

ATTITUDE OF MEDICAL STUDENTS TOWARDS THE USE OF MENTAL HEALTH SERVICES AND OBSTACLES FACED BY THEM

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ABSTRACT

OBJECTIVES: Mental health problems affect a person's mental as well as physical abilities. The medical community is considered to be free of mental disorders, but this is not true in practice. Medical students suffer from illnesses like other students. There is also a high prevalence of stigma among medical students regarding mental illnesses. Therefore, in this study, we wanted to assess medical students' attitudes toward using mental healthcare services and the obstacles they face in accessing mental health facilities in Khyber Pakhtunkhwa, Peshawar.

METHODS AND MATERIALS: A cross-sectional study was conducted among medical students in Peshawar. A questionnaire-based online survey was used to collect data through Google Forms. Our sample size was 197. Data analysis was done using the IBM SPSS Version 20, and MS Excel Version 2010 was used to make graphs and figures.

RESULTS: In our study, 197 medical students participated voluntarily. The attitude of the majority of the medical students (68%) towards the use of mental health services was negative, while the rest (32%) showed a positive attitude. The obstacles with the highest mean value of 11.99 were attitudinal. Some other important obstacles were a lack of awareness about the availability of mental health services, stigma, confidentiality concerns, and fear of documentation.

CONCLUSIONS: Our study findings showed that the majority of the participants had negative attitudes towards seeking mental health services. And the most important barrier to getting medical assistance was the attitudinal barrier.

KEYWORDS: Mental health, mental illnesses, stigma, medical students, depression, mental health services, obstacles

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INTRODUCTION

Mental illness is a major contributor to disability worldwide. Mental health problems not only affect a person's mental abilities, like cognitive abilities, but they also come with physical disabilities and mental disorders.¹ It has been shown in a study that mental distress can cause physical disabilities like cardiovascular diseases, arthritis, and COPD.²

In the Diagnostic and Statistical Manual of Mental Disorders (DSM 4), mental disorders are defined as 'clinically significant behavioral or psychological syndrome that occurs in an individual and is associated with present distress or disability or with a significantly increased risk of suffering from mental pain, disability, and death.'³

The medical community is often seen as invulnerable, yet mental health issues are highly prevalent among medical professionals. However, many hesitate to seek help for their mental health concerns.⁴ Medical students face a higher risk of depression, burnout, and other mental illnesses compared to the general population.⁵ Several predisposing factors cause psychological distress in medical students, like adjustment to a medical school environment, exposure to death and human sufferings, ethical conflicts, high-grade assessments, and personal life events, and this distress can lead to serious mental illnesses and can affect the academic progress of medical students.⁶ A study on medical students has found that only a small percentage, despite being part of the medical community, seek mental health services. Several barriers contribute to this, including limited time, concerns about confidentiality, and anxiety over having their mental health documented in academic records, failure to recognize or deny that there is some problem, normalization of symptoms, fear of stigmatization, and inability to recognize the symptoms like lack of motivation, low mood, etc.⁷⁻⁸ A one-time survey of 194 first- and second-year medical students was conducted in the School of Medicine at the University of California, San Francisco. Outcome measures were self-reported use of counseling services, barriers to use,

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suicidal ideation, and depressive symptoms as measured by the 13-item Beck Depression Inventory (BDI)

Compared to the West, there is a high chance of stigmatization and discrimination against individuals with mental illnesses in Asia, and there are more obstacles to mental healthcare seeking in Asia, as people are more likely to approach supernatural, religious, and magical ways to treat any mental illness rather than medical treatment. Another factor is the lack of financial resources in developing countries in Asia.⁹

Generally, Asian cultural norms harm the attitude of Asians towards seeking professional help and seeing a professional counselor.¹⁰ In a previous study, it was found that South Asians had a less positive attitude towards mental healthcare seeking as compared to Caucasians, and personal stigma was the main mediator for this attitude.¹¹

The purpose of our study is that there is more literature about the issue of obstacles faced by the general population around the world, but little is known about the attitude of medical students about this topic, particularly in our part of the region, especially Peshawar, Pakistan.

Therefore, in this study, we want to assess medical students' attitudes toward the use of mental healthcare services and to know the obstacles/barriers faced by them in attaining mental health facilities in Peshawar, KP, Pakistan.

MATERIALS AND METHODS

The study was conducted in 4 medical colleges of Peshawar, including Khyber Medical College, Khyber Girls Medical College, Rehman Medical College, and North West School of Medicine, from 1st May 2021 to 1st July 2021. The sample size comprised 197 MBBS students, and the sampling technique was non-probability convenience sampling.

