Depression, Stigma, and suicidal ideation in Medical Students

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Abstract: Context There is a concerning prevalence of depression and suicidal ideation among medical students, a group that may experience poor mental health care due to stigmatization. Objective To characterize the perceptions of depressed and nondepressed medical students regarding stigma associated with depression. Design, Setting, and Participants Cross-sectional Web-based survey conducted in September-November 2009 among all students enrolled at the University of Michigan Medical School (N=&69). Main Outcome Measures Prevalence of self-reported moderate to severe depression and suicidal ideation and the association of stigma perceptions with clinical and demographic variables. Results Survey response rate was 65.7% (505 of 769). Prevalence of moderate to severe depression was 14.3% (95% confidence interval [CI], 11.3%-17.3%). Women were more likely than men to have moderate to severe depression (18.0% vs 9.0%; 95% CI for difference, -1.8% to -3.1%; P=.001). Third- and fourth-year students were more likely than first- and second-year students to report suicidal ideation (7.9% vs 1.4%; 95% CI for difference, 2.7%-10.3%; P=.001). Students with moderate to severe depression, compared with no to minimal depression, more frequently agreed that “if I were depressed, fellow medical students would respect my opinions less” (56.0% vs 23.7%; 95% CI for difference, 17.3%-47.3%; P<.001), and that faculty members would view them as being unable to handle their responsibilities (83.1% vs 55.1%; 95% CI for difference, 16.1% - 39.8%; P<.001). Men agreed more commonly than women that depressed students could endanger patients (36.3% vs 20.1%; 95% CI for difference, 6.1%-26.3%; P=.002). First- and second-year students more frequently agreed than third- and fourth-year students that seeking help for depression would make them feel less intelligent (34.1% vs 22.9%; 95% CI for difference, 2.3%-20.1%; P<.01).

Conclusions Depressed medical students more frequently endorsed several depression stigma attitudes than nondepressed students. Stigma perceptions also differed by sex and class year.

Strengths:

- Extension of previous work
- Adequately powered
- Good response rate to survey
- Used validated tool for depression vs non-depression
- New tool regarding stigma on Likert scale based on literature review and input from focus-groups

Weaknesses:

- One centre
- Possible response bias
- May have been ongoing concerns re confidentiality despite attempts to allay
- Could differences in views on stigma in depressed patients reflect cognitive changes? Would have been interesting to have further testing.

Applicability to Palliative Care:

It is important for all of us to contribute to fostering a healthy culture to support colleagues who may be suffering from depression (or other mental illness) and to set a good example for those in training. In Palliative Medicine, a heightened awareness to risks of compassion fatigue and burnout, which may lead to depression, is essential as well.