

Title Page

Views of future doctors on the current Mental Health Clerkship programme of a Nigerian university.

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ABSTRACT

Background: Mental illnesses are a major public health problem around the world and the prevalence and burden of common mental disorders is growing, especially in Nigeria with a long-standing history of economic instability and security challenges. The psychiatry clerkship can play an important role in

influencing students' attitudes towards psychiatry, either positively or negatively. The experienced gathered by students during the posting, from the psychiatric doctors (consultants and trainee psychiatrists), other mental health practitioners, and the patients themselves will all contribute to the level of benefits the students might gain from the posting.

Objective: The aim of this study was to assess the overall perception of a two week psychiatry clerkship a set of students in a Nigerian university.

Methods: One hundred and nineteen (119) fifth year medical students were assessed after a Mental Health posting using a structured survey questionnaire and an in-depth interview technique.

Results: Majority of the students found the posting interesting but only about a quarter admitted that psychiatry is one of the areas they might consider in future for specilizations Concurrent running of the programme with classroom lectures from various disciplines and the programme coming when the students were faced with forthcoming examinations in 4th MBBS courses were among the noted factors that affect students' participation and concentration in the posting.

Conclusion: The undergraduate medical students' clerkship in Psychiatry is a *sine qua non* to one becoming a successful medical practitioner. All Nigerian medical schools should implement a programme that would give adequate exposure to the students so that they can be better equipped to handle the increasingly overwhelming global burden of mental disorders.

Key words: Psychiatry, Clinical posting, Curriculum, Duration, Nigeria.

INTRODUCTION

General duty doctors or primary care physicians in Nigeria, like most other countries of the world, are the first point of contact in the orthodox healthcare to people with mental illness. Indeed, many of such doctors practice in areas where mental health specialists are scarce. Unfortunately, most physicians receive little training on how to interact with patients with major mental illness and can feel uncomfortable or ineffective communicating with such patients [1]. The extent of mental healthcare these patients would receive therefore depends to a great deal on the exposure of these general duty doctors during the psychiatry clerkship and it has been noted that the knowledge of psychiatric principles is important for non-psychiatric physicians [2].

Psychiatry clerkship serves as the primary opportunity for medical students to gain exposure to the clinical practice of psychiatry and this can play important roles in students' attitudes towards psychiatry and care for the mentally-ill. The significance of the psychiatry clerkship in medical student education is broadly and internationally recognized [3]. Medical schools in the United States oblige their students to complete a clinical clerkship in psychiatry [4] and the clerkship usually lasts for 4 to 6 weeks [5] [6]. Every medical school in Nigeria also provides a period in the undergraduate curriculum when students are exposed to psychiatry but the duration, content and quality of such exposure or experience vary from one institution to the other [7]. The extent the clerkship training will influence a group of students depends largely, on the duration, the quality of teaching and exposure, and the method of evaluation of the students at the end of the programme.

Some studies have shown that greater exposure to and working with mentally ill persons during the undergraduate medical training decreases fear and creates a positive attitude towards caring for the mentally ill [8] [9] [10]. Moreover, it has been reported that stigmatizing attitudes of medical students towards psychiatry and psychiatric disorders are reduced by an educational programme in psychiatry, with a positive impact more marked when the educational programme is concomitant to a clinical posting in psychiatry [11].

In a position paper by the American Association of Directors of Medical Student Education in Psychiatry on the length of the psychiatry clerkship, the body stated that the psychiatry clerkship must be at least 6 weeks or longer [12]. In some other medical schools outside America, the duration of the psychiatry clerkship has been reported to be comparably as high as 8 to 10 weeks [13] [14]. In our centre, just like in some other Nigerian universities, the clerkship is for a period of two weeks only, running concurrently with a 16-week didactic lecture period shared with seven other subspecialties. Some concerned researchers in Nigeria, based on their earlier findings, had recommended that efforts to modify the current curriculum in psychiatry in Nigerian medical schools should be encouraged [15]. The extent the various institutions have adhered to this call for modification remains uncertain.

Our institution is at the point of implementing changes in the Mental Health training curriculum with one of the key changes being an increase in the time allotted to psychiatry during the six years of undergraduate medical training. It is not known how the students will view these changes. Hence, the need to carry out this preliminary survey to find out their perception of the curriculum that is currently in use.

