Agree	39 (54.9%)	32 (45.1%)	0.405
	Disagree	8 (53.3%)	7 (46.7%)	
	Not sure but probably agree	37 (61.7%)	23 (38.3%)	
	Not sure but probably disagree	26 (70.3%)	11 (29.7%)	
	Strongly agree	6 (42.9%)	8 (57.1%)	
	Strongly disagree	1 (33.3%)	2 (66.7%)	
	Agree	36 (51.4%)	34 (48.6%)	0.002

33. Many mental patients would remain in the hospital until they were well, even if the doors were unlocked	Disagree	6 (28.6%)	15 (71.4%)
	Not sure but probably agree	43 (75.4%)	14 (24.6%)
	Not sure but probably disagree	30 (65.2%)	16 (34.8%)
	Strongly agree	2 (40%)	3 (60%)
	Strongly disagree	0	1 (100%)

The study revealed notable differences in students' attitudes towards mental health and psychiatry, depending on their exposure. Among students without exposure, 77.8% believed that patients discharged from mental hospitals should not marry, whereas only 22.2% of those with exposure shared this belief ($p = 0.022$). Furthermore, 53.5% of the students without exposure felt that mentally ill individuals allowed their emotions to dictate their

actions, in contrast to 46.5% of those with exposure ($p = 0.002$). There were no significant differences in privacy rights or ability to have children after treatment. Perceptions of the danger and trustworthiness of mentally ill patients did not show major differences. Overall, exposure to psychiatry appeared to shape views on the rights and well-being of patients with mental illness [Table 4].

Table 4: Impact of psychiatry clinical postings on medical student's attitudes towards mental illness

		Psychiatry clinical posting		p-value
		No (%)	Yes (%)	
34. Although patients discharged from mental hospital may seem all right, they should not be allowed to marry	Agree	7 (77.8%)	2 (22.2%)	0.022
	Disagree	44 (45.8%)	52 (54.2%)	
	Not sure but probably agree	24 (75%)	8 (25%)	
	Not sure but probably disagree	28 (68.3%)	13 (31.7%)	
	Strongly agree	2 (66.7%)	1 (33.3%)	
	Strongly disagree	12 (63.2%)	7 (36.8%)	
35. People who are mentally ill let their emotions control them; normal people think things out	Agree	38 (53.5%)	33 (46.5%)	0.002
	Disagree	8 (28.6%)	20 (71.4%)	
	Not sure but probably agree	46 (75.4%)	15 (24.6%)	
	Not sure but probably disagree	17 (60.7%)	11 (39.3%)	
	Strongly agree	3 (75%)	1 (25%)	
	Strongly disagree	5 (62.5%)	3 (37.5%)	
36. People who were once patients in a mental hospital are no more dangerous than the average citizen	Agree	37 (54.4%)	31 (45.6%)	0.067
	Disagree	11 (39.3%)	17 (60.7%)	
	Not sure but probably agree	29 (60.4%)	19 (39.6%)	
	Not sure but probably disagree	34 (75.6%)	11 (24.4%)	
	Strongly agree	4 (57.1%)	3 (42.9%)	
	Strongly disagree	2 (50%)	2 (50%)	
37. The small children of patients in a mental hospital should not be allowed to visit them	Agree	14 (73.7%)	5 (26.3%)	0.063
	Disagree	39 (47.6%)	43 (52.4%)	
	Not sure but probably agree	27 (73%)	10 (27%)	
	Not sure but probably disagree	28 (63.6%)	16 (36.4%)	
	Strongly agree	2 (66.7%)	1 (33.3%)	
	Strongly disagree	7 (46.7%)	8 (53.3%)	
38. A woman would be foolish to marry a man who has had a severe mental illness, even though he seems fully recovered	Agree	10 (66.7%)	5 (33.3%)	0.091
	Disagree	47 (52.8%)	42 (47.2%)	
	Not sure but probably agree	23 (65.7%)	12 (34.3%)	
	Not sure but probably disagree	28 (71.8%)	11 (28.2%)	
	Strongly agree	1 (100%)	0	
	Strongly disagree	8 (38.1%)	13 (61.9%)	
39. Anyone who is in a hospital for a mental illness should not be allowed to vote	Agree	14 (60.9%)	9 (39.1%)	0.464
	Disagree	38 (52.8%)	34 (47.2%)	
	Not sure but probably agree	29 (72.5%)	11 (27.5%)	
	Not sure but probably disagree	26 (56.5%)	20 (43.5%)	
	Strongly agree	3 (50%)	3 (50%)	
	Strongly disagree	7 (53.8%)	6 (46.2%)	
40. Most women who were once patients in a mental hospital could be trusted as babysitters	Agree	13 (68.4%)	6 (31.6%)	0.13
	Disagree	15 (42.9%)	20 (57.1%)	
	Not sure but probably agree	45 (60%)	30 (40%)	
	Not sure but probably disagree	38 (63.3%)	22 (36.7%)	
	Strongly agree	3 (100%)	0	
	Strongly disagree	3 (37.5%)	5 (62.5%)	
41. Most patients in a mental hospital don't care how they look	Agree	56 (61.5%)	35 (38.5%)	0.067
	Disagree	6 (31.6%)	13 (68.4%)	
	Not sure but probably agree	31 (67.4%)	15 (32.6%)	
	Not sure but probably disagree	19 (51.4%)	18 (48.6%)	
	Strongly agree	5 (71.4%)	2 (28.6%)	
	Strongly disagree	5 (50%)	5 (50%)	
42. Although some mental patients seem all right, it is dangerous to forget for a moment that they are mentally ill	Agree	58 (61.7%)	36 (38.3%)	0.29
	Disagree	8 (40%)	12 (60%)	
	Not sure but probably agree	31 (66%)	16 (34%)	
	Not sure but probably disagree	12 (48%)	13 (52%)	
	Strongly agree	5 (50%)	5 (50%)	
	Strongly disagree	5 (50%)	5 (50%)	

