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RESEARCH ARTICLE

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## ATTITUDE OF PHYSIOTHERAPIST TOWARDS MENTAL ILLNESS: A COMPARISON AMONG UNDERGRADUATES, POST GRADUATES STUDENTS AND CLINICAL THERAPIST IN GUJARAT

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### ABSTRACT

**Background:** Mental illness is an important health issue worldwide among general public including negative attitudes and stigmatization for mentally ill. Stigma often represents one of the critical obstacles that stand in the way of delivering mental health care. **Purpose:** The primary aim of the study was to assess the knowledge and attitudes towards mental illness among under Graduate, Post graduate physiotherapy students and clinicians 0-3 years experience, 3-6 years, more than 6 years of experience in Gujarat. **Methods:** A cross sectional descriptive study was carried out among undergraduates (n=197), post graduate physiotherapy students (n=51), clinicians experience 0-3 years (n=18), 3-6 years (n=13) and more than 6 years (n=21) using Attitude Scale for Mental Illness (ASMI) questionnaire with six sub scales namely; Separatism, Stereotyping, Restrictiveness, Benevolence, Pessimistic prediction and Stigmatization. This was a 5-point Likert scale with 34 items to rate participants responses from totally disagree (1) to totally agree (5). **Results:** We found significant differences among participants who agreed to the statement of questionnaire. Overall attitude of physiotherapist toward mental illness according to each component of ASMI scale (Separatism=27.00, Stereotyping=11.97, Restrictiveness=10.64, Pessimistic prediction=29.59, Benevolence=12.47, Stigmatization=9.88) positive according to descriptive statistics. In Separatism, when compare UG and PG with each other significant seen at value p 0.04. Stereotyping when compare UG and PG with each other significant value p 0.00. Benevolence when compare with clinicians 0-3 years of experience and UG with each other significant value is 0.38. Stigmatization when compare with each other UG and clinical 3-6 years of experience with each other significant value is 0.03. **Conclusion:** A positive attitude recorded is indicative of a good exposure of physiotherapists to mentally ill patients.

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## INTRODUCTION

Worldwide, despite growing evidence of the importance of mental health for economic, social and human capital, people with mental health problems, mental health services and professionals, and even the very concept of mental health, receive negative publicity and are stigmatized in public perceptions. The prevalence of mental disorders in India is high. It is estimated there at least 58/1000 Indians have a mental illness.<sup>(1)</sup> epidemiological studies revealed that the prevalence of mental disorders in general hospital inpatients range from 41.3 % to 46.5 %.<sup>(2-3)</sup> Mental illness is a broad spectrum of disorders. Schizophrenia, depression, intellectual disabilities, obsessive-compulsive disorder, bipolar disorder, anxiety, personality

disorder, post-traumatic stress disorder, panic disorder, psychosis, mood disorder, specific phobia and disorders due to drug abuse are few of the common examples. People with mental illness have poor physical health and high rates of co-morbidities.<sup>(4)</sup> people with alcoholism and drug addiction are the most stigmatized group of all those with mental illness.<sup>(5)</sup> Stigma is a major barrier to treatment-seeking behaviour. Many studies show that negative attitudes towards the mentally ill are widespread.<sup>(6)</sup> pre-existing negative attitudes have the potential to lead people to become closed-minded and biased in their interactions with the person for which the attitudes are held.<sup>(7)</sup> Negative attitude can result in inattention to psychological symptoms and misunderstanding them with somatic complaint.<sup>(8-9)</sup> Stigma and discrimination are widely experienced by people with mental disorders in many domains of their daily life, such as in employment, social activities, personal relationships, housing, marriage, and so on.

