

The Impact of Early Psychiatry Teaching on Attitudes to Mental Illness and Clinical Confidence

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Aims

This study evaluated the effect of **psychiatric clinical experiences** on **second year** medical students' **attitudes towards mental illness** and **confidence in psychiatric skills**.

Background

Literature demonstrates that **medical students** feel **underprepared** for psychiatric clinical clerkships¹ and hold **stigmatising views** towards mental illness^{2,3}.

Simulation can support psychiatric skill development⁴⁻⁷, whilst contact with people with **lived experience** of mental health problems improves confidence⁸ and challenges stigma⁹.

Methods

Year 2 medical students at the University of Bristol took part in a two-week psychiatry block including:

- **Simulation** workshops with trained actors
- Online sessions with **lived experience** speakers
- Case-based learning and psychiatry lectures

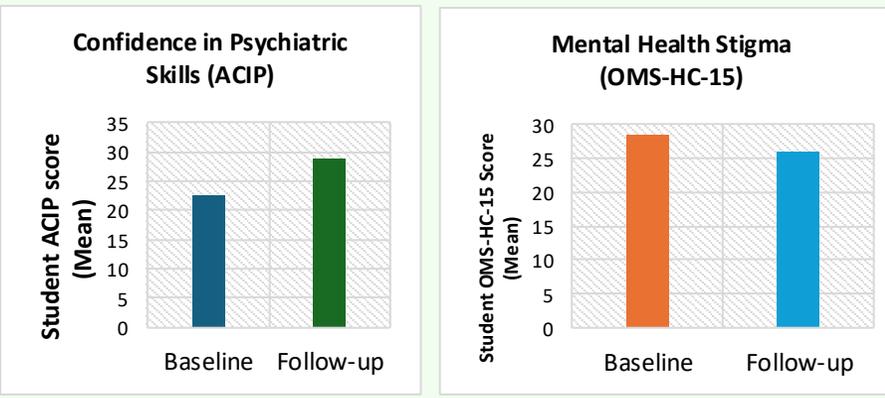
Evaluation design

- **Mixed methods**
- **Quantitative:** Pre/post questionnaires (OMS-HC-15 for stigma; ACIP scale for confidence in psychiatric skills) with paired t-tests for score changes
- **Qualitative:** Two focus groups, analysed thematically

Results

Quantitative:

In total, 148 students responded to questionnaires. Following the teaching, **stigma significantly reduced** (OMS-HC-15 mean baseline=28.4, follow-up=25.9; $p<0.0001$) and **confidence significantly increased** (ACIP mean baseline=22.6, follow-up=28.9; $p<0.0001$).



Qualitative:

Across **two focus groups** (n=16), thematic analysis identified the following themes:

- The importance of balancing **emotional safety** and **clinical realism** within teaching experiences
- Students appreciating the **complexity** and **burden** of mental illness
- The **relevance** of psychiatric skills across clinical practice
- Students navigating **subjectivity** in Psychiatry
- Perceived **stigma** and the **legitimacy** of Psychiatry

Discussion

Early clinical exposure to psychiatry helped students feel more confident and hold less stigmatising attitudes towards mental illness. **Scaffolded, psychologically safe learning environments**, particularly through simulation, enabled students to engage with distress and build skills. **Lived experience teaching** was especially valued in challenging assumptions and fostering empathy.

Students described psychiatry and mental illness as **uniquely ambiguous**, suggesting a need to support them in **navigating uncertainty**. While attitudes improved, students identified **ongoing stigma** among peers and the wider medical community, highlighting mental health stigma as a **continued challenge** for medical education.

Conclusions

- These educational experiences effectively **reduced mental health stigma** and **improved confidence in psychiatric skills**
- Educators should consider the use of **simulation** and **lived experience** in **early psychiatric education**

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Full text + references:

