

Depression, Stigma, and suicidal ideation in Medical Students

Prepared by: Sarah Burton-MacLeod, March 25, 2015

Reference: Schwenk, TL, Davis L, Wimsatt LA. (2010) JAMA Sept 15. Vol 304 (11) 1181-1190.

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.