	Strongly disagree	3 (75%)	1 (25%)	
43. All patients in mental hospitals should be prevented from having children by a painless operation	Agree	12 (66.7%)	6 (33.3%)	0.173
	Disagree	38 (48.7%)	40 (51.3%)	
	Not sure but probably agree	29 (72.5%)	11 (27.5%)	
	Not sure but probably disagree	32 (60.4%)	21 (39.6%)	
	Strongly agree	1 (33.3%)	2 (66.7%)	
	Strongly disagree	5 (62.5%)	3 (37.5%)	

Students who had clinical posts in psychiatry confirmed less agreement with certain stigmatising beliefs. A notable difference was found regarding the statement "mental patients come from homes where parents took little interest in their children", with 51.1% of students without posts agreeing compared to 48.9% of those with posts ($p=0.024$). Likewise, the

statement "mental illness is caused by parental separation or divorce" received agreement from 53.2% of students without posts and 46.8% of those with posts ($p=0.037$). Other statements did not show significant differences between the two groups [Table 5].

Table 5: Influence of psychiatry clinical postings on perceptions regarding the causes of mental illness

		Psychiatry clinical posting		P-value
		No (%)	Yes (%)	
44. If parents loved their children more, there would be less mental illness	Agree	50 (54.9%)	41 (45.1%)	0.842
	Disagree	8 (57.1%)	6 (42.9%)	
	Not sure but probably agree	35 (63.6%)	20 (36.4%)	
	Not sure but probably disagree	11 (68.8%)	5 (31.3%)	
	Strongly agree	10 (52.6%)	9 (47.4%)	
	Strongly disagree	3 (60%)	2 (40%)	
45. Many people become mentally ill to avoid the difficult problems of everyday life	Agree	54 (55.7%)	43 (44.3%)	0.842
	Disagree	4 (57.1%)	3 (42.9%)	
	Not sure but probably agree	32 (60.4%)	21 (39.6%)	
	Not sure but probably disagree	13 (56.5%)	10 (43.5%)	
	Strongly agree	13 (76.5%)	4 (23.5%)	
	Strongly disagree	1 (33.3%)	2 (66.7%)	
46. People who are successful in their work seldom become mentally ill	Agree	32 (55.2%)	26 (44.8%)	0.108
	Disagree	16 (53.3%)	14 (46.7%)	
	Not sure but probably agree	23 (50%)	23 (50%)	
	Not sure but probably disagree	36 (76.6%)	11 (23.4%)	
	Strongly agree	2 (40%)	3 (60%)	
	Strongly disagree	8 (57.1%)	6 (42.9%)	
47. Mental patients come from homes where parents took little interest in their children	Agree	47 (51.1%)	45 (48.9%)	0.024
	Disagree	8 (61.5%)	5 (38.5%)	
	Not sure but probably agree	42 (66.7%)	21 (33.3%)	
	Not sure but probably disagree	15 (83.3%)	3 (16.7%)	
	Strongly agree	3 (27.3%)	8 (72.7%)	
	Strongly disagree	2 (66.7%)	1 (33.3%)	
48. If normal parents raised children of mentally ill parents, they would probably not become mentally ill	Agree	38 (57.6%)	28 (42.4%)	0.946
	Disagree	13 (65%)	7 (35%)	
	Not sure but probably agree	41 (58.6%)	29 (41.4%)	
	Not sure but probably disagree	19 (59.4%)	13 (40.6%)	
	Strongly agree	6 (50%)	6 (50%)	
49. Mental illness of many people is caused by separation or divorce of their parents during childhood	Agree	50 (53.2%)	44 (46.8%)	0.037
	Disagree	5 (71.4%)	2 (28.6%)	
	Not sure but probably agree	43 (65.2%)	23 (34.8%)	
	Not sure but probably disagree	12 (75%)	4 (25%)	
	Strongly agree	4 (28.6%)	10 (71.4%)	
	Strongly disagree	3 (100%)	0	
50. If mentally ill parents raised children of normal parents, they would probably become mentally ill	Agree	14 (53.8%)	12 (46.2%)	0.712
	Disagree	25 (54.3%)	21 (45.7%)	
	Not sure but probably agree	38 (61.3%)	24 (38.7%)	
	Not sure but probably disagree	35 (63.6%)	20 (36.4%)	
	Strongly agree	2 (33.3%)	4 (66.7%)	
	Strongly disagree	3 (60%)	2 (40%)	
51. A heart patient has just one thing wrong with him, while a mental illness person is completely different from other patients	Agree	44 (61.1%)	28 (38.9%)	0.857
	Disagree	8 (44.4%)	10 (55.6%)	
	Not sure but probably agree	42 (60%)	28 (40%)	
	Not sure but probably disagree	15 (60%)	10 (40%)	
	Strongly agree	6 (54.5%)	5 (45.5%)	
	Strongly disagree	2 (50%)	2 (50%)	

DISCUSSION

This study highlighted the positive impact of clinical exposure to psychiatry on medical students' perceptions of mental illness. Students who participated in psychiatry postings demonstrated more informed and less stigmatising attitudes than their peers without such exposure. Our findings aligned with previous research indicating that students' stigmatising attitudes tend to shift once they begin their clinical postings in psychiatry and during their clinical training in psychiatry.^[7-9] Furthermore, Parija et al. observed higher levels of stereotypes (3.1 ± 0.8), benevolence (3.7 ± 0.6), and pessimistic predictions (3.4 ± 0.9) regarding mental illness among nursing students.^[10]

Those without psychiatric exposure were more likely to hold misconceptions, such as believing that "nervous breakdowns result from overwork" (55.4% vs. 44.6%, $p = 0.009$) and that "mental illness is a punishment for bad deeds" (79.3% vs. lower, $p < 0.0001$). They also tended to support the separation of mental and physical health care (60.6% vs. 39.4%, $p = 0.043$). Consistent with our findings, Raj et al. reported that medical undergraduates who completed psychiatric clinical posts exhibited more positive attitudes towards mental illness.^[1] However, Sujaritha et al. found that only 25% of doctors and 4.9% of nurses demonstrated positive attitudes, with doctors scoring higher in areas such as separatism, stereotyping, benevolence, and stigmatisation. Notably, no correlation was found between the length of psychiatry postings and attitudes.^[11] Chavda et al. noted that undergraduate students generally maintain a neutral perspective towards psychiatry and mental illness.^[12] These mixed outcomes highlight the importance of psychiatric exposure in addressing misconceptions and fostering a better understanding of mental illness.

