



Status quo of German-speaking medical students' attitudes toward and knowledge about central aspects of forensic psychiatry across four European countries

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ABSTRACT

While forensic psychiatry is of increasing importance in mental health care, limited available evidence shows that attitudes toward the discipline are contradictory and that knowledge about it seems to be limited in medical students. We aimed to shed light on this subject by analyzing medical students' central attitudes toward and their association with knowledge about forensic psychiatry as well as with socio-demographic and education-specific predictor variables. We recruited N = 1345 medical students from 45 universities with a German language curriculum across four European countries (Germany, Switzerland, Austria and Hungary) by using an innovative approach, namely snowball sampling via Facebook. Students completed an online questionnaire, and data were analyzed descriptively and multivariably by linear mixed effects models and multinomial regression. The results showed overall neutral to positive attitudes toward forensic psychiatry, with indifferent attitudes toward the treatment of sex offenders, and forensic psychiatrists' expertise in the media. Whereas medical students knew about the term 'forensic psychiatry', they showed a lack of specific medico-legal knowledge. Multi-variable models on predictor variables revealed statistically significant findings with, however, small estimates and variance explanation. Therefore, further research is required along with the development of a refined assessment instrument for medical students to explore both attitudes and knowledge in forensic psychiatry.

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1. Introduction

Forensic psychiatry has become more relevant in mental health care (Gunn, 2000; Priebe et al., 2005), and is widely part of medical curricula (Layde, 2004). However, there are still contradictory views on the discipline in general, even among health professionals and medical students (Archer et al., 2017; Booth, Mikhail, Curry, & Fedoroff, 2016; Goethals,

Gunn, & Caldeco-Barba, 2012; McGauley & Campbell, 2004; Thomas, 2012; Ward & Bradford, 2003). Moreover, very few medical students want to become forensic psychiatrists (McGauley & Campbell, 2004).

Limited available evidence in English-speaking countries on attitudes toward and knowledge about forensic psychiatry demonstrated that medical students had a general interest in the subject (Thomas, 2012) or neutral views (Archer et al., 2017), but were dissatisfied with the readily available information about it, for instance as a career option (Thomas, 2012). Findings on psychiatric residents, however, showed little interest in forensics (Ward & Bradford, 2003), as well as discomfort in the management of forensic patients and lack of didactic and clinical education in the field (Booth et al., 2016). Such findings can be interpreted as hints of deficits in forensic psychiatric education.

More positive attitudes toward forensic psychiatry, greater comfort with forensic-psychiatric clientele or better knowledge of forensic psychiatry depend on several factors, most importantly on medico-legal

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education and on clinical experience (Archer et al., 2017; Booth et al., 2016; Mortlock et al., 2017). Accordingly, medical students should have more favorable views of psychiatry than law students, based on their education in psychiatry (Abramowitz, Bentov-Gofrit, Khawaled, Bauer, & Cohen, 2011). Furthermore, attitudes toward forensic psychiatry depend on gender, with more circumspect attitudes found in women (Booth et al., 2016).

Medical students' attitudes and knowledge on specific aspects of forensic psychiatry and their predictors (e.g., the role of medical school) so far remain unknown. In particular, there is an open societal debate on the ethical basis for detaining or institutionalizing people with mental disorders (Edworthy, Sampson, & Völlm, 2016; Gunn, 2000; Priebe et al., 2005). The current trend toward re- or trans-institutionalization, with a rise in the prison population and the reduction of hospital beds, might also reflect changing political beliefs and medical attitudes, indicating that delinquents with a mental disorder are at least partly viewed as "untreatable" (Gunn, 2000), even if this perspective does not conform with WHO standards (WHO, Date unknown). Additionally, people who commit acts of sexual violence, such as molestation of boys or girls, rape or incest (Harris & Hanson, 2004), are a particularly feared group (Craig, 2005), but little is known about medical students' views on them or their treatment. Furthermore, little is known about medical students' attitudes toward forensic psychiatrists, whose important responsibility it is to serve as role models, and which again might have a major impact on medical students' interest in the field (Gunn, 2000). Forensic psychiatrists are in the difficult position of caring for their patients but also protecting society (Gunn, 2000), and of convincing diverse stakeholders, such as courts of justice, the public and politicians or medical students, of their expertise (Goethals et al., 2012). Finally, with respect to knowledge, there is a clear lack of physicians' medico-legal expertise in matters of civil law (Rappeport & Jonas, 2005). According to the American Academy of Psychiatry and the Law forensic psychiatry's scientific and clinical expertise is also 'applied in legal contexts involving civil...matters...and in specialized clinical consultations in areas such as...employment.' (AAPL American Academy of Psychiatry and the Law, 2017). In particular, physicians including psychiatrists, frequently experience the assessment of sickness certification, such as for levels of work incapacity, as difficult (Löfgren, Hagberg, Arrelöv, Ponzer, & Alexanderson, 2007). Such certificates, written to attest a patient's need for welfare benefits, frequently suffer from unclear, ambiguous and misleading information due to uncertainty or incompetence (Aarseth, Natvig, Engebretsen, & Lie, 2017; Kiessling, Arrelöv, Larsson, & Henriksson, 2013) and/or different assessment approaches (e.g., disease vs. ability oriented certification) (Canela et al., 2016; Solli, Barbosa da Silva, & Egeland, 2015).