OBJECTIVE

This study is aimed at determining the opinion of the students regarding the Psychiatry clinical posting in general. It is hoped that in view of the proposed changes in curriculum, the findings of this study would enable the authority identify the challenges, make amends early enough, and prepare for a better training in Psychiatry for our future students and doctors.

METHODOLOGY

This was a sequential mixed method design using survey questionnaire and in-depth interviews. The batch of the students had their 16-week rotation courses from 18 April, 2016 to 7 August, 2016 with each group spending two weeks in each sub-specialty, including Psychiatry. During the posting each group was exposed to various aspects of the practice – outpatient clinic/review, inpatient ward rounds, emergency psychiatry, and the weekly academic programme of the department. The exposures of the students to procedures such as the administration of electroconvulsive therapy to patients depended on if

there was any patient for such a procedure during the two weeks that a particular group did the posting. Attendance was taken every day during the week working days.

At the end of the 16 weeks of the “short postings”, when each student had passed through the department, an end-of-posting examination was organized for all the students. After the examination, the entire students (120 in number) were asked to fill-in a questionnaire after the study had been explained to them. It was made clear to the students that participation in the study was voluntary. Thereafter, a written informed consent, assuring confidentiality and anonymity, was obtained from every participant. The questionnaire was self-developed, pre-validated, and based on previous related studies. It had two parts – a brief sociodemographic part and a second aspect aimed at addressing the study objective. The second component comprised 8 items that pertain to the students’ assessment of the psychiatry posting. The items of the second component were based on a 5-point Likert scale, assessed based on the level of agreement which ranged from strongly disagree to strongly agree. The participants completed the study before leaving the examination hall.

Later, ten students, selected by systematic sampling method, using their class serial numbers, were also interviewed through four predetermined questions. The questions (table 2) were used to explore in detail, potential areas identified during the survey to have needed further explanations. The in-depth discussion was tape-recorded for subsequent transcription. The statistical analysis was done using the Statistical Package for Social Sciences (SPSS), version 20. Likert responses to the 8 items and the sociodemographic items were analyzed by calculating frequencies of each response. Content analysis of the qualitative data obtained through interviewing was done to identify themes and patterns.

RESULTS

Sociodemographic characteristics

All the students of the class (120 in number) filled and returned the questionnaires but one was discarded because of incomplete response giving a response rate of 119 (99.2%). Figure 1 shows the sociodemographic profile of the participants. There were 77 (64.7%) males and 42 (35.3%) females. Their ages ranged from 21 to 40 with the majority (95.8%) falling in the 21 – 30 years range and the mean age being 25.66 ± 2.03 years. Only 8 (6.7%) of them were already married.