Stigma and discrimination surrounding mental disorders prevent people with mental disorders from achieving their social rights and full participation in the life of their community. The World Health Organization (WHO) has encouraged countries to integrate mental health services into their primary care systems.<sup>(10)</sup> OCD is highly comorbid with other psychiatric illnesses, most commonly depression and anxiety disorders.<sup>(11)</sup> Every person with a mental illness has the same basic rights as every other person, specifically including the rights set out in the International Covenant on Civil and Political Rights (ICCPR).<sup>(12)</sup> Opinions toward patients with psychiatric conditions also influence choosing psychiatry as a career.<sup>(13)</sup> Physiotherapy plays an important role in treatment of mental health disorders.<sup>(14)</sup> The aims of this study were to determine levels of knowledge, perception and attitudes toward MI, determine attitudes toward mental health help seeking and identify sociodemographic predictors of correct knowledge and favourable attitudes among health professionals. Research helps us understand how to best promote frame of mind of people with mental disorders in different populations.

## METHODS

**Participants:** The study was carried out among randomly selected undergraduates, postgraduates and clinician (n=300) using attitude scale for mental illness questionnaire which consists of 34 questions. A cross sectional survey was created and delivered through e-chat application over the period of 6 months (October 2021-March 2022). The mental health knowledge questionnaire was used to evaluate the participant's mental health knowledge about attitudes towards mental disorders. Final year, intern and master of physiotherapy students of College and clinical physiotherapists 0-3 years, 3-6 year and more than 6 years.

**Procedure:** For our study we created an online Google form, via different sharing apps such as Whatsapp, mail we shared these forms to participants. This survey was conducted in different physiotherapy colleges in Gujarat. Before the study all students received an explanatory statement outlining the purpose of the study and were informed that participation was voluntary, there were no right or wrong answers, answers would not impact their course in any way and consent was taken about personal data (name, age, sex, and contact number) for research purpose. Each participant completed self-report questionnaire including a brief set of demographic questions and the ASMI.

## STATISTICAL ANALYSIS AND RESULTS

Frequency and mean standard deviation used to categorical and numerical data. Demographic variable- the level of education and clinical experience. Subscale of ASMI scale- Separatism, Stereotyping, Restrictiveness, Benevolence, Pessimistic prediction and Stigmatisation. Statistical tests were two-sided and statistical significant was set at  $p \leq 0.05$ . Collected data were analysed with statistical package for social science (SPSS ® statistic) version 20. Table 1 shows the overall frequency of male and female participating in study. Table 2 shows the mean and standard deviation values. Table 3 shows the comparison of mean and standard deviation values of different groups Separatism, stereotyping, restrictiveness, benevolence, pessimistic prediction and stigmatization on basis of participant's education level – Undergraduates, Postgraduates and clinicians with their experience status. In Separatism, when compare UG and PG with each other significant seen at value  $p = 0.04$ . Stereotyping when compare UG and PG with each other significant value  $p = 0.00$ . Benevolence when compare with clinicians 0-3 years of experience and UG with each other significant value is 0.38.

**Table 1. Distribution of physiotherapists on the basis of their gender and education**

Participants characteristics	Frequency
Gender	
Male	68(22.7 %)
Female	232(77.3 %)
Education	
Undergraduates	197(65.7%)
Postgraduates	51(17.0%)
Clinician (experience of 0-3 years)	18(6.0%)
Clinician (experience of 3-6 years)	13(4.3%)
Clinician (experience of more than 6 years)	21(7.0%)

**Table 2. Descriptive statistics of sub scale of ASMI scale**

ASMI scale components	Mean	Std. Deviation
Separatism	27.0033	6.28610
Stereotyping	11.9733	2.66011
Restrictiveness	10.6467	3.27172
Benevolence	29.5900	4.46936
Pessimistic prediction	12.6700	2.90446
Stigmatization	9.8833	3.01552

**Table 3. Pairwise Comparison of subscale of ASMI scale on basis of education**

Dependent Variable	(I) Education	(J) Education	Mean Difference (I-J)	Std. Error	Sig.
Separatism	Undergraduate	Postgraduate	2.799*	.976	0.04
Stereotyping	Undergraduate	Postgraduate	1.829*	.405	0.00
Benevolence	Clinician(0-3 year experience)	Undergraduate	-2.261	1.085	0.38
Stigmatization	Undergraduate	Clinician(3-6 years experience)	-2.529*	.854	0.03

**Outcome measures:** Attitudes towards mental illness (ASMI) scale was measured by 34 item questionnaire and data were compared between 3 groups in terms of changing attitudes towards mental illness in 6 different categories. The 34 items on the ASMI scale were rated on 5-point likert scale; totally disagree = 1, almost totally disagree = 2, sometimes agree = 3, almost totally agree = 4, totally agree = 5. It consists of 6 components such as Separatism-1,2,9,23 Stereotyping-10,11,12,34 Restrictiveness-13,14,15,16 Benevolence-17,18,19,20,21,22,24,25 Pessimistic prediction-26,27,28,29 Stigmatisation-30,31,32,33.

Stigmatization when compare with each other UG and clinical 3-6 years of experience with each other significant value is 0.03.

## DISCUSSION

The study was carried out among randomly selected undergraduates, postgraduates and clinician (n=300) using attitude scale for mental illness questionnaire. The aims of this study were to determine levels of knowledge, perception and attitudes toward mental illness,

determine attitudes toward mental health help seeking and identify sociodemographic predictors of correct knowledge and favourable attitudes among health professionals. Minimum and maximum scores in each subscale were taken to calculate the cut-off score. In all except Benevolence subscale, the score coming below the cut-off value were taken as positive attitude and above the cut-off value were taken as negative attitude. In benevolence, it is vice versa. Separatism - 11 - 32 [Cut-off score = 33], Stereotyping - 4 - 11 [12], Restrictiveness - 4 - 11 [12], Benevolence - 22 - 35 [22], Pessimistic prediction - 4 - 11 [12], Stigmatisation - 4 - 11 [12]<sup>(15)</sup> According to cut off score, we had positive attitude in separatism, stereotyping, restrictiveness, benevolence, stigmatisation & pessimistic prediction based on descriptive statistics of sub scale of ASMI scale. Positive attitude means the therapist and students aware about what is mental illness and other associated mental disorders, they know how to treat patients with mental illness and they have experienced about how to communicate with patient and they do not have any shame in treating patient with mental illness. It is important to explore the beliefs of future physiotherapists regarding mental illness in order to implement effective strategies to avoid possible stigmatizing attitudes that may interfere with the rehabilitation process<sup>(20)</sup>. Vijayalakshmi Poreddi et al concluded that 54.5% of medical students versus 64.8% of nursing students have positive attitudes toward mental illness. While medical students have better attitudes against Separatism and Stigmatization, nursing students have more positive attitudes in Benevolence and against Pessimism<sup>(16)</sup>. Probst concluded that attitudes towards psychiatry were moderately positive [mean (SD) 103.3 (9.9)]. There was a small but significant difference between physiotherapy students and non-medical students (Cohen's  $d=0.31$ ).<sup>(17)</sup> Connaughton & Gibson, Dandridge et al., Probst & Peuskens, Yildirim et al. had study on physiotherapy students have similar findings and identify the need for more education related to mental health, though they had positive attitudes. Participants in the focus groups also stated they have learnt about mental health through in-service training and years of working with PLWMI; this has not been shown in other studies.<sup>(17 18 19 20)</sup> In Separatism and In Stereotyping, When were compared with Undergraduates and Postgraduates Students result significant. In Benevolence when clinicians (0-3years experience) were compared with undergraduate students result is significant. Stigmatization, when undergraduate were compared with clinician (3-6 years' experience) result is significant.

## CONCLUSION

This study revealed that physiotherapists shows positive attitude towards mentally ill patients. Survey further recommended in physiotherapy student and physiotherapist in other state of India.

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