

Depression amongst medical students

Depresja wśród studentów medycyny

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Abstract

For two decades the information concerning the state of mental health and particularly depression among medical students has been more and more alarming. Research shows that one quarter of medical students in USA suffer symptoms of mental disorder. The students are under significant training stress which can cause subjective distress and influence physical health. According to some data the number of the depressive disorders among the medical students is doubled compared to general population. The prevalence of the depressive disorders increases over the course of the medical school. Furthermore, although medical students are taught to view mental health disorders in a manner similar to any other disease, depressed students tend to associate a significant stigma with depression when it comes to coping with their own personal mental health issues. They also underestimated the risk of depression among their population. For those reasons despite the availability of effective medications and confidential mental health services, medical students with depression remain undiagnosed and undertreated. The increased prevalence of depression among medical students and the under diagnosis of the disorder in this population has many important consequences that extend beyond the individual student. This paper examines the prevalence of depression amongst medical students, some of the reasons and consequences of their decreased treatment and proposed solutions to help alleviate this burden.

Keywords: medical students, depression, under treatment, under diagnosis, stigma

Streszczenie

W ciągu ostatnich dwóch dziesiętków lat pojawiło się szereg informacji dotyczących zdrowia psychicznego a szczególnie objawów depresji wśród studentów medycyny. Wyniki badań wskazują na to, że jedna czwarta studentów medycyny w USA wykazuje objawy zaburzeń psychicznych. Należy także podkreślić, że studenci ci przeżywają studia a szczególnie różnorodne formy ewaluacji jako sytuację stresową, która może oddziaływać na stan psychiczny i zdrowie fizyczne. Niektóre dane wskazują, że zaburzenia depresyjne wśród studentów medycyny są dwukrotnie częstsze niż w ogólnej populacji, zaś ich rozpowszechnienie wzrasta w czasie studiów. Mimo, że studenci medycyny są uczeni traktowania zaburzeń psychicznych podobnie jak zaburzeń somatycznych, nie chroni to studentów depresyjnych przed obawą przed stygmatyzacją i ewentualnym negatywnym wpływem tego rozpoznania na ich obecne osiągnięcia na uczelni a także ich przyszłość zawodową. Studenci medycyny niedoszacowują rozpowszechnienia zaburzeń depresyjnych we własnej populacji, stąd mimo dostępności skutecznych form leczenia studenci medycyny z zaburzeniami depresyjnymi są w znacznym stopniu niediagnozowani i w związku z tym nieleczeni. Konsekwencje zwiększonego występowania zaburzeń depresyjnych wśród studentów medycyny i nieprawidłowości w zakresie diagnostyki i leczenia mają wiele istotnych konsekwencji w wymiarze także społecznym. W niniejszej publikacji omawiane jest rozpowszechnienie zaburzeń depresyjnych wśród studentów medycyny, przyczyny, konsekwencje niedostatecznego leczenia a także możliwości poprawy sytuacji w tym zakresie.

Słowa kluczowe: studenci medycyny, depresja, stygmatyzacja

For two decades the information concerning the state of mental health and particularly depression among medical students has been more and more alarming.

Research shows that one quarter of medical students in USA suffer symptoms of mental disorder [1].

Researchers who surveyed first and second year medical students at the University of California, San Francisco (UCSF), found that about one in four students was depressed [2]. Study conducted among 7357 students of medical schools in South Korea revealed 9.4% of students

suffering from depression [3]. Among Swedish students the prevalence of symptoms of depression was 12.9%. [4] Studies have suggested that although the rate of depression among students entering medical school is similar to that among other people of similar ages, the prevalence increases over the course of medical school [5]. Moreover, a large scale study which compared the prevalence of depression amongst 2000 medical students against the general population found that 21.2 percent of medical students suffer from depression, compared with the less

than 10 percent commonly reported for the general population [6]. According to the National Institute of Mental Health, approximately 6.7% of the adult U.S. population is affected by depression [7].

Comparative study of Swedish and Argentinian medical students showed that female students of both nationalities had more depressive symptoms than male students, and also Argentinian male medical students have higher scores in depressive symptoms than Swedish [8]. Another survey conducted on Swedish students revealed occurrence of depressive symptoms in 16.1% among female students versus 8.1% among males [4]. It is congruent with previous surveys [9], [10].

What are the reasons of the increase in occurrence of depression among medical students?

Little data exists on the causes of more commonly occurring depression among medical students. Compton and others [11] report that students experience depressive symptoms especially around the time of transition to clinical rotations. Students of medicine at the University of Massachusetts showed increased stress and depression rates in Years 2 and 4, and Thai students were found to be most stressed in Year 3 [12].

With the apparent frequency of depression amongst medical students, why does this condition commonly go undiagnosed and undertreated in this population?

Despite the availability of effective medications and confidential mental health services, medical students with depression remain undertreated. In the survey by Givens and co. [13] twenty-four percent ($n = 46$) of the medical students were depressed by BDI criteria. Of the depressed students, only 22% ($n = 10$) were using mental health counseling services. The most frequently cited barriers to using these services were lack of time (48%), lack of confidentiality (37%), stigma associated with using mental health services (30%), cost (28%), fear of documentation on academic record (24%), and fear of unwanted intervention (26%).

In a study conducted at the University of Pennsylvania, researchers found that of an estimated 450 student participants, forty-nine students were classified as depressed, yet only 13 of the depressed students reported treatment [14]. Another study reports that among examined students 9.4% (689) performed symptoms of depression, from which only 8.9% (61 persons) had been diagnosed with depression and 9.7% had been treated for depression. Among these students significant factor which influenced the decisions to seek for treatment was knowledge about etiology of depression and clinical psychiatry [3]. Those results have been confirmed in another study [1]. The other study reports that majority of medical students overestimated the risk of depression in general population but also majority of the same group of students underestimated the risk of depression among medical students. Therefore, despite their greater risk, students did not perceive themselves to be at higher risk than the general population. This finding replicates re-

sults found in the literature on perceived invulnerability that indicates individuals generally perceive themselves to be at less risk than others [15].

One of the primary reasons for this decreased treatment is that depressed medical students generally attach a higher degree of stigma to having a mental illness than those who are not depressed. According to Dr. Thomas L. Schwenk, a Medical Professor at the University of Michigan, "students who are depressed feel highly stigmatized by their fellow students and faculty members. Medical students are under extraordinary demands. They feel they are making life and death decisions and that they can never be wrong. There is such tremendous pressure to be perfect that any sense of falling short makes them very anxious" [16]. The high associated stigma contributes to the likelihood that medical students will not seek out treatment for depression because they are concerned about perceptions that would limit future options. The survey on medical students at the University of New Mexico [1] showed that "almost all (95%) indicated that they had a need for health care during medical school". A majority of students (55%) also revealed that they had not sought necessary care. Among these students 18% felt that their careers might be threatened if they had symptoms of depression during medical school. Many students preferred to receive care outside their training institution especially when involving stigmatizing health conditions. Worries about confidentiality were the factor for 70% of students who expressed this preference. Ominously most students were unwilling to inform their medical school leadership of a peer suffering from suicidal depression (81%) in hypothetical cases [1].

Students worry that revealing their depression will make them less competitive for residency training positions or compromise their education [13]. For example, state medical boards ask about significant medical conditions, including psychiatric illnesses, when certifying physicians. Candidates for medical licensure are expected to disclose the diagnosis of, or treatment for, any disorder that might impair their ability to practice. These circumstances can easily deter students from seeking the professional assistance they may need. Furthermore, for those who do intend to seek help, there are more obstacles. With a sense that peers, faculty members and others are likely to judge distressed students as less competent, it may be nearly impossible for medical students to find a "safe" place to turn. While medical students are definitively closer in proximity to health-care facilities and professionals, and often have extended health coverage through their universities, they do not always make the time to take care of their own health. Is mental health realistically a concern students can focus on when they are persistently in the middle of the toughest exams of their lives? An exacerbating circumstance to the problem is that once a student becomes part of the medical system, it becomes difficult to seek help from it. As now, every physician, psychiatrist, and student peer is or could

be a future colleague. With these circumstances, a large proportion of medical students are undertreated for their depression and the implications of their persisting depression can lead to a cascade of consequences at both a personal and professional level.

An early manifestation of depression more specific to medical students is a decline in academic performance. A study conducted by Dr. Roh, et al. found that the chances of having a poor grade point average (GPA) was 1.8 times higher for students who were depressed during the previous year than for non-depressed students [17]. This decline in academic performance may further exacerbate students' feelings of depression or worthlessness and lead to more serious consequences such as substance abuse or suicidal ideation. With these compounding repercussions, it is evident that depression amongst medical students can not only wear away on a students' sense of empathy but can also have far reaching effects that detrimentally influence the individual, their medical peers and abilities to compassionately and skillfully treat their patients.

With the growing recognition of prevalence and impacts of depression faced by medical students there are some Universities that are taking steps to improve the health and well being of their students. Many medical schools are looking for new ways to teach students to monitor their own health and to persuade them to seek help when they need it. At Harvard University, a group of faculty members and students are developing workshops for first- and second-year students to teach "mindfulness" and self-renewal skills [18]. Administrators at Duke University, initially discouraged by a low turnout for mental health education programs, have decided to present a wellness program focused on enhancing performance. It will include ways to improve eating habits, sleep patterns, hygiene, stress reduction, and mood regulation [18]. At UCSF, psychiatrists and psychologists with the medical school's student well-being program lead support groups and hold "stress rounds" in which students on clinical rotations can share their experiences and emotional responses. Students are entitled to 10 free counseling sessions a year. The school also conducts an annual survey to assess the mental health of each class [18].

To reduce the alarming reported rates of depression and suicidal ideation among medical students, the University of Hawaii, John A. Burns School of Medicine implemented the following interventions: increased individual counseling for students, faculty education, and a specialized curriculum including lectures and a student handbook. Although counseling had always been available, a new emphasis was placed on facilitating an anonymous process and providing several options, including volunteer psychiatrists not involved in student education [19].

The goal of many of these programs is to provide a more humane environment in which students will feel more open in sharing their vulnerabilities.

As is generally true in medicine, it is easier to identify and define a problem than to come up with a viable and practical solution. With the serious implications of depression amongst medical students it is important for medical universities and hospitals to be aware of burnout, depression, and suicidal ideation in medical students and to make available the mental-health services needed to help with these problems. Furthermore, it is becoming increasingly apparent of the need to implement educational standards that encourage students to take initiative in their personal health and well-being. Unfortunately, in the current climate medical students with clinical depression are no better than the general population in seeking mental-health services. Medical schools should be urged to create an atmosphere in which it is understood that there is no shame in seeking help. These measures will reassure students that there does not need to be a stigma attached to their mental health issues and will create an environment that fosters the openness and acceptance of all students.

Piśmiennictwo

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