A questionnaire-based online survey was used to collect data through Google Forms, in which the attitude of medical students of Peshawar towards the use of mental health services and the obstacles they face were measured. Data was collected on a questionnaire, which consisted of 3 parts. The 1st part consisted of basic demographic information, i.e., age, gender, name of institute they belonged to, year of study, and socioeconomic status.

The 2nd part had ten questions regarding attitudes toward obtaining professional assistance taken from the Attitude Towards Seeking Professional Psychological Help scale-short form (ATSPPH-SF) questionnaire measured on a four-point Likert scale.

The 3rd part consisted of 24 questions about obstacles faced in seeking mental health services taken from

the Barriers to Access to Care Evaluation (BACE-V3) questionnaire, which was also measured on a Likert scale. A Pilot test was done, and the questionnaire was sent online to the participants, chosen as a sample, through WhatsApp groups of different colleges.

Participation was optional, and participants had the freedom to withdraw from the study at any stage. The data were analyzed by using IBM SPSS version 20, in which we used descriptive statistics to find percentages and frequencies for categorical variables, while for continuous variables, we calculated the means and standard deviation. Microsoft Excel Version 2010 was used to make graphs and figures.

RESULTS

In our study, 197 medical students participated. Participants' ages varied from 18 to 25 years, with an average age of 21.42 years. (Figure 1). Among them, 34% were males and 66% were females

The percentage of respondents from each medical college and their years of study are shown in Figures 2 and 3. (KGMC: Khyber Girls Medical College, KMC:

Table No 1: Characteristics of study participants (n=230)

Obstacles		Percentage (%)
Instruments Obstacles	Being unsure where to go to get professional care	10.7
	Problems with transport or travelling to appointments	7.6
Attitudes Obstacles	Wanting to solve the problem on my own	24.9
	Preferring to get alternative forms of care (e.g., traditional/religious healing or alternative/ complementary therapies)	20.8
	Thinking the problem would get better by itself	16.2
	Preferring to get help from family or friends	15.2
	Concerns about the treatments available (e.g. medication side effects)	14.7
	Dislike of talking about my feelings, emotions or thoughts	13.2
Stigma-related Obstacles	Concern about what my family might think, say, do or feel	17.3
	Not wanting a mental health problem to be on my medical records	8.1
	Concern that people might not take me seriously if they found out I was having professional care	7.6

