

Attitudes towards Complementary and Alternative Medicine for Mental Health Issues within Undergraduate Psychology Students

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ABSTRACT

Psychology curriculum provides students with a comprehensive understanding towards human mental processes and behavior. As a science-based curriculum, the necessity of evidence-based procedures in overcoming mental health issues are mandatory. In contrast, there is still non-conventional interventions used to tackle mental health issues within local communities. Complementary and alternative medicine is an approach that combines conventional medicine (complementary) or substitutes practices outside of conventional medicine (alternative). The usage of CAM has been shown in different physical issues, including psychological problems. However, there is still a gap in the effectiveness, acceptance, and awareness towards CAM. The conflicting perspectives leads to a dilemma in the attitudes towards CAM within different groups. This study aims to assess the attitudes of undergraduate psychology students towards CAM in overcoming mental health issues. Using a descriptive approach, this study utilized QACAM (Questionnaire on Attitudes towards Complementary Medical Treatment) Scale. The participants in this study consisting of undergraduate psychology students that are currently pursuing their studies in public and private universities in Indonesia. Undergraduate psychology students fully believe in conventional medicine in mental health treatment. Despite of this believe, there was a moderate to positive attitude towards complementary medicine rather than alternative medicine. There is acceptance of CAM by society over the forms and users of CAM.

Keywords: complementary and alternative medicine attitudes, cultural treatment, mental health issues, non-conventional medicine, psychology,

Introduction

Complementary and Alternative Medicine (CAM) is a non-conventional treatment aimed to improve public health status, including promotive, preventive, curative, and rehabilitative ways. CAM includes medical and health care systems, practices, and products that are not generally considered part of conventional medicine (NCCIH, 2021). Indonesia has a long history of traditional treatment as a part of cultural heritage. Therefore, there's an attribution of culture within a community's medical routine. International research shows that there's an increase in the usage of CAM. Two out of three adults in Australia access CAM (Stapleton et al., 2015). Ditte et al. (2011) founded that 51.4% of non-Hispanic community in United States of America have used CAM for personal purposes. The prevalence of CAM usage was up to 36% in Europe (Molassiotis et al., 2005). These data indicate a general rising demand for complementary and alternative medicine. As CAM continues to be accessed, increasingly CAM plays a role in many national health care systems. Particularly in Indonesia, the increase in CAM usage caused by the small amount of healthcare professionals in Indonesia, it was estimated that in developing nations, the proportion of clinical

psychologists is 2-14 per 1,000,000 (Liem & Rahmawati, 2017). Along with that proportion, the need of mental health support persistent in demand.

Ditte et al. (2011) conducted a research to assess the attitudes towards CAM within medical and psychology students. They found an uncertainty towards the diagnostic and therapeutic regiment of alternative medicine practitioner within medical and psychology students. In the same research, Ditte et al. (2011) believes that there were no correlations between the beliefs about CAM and the usage of CAM. The statement lies under the findings that medical students with positive attitudes tend to seek treatment to complementary practitioner (naturopathic healer) (Ditte et al., 2011). These findings have been in contrast with the findings in Furnham and McGill (2003). English medical students' attitudes varied based on the length of their study, in which first and second year students were not more positive than fourth year students (Furnham & McGill, 2003). Furnham and McGill (2003) sees the difference of attitudes may be caused by the pre-clinical phase that leads to limited knowledge over the holistic view of patients and patients' needs.

With the scope of psychology students, Ditte et al. (2011) founded that even though psychology students held a scepticism towards CAM, psychology students are also sceptical with conventional medicine to overcome emotional problems. Perhaps the perspectives of psychotherapy and conventional medicine are two different categories within the participant's point of view. Although, Ditte et al. (2011) suggested that psychology students have not been equally represented, ever since researches over the attitudes towards CAM within psychology students have not been frequently conducted. Psychology curriculum provides a comprehensive understanding towards human mental processes and behavior. As students of a science-based curriculum, it is understandable if psychology students focus on evidence-based methodology. To response the increasing phenomenon of CAM usage, it is important to be aware of the diversity in the way of life that contributes into one's well-being. It is not deniable that there is an epistemology gap that leads to conflicting attitudes towards CAM. Therefore, this study chooses undergraduate psychology students to understand perspective and attitude towards CAM within psychology students in Indonesia.