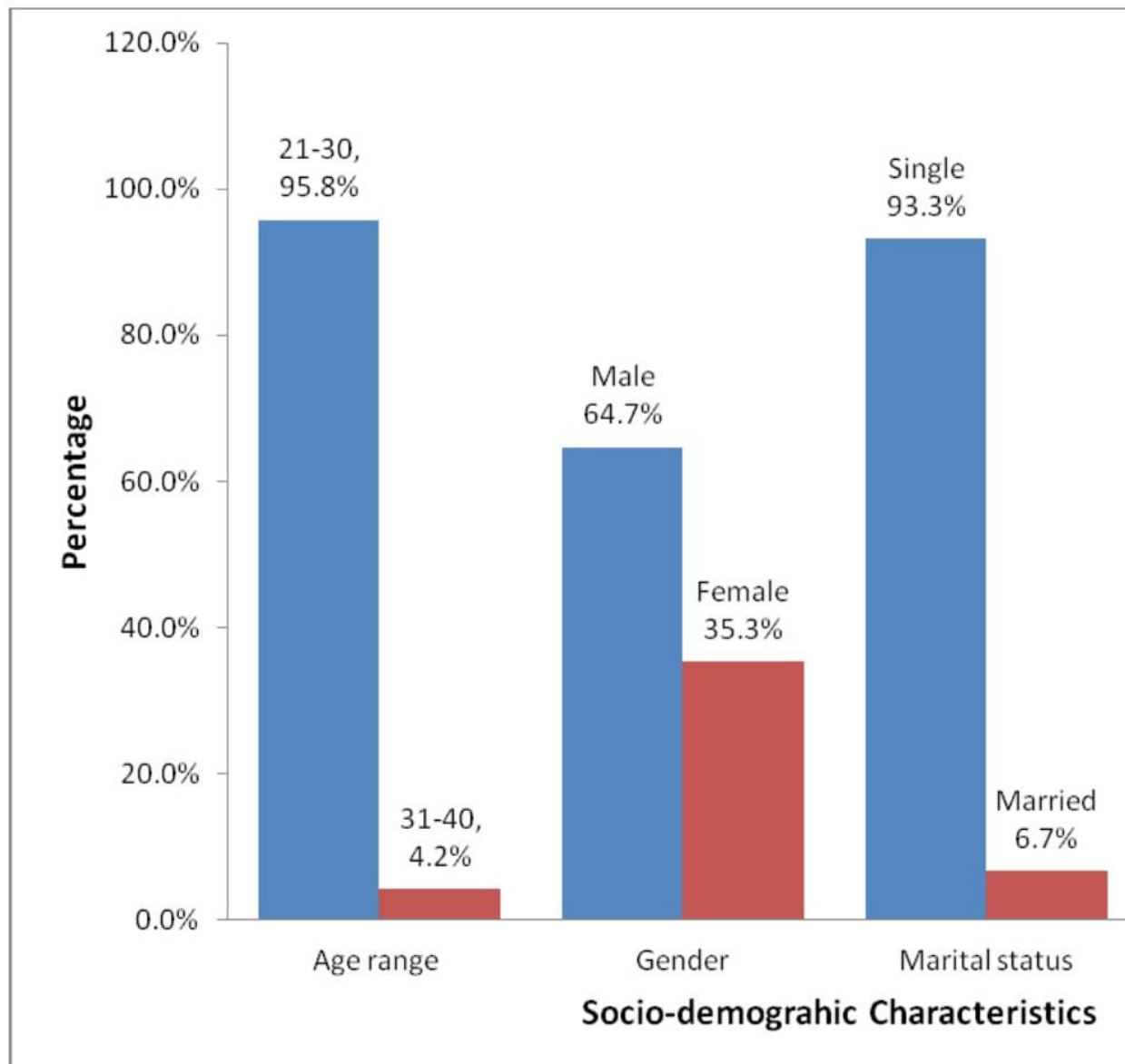


Figure 1: Sociodemographic characteristics of the participants

Participation in Psychiatry clerkship posting

Figure 2 shows the attendance (Monday to Friday) of the participants to the psychiatry posting. As much as 95% had good or very good attendance to the 10-day clinical clerkship programme.