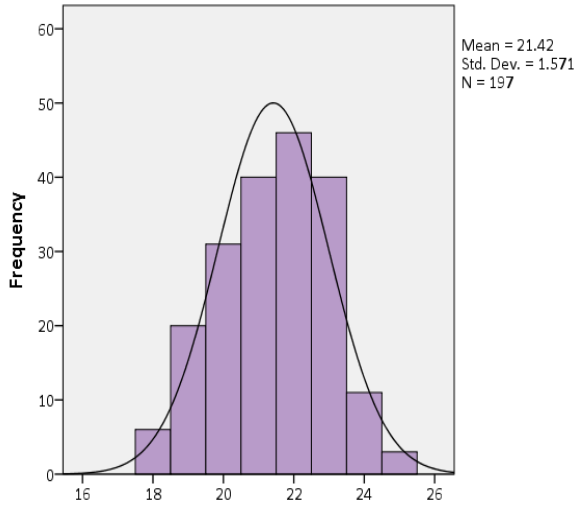


Fig 1: Age distribution of the participants

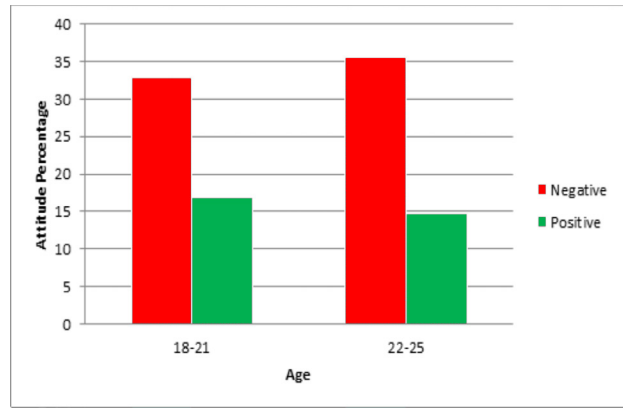


Fig 4: Relation of Attitude with Age

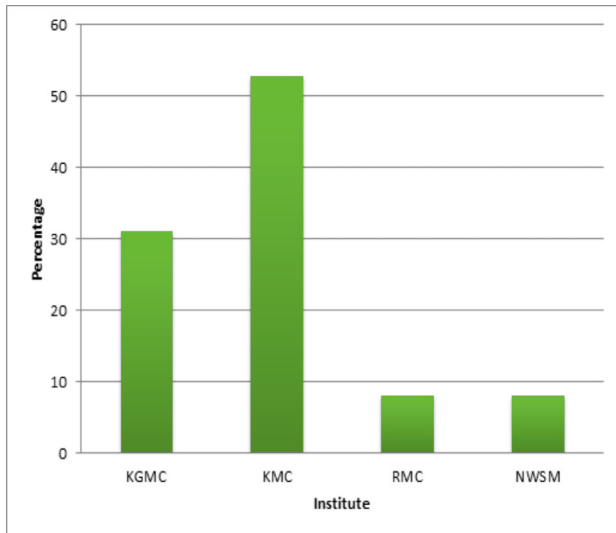


Fig 2: Response of Participants Belonging to Different Institutions

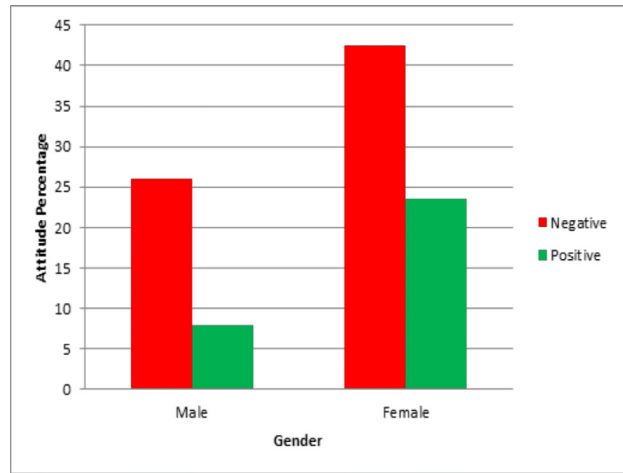


Fig 5: Attitude of Participants According to Gender

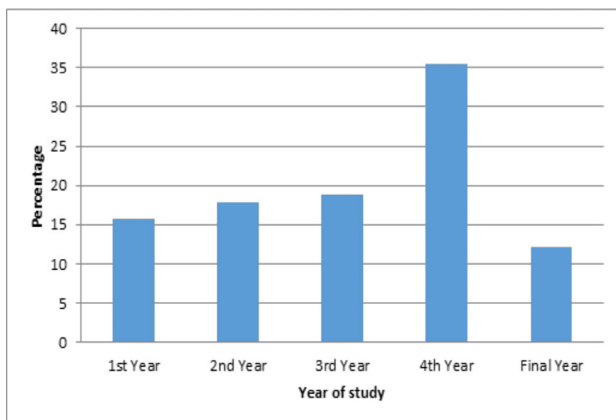


Fig 3: Responses of Participants By Year of Study

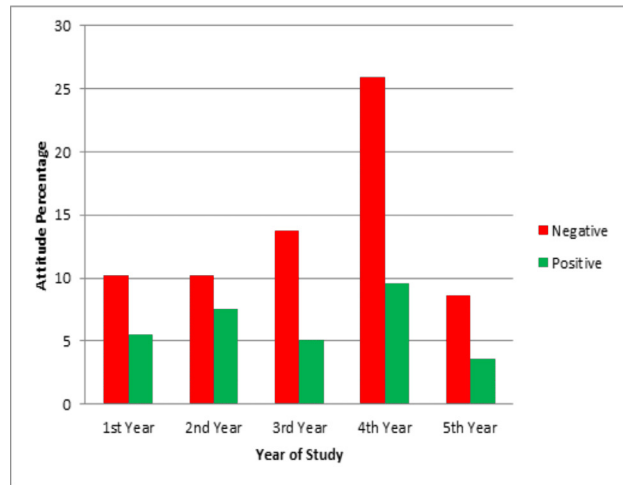


Fig 6: Attitude of Participants by Year of Study

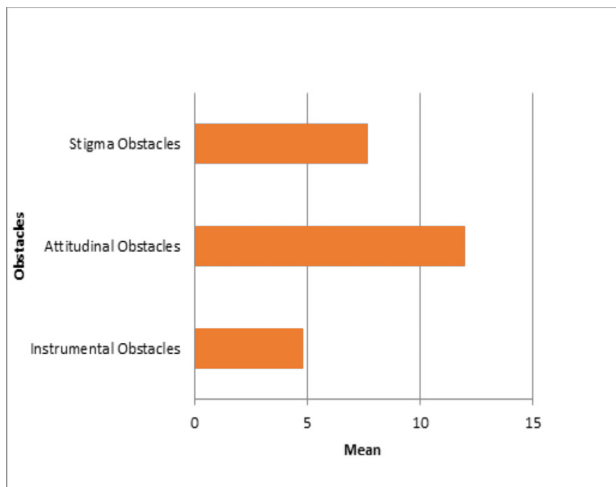


Fig 7: The Responses of Participants Regarding Different Obstacles

Khyber Medical College, RMC: Rehman Medical College, NWSM: North-West School of Medicine)

The attitude of the majority of the medical students (68%) towards the use of mental health services was negative, while the rest (32%) showed a positive attitude. The percentage responses of positive and negative attitudes of participants according to their age are shown in Figure 4. Figure 6 shows the participants' attitude relationship with their study year.

For the obstacles faced by medical students, we decided to focus on three categories of barriers that were: Stigma obstacles, Attitudes obstacles, and Instrument obstacles. Among these, attitude obstacles had the highest mean value of 11.99, followed by instrument obstacles with a value of 7.69, and Stigma obstacles with the lowest mean value of 4.80. See Figure 7 and Table 1 for details.

DISCUSSION

People's perceptions and attitudes toward mental illness influence how they experience and express emotional struggles and psychological distress, as well as their willingness to disclose symptoms and seek help. In many Asian cultures, including Pakistan, discussing mental health is considered taboo, reinforcing the belief that mental illness is shameful and should be kept private. In our country, mental health and its care have not been prioritized, despite growing international attention. As long as medical schools continue to rely on outdated methods of teaching psychiatry, using the most critically ill patients in mental hospitals as case studies, progress in mental health will remain limited. Pakistan requires further research to explore how different risk factors contribute to the widespread occurrence of mental health disorders in the country. To our understanding, this is the inaugural

study exploring the viewpoints of students from medical colleges in Peshawar towards the utilization of professional mental health services when dealing with mental health issues, and also to investigate the hurdles regarding pursuing treatment.

The primary result of this study was that most students had negative perceptions about seeking professional mental health services, and the foremost obstacles faced by them were attitudinal. In our study, 68% of the medical students showed a negative attitude toward availing mental health services, which showed that they did not agree with resolving mental health issues clinically. Females showed slightly higher reluctance towards the use of these services.

According to our results, a different study investigated the utilization of psychological support services among women in Pakistan and showed that the usage of professional psychological support services by women in Pakistan is very limited because they may be fearful that their confidentiality may not be maintained.²⁴ There were no significant findings about the age of participants with their outlook on using professional help for their psychological problems. However, Age group 2 (22-25 years) showed a slightly higher negative attitude (35.6%) as compared to Age group 1 (18-21 years), 32.9%. These findings were similar to a study conducted by Golberstein et al., which showed that older students perceived more stigma, which can be the reason for their reluctance to seek help.¹⁴ Another study conducted in Abbottabad, Pakistan, also confirms that the age group of 20-30 years had a comparatively higher negative attitude, i.e., 84.1%.¹²

Regarding the year of study about the attitude toward seeking professional help, we found that final-year students showed the least negative attitude (8.9%), which may be attributed to their greater clinical exposure to psychiatric patients and a better understanding of mental health issues in different patients. However, a study conducted in Gujrat, India, showed that with the increasing academic year, there was an increase in stigma about disclosing mental illness and fear of discrimination by colleagues.¹⁵ The second portion of the study was based on the obstacles faced by medical students of Peshawar, for which the obstacles were divided into three categories, i.e., attitudinal obstacles, Stigma-related obstacles, and Instrument obstacles.

Our study showed that most of the obstacles faced

by the students in availing of mental health services were attitudinal obstacles, which included their beliefs and restraints about cure and treatment. Many of the respondents believed that they could solve their problems by themselves. These findings are in par with a study conducted in Sudan, showing that 60% of the participants preferred dealing with the problem alone.¹³ However, a significant number of our participants also believed in alternative methods, including traditional or religious healing, to overcome mental health issues.

