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Audit in practice

Medical students' evaluation of their experience of the psychiatry of mental handicap

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With changing patterns of care, it is expected that more doctors will have contact with people with mental handicap. This study looks at medical students' evaluation of an aspect of the training they received to prepare them for such contact.

The study

One hundred and fourteen fourth year medical students were given a questionnaire to complete anonymously prior to undergoing formal teaching in the psychiatry of mental handicap. Two months later, after finishing their general psychiatry placement, which included two formal lectures and a day in services for people with a mental handicap, the students repeated the questionnaire. The questionnaire included 15 items relating to knowledge of mental handicap (for example, other terms used instead of mental handicap, and causes of mental handicap) and also attitudes to, and experiences of, people with a mental handicap. The second questionnaire contained two additional items on the students' views on the course in the psychiatry of mental handicap and what items they felt it should cover.

Findings

All students completed both questionnaires.

The students were aware of other terms used instead of mental handicap such as mentally deficient, retarded, etc. However, there was some confusion between the terms mental handicap and mental illness, with 21% being unclear as to the differences between them prior to teaching, and 15% afterwards. Another question related to causes of mental handicap. Students were already well versed in this before their psychiatry placement.

As anticipated, the proportion of students who had never had any contact with an adult with a mental handicap dropped during the course from 31% to 11%. This contact generally occurred at the person with a mental handicap's home or day centre.

The students were asked to mark on a semantic differential scale their response to a number of statements about adults *whom they had met* with mental handicap. The ratings on some of these scales tended towards the mid-points and did not change over time (are always happy, are lonely and isolated). Other ratings did, however, change: after the course, adults with a mental handicap whom students had met were rated as more violent and physically disabled.

Students responded similarly before and after the course to questions relating to their feelings (know what to say, feel embarrassed and find it a good experience) if a person with a mental handicap visited them at home. For some students the ratings demonstrated that this would be a very uncomfortable experience, which was much more negatively rated than the same set of questions about a stranger without a mental handicap. Similarly, questions relating to meeting people with a mental handicap in a variety of situations (talked to you in the street, sat beside you, moved next door, wanted to become your friend, wanted to live in the same house as you) were answered comparably before and after the course, with the majority of students rating the first three of these positively (I'd encourage it, it would be OK), but many feeling unsure about wanting to become a friend (27% before, 37% after), or of having someone with a mental handicap living in the same house (unsure 48% before, 36% after; prefer they did not 23% before, 35% after; would not allow it 10% before and 15% after).

When asked about the rights of people with a mental handicap, the students felt strongly that they should have a right to sexual relationships, ordinary housing, choice, marriage, advocacy, further education, employment, respect and community participation. They were unsure about the right to vote.

There has been considerable debate as to what should be included in a psychiatry of mental handicap course. The students thought all the areas listed were important (genetic counselling, contact with a person with mental handicap, confronting their own

feelings and attitudes to mental handicap, diagnosis of mental illness in people with mental handicap, confronting ethical issues, secondary handicaps, life events, causes of and management of behaviour disorders, child development, multidisciplinary team work, family dynamics and informing the family of the handicap).

When questioned about their attachment to the psychiatry of mental handicap, most students had enjoyed it and found it useful. However, a significant minority (18%) still felt they did not understand the needs of people with a mental handicap and required increased skills in interacting with them, and also more knowledge of community services.

Comments

The confusion that existed for some students after the course between the terms mental handicap and mental illness is a cause for concern. This confusion has been reported before in a separate group of students (Holt & Bouras, 1988). Careful consideration of how to overcome this should be given. It may reflect a situation where teaching about the psychiatric needs of people with a mental handicap occurs in a separate course unit to the other medical needs of this population, so that the terms mental handicap and psychiatry become fused for some students. A more integrated approach to student teaching is now being developed with contributions from other professionals (speech therapists, occupational therapists, physiotherapists, psychologists, nurses).

The majority of students had had contact with a person with mental handicap by the end of their psychiatry placement. The observation that the students rated people with a mental handicap whom they had met as more likely to be violent or physically disabled after the course than before probably reflects the more disabled population who use specialist services, rather than reflecting a more general shift in the students' attitudes. This may also contribute to the students' confusion between the terms mental handicap and mental illness.

Some ratings demonstrated that students still felt quite uncomfortable being around people with a mental handicap, even after the course. Yet as a group they remained interested in the topic and were eager to learn about some of the challenging areas such as ethical issues, and informing parents of their child's handicap. The course at this time was short and did not include discussion groups, although there were opportunities for a dialogue at the end of each lecture and during the day with the Service. It may be that students would benefit from role play and discussion of their feelings in a group (Hollins, 1988); such sessions might also facilitate a clarification of concepts. As doctors in all fields of medicine are increasingly being asked to see people with a mental handicap, it is important that the training they receive equips them to feel confident and competent to meet these people's needs.

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References

HOLLINS, S. (1988) How mental handicap is taught in UK medical schools. *Medical Teacher*, **10**, 289–295.

HOLT, G. & BOURAS, N. (1988) Attitudes of medical students to mental handicap. *Medical Teacher*, **10**, 305–307.

Audit workshops

Tackling audit: a series of one-day workshops for occupational therapists, psychiatrists, clinical psychologists, CPNs and psychiatric nurses will be held in February and March 1993. Further information: Andrea L. Jackson, The Nuffield Institute for Health Services Studies, NHS and Social Care Division, 71–75 Clarendon Road, Leeds LS2 9PL (telephone 0532 459034, quote reference number HG124; fax 0532 460899).