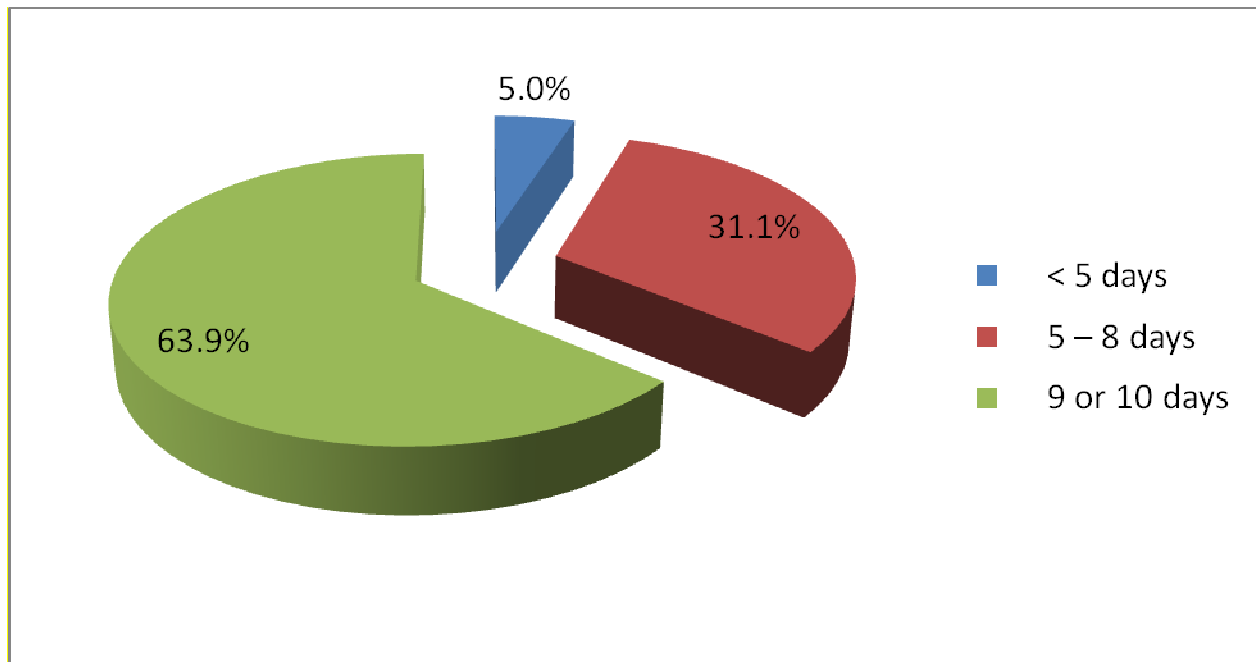


Figure 2: Days of participation in Psychiatry posting

Note: Less than 5 days = poor attendance; 5 – 8 = good attendance; 9/10 = very good attendance.

Students' evaluation of the psychiatry clerkship posting

Table 1 shows the evaluation of the two week psychiatry posting by the students. Almost equal number agreed or disagreed that the two weeks allotted to the posting were adequate - 48.7% agreed that the time was inadequate, while 42.0% had a different view. Majority 67 (56.3%) believed that combining the clerkship posting with classroom lectures did not allow for full participation in the clinic and ward activities. 97.5% and 32.8%, respectively agreed that consultant psychiatrists and clinical psychologists were available and willing to teach the students during the posting. A little less than one-third (28.6%) felt they might consider Psychiatry as an area of postgraduate specialization, one-third (33.6%) objected to that while 45 (37.8%) were neutral.

Table 1: Students' evaluation of the Psychiatry clerkship posting (n = 119)

Feedback item	Strongly disagree		Disagree		NDNA*		Agree		Strongly agree	
	N	%	n	%	n	%	N	%	n	%
Two weeks allotted to the posting was inadequate	20	16.8	30	25.2	11	9.2	38	31.9	20	16.8
Found the posting interesting	2	1.7	3	2.5	6	5.0	63	52.9	45	37.8
Consultant psychiatrists were available & willing to teach	0	0.0	1	0.8	2	1.7	57	47.9	59	49.6
Clinical psychologists were available & willing to teach	25	21.0	28	23.5	27	22.7	27	22.7	12	10.1
There were enough patients to learn with	2	1.7	18	15.1	9	7.6	60	50.4	30	25.2
Combining the ward posting with lectures did not allow full participation in the ward/clinic activities	8	6.7	33	27.7	11	9.2	34	28.6	33	27.7
Found it difficult to understand how psychiatrists arrived at diagnoses	12	10.1	50	42.0	5	4.2	31	26.1	21	17.6
Psychiatry is one of the areas I might consider for specialization	23	19.3	17	14.3	45	37.8	25	21.0	9	7.6

*NDNA: Neither disagree nor agree

Duration of participation and perception of the clerkship programme

Table 2 shows the relationship between the duration the students' attendance to the programme and their perception of the posting. Students' attendance within the 10 working days of the posting was grouped under three categories: Less than 5 days = poor attendance; 5 – 8 days = good attendance; 9 or 10 days = very good attendance. Of the 119 participants: 108, 90, and 34 respectively found the posting interesting; were satisfied with the level of exposure during the posting; and admitted that psychiatry might be one of the areas they would consider in future for specialization. The 'frequency' column in table

3 represents the number and percentage of the participants that gave positive responses to the each of the three parameters (first column) measured (i.e., 108, 90, and 34) with respect to their attendance.

There was a significant relationship between the duration of attendance and how interesting the participants viewed the posting ($\chi^2 = 34.775$, $p = .002$) but there was no significant relationship with the number of days the participants attended the posting and their satisfaction with the level of exposure during the posting ($\chi^2 = 46.242$, $p = .19$) or their possibility of considering psychiatry for specialization in future ($\chi^2 = 78.112$, $p = .23$).