Method

Data collection and participants. Online questionnaires were distributed to 101 psychology students. The respondents that took part in the survey were active undergraduate psychology students in public and private universities in Indonesia. Convenience-sampling were applied to obtain the respondents. 12.9% of the respondents were first year students (n= 13); 20.8% were second year students (n= 21), 51.5% were third years students (n= 52), 13.9% were fourth year students (n=14), and 1% were fifth year student (n= 1). Within the total respondents, 79.2% of the respondents were female (n=80) and 19.8% respondents were male (n=20). Most of the respondents were from Jakarta (69.3%; n= 70), followed by 11.9% Banten residences (n=12) ties with 11.9% West Java residences (n= 12). There were one participant reported to live outside of Java island, particularly in South Sulawesi. *Measures.* The Questionnaire on Attitudes towards Complementary Medical Treatment (QACAM) scale was the instrument in this study. The scale was designed at the Hanover Medical School and Technical University at Braunschweig. The scale was based on the Questionnaire on Attitudes Towards the Use of Psychotherapeutic Help (QAPT) by Ditte et al. (2006), which was inspired from the Freiburg Questionnaire on Attitudes towards Alternative Medical Procedures (FEN) by Augustine et al. (1999). The difference between QACAM and FEN was on the general attitudes towards CAM as a whole concept. Therefore, QACAM do not focus on specific therapies. The QACAM Scale also measures personal attitudes without placing the respondents as health professionals. The author retrieved the English version of the scale from Ditte et al. (2011) and run through the process of translation from English to Bahasa Indonesia. The QACAM Scale contains 17 items to be answered using a four-step Likert scale. The scale was divided

to three sub-tests with each section holds a specific aim. The first sub-scale measures the positive attitudes towards CAM, the second sub-scale measures the acceptance of CAM by society, and the third sub-scale measures the positive attitude towards conventional medical treatment of emotional problems. The translated items are provided in the appendix. *Procedure.* An email that included a cover letter, information, and the link to the questionnaire was sent to the participants. Online survey using Google Forms was chosen because of its efficiency in time. The informed consent was attached into the form as a part of the response input. *Data analysis.* This study used descriptive statistics to reveal percentages in categorical data. Data were analyzed using JAMOVI to measure the mean value in each sub-scale and which items the respondents agreed on the most. The data was coded in to three categories. The score range within three categories are, low attitude group ($X < 12$), middle attitude group ($12 < X \leq 18$), high attitude group ($X > 18$). Finally, the QACAM Sub-scale 3 has a different approach in categorizing the respondents into groups in order the different number of items ($k=5$). The categories are, low attitude group ($X < 10$), middle attitude group ($10 < X \leq 15$), and high attitude group ($X > 15$).

Result

In result, the majority of undergraduate psychology students held a moderate attitude towards CAM. The QACAM Sub-scale 1 measures the positive attitudes towards cam. The items in sub-scale 1 tries to measure positive attitudes towards complementary and alternative medicine. Complementary in the form complementary health practitioner and alternative medicine as in healers. A significant number of respondents classified as the middle group ($n= 72$; 71.3%), followed with the high attitude group ($n= 20$; 19.8%), and low group ($n= 9$; 8.9%). The QACAM Sub-scale 2 objectives are the acceptance of CAM by the society. Particularly, the QACAM Sub-scale 2 have a different approach in terms of interpretation. The items reflect an unfavorable attitude towards the acceptance of CAM by society (i.e., “Others could think that I imagined my disorders, if they learned that I consult a healer). Therefore, the low score interpreted as a higher attitude of the acceptance of CAM by society. In the QACAM Sub-scale 2, the middle attitude group hold a higher number of respondent ($n= 50$; 49.5%), followed by the low attitude group ($n= 46$; 45.5%), and the high attitude group ($n= 5$; 5.0%). QACAM Sub-scale 3 measures positive attitude towards conventional medical treatment of emotional problems. The items were favorable items in assessing respondent’s perception towards conventional medical treatment in mental issues. In result, the high attitude group held a higher number of respondents ($n= 72$; 71.3%), followed by the middle attitude group ($n= 29$; 28.7%). There is no low attitude group in the result of QACAM Sub-scale 3.

