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Research Article

# A CROSS SECTIONAL AND COMPARATIVE STUDY OF STIGMA IN MBBS MEDICAL STUDENTS TOWARDS MENTALLY ILL PATIENTS IN A TERTIARY CARE HOSPITAL

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## Abstract

**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.

**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 Department of Psychiatry, Bidar Institute of Medical Sciences, Bidar over 6 months (January 2026 to June 2026). All participants provided informed consent. 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.

**Results:** Students without psychiatric exposure showed significantly higher agreement with stigmatizing 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" ($p = 0.01$).

**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.

**Key words:** Mental illness, Opinion About Mental Illness (OMI) Questionnaire, quality of life.

## 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 theydegrade an individual's quality of life but they alsomake them susceptible to stigma, discrimination, andsocial isolation. In India, mental disorders affect asignificant percentage of the population; in 2017, onein seven Indians reported some form of mental illness.

Mental disorders have approximately doubledover the past three decades, with considerable variations across different states. This increasingconcern demands an increased understanding of mental health and actions that improve an attitudetowards a person suffering from psychiatric conditions Mental health disorders constitute a major proportion of the global burden of disease, affecting over 450 million individuals worldwide. Despite advancements in psychopharmacology and psychiatric care, individuals with mental illnesses continue to face severe social exclusion, prejudice, and discrimination-collectively defined as *stigma*. Stigma operates at multiple levels: structural, social, and institutional.

Crucially, healthcare settings-intended to be places of sanctuary and recovery—are not immune to this phenomenon. Research consistently reveals that healthcare providers themselves often harbor implicit or explicit negative attitudes toward psychiatric patients. As future healthcare leaders, Bachelor of Medicine and Bachelor of Surgery (MBBS) medical students form the frontline of future diagnostic and therapeutic patient care. However, medical students are exposed to societal misconceptions prior to their clinical years, and without early targeted intervention, these biases can harden into clinical practice.

While numerous studies have explored public perception of mental illness, research specifically focusing on MBBS students within the high-volume environment of a tertiary care hospital remains crucial. A tertiary care hospital serves as a key learning ground where theoretical knowledge meets clinical reality. Evaluating the level of stigma at different stages of medical training (e.g., pre-clinical vs. clinical years, or before vs. after psychiatric clinical postings) provides vital insights into whether current medical curricula successfully foster empathetic, stigma-free medical practice.

## MATERIALS AND METHODS

This descriptive, cross-sectional study included 200 undergraduate medical students regarding mental illness, specifically comparing those who had andhad not experienced psychiatry postings at Department of Psychiatry, Bidar Institute of Medical Sciences, Bidar over 6 months (January 2026 to June 2026). All participantsprovided 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 astructured approach. Semi-structured pro-Forma wasused to gather sociodemographic information fromthe participants, including name, age, gender, year ofstudy, residential background, family history, andpersonal history of psychiatric conditions andtreatments. 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 employedDescriptive statistics (frequencies and percentages) were used to summarise the data. Categoricalvariables were assessed using the chi-squared test.Significance was defined as $p < 0.05$, using a two tailed test. Data analysis was performed using IBMSPSS version 21.0.

## RESULTS

Students without psychiatric exposure showed significantly higher agreement with stigmatizing 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" ($p = 0.01$).

| | | Psychiatry Clinical Posting | | P -Value |
|---|---|---|---|---|
| | | No (%) | Yes (%) | |
| 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%) | |

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| | Strongly agree | 5 (29.4%) | 12 (70.6%) | |
| | Strongly disagree | 0 | 1 (100%) | |
| It is easy to recognise someone who once had a serious mental illness | Agree | 33 (67.3%) | 16 (32.7%) | 0.636 |
| | Disagree | 18 (50%) | 18 (50%) | |
| | 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%) | |
| 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%) | 0.12 |
| | 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%) | |
| | Strongly disagree | 7 (53.8%) | 6 (46.2%) | |
| There is something about people with a mental health condition that makes it easy to tell them from normal people | Agree | 35 (66%) | 18 (34%) | 0.054 |
| | 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% | |
| | Strongly agree | 8 (66.7%) | 4 (33.3%) | |
| | Strongly disagree | 4 (57.1%) | 3 (42.9%) | |
| People would not become mentally ill if they avoided bad thoughts | Agree | 36 (78.3%) | 10 (21.7%) | 0.003 |
| | Disagree | 22 (39.3%) | 34 (60.7%) | |
| | Not sure but probably agree | 27 (65.9%) | 14 (34.1%) | |
| | Not sure but probably disagree | 18 (56.3%) | 14 (43.8%) | |
| | Strongly agree | 6 (66.7%) | 3 (33.3%) | |
| | Strongly disagree | 8 (50%) | 8 (50%) | |
| People with mental illness should never be treated in the same hospital as people with physical illness | Agree | 40 (60.6%) | 26 (39.4%) | 0.043 |
| | Disagree | 13 (38.2%) | 21 (61.8%) | |
| | Not sure but probably agree | 20 (58.8%) | 14 (41.2%) | |
| | 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%) | |
| Mental illness is usually caused by some disease of the nervous system | Agree | 34 (60.7%) | 22 (39.3%) | 0.121 |
| | Disagree | 14 (34.1%) | 27 (65.9%) | |
| | 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%) | |

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| | Strongly disagree | 6 (66.7%) | 3 (33.3%) | |
| College professors are more likely to become mentally ill than businessmen | Agree | 16 (66.7%) | 8 (33.3%) | 0.121 |
| | 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%) | |
| | Strongly disagree | 5 (55.6%) | 4 (44.4%) | |

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

| | | Psychiatry Clinical Posting | | P -Value |
|---|---|---|---|---|
| | | No (%) | Yes (%) | |
| 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%) | |
| 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%) | 2 (66.7%) | |
| | 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%) | |
| 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 | 14 (58.3%) | 10 (41.7%) | |
| | Strongly agree | 14 (58.3%) | 10 (41.7%) | |
| | Strongly disagree | 1 (50%) | 1 (50%) | |
| 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 | |
| Anyone who tries hard to better himself | 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%) | |

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| deserves the respect of others | Not sure but probably disagree | 7 (77.8%) | 2 (22.2%) | |
| | Strongly agree | 47 (60.3%) | 31 (39.7%) | |
| 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%) | |

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

| | | Psychiatry Clinical Posting | | P -Value |
|---|---|---|---|---|
| | | No (%) | Yes (%) | |
| 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 | |
| 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%) | |
| 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%) | |
| 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 | 21 (56.8%) | 16 (43.2%) | |

| | | | | |
|---|---|---|---|---|
| | disagree | | | |
| | Strongly agree | 3 (100%) | 0 | |
| | Strongly disagree | 19 (59.4%) | 13 (40.6% | |
| The patients of mental hospitals should be allowed privacy | Agree | 51 (51%) | 49 (49%) | 0.063 |
| | 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% | |

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

## 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 findingsaligned with previous research indicating thatstudents; stigmatising attitudes tend to shift once theybegin their clinical postings in psychiatry and duringtheir clinical training in psychiatry. Furthermore, Parija et al. observed higher levels of stereotypes (3.1± 0.8), benevolence (3.7 ± 0.6), and pessimisticpredictions (3.4 ± 0.9) regarding mental illnessamong nursing students.[6]

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. 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.[7]

Notably, no correlation was found between the length of psychiatry postings and attitudes. Chavda et al. noted that undergraduate students generally maintain a neutral perspective towards psychiatry and mental illness. These mixed outcomes highlight the importance of psychiatric exposure in addressing misconceptions and fostering a better understanding of mental illness.[8]

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. However, in contrast, Gulati et al. found that exposure to psychiatry had a limited impact on improving perceptions of mental illness and psychiatry.[9]

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.[10]

## CONCLUSION

Both mental health education and direct interaction with individuals living with mental illness play essential roles in shaping medical students' attitudes toward mental health. The present study found that students who underwent psychiatric clinical postings demonstrated more positive attitudes across multiple dimensions of the OMI scale compared with those who had no such exposure. These findings highlight the importance of incorporating structured psychiatric rotations and curriculum-based anti-stigma interventions into medical education. In addition, integrating interactive patient encounters, workshops, and reflective discussions into training programs can further reduce stigma, enhance empathy, and improve students' understanding of mental health conditions. By promoting meaningful engagement with individuals experiencing mental illness, medical education can foster more informed, compassionate, and patient-centered attitudes among future healthcare professionals.

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