

Opinions about people with schizophrenia among medical students: Findings from an Italian cross-sectional study

Sir,

Accumulating evidence has suggested that stigmatization toward people with schizophrenia (PWS) is common among healthcare professionals. Studies reported that medical students often expressed a stereotyped view of severe mental disorders.^[1] Common stereotypes included the idea that treatments for schizophrenia had limited efficacy^[2-4] and that PWS were not able to have a fulfilling life in the community.^[5,6] Although psychiatry training during medical education is essential to provide correct information about the course and treatment of schizophrenia, some studies found that stereotypes toward PWS may be still present at the final and clinical stages of medical degree.^[2,4] This study was a cross-sectional survey on a convenience sample of Italian medical students aiming at comparing the view of schizophrenia across different stages of medical education. We hypothesized that, compared with their younger colleagues, students attending the final clinical stage would be (a) more able to identify schizophrenia in an unlabeled case-vignette; (b) more positive toward treatments' efficacy; and (c) more skeptical about the outcome and the psychosocial adjustment of PWS.

Study participants were 234 medical students attending either their preclinical (i.e., the 3rd year, $n = 98$) or the

clinical stage (i.e., the 5th or the 6th year, $n = 136$) of the School of Medicine at the University of Palermo, Palermo (Italy). The duration of the Italian medical school is 6 years, and the theoretical and practical lessons of psychiatry are provided during the 5th year. After consenting to the study, participants were asked to read an unlabeled case-vignette of schizophrenia and to complete the Opinions on Mental Illness Questionnaire (OQ)^[7] and a short demographic questionnaire. For this study, only OQ items related to treatment, outcome, and affective limitations were analyzed. Confidentiality was guaranteed using anonymous questionnaires. The study was approved by the Ethical Committee of the University Hospital, "P. Giaccone" of Palermo (Italy).

Students attending the preclinical and the clinical stage were similar in terms of demographic characteristics, except age. A greater proportion of the students in the clinical stage identified schizophrenia in an unlabeled case-vignette (56 [60.9%] vs. 111 [81.6%]; $\chi^2 = 12.055$, $P = 0.001$). A similar percentage of preclinical and clinical students thought that persons with disorder described in the case-vignette should be referred to a psychiatrist (90 [93.75%] vs. 134 [98.53%]; Fisher's exact test $P = 0.068$) or to a psychologist (49 [51.04%] vs. 79 [58.09%]; $\chi^2 = 1.130$, $P = 0.288$) and less frequently to a general practitioner (12 [12.50%] vs. 20 [14.71%]; $\chi^2 = 0.230$,

Table 1: Students' view of treatment and outcome of people with schizophrenia

	Completely true, n (%)	Partially true, n (%)	Not true, n (%)	Unsure, n (%)	Fisher's exact test's, P
Medications are useful in the treatment of*					
Preclinical students	30 (30.61)	60 (61.22)	1 (1.02)	7 (7.14)	<0.001
Clinical students	88 (64.71)	45 (33.09)	1 (0.74)	2 (1.47)	
Psychological interventions are useful in the treatment*					
Preclinical students	32 (32.99)	49 (50.52)	6 (6.19)	10 (10.31)	<0.001
Clinical students	75 (55.15)	59 (43.38)	2 (1.47)	0	
Family support is useful in the treatment of*					
Preclinical students	87 (88.78)	10 (10.20)	0	1 (1.02)	0.636
Clinical students	123 (90.44)	13 (9.56)	0	0	
Rehabilitative interventions are useful in the treatment of*					
Preclinical students	62 (63.92)	28 (28.87)	2 (2.06)	5 (5.15)	0.024
Clinical students	99 (72.79)	36 (26.47)	1 (0.74)	0	
Will be well again*					
Preclinical students	13 (13.27)	67 (68.37)	4 (4.08)	14 (14.29)	0.033
Clinical students	17 (12.59)	107 (79.26)	6 (4.44)	5 (3.70)	

*Persons with a condition like that described in the case-vignette

Table 2: Students' view of affective limitations of people with schizophrenia

	Completely true, n (%)	Partially true, n (%)	Not true, n (%)	Unsure, n (%)	χ^2 /Fisher's exact test (P)
Family is a burden for*					
Preclinical students	1 (1.05)	20 (21.05)	44 (46.32)	30 (31.58)	0.025
Clinical students	5 (3.70)	50 (37.04)	50 (37.04)	30 (22.22)	
It is difficult for* to have a love relationship					
Preclinical students	13 (13.40)	52 (53.61)	6 (6.19)	26 (26.80)	16.435 (0.001)
Clinical students	46 (34.07)	62 (45.93)	10 (7.41)	17 (12.59)	
It is difficult for* to get married or to live with a partner					
Preclinical students	19 (19.59)	43 (44.33)	7 (7.22)	28 (28.87)	7.054 (0.070)
Clinical students	46 (33.82)	55 (40.44)	10 (7.35)	25 (18.38)	
Should not have children*					
Preclinical students	5 (5.15)	11 (11.34)	52 (53.61)	29 (29.90)	3.371 (0.292)
Clinical students	9 (6.62)	24 (17.65)	75 (55.15)	28 (20.59)	
Are able to take care of their own children*					
Preclinical students	5 (5.15)	31 (31.96)	15 (15.46)	46 (47.42)	9.550 (0.023)
Clinical students	5 (3.70)	58 (42.96)	33 (24.44)	39 (28.89)	
Are a burden for their relatives*					
Preclinical students	5 (5.26)	53 (55.79)	22 (23.16)	15 (15.79)	8.125 (0.043)
Clinical students	13 (9.56)	89 (65.44)	26 (19.12)	8 (5.88)	

*Persons with a condition like that described in the case-vignette

$P = 0.631$). Moreover, fewer clinical students would have addressed these people to a neurologist (47 [49.47%] vs. 17 [12.50%]; $\chi^2 = 38.174$, $P < 0.001$). Consistently with previous studies,^[2,4,6] students in the final stage of medical studies expressed greater confidence in the effectiveness of drug, psychological, and rehabilitation treatments. A larger proportion of clinical students partially agree with the idea that PWS will be well again, compared to the smaller proportion of preclinical students [Table 1]. However, they were less convinced that these patients were able to find a stable relationship and establish their own family [Table 2]. These preconceptions may be related to the social representation of PWS as largely dependent by the others and also reinforced by the fact that, during the psychiatry internship, medical students were more in contact with the most impaired PWS, who usually attend mental health services, but had less contact with those who were able to live independently (the so-called "clinician bias").

The findings of this study should be interpreted in light of several limitations, including the cross-sectional study design, the lack of comparison with other less stigmatized mental disorder, and the use of a convenience sample. This study suggests that psychiatry training may take advantage of providing information about functional recovery from schizophrenia as well as about mental health treatments for PWS aiming at supporting an independent life, such as psychosocial rehabilitation interventions, supportive employment, and peer support. Improving students' attitudes toward PWS would further benefit from a more extensive contact with PWS who lead a meaningful life in the community and successfully cope with symptoms, disability, and stigma related to the disorder.

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Conflicts of interest

There are no conflicts of interest.

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