Table.1
Frequencies of QACAM Scale Results

Undergraduate psychology students (n=101)	
Positive Attitudes Towards CAM (m= 2.11)	
Low	9 (8.9%)
Middle	72 (71.3%)
High	20 (19.8%)
Acceptance of CAM by society (m= 1.59)	
Low	46 (45.5%)
Middle	50 (49.5%)
High	5 (5.0%)
Positive attitude towards conventional medical treatment of emotional problems (m= 2.71)	
Low	0 (0%)
Middle	29 (28.7%)
High	72 (71.3%)

Continuing to completely understand the attitudes of undergraduate psychology students in Indonesia, the measurement of each item was conducted to see which items are mostly agreed on (Table 2). In QACAM Sub-scale 1, item 4 ($m = 3.14$; $SD = 4$) were mostly agreed by the respondents. The item was “*Beberapa gangguan fisik dapat diselesaikan lebih baik dengan bantuan praktisi kesehatan komplementer (complementary health practitioner)*. [Some mental problems can be solved best with the help of a complementary physician]”. Item 1 ($m = 2.28$; $SD = 2$) in QACAM Sub-scale 2 was also mostly agreed on. The item was “*Orang lain dapat berpikir bahwa saya berkhayal tentang gangguan saya, jika mereka mengetahui saya berkonsultasi dengan healer/penyembuh/tabib*. [Others could think that I imagined my disorders, if they learned that I consult a healer]”. In QACAM Sub-scale 2 it is also important to highlight the most disagreed item in learning social acceptance of CAM. Therefore, the item that are mostly disagreed on are item 2. The item was “*Saya khawatir teman-teman saya dapat menarik diri, jika mereka mendengar bahwa saya berkonsultasi dengan praktisi kesehatan komplementer (complementary health practitioner)* [I worry that my friends could withdraw, if they heard that I consult a complementary physician]”. Lastly, in QACAM Sub-scale 3, item 1 ($m = 3.61$; $SD = 4$) was the most agreed on by the participants. The item was, *Jika saya memiliki masalah mental yang parah selama periode waktu yang cukup lama, seorang dokter/psikolog/psikiater akan dapat menemukan penyebab yang lebih baik daripada saya*. [If I had severe mental problems over a considerable period of time, a conventional physician would be able to find the causes better than I]”.

Table 2.
QACAM Item Measurement

Undergraduate psychology students $n=101$		
Positive Attitudes Towards CAM		
Q1	$m = 2.50$	$SD = 3$
Q2	$m = 2.31$	$SD = 2$
Q3	$m = 3.00$	$SD = 3$
Q4	$m = 3.14^*$	$SD = 3$
Q5	$m = 2.55$	$SD = 3$
Q6	$m = 2.35$	$SD = 2$
Acceptance of CAM by society		
A1	$m = 2.28^*$	$SD = 2$
A2	$m = 1.69$	$SD = 2$
A3	$m = 2.02$	$SD = 2$
A4	$m = 1.78$	$SD = 2$
A5	$m = 2.07$	$SD = 2$
A6	$m = 1.89$	$SD = 2$
Positive attitude towards conventional medical treatment of emotional problems		
C1	$m = 3.61^*$	$SD = 4$
C2	$m = 3.43$	$SD = 4$
C3	$m = 3.13$	$SD = 3$
C4	$m = 3.34$	$SD = 3$
C5	$m = 3.57$	$SD = 4$