In previous studies conducted in Nigeria, the preference for religious means for treating a mental illness over medical treatment was reported.¹⁶⁻¹⁷ It was also reported that the majority of the respondents view psychological disorders as a sin, and sometimes it is attributed to the influence of evil spirits. Over half of the respondents would turn to spiritual counseling when experiencing active suicidal thoughts, which are considered a psychiatric emergency. Such belief systems often contribute to the high rates of death and illness associated with mental disorders.¹⁸⁻¹⁹ The emphasis on spirituality in mental illness is also reported in another study.²⁰ A study conducted by the WHO showed that most of the respondents felt that prayer plays a crucial role in managing feelings of depression or anxiety.¹⁸

Our data showed that the majority of the participants had concerns about the side effects of medication as they had no clear idea about the drugs used for treatment and deemed it unnecessary.²¹ Our findings also showed students believe that they will solve their issues by getting help from relatives or the problem will get better over time. These findings are also consistent with a study conducted among undergraduate medical students in Sri Lanka.²²

In our study, Stigma-related obstacles accounted for another major obstacle to obtaining support for mental health concerns. These obstacles included concerns about the reaction of the family, fear of documentation in medical records, and fear of societal judgment or stigma. For those struggling with psychological challenges, the stigma and discrimination they encounter can intensify their problems, making recovery more difficult. The fear of judgment often leads individuals to avoid seeking the treatment they need, as mental health care is still considered a taboo subject in our society. Findings from a UK-based study indicate that medical students are more inclined to manage their mental health on their own or seek unoffi-

cial support from family or friends within the medical field, with this behavior being learned early in their academic journey.²³ This tendency of managing personal medical concerns privately may be influenced by a fear of having the issue documented by the institution. A similar fear of academic repercussions has been highlighted in a study involving medical students in the US.²⁴ Another study also investigated stigma-related barriers to help-seeking. One of the major findings of this study is the concern over documentation, which may influence professional students' readiness to practice. This has been recognized as a significant obstacle to seeking assistance, particularly among medical students.²⁵⁻²⁶

Instrumental obstacles were also observed to be a barrier faced by medical students in our study. The lack of awareness about the availability of services offered by mental health departments in hospitals and private clinics led the students not to seek help in case of need. Students were also concerned about traveling and transport to appointments in case they opt to seek professional help. These findings are similar to a previous cross-sectional survey conducted among young adults in the UK.²⁷

Mental health is important, so health sciences students should be reminded of the benefits of regular exercise, a healthy diet, enough sleep, and avoiding harmful habits. Mindfulness also helps reduce stress and can be especially useful for these students.²⁸ Medical students should receive clear guidance on professional competency requirements from the start of their curriculum. Providing timely information about mental health can help reduce fear and encourage students to seek support without delay.

This research study provides the basis for making approaches to developing interventions aimed at reducing stigma within medical schools. The study highlights the need for educational focus on mental disorders as a physical illness rather than a sign of psychological vulnerability, along with the critical importance of patient confidentiality and its resulting impact on emotional distress levels.

CONCLUSION

High stigma exists among medical students of Peshawar about disclosing mental illnesses, which is holding them back from seeking medical help, leading to the worsening of their conditions. Female students felt these stigmas more strongly. Our study findings showed that the majority of the participants had negative attitudes

towards seeking mental health services; however, due to more clinical exposure to psychiatric patients and a better understanding of mental health issues, final-year students showed the least negative attitude. Apart from a lack of awareness about the availability of mental health services, social pressure, confidentiality concerns, and fear of documentation/ treatment cost, the most important barrier to getting medical assistance is the attitudinal barrier. This gives rise to an alarming situation, needing extensive awareness programs, analyzing the cause of stigma among future healthcare providers, and bringing much-needed grassroots-level changes in medical curricula.

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Authors Contribution:

Following authors have made substantial contributions to the manuscript as under

Authors	Conceived & designed the analysis	Collected the data	Contributed data or analysis tools	Performed the analysis	Wrote the paper	Other contribution
Mumtaz S	✓	✗	✓	✗	✓	✗
Rahman M	✓	✓	✗	✓	✓	✗
Kazmi W	✗	✓	✗	✗	✓	✗
Saleem S	✓	✓	✓	✗	✓	✓
Khalil N	✓	✗	✓	✗	✓	✗
Jahan B	✓	✓	✗	✓	✓	✗
Fatima R	✗	✓	✗	✗	✓	✗
Safiyah	✓	✓	✓	✗	✓	✓
Ammara	✓	✓	✗	✓	✓	✗

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Ethical Approval:

This Manuscript was approved by the Ethical Review Board of Khyber Girls Medical College, Peshawar. Vide No.07/IRB/ KGMC. Dated: 21 02 2022



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