A particularly concerning finding was that 90% of students without psychiatric exposure held dehumanising beliefs, agreeing that patients with severe mental illness were 'no longer human' ($p = 0.002$). This indicates the critical need for targeted anti-stigma interventions in medical education. By contrast, only 10% of the exposed students shared this view. Additionally, students without exposure were more likely to believe that patients discharged from mental health hospitals should not marry them (77.8% vs. 22.2%, $p = 0.022$). In agreement with our findings, Witt et al. observed a significant improvement in students' attitudes towards mental illness after psychiatric rotations, emphasising the positive effect of clinical training even in the absence of specific anti-stigma educational content.^[13] However, in contrast, Gulati et al. found that exposure to psychiatry had a limited impact on improving perceptions of mental illness and psychiatry.^[14]

Moreover, students lacking psychiatric exposure were more likely to perceive individuals with mental

illness as dangerous, with significant differences in opinions regarding the safety ($p = 0.046$) and punishment of violent patients ($p = 0.001$). Despite the positive influence of psychiatric exposure, deep-rooted societal and cultural influences may contribute to the persistence of certain stigmas, such as the belief that psychiatric patients require isolation ($p = 0.083$) or that they are inherently 'funny' ($p = 0.536$). These findings suggest that mere exposure to psychiatry may not be sufficient; complementary educational programs focused on empathy-building and direct patient interactions may be necessary or support high fences around psychiatric hospitals ($p = 0.083$). Similarly, Patel et al. reported that exposure to psychiatry did not significantly alter students' attitudes towards psychiatric patients. However, urban background and female gender were associated with more empathetic attitudes.^[15]

Our findings reveal a significant prevalence of stigmatising beliefs about mental illness, with profound implications for societal attitudes and treatment. The association between mental illness and moral failing ($p < 0.0001$) reflects deep-seated stigma, which is consistent with Gorman's,^[16] research on the persistence of such beliefs despite educational efforts. Additionally, 90% of the respondents dehumanised mentally ill individuals ($p = 0.002$), demonstrating a lack of empathy, as noted by Giandinoto et al.^[17] These findings emphasise the urgent need for targeted educational interventions to combat dehumanisation and fear, fostering a more compassionate societal perspective.

Educational programs incorporating clinical posts can help reduce medical students' negative perceptions of psychiatry and mental health disorders. As future healthcare providers, they are key targets for initiatives aimed at reducing stigma in mental health.¹⁸ However, the persistence of certain stigmas in our study suggests the necessity of anti-stigma initiatives, increased patient interactions, and reflective practices within medical curricula. Future research should explore the long-term impacts of psychiatric exposure and consider alternative approaches such as workshops and advocacy to reduce stigma further.

Limitations: As a cross-sectional study, this research captures attitudes at a single point in time, limiting the ability to establish causal relationships between psychiatric postings and attitude shifts. A longitudinal study could provide stronger evidence by tracking the attitudinal changes over time. Additionally, sample size and demographic constraints could impact how broadly the findings can be applied. Moreover, self-reported data might be influenced by a social desirability bias, which could affect the reliability of the responses.

CONCLUSION

Both education and direct engagement with individuals living with mental illness play crucial

roles in shaping attitudes towards mental health. This study revealed that students who took part in psychiatric clinical postings had more positive perceptions across various dimensions of the OMI scale than their peers who lacked such exposure. These results underscore the need for structured psychiatric rotations and curriculum-based anti-stigma interventions. Future medical training should incorporate interactive patient engagement, workshops, and reflective discussions to reduce stigma and enhance empathetic understanding. Encouraging meaningful interactions with those facing mental health challenges can help to reduce stigma and foster empathy among students. Together, these approaches can nurture a more informed and compassionate perspective of mental health within the medical community.

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