The questionnaire was distributed to 101 undergraduate psychology students in Indonesia. Within 101 students, 51.5% ($n=52$) uses CAM or used to access CAM and 48.5% ($n=49$) does not use or access CAM (Table 3). Every respondents that answers “Yes” to the question of “Do you use complementary and alternative medicine?” were asked to write down the forms of CAM they use. Table 4 describes the various forms of CAM that were accessed by the respondents. Aromatherapy, diet and nutrition, and herbal medicine were the top three used CAM by the

respondents. Particularly, jamu ($n= 4$; 3.3%) and Chinese medicine ($n=5$; 4.1%) reported to be accessed, which they were a form of herbal medicine. Sinshe is a Chinese traditional healer that also reported to be accessed by the respondents ($n=2$; 1.6%). The diverse forms of CAM indicate a wide range of CAM that could be investigated furthermore.

Table 3.
Percentages of CAM usage

Undergraduate psychology students $n = 101$	
Use CAM	52 (51.5%)
Does not use CAM	49 (48.5%)

Table 4.
Commonly used CAM within Undergraduate Psychology Students

Undergraduate psychology students $n = 101$	
Reflexology	14 (11.6%)
Aromatherapy	32 (31.6%)
Diet and nutrition	19 (15.8%)
Herbal medicine	18 (15%)
Yoga	5 (4.1%)
Meditation	3 (2.5%)
Body-based therapy	4 (3.3%)
Detox	9 (7.5%)
Chinese Medicine	5 (4.1%)
Sinshe	2 (1.6%)
Jamu	4 (3.3%)
Kerokan	2 (1.6%)
Traditional ingredients medicine	1 (0.8%)

Discussion

The majority of undergraduate psychology students held a moderate attitude towards CAM. Within QACAM Sub-scale 1, the respondents were asked to answer their attitudes towards the usage of CAM in physical and mental issues. The scale narrowed down the form of CAM as healers (alternative practitioner) or complementary practitioner. There's a slightly different response between complementary and alternative medicine over mental issues. Item 3 ($m=3.00$) and item 2 ($m=2.31$) have a slight difference of mean. Item 3 states "Some mental problems can be solved best with the help of complementary physician". On the other side, item 2 states "If I had severe mental problems over a considerable period of time, a healer would be able to find the causes better than I". Interpreting the retrieved data, the respondents agree in some mental health cases to access complementary physician/medicine, but did not agree if mental health issues intervened by healers. In other words, complementary medicine has higher positive attitudes than alternative medicine. This statement indicates a knowledge of the difference between complementary and alternative medicine within undergraduate psychology students. This finding is dissimilar to Liem and Rahmawati (2017) that there was a gap in the knowledge of complementary and alternative medicine. The term of 'alternative medicine' has shifted gradually into "complementary medicine". However, there's a lot of factors that could affect the knowledge of CAM. This could be explained by the cultural awareness in the school's curriculum within undergraduate psychology students in Indonesia.

In addition, the attitude of CAM usage towards physical issues are higher rather than the attitude of CAM usage in mental health issues. This statement were based on the general agreement on item 4 ($m=3.14$), which stated that “Some physical disorders can be solved best with the help of a complementary physician”. Even so, the attitudes of complementary medicines are rather higher in the context of physical issues. Item 5 ($m=2.55$) that states “Some physical disorders can be solved best with the help of a healer” have a far lower mean score than item 4 ($m=3.14$), which affiliates complementary practitioner with physical issues. This finding happens to be aligned with the previous analysis that complementary medicine/treatment/practitioner had a rather positive attitude than alternative medicine, including mental health issues.