Table 2: Duration of attendance versus perception of the posting.

Participants' view	Attendance (days)	No of Yes (n)	Frequency		χ^2	p-value
			n	%		
Found the posting interesting	< 5	108/119	5	4.6	34.775	.002
	5 – 8		34	31.5		
	> 8		69	63.9		
Satisfied with the level of exposure during the posting	< 5	90/119	4	4.4	46.242	.19
	5 – 8		28	31.1		
	> 8		58	64.4		
Might consider Psychiatry for specialization	< 5	34/119	1	2.9	78.112	.23
	5 – 8		10	29.4		
	> 8		23	67.6		

In-depth interview

Ten students selected by probability systematic sampling method were also interviewed after the questionnaire-based survey through four pre-determined questions (Table 3).

Table 3: Pre-determined questions for in-depth interview.

Questions
1. What were the major causes of stress in the Psychiatry posting?
2. What behaviour of the patients disturbed you the most?
3. What behaviour of the mental health personnel (doctors, nurses, and clinical psychologists) bothered you the most?
4. What improvements, in your opinion, would help make the Clinical posting in Psychiatry better?

Content analysis of transcribed interviews resulted in emergence of the following four main themes (i – iv below) with supportive evidence of results obtained through survey questionnaire. Though as much as 90% of the interviewees found the posting interesting, 60% considered it stressful. Some of the common reasons for stress identified by the participants were:

i. Timing of some classroom lectures: Four students (40%) complained that some lecturers were not adhering to the scheduled period for lectures. Hence, encroaching into the time they ought to be in the clinic or wards.

ii. Combination with other lectures: Five students (50%) noted that because the programme was done during their 500 level when students were preparing for 4th MBBS exams comprising Paediatrics, Community Medicine, and Obstetrics & Gynaecology, emphasis on the forthcoming 4th MBBS exam made them not to pay adequate attention to the entire short postings whose exams would come in their final year and only after they had passed the 4th MBBS exams.

iii. Complex and long history: Up to seven of the students (70%) found the pattern of history-taking in Psychiatry very complex, long, and different from that of other branches of Medicine.

iv. Experience with violent or disruptive patients: One of the four females among the 10 interviewees reported that throughout the period of the ward/clinic experiences, she was in fear each time she entered the clinic or ward. She attributed this to her experience the first day that her group reported to the department. She said that on entering the ward (the department is a single building that houses the clinics, wards, doctors' call rooms, and offices), she saw some ward security men battling with a violent patient and immediately the patient sighted her, he screamed "I have seen her, my wife; come and kiss me" and the patient attempted embracing her if not for the security men who prevented him.

Overall, 90% of the students interviewed (and 97.9% of those that filled the survey questionnaire) found the Psychiatry posting interesting. Students suggested that increasing the posting period from 2 weeks to at least 4 weeks and doing the programme after their 4th MBBS examination would help improve the students' participation and interest.

DISCUSSION

Medical students' clerkship in Mental Health is a *sine qua non* to one becoming a successful medical practitioner. The mean age of our participants is close to that found from a related study in Kano, north-west Nigeria [16] [17].

Up to a quarter of the students considered psychiatry as a possible future career, a finding similar to that of Andlauer and colleagues in France [18] though far higher than that reported by Aghukwa from another Nigerian university. The variation in the findings depends on some factors such as the level of study of the sampled students, the exposure of the students to psychiatry, and the performance of the students in Psychiatry exams. It is possible that many who choose psychiatry by the final years of their undergraduate training may likely go into the discipline but the sustenance of their enthusiasm post-clerkship remains a challenge [10]. The provision of an exemplary psychiatry clerkship [19], scoring high in the subject [17] [18], and charismatic teaching, mentorship and stigma reduction [10], have all been reported to be effective in increasing students' interest in choosing the discipline.

Nearly equal numbers considered the two weeks allotted to the clerkship posting as adequate or inadequate. Observations from the in-depth interview showed that some of the students who considered the two weeks as adequate believed that the problem is not the duration but the classroom lectures that encroached into the time for the clerkship programme. Nevertheless, a survey in India many years ago found that two weeks were inadequate [20], and many other authors later reported that giving more time to the posting contributes to better understanding of the subject and likelihood of choosing the discipline in future [18] [21].