This study aimed to extend previous evidence by analyzing medical students' specific attitudes toward central aspects of forensic psychiatry in four European countries (Germany, Switzerland, Austria and Hungary) by considering knowledge about the discipline and further predictor variables. We used an innovative recruitment approach via social media, which covered 45 medical schools with a German language curriculum in order to achieve a large sample size and to account for possible regional effects. According to limited available evidence, we supposed that women would be more averse to the discipline than men and that experience with psychiatry would be positively associated with the outcome. We also assumed that knowledge and attitudes would be related and that a higher semester of study would be associated with a higher outcome score, because forensic psychiatry is usually introduced late in medical curricula. We further expected knowledge gaps, particularly with respect to self-perceived ability to write a work disability certificate.

2. Material and methods

This study is part of a larger project on medical students' attitudes toward psychiatry which is described elsewhere (Warnke et al., in

press; Buadze, 2017). Therefore, the study design and the predictor variables used in this study correspond to those of the main study.

2.1. Participants and catchment area

The sample consisted of medical students from all years of study, who were enrolled in accredited medical schools in four European countries with German language curricula, namely in Germany, Switzerland, Austria and Hungary.

2.2. Online questionnaire

The online questionnaire was comprised of statements on attitudes toward and knowledge about forensic psychiatry which were developed by the research team based on theoretical and practical considerations, as mentioned in the introduction (the lack of young academics specializing in forensic psychiatry, potential knowledge gaps in medical training or current debates on the significance of institutionalization). Furthermore, the online questionnaire included the reliable and valid German version of the Attitudes Towards Psychiatry – 30 items – questionnaire (ATP-30) (Burra et al., 1982; Strebel, Obladen, Lehmann, & Gaebel, 2000), other items on interest and professional preference for general psychiatry as well as sociodemographic and education-specific information related to the medical students (see below) (Burra et al., 1982; Strebel et al., 2000). For this study, we only used the above-mentioned six items on attitudes toward and knowledge about forensic psychiatry as well as the sociodemographic and education-specific information which comprises another six variables.

The statements on attitudes and knowledge were based on a Likert-type scale, with 1 = 'strongly agree', 2 = 'agree', 3 = 'neutral/no opinion', 4 = 'disagree' and 5 = 'strongly disagree'.

The four items on attitudes toward forensic psychiatry (ATFP-4) were composed of the following statements:

- Offenders with mental disorders should be incarcerated rather than treated in a psychiatric hospital.
- People who commit acts of sexual violence are untreatable and need to be incarcerated for their whole life.
- When psychiatrists talk about crime in the media, one has the impression that they are only speculating.
- Psychiatrists are able to identify the risk of harm to self and/or to others.

The two items on knowledge about forensic psychiatry were:

- I have already heard of the term 'forensic psychiatry' during my studies.
- During my studies, I have learned what to consider in preparing a work disability certificate.

Depending on the positive or negative phrasing of the items, a higher value would correspond to a positive or negative assessment. We calculated a sum score for the ATFP-4 items by subtracting positively-phrased items from 6, with higher values indicating more positive attitudes/better knowledge, ranging from 4 to 20. Someone with a neutral attitude would have a sum score of 12. The Cronbach's alpha, meaning the internal consistency or interrelatedness of the ATFP-4 items, was acceptable at $\alpha = 0.604$ (Nunnally & Bernstein, 1994).

Socio-demographic and education-specific information included: age (transformed by centering on the mean of 24 years), gender (male vs. female), nationality (German, Swiss, Austrian, Hungarian/other [i.e. from other European or non-European countries]), medical school and country of medical school (German, Swiss, Austrian, Hungarian), semesters (1st–4th semester; first two years, pre-clinical study period), 5th–10th semester (3rd, 4th and 5th year; clinical part) and >10th semester (beginning of clinical rotations), previous experience with

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