Sub-scale 2 seeks the acceptance level of CAM by society. In this sub-scale, the items were unfavorable. Unfavorable items indicate a higher acceptance within a low score. In sub-scale 2, it was found that there was no negative social repercussion from using CAM. This indicated that there’s no longer fear of any negative social perceptions for using CAM. The social acceptance could be caused by the increasing level of CAM usage in various of communities in present days. This speculation was supported by Ditte et al. (2011) whereas CAM is now so common that there is no negative social repercussion towards CAM users. In Indonesia, traditional medicines has been a part of local heritage, perhaps the social acceptance over CAM was not only because of the increasing number of CAM usage nowadays, but because it has always been a way of life in Indonesian communities after all.

Sub-scale 3 measures positive attitude towards conventional medical treatment of emotional problems. In results, most of the respondents were in the high score group which indicates a high positive attitude towards conventional medicine. The high positive attitude towards conventional medicine is reasonable, as the respondents study the biomedical health system, and ought to strive in one. Psychology curriculum teach evidence-based knowledge and scientific method (Ditte et al., 2011). Based on the acknowledgement of psychology curriculum and retrieved sub-scale 3 data, Psychology students strongly believed that mental issues will be treated well by doctor/psychologist/psychiatrist. Despite of this believe, the overall attitude towards CAM stays at a moderate level. More than 50% of the participants access CAM but circles around complementary medicine only. With Aromatherapy (31.6%) held the highest percentage, follows with diet and nutrition (15.8%), and herbal medicine (15%). These findings are consistent with the results in sub-scale 1, where the participants have a moderate to positive attitude towards complementary medicine, rather than alternative medicine. Due to an evidence-based methodology, CAM rarely incorporated into the school’s curriculum. The limitation in this study was the majority of respondents that participated still domiciled in DKI Jakarta. Future studies should widen the range of participants to understand a wider and more diverse communities

Conclusion

A moderate attitude towards CAM was seen within Indonesian undergraduate psychology students. A collective agreement over complementary medicine to physical issues were found. Uncertainty of CAM usage for mental health issues emerged in this study, with a moderate to positive attitude towards complementary medicine. The moderate attitudes towards CAM in mental health issues were shown by the respondents agree in some mental health cases to access complementary physician/medicine, but did not agree if mental health issues intervened by healers. Therefore, the ability to differentiates complementary and alternative medicine indicates a knowledge of CAM. There is social acceptance for CAM users even if the participants fully believe in conventional medicine in mental health treatment.

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Appendix

Examples of original items in the QACAM Scale and the translated items

QACAM-1: Sikap positif terhadap CAM [Positive attitude towards CAM]

Beberapa gangguan fisik dapat diselesaikan lebih baik dengan bantuan praktisi kesehatan komplementer (complementary health practitioner). [Some physical disorders can be solved best with the help of a complementary physician.]

Beberapa masalah mental dapat diselesaikan lebih baik dengan bantuan healer/penyembuh/tabib. [Some mental problems can be solved best with the help of a healer.]

QACAM-2: Sikap terkait complementary and alternative medicine [Acceptance of CAM by society]

Orang lain dapat berpikir bahwa saya berkhayal tentang gangguan saya, jika mereka mengetahui saya berkonsultasi dengan healer/penyembuh/tabib. [Others could think that I imagined my disorders, if they learned that I consult a healer.]

Saya khawatir teman-teman saya dapat menarik diri, jika mereka mendengar bahwa saya berkonsultasi dengan praktisi kesehatan komplementer (complementary health practitioner). [I worry that my friends could withdraw, if they heard that I consult a complementary physician.]

QACAM-3: Sikap terhadap intervensi [Positive attitude towards conventional medical treatment of emotional problems]

Jika saya memiliki masalah mental yang parah selama periode waktu yang cukup lama, seorang dokter/psikolog/psikiater akan dapat menemukan penyebab yang lebih baik daripada saya. [If I had severe mental problems over a considerable period of time, a conventional physician would be able to find the causes better than I.]

Saya berasumsi bahwa seorang dokter/psikolog/psikiater telah dilatih untuk berinteraksi dengan benar dan membantu orang-orang yang tertekan secara mental. [I assume that a conventional physician has been trained to interact properly and helpfully with mentally distressed persons.]
