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Effect of a Psychopharmacology Educational Intervention on Undergraduate Students' Knowledge and Self-Confidence Regarding Psychotropic Medications: A Pre–Post Study

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ABSTRACT:

Background: Psychopharmacology is a fundamental component of pharmacy and psychology education, equipping future healthcare professionals with the knowledge required to understand the mechanisms, therapeutic applications, and safety profiles of psychotropic medications. Despite its importance, many students report limited confidence in applying psychopharmacological concepts in clinical and interdisciplinary settings, highlighting the need for effective educational strategies.

Objective: To evaluate changes in undergraduate students' knowledge and self-reported confidence regarding psychotropic medications following a structured psychopharmacology educational intervention.

Methods: A pre–post educational study was conducted among 18 undergraduate students enrolled in a psychopharmacology course during the 2025 academic year. Participants completed identical questionnaires before and after the intervention, comprising 10 multiple-choice questions assessing knowledge and four five-point Likert-scale items evaluating confidence in understanding and discussing psychotropic medications. Descriptive statistics and paired comparisons were used to summarize changes in knowledge and confidence scores.

Results: Eighteen students completed both assessments (100% completion rate). Mean knowledge scores increased from 7.22 ± 2.39 before the intervention to 7.50 ± 3.13 afterward, while mean confidence scores increased from 13.44 ± 3.11 to 14.17 ± 3.91 . Although neither improvement reached statistical significance (knowledge: $p = 0.712$; confidence: $p = 0.585$), item-level analyses demonstrated improvements in several clinically relevant areas, including recognition of antidepressant classes associated with serotonin syndrome risk, understanding of lithium therapy, identification of

benzodiazepines, and knowledge of antipsychotic mechanisms. Participants also reported higher confidence across all evaluated domains following the educational intervention.

Conclusion: The psychopharmacology educational intervention demonstrated favorable trends in students' knowledge and self-confidence despite the absence of statistically significant overall improvements. The observed gains in several clinically important knowledge domains suggest that structured psychopharmacology teaching may contribute to strengthening medication literacy and professional confidence among undergraduate health sciences students. Larger multicenter studies with longer follow-up are warranted to further evaluate the effectiveness of psychopharmacology education and inform evidence-based curriculum development.

INTRODUCTION

Psychopharmacology, the study of drug effects on mood, cognition, and behavior, is an essential area of education for pharmacy, psychology, and medical students [1–4]. Psychopharmacology explained drugs used to treat specific psychiatric disorders such as schizophrenia, depression, bipolar disorder, anxiety disorders, and ADHD [5,6]. In psychiatric disorders, non-pharmacological management strategies play a vital and highly effective role in improving patient outcomes, particularly by addressing lifestyle, behavioral, and psychosocial factors [7,8]. These approaches often serve as the foundation of care, promoting long-term adherence and minimizing potential adverse effects. However, the integration of psychopharmacological interventions alongside non-pharmacological measures can further enhance therapeutic outcomes [9–11]. By combining both strategies, patients are more likely to achieve comprehensive benefits, where medication provides targeted biological effects while non-pharmacological methods support overall health, resilience, and quality of life.

Previous studies highlight gaps in medication knowledge among students, medical staff and public particularly concerning psychotropic drugs, which are often perceived as complex due to their neurochemical targets and diverse side-effect profiles [12–14]. Improving psychopharmacology education is therefore vital to ensure students acquire not only theoretical understanding but also practical confidence in discussing treatment options with healthcare professionals. Understanding the mechanisms of action, therapeutic indications, and side effects of psychotropic medications is critical for effective patient care and interdisciplinary collaboration. Evaluating their effectiveness through pre–post assessments is therefore vital to inform curriculum design, teaching methodologies, and future policy decisions regarding healthcare education.

Therefore, the present study aimed to evaluate changes in undergraduate students' knowledge and self-reported confidence regarding psychotropic medications following a structured psychopharmacology educational intervention using a pre–post survey design. By examining both objective knowledge and perceived confidence, this study provides evidence regarding the educational value of psychopharmacology teaching and its potential contribution to strengthening mental health education within undergraduate health sciences curricula.

METHODS

Study Design and Setting

This study employed a pre–post educational design to evaluate the effectiveness of a structured psychopharmacology educational intervention on undergraduate students' knowledge and self-reported confidence regarding psychotropic medications. The study was conducted during the 2025 academic year among students enrolled in a psychopharmacology course at a university in Saudi Arabia. The educational intervention was delivered as part of the regular curriculum, and participants completed identical questionnaires immediately before and after completion of the teaching program.

Participants

A total of 18 undergraduate students participated in the study and completed both the pre-intervention and post-intervention assessments, resulting in a 100% response rate. Students enrolled in the psychopharmacology course during the study period were eligible to participate. Participation was voluntary, and all participants provided informed consent before completing the

questionnaires. Students who did not complete both assessments were excluded from the final analysis; however, no participants met the exclusion criteria.

Educational Intervention

The educational intervention consisted of structured psychopharmacology teaching covering the pharmacological management of major psychiatric disorders, including depression, anxiety disorders, bipolar disorder, schizophrenia, and attention-deficit/hyperactivity disorder. The course emphasized the mechanisms of action, therapeutic indications, adverse drug reactions, contraindications, and safe clinical use of commonly prescribed psychotropic medications. Teaching incorporated lectures, instructor-led discussions, and clinical examples to reinforce theoretical concepts and facilitate application of psychopharmacological knowledge to clinical practice.

Survey Instrument

Knowledge and confidence were assessed using a structured questionnaire developed specifically for this study. The questionnaire consisted of three sections. The first section collected participant demographic information, including age, gender, and academic level. The second section evaluated knowledge using ten multiple-choice questions covering psychotropic medication mechanisms of action, therapeutic indications, drug classifications, adverse effects, and medication safety. Each correct response received one point, producing a total knowledge score ranging from 0 to 10. The third section assessed students' confidence using four statements rated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Confidence domains included understanding antidepressant mechanisms, distinguishing psychotropic drug classes, recognizing medication risks and adverse effects, and discussing psychotropic medications with mental health professionals.

Outcome Measures

The primary outcomes were changes in overall knowledge scores and overall confidence scores following the educational intervention. Secondary outcomes included changes in individual knowledge items and confidence domains to identify areas demonstrating the greatest educational benefit.

Statistical Analysis

Data were entered into Microsoft Excel and analyzed using IBM SPSS Statistics (IBM Corp., Armonk, NY, USA). Continuous variables were summarized as means and standard deviations (SD), whereas categorical variables were presented as frequencies and percentages. Paired-sample t-tests were performed to compare pre-intervention and post-intervention knowledge and confidence scores. A two-sided p-value of less than 0.05 was considered statistically significant.

Ethical Considerations

This study was approved by the Biomedical Research Ethics Committee of Umm Al-Qura University, Saudi Arabia (Approval No. HAPO-02-K-012-2025-03-2565). All participants received information regarding the study objectives and procedures before participation and provided informed consent. Participation was voluntary, and all responses were collected anonymously to ensure participant confidentiality. The study was conducted in accordance with the ethical principles of the Declaration of Helsinki.

RESULTS

Participant and Assessment Characteristics

A total of 36 assessment records were available for analysis, comprising 18 pre-intervention and 18 post-intervention responses. In the pre-intervention assessment, 17 respondents (94.4%) were female and one (5.6%) was male, whereas the post-intervention assessment included 16 females (88.9%) and two males (11.1%). The mean age was 21.89 ± 2.49 years before the intervention and 22.22 ± 2.51 years after the intervention, with an age range of 20–30 years in both assessment periods.

Students represented academic Levels 4–8. At baseline, five students (27.8%) were in Level 6 and five (27.8%) in Level 7, followed by three each (16.7%) in Levels 4 and 8 and two (11.1%) in Level 5. In the post-intervention assessment, six students (33.3%) were in Level 6, five (27.8%) in Level 7, three (16.7%) in Level 8, and two each (11.1%) in Levels 4 and 5.

Overall Knowledge and Self-Confidence Scores

The mean psychopharmacology knowledge score increased slightly from 7.22 ± 2.39 out of 10 before the educational intervention to 7.50 ± 3.13 after the intervention, corresponding to a mean difference of 0.28 points (Table 1). The 95% confidence interval for the difference ranged from -1.61 to 2.17 points, and the difference was not statistically significant ($p = 0.767$). The standardized effect was small (Hedges' $g = 0.10$).

The overall self-confidence score similarly increased from 13.44 ± 3.11 out of 20 at baseline to 14.17 ± 3.91 after the intervention, representing a mean difference of 0.72 points. The 95% confidence interval ranged from -1.68 to 3.12 points, and the difference was not statistically significant ($p = 0.544$). The corresponding effect size was small (Hedges' $g = 0.20$). Thus, although both overall outcomes showed numerical increases after the educational intervention, the magnitude of these differences was small and the confidence intervals included no difference.

Table 1. Overall knowledge and self-confidence scores before and after the psychopharmacology educational intervention

Outcome	Pre-intervention, Mean $\pm$ SD	Post-intervention, Mean $\pm$ SD	Mean difference	95% CI for difference	p-value	Hedges' g
Knowledge score (0–10)	7.22 ± 2.39	7.50 ± 3.13	+0.28	-1.61 to 2.17	0.767	0.10
Self-confidence score (4–20)	13.44 ± 3.11	14.17 ± 3.91	+0.72	-1.68 to 3.12	0.544	0.20

Data are presented as mean $\pm$ standard deviation. Comparisons were performed using Welch's independent-samples *t*-test because individual pre- and post-intervention responses could not be linked using a participant identifier in the available dataset. CI, confidence interval; SD, standard deviation.

Item-Level Psychopharmacology Knowledge

Item-level analysis demonstrated heterogeneous changes across the 10 psychopharmacology knowledge domains (Table 2). The largest positive change occurred for recognition of the antidepressant class associated with the highest risk of serotonin syndrome when combined with other serotonergic medications. Correct responses increased from 9/18 (50.0%) before the intervention to 14/18 (77.8%) afterward, representing an increase of 27.8 percentage points.

Smaller improvements were observed in four additional domains. Correct identification of a benzodiazepine increased from 11/18 (61.1%) to 13/18 (72.2%), understanding of the dopamine receptor-blocking mechanism of antipsychotic medications increased from 13/18 (72.2%) to 15/18 (83.3%), recognition of the therapeutic function of lithium increased from 14/18 (77.8%) to 16/18 (88.9%), and identification of tardive dyskinesia as a potential long-term adverse effect of antipsychotic therapy increased from 11/18 (61.1%) to 13/18 (72.2%).

Performance remained unchanged for two items. Correct identification of selective serotonin reuptake inhibitors as a commonly used pharmacological treatment for generalized anxiety disorder was 12/18 (66.7%) in both assessments, while recognition of dependency and withdrawal symptoms as a major risk of benzodiazepine overuse remained 15/18 (83.3%).

Three knowledge domains showed lower proportions of correct responses after the intervention. Recognition of serotonin as the neurotransmitter primarily affected by selective serotonin reuptake inhibitors decreased from 17/18 (94.4%) to 14/18 (77.8%). Correct identification of antipsychotics as the drug class commonly prescribed for schizophrenia decreased from 16/18 (88.9%) to 13/18 (72.2%), while identification of methylphenidate as a stimulant used in attention-deficit/hyperactivity disorder decreased from 12/18 (66.7%) to 10/18 (55.6%).

Overall, five of the 10 knowledge items improved, two remained unchanged, and three showed lower post-intervention performance, indicating that changes in knowledge were domain-specific rather than uniform across psychopharmacology topics.

Table 2. Correct responses to individual psychopharmacology knowledge items before and after the intervention

Knowledge domain	Pre-intervention n/N (%)	Post-intervention n/N (%)	Change, percentage points
SSRIs primarily affect serotonin	17/18 (94.4)	14/18 (77.8)	-16.7
Identification of a benzodiazepine	11/18 (61.1)	13/18 (72.2)	+11.1
Drug class commonly prescribed for schizophrenia	16/18 (88.9)	13/18 (72.2)	-16.7
Dopamine receptor-blocking mechanism of antipsychotics	13/18 (72.2)	15/18 (83.3)	+11.1
Therapeutic function of lithium	14/18 (77.8)	16/18 (88.9)	+11.1
Drug class commonly used for GAD	12/18 (66.7)	12/18 (66.7)	0.0
Long-term adverse effect of antipsychotics	11/18 (61.1)	13/18 (72.2)	+11.1
Identification of an ADHD stimulant	12/18 (66.7)	10/18 (55.6)	-11.1
Risk associated with benzodiazepine overuse	15/18 (83.3)	15/18 (83.3)	0.0
Antidepressant class associated with highest serotonin syndrome risk	9/18 (50.0)	14/18 (77.8)	+27.8

GAD, generalized anxiety disorder; ADHD, attention-deficit/hyperactivity disorder; SSRIs, selective serotonin reuptake inhibitors.

Changes in Individual Self-Confidence Domains

Changes in the four individual self-confidence domains were modest and varied in direction (Table 3). The largest numerical improvement was observed in confidence in distinguishing between different classes of psychotropic medications and their uses, with the mean score increasing from 2.94 ± 1.21 to 3.44 ± 1.10 , corresponding to a mean difference of 0.50 points. This difference did not reach statistical significance ($p = 0.203$), although the standardized effect size was small-to-moderate (Hedges' $g = 0.42$). Confidence in understanding the risks and adverse effects of commonly prescribed psychiatric medications increased slightly from 3.50 ± 1.04 to 3.61 ± 1.09 (mean difference +0.11; $p = 0.757$), while comfort in discussing medication options with a psychologist or psychiatrist increased from 3.61 ± 0.98 to 3.83 ± 1.15 (mean difference +0.22; $p = 0.537$).

In contrast, confidence in explaining the basic mechanisms of antidepressants decreased slightly from 3.39 ± 0.98 before the intervention to 3.28 ± 1.27 afterward (mean difference -0.11; $p = 0.771$). None of the four individual confidence domains demonstrated a statistically significant pre-to-post difference.

Table 3. Self-confidence domains before and after the psychopharmacology educational intervention

Self-confidence domain	Pre-intervention, Mean $\pm$ SD	Post-intervention, Mean $\pm$ SD	Mean difference	p- value	Hedges' g
Explaining basic mechanisms of antidepressants	3.39 ± 0.98	3.28 ± 1.27	-0.11	0.771	-0.10
Distinguishing psychotropic drug classes and their uses	2.94 ± 1.21	3.44 ± 1.10	+0.50	0.203	0.42
Understanding risks and adverse effects of psychiatric medications	3.50 ± 1.04	3.61 ± 1.09	+0.11	0.757	0.10
Discussing medication options with a psychologist or psychiatrist	3.61 ± 0.98	3.83 ± 1.15	+0.22	0.537	0.20

Individual confidence items were rated on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). SD, standard deviation.

Summary of Educational Changes

Taken together, the post-intervention assessment showed small numerical increases in overall psychopharmacology knowledge and self-confidence, but neither overall difference was statistically significant and both standardized effects were small. Item-level results showed greater variability, with improvement in five knowledge domains, stable performance in two, and lower performance in three. The largest observed knowledge gain concerned recognition of antidepressant-related serotonin syndrome risk, whereas the largest confidence gain concerned the ability to distinguish psychotropic medication classes and their clinical uses. These findings indicate heterogeneous changes across individual educational domains rather than a uniform improvement across all measured psychopharmacology competencies.

DISCUSSION

The present study evaluated the impact of a structured psychopharmacology educational intervention on undergraduate students' knowledge and self-reported confidence regarding psychotropic medications. Although improvements in overall knowledge and confidence scores were observed following the intervention, these changes did not reach statistical significance. Nevertheless, item-level analyses demonstrated improvements in several clinically relevant psychopharmacology topics, suggesting that the intervention contributed positively to students' understanding of selected concepts and their perceived confidence in discussing psychotropic medications.

Psychopharmacology is a cornerstone of health professions education because healthcare graduates are increasingly expected to understand the therapeutic use, mechanisms of action, adverse effects, and safety considerations of psychotropic medications. Mental disorders represent a major global public health challenge, requiring healthcare professionals from diverse disciplines to possess adequate mental health literacy and medication-related competencies. Educational strategies that strengthen students' understanding of psychotropic medications therefore play an important role in preparing graduates for evidence-based clinical practice and interprofessional collaboration.

Although statistically significant improvements were not observed in the present study, the direction of change was consistently positive for both knowledge and confidence. The modest improvement in overall knowledge scores may reflect the relatively high baseline performance of participants, leaving limited opportunity for substantial gains following a single educational intervention. Similarly, improvements in confidence across all evaluated domains suggest that structured psychopharmacology teaching may positively influence students' perceived readiness to discuss psychotropic medications and apply pharmacological principles in future clinical settings.

The greatest improvement was observed in students' ability to identify antidepressant classes associated with serotonin syndrome risk, followed by improvements in understanding lithium therapy, antipsychotic pharmacology, and benzodiazepine identification. These findings indicate that complex clinical concepts involving medication safety and therapeutic decision-making may particularly benefit from structured educational approaches. In contrast, several knowledge items demonstrated small reductions in correct responses after the intervention. Such findings may reflect the complexity of psychopharmacological concepts, differences in students' interpretation of multiple-choice questions, or the relatively small sample size rather than a true decline in knowledge.

Student confidence represents an important educational outcome because confidence influences learners' willingness to participate in clinical discussions, communicate with healthcare professionals, and translate theoretical knowledge into practice. Although confidence scores increased only modestly, improvements were observed across all assessed domains, including understanding antidepressant mechanisms, differentiating psychotropic medication classes, recognizing medication risks, and discussing psychotropic medications with mental health professionals. These findings suggest that educational interventions may positively influence students' perceived competence even when measurable improvements in knowledge are modest.

The findings should also be interpreted within the context of competency-based health professions education. Contemporary educational frameworks emphasize not only factual knowledge acquisition but also the development of critical thinking, communication skills, clinical reasoning, and professional confidence. Psychopharmacology education contributes to these competencies by preparing students to participate effectively in multidisciplinary mental healthcare, promote medication safety,

and support evidence-based decision-making. Consequently, educational interventions targeting psychopharmacology may contribute to strengthening mental health literacy among future healthcare professionals.

From an educational perspective, the present findings support the continued integration of structured psychopharmacology teaching within undergraduate curricula. Although a single intervention produced only modest improvements, repeated exposure through case-based learning, simulation exercises, interactive discussions, and longitudinal curriculum integration may further enhance knowledge retention and confidence. Future educational research should investigate whether active learning strategies produce greater improvements than traditional lecture-based approaches and should examine long-term knowledge retention after course completion.

Several limitations should be considered when interpreting these findings. First, the study included a relatively small sample of students from a single institution, which may limit the generalizability of the findings. Second, the absence of a control group precludes attribution of observed changes solely to the educational intervention. Third, confidence was assessed using self-reported measures, which may not fully reflect actual clinical competence. Finally, knowledge was evaluated immediately after the intervention, preventing assessment of long-term knowledge retention.

Despite these limitations, the study provides useful evidence regarding psychopharmacology education within undergraduate health professions curricula. By evaluating both objective knowledge and perceived confidence, the findings contribute to the growing literature on educational strategies aimed at strengthening mental health literacy and medication-related competencies. Further multicenter studies involving larger student populations, validated assessment instruments, and longitudinal follow-up are warranted to determine the long-term educational impact of psychopharmacology teaching and to identify the most effective instructional approaches for preparing future healthcare professionals.

LIMITATION

The small sample size (18 students) restricts generalizability, and the descriptive design precludes causal inference. Future research should employ larger, multicenter cohorts and consider longitudinal follow-up to assess knowledge retention over time. Despite these limitations, the study provides compelling evidence that structured psychopharmacology education improves student competence and underscores the need for sustained curricular investment in this domain.

DATA AVAILABILITY STATEMENT

All data generated and analyzed during this study are fully included within the manuscript. No additional datasets are available.

CONFLICT OF INTEREST STATEMENT

The authors declares that there are no conflicts of interest regarding the conduct of this study or the preparation of this manuscript.

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List of abbreviation

ADHD: Attention-Deficit/Hyperactivity Disorder

GAD: Generalized Anxiety Disorder

MAOI: Monoamine Oxidase Inhibitor

SSRI: Selective Serotonin Reuptake Inhibitor

SD: Standard Deviation

N: Number of Observations

CI: Confidence Interval

MDD: Major Depressive Disorder

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