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# PSYCHIARTIC MORBIDITY AND ATTITUDE TOWARDS SEEKING PROFESSIONAL **HELP IN MEDICAL STUDENTS**

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### **ABSTRACT**

Objective: The aim of the present study was to explore the prevalence of depression, anxiety, and stress in medical students and their attitude towards seeking professional psychological help (ATSPPH). *Study Design:* Cross sectional study.

Place and Duration of Study: Data was collected from five medical universities of Pakistan, from Oct 2017 to Feb 2018.

Material and Methods: A total of 273 medical students participated in the study. The age range of the participants lied between 18 to 28 years. Depression Anxiety and Stress Scale (DASS-21), Attitude towards Seeking Professional Psychological Help Scale (ATSPPH-S) and demographic questionnaire were administered on the participants.

Results: Results were analyzed and high prevalence of depression, anxiety and stress was found (59%, 74.9%, and 52.5% respectively). Further, it was found that positive attitude towards seeking professional help was associated with less prevalence of psychological symptoms while high for those who holds negative attitude towards the need for help.

Conclusion: It can be concluded that psychological problems are a prevalent issue in the medical students. Demanding and challenging nature of their academic and professional responsibilities impacts their well-being. There is dire need of paradigm shift in the attitude towards the stigma attached to mental illness and provision of professional help if required in order to improve the overall mental health and well-being of medical students.

Keywords: Anxiety, Depression, Help seeking attitude, Stress.

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### **INTRODUCTION**

Mental health is regarded as an integral component of health by the World Health Organization (WHO). According to WHO, there is no health without mental health. In terms of global burden of disease, almost 14% of it has been attributed to psychological disorders, out of which the most prevalent is impairing effect of prolonged depression and other neuropsychiatric disorders1.

Mental disorders and need for help is stigmatized in Pakistani culture. It is influenced by both the social and cultural factors<sup>2</sup>. Research shows that the major proportion of the individuals who need psychiatric services and can be benefited from it do not take it due to a

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number of reasons3. One of the major hindrance in visiting a mental health professional or to initiate a psychological treatment is the stigma attached to it4.

Due to the general perception of the society towards seeking professional psychological help and the growing prevalence of mental disorders has diverted the attention of scientific world towards the issue. Research has shown that people are now more inclined towards seeking professional help but still there are a significant number of those who do not seek help despite of having mental issues<sup>5</sup>.

Depression, Anxiety, and Stress are few of the most common mental health issues which exists among the people without them even knowing it. According to the American Psychological Association (APA) anxiety and stress are characterized by feelings of tension, worried thoughts, and physical changes like increased

blood pressure. In which anxiety is more related to muscle tension, physiological arousal, and situational aspects, whereas stress is more related to the inability to feel relax/calm, irritability, and impatience. Depressed is a person who experiences low mood, loss of interest/pleasure, low self-esteem, disturbance in sleep and appetite, feelings of guilt, and disturbed attention/concentration<sup>6</sup>.

Medical studies are considered one of the toughest academic degree where the students are exposed to constant academic and psychological stressors7. This five-year long degree demands the students to acquire the professional knowledge, skill, and attitudes to be prepared for this challenging profession and serve the community and the overall humanity. However, considering the demanding and challenging nature of this profession, student's physical and mental health might be at risk making them prone to mental health issues8. There is immense literature which suggests that medical students may develop psychological disorders out of which depression, anxiety, and stress are most frequently reported9. The competitive nature of getting in to the medical college, post graduate trainings and the finding the job opportunities were found to be among the stressors for mental health issues10. Further, in the literature, an investigation being done on physicians found that they have higher prevalence of suicidal rate than the general population<sup>11</sup>.

Considering the vulnerability of medical students for psychological illnesses and high need of their services in our country, steps should be taken in order to improve the health seeking behaviors of young adults, awareness regarding mental health issues, reducing stigma attached to these issues and improve the self-reliance of individuals<sup>5</sup>. The present study was designed to explore the psychiatric morbidity in medical students. The characteristic feature of this study is that the ATSPPH in the health professional was not explored before in Pakistan. So, this study can serve as a baseline on which that future intervention based studies can be designed.

## **MATERIAL AND METHODS**

This cross sectional study was conducted at five medical universities of Pakistan which included two government institutions, two private institutions, and one semi-government institution. The sample size was calculated using g-power calculator which turned out to be minimum 89 but considering the past literature, 300 students were approached using non-probability convenient sampling, 27 questionnaires were discarded because they partially filled. A total of 273 students participated in the main study out of which 86 were males while 192 were females. The age range of the participants lied between 18 to 28 years.