Majority of the students were of the view that attending classroom lectures, especially in disciplines not related to the ones done during the short postings distract the students from participating fully in the specialist clerkship programmes. The challenges posed by interference of classroom lectures to clinical postings, an experience that occurs in virtually all other medical schools in south-east Nigeria, is partly due to the use of, and poor adherence to, an outdated curriculum that is no longer in tandem with the current international best practices. In a study to investigate the level of adherence of Nigerian medical schools to the requirements of the regulatory bodies with regard to the teaching of Psychiatry at the undergraduate level, it was found that: ten of the thirteen medical schools represented in the sample (79.6%) reported having a separate department of psychiatry, majority (84.6%) did not conduct an independent examination in psychiatry, some schools had no didactic teaching while close to half had no clinical experience as part of the clinical psychiatry programme, and the contribution of psychiatry to the final exit MBBS examination ranged from 0% to 15%, all implying that Psychiatry curriculum was being selectively implemented in Nigerian medical schools. The authors noted that the most recent curriculum review for Nigerian medical schools rightly gives psychiatry its deserved priority and advised that every medical school in the country should strive to attain the set goals [7]. Our medical school has already set the ball rolling to achieve these goals that would lead to international best practices by initiating the curriculum review that is almost completed.

Psychiatrists were assessed to have been far more available and willing to teach the students compared to clinical psychologists. This could likely be as a result of the setting in which the students usually join in the psychiatric clinic where patients are first seen before some are referred to psychologists, and no

official specific schedule was made for the students to join the psychologists during the latter's evaluation of patients.

Overall, the psychiatry clerkship was found to be interesting by majority of the students but the duration of attendance of the posting did not positively influence the students' interest in psychiatry as a career option. Similar results have been reported by many authors [22] [23].

CONCLUSION:

Psychiatry clerkship training may improve medical students' attitudes towards psychiatry and mental illness. In a country with a large population, it is clear that most patients would not have access to psychiatrists when they there is a need. It becomes pertinent that the average doctor should have the basic skills to give a first aid to persons suffering from mental illness in the populace.

In order to encourage students to get such basic knowledge and skill in psychiatry, attention needs to focus more closely on the psychiatry curriculum and the development of innovative teaching strategies. Every university in Nigeria should embrace the current psychiatry curriculum and improve on it instead.

That may help to put psychiatry on a more positive foundation for the future in such a country with large population and recurrent political instability, unending security challenges, and other factors that on daily basis increase new cases of individuals with mental illness.

RECOMMENDATIONS

1. Every institution should reasonably adopt the latest National University Commission (NUC) curriculum for undergraduate Psychiatry training.
2. The clerkship curriculum in each institution should be such that will give students the opportunity to attend Psychology clinics where clinical psychologists should expose the students to what they should know according to the curriculum.

3. Psychiatry should be an independent department in every Nigerian university to ensure adequate coverage of the basic training requirements so that the average doctor, who undoubtedly must encounter patients with psychiatric disorders in whichever location or specialty area he/she practices, will be able to give a basic or preliminary care.
4. Clinical clerkship programmes should not be combined with any other activity to give students the time to participate fully in the exercise.
5. Further studies in this field is required for better training and better future mental health service delivery in our country with daily growth of burden of mental disorders.
6. Also, studies that will look at the attitudes of medical educators toward psychiatry and psychiatrists are recommended as that would provide the knowledge that is important in understanding better the determinants of low recruitment into psychiatry in many countries [24] Nigerian institutions/hospitals inclusive as well as why some university policy makers do not consider it necessary for Mental Health to be given the required consideration in undergraduate medical education.

Limitations

This study was conducted with a single class of a single institution. Caution must be taken in generalizing the findings from the study. The students' perception of the psychiatry clerkship was assessed but factors associated with the perception were not considered.

Financial support and sponsorship

Nil.

Competing interests

There are no competing interests.

Acknowledgement

The authors would like to thank all the students who participated in the evaluation.

AUTHORS' CONTRIBUTIONS

OO designed the study, wrote the protocol and the first draft of the manuscript; MS and CN collected the data and performed the statistical analysis; CA, and AA managed the analyses of the study; AOd and AOOk managed the literature searches. All authors read and approved the final manuscript.

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