Three assessment measures were administered on the participants which included Depression Anxiety and Stress Scale (DASS-21), Attitude towards Seeking Professional Psychological Help Scale (ATSPPH-S) and demographic questionnaire.

The Depression Anxiety and Stress Scale is a 21 item, four point likert scale having three subscales designed to measure the emotional states of depression, anxiety, and stress. Each of these three subscales consisted of 7 items each. The subscale of depression assesses hopelessness, dysphoria, lack of interest, worthlessness, anhedonia and inertia. Anxiety subscale assesses autonomic arousal, anxious arousal etc. while stress subscale measures difficulty in relaxing, nervous arousal, agitation etc.

Second questionnaire is the 10-item attitude towards seeking professional psychological help scale 12 which was used to measure general attitude of individuals for mental health issues. Items are rated on a 4-point Likert-type scale (where 3 indicates Agree and 0 indicates Disagree). Five of the ten items are reverse scored that is 2, 4, 8, 9, and 10. Scores are then summed up, with higher scores indicating more positive attitudes toward seeking professional help.

Demographic questionnaire was developed according to the requirements of this research. The information focused on the participant's age,

education, questions related to education system, birth order, family system, general home atmosphere and history of drug use.

The study is ethically sound and ethical approval was sought from the concerned facility. For the intention of data collection, different medical universities were approached and data was collected after taking written consent for the participants. Incomplete forms were discarded

Table-I illustrates the distribution of frequency and percentages of the participants among the categories of depression, anxiety, and stress. It was found that majority of the participants were in normal category. A good number of people fall in to mild and moderate category however, 7.1% fall in to the severe category for depression, 16.5% for anxiety, and 15.8% for stress. In the same way, 11.5% fall in to the category of extremely severe for depression,

Table-I: Frequency and percentage of level of depression, anxiety, and stress in medical students (n=278).

	Depression	Anxiety	Stress	
	f (%)	f (%)	f (%)	
Normal	114 (41)	70 (25.1)	132 (47.4)	
Mild	38 (13.6)	46 (16.5)	48 (17.3)	
Moderate	74 (27.3)	40 (14.3)	40 (14.3)	
Severe	20 (7.1)	46 (16.5)	44 (15.8)	
Extremely Severe	32 (11.5)	76 (29.4)	14 (5)	

Note: f=frequency of the participants, %= corresponding percentage.

Table-II: Intercorrelations, means and standard deviations.

S. No	Variable	1	2	3	4	M	SD
1	Depression	-	0.75**	0.76**	-0.22*	6.52	5.05
2	Anxiety		-	0.79**	-0.23**	6.93	4.65
3	Stress			-	-0.27**	8.15	4.92
4	Psychological help				-	16.60	5.50

Note: Psychological help = Attitude towards seeking psychological help, M = Mean, SD = Standard Deviation. \*p<0.05. \*\*p<0.01.

Table-III: Mean, standard deviation, t-values of males and females on depression, anxiety, and stress (n=273).

Variables	Males (n=89)		Females (n=192)				95% C1		Cohom/o d
	M	SD	M	SD	t	<i>p-</i> value	LL	UL	Cohen's d
Depression	5.19	4.05	6.82	5.23	-2.78	0.006	-2.88	-0.47	0.35
Anxiety	6.41	4.30	7.17	4.80	-1.23	0.216	-1.94	0.44	0.18
Stress	7.51	4.72	8.44	5.00	-1.45	0.15	-2.18	0.33	0.19

and other forms were analyzed using statistical packages of social sciences in which descriptive analysis and correlation was performed and results are reported.

#### **RESULTS**

Total of 273 students were included in the main study for analysis. Out of which 30.9% were males and 69.1% were females. Mean age of male participants was 25.4 years (SD=1.99) while that of female participants was 23.4 years (SD=2.54).

29.4% for anxiety, and 5% for stress. It can be concluded that anxiety was found to be relevantly higher in severe and extremely severe categories.

Table-II suggests that there is a strong, significant, positive correlation among depression, anxiety, and stress ( $p \le 0.01$ ) which infers that depression, anxiety, and stress are strongly associated with one another such that increase in one variable results in the increase of the other. Further, there is a weak but significant, negative

correlation of attitude towards seeking psychological help with depression, anxiety, and stress which indicates that individuals having positive attitude towards seeking professional help appeared to have lower scores on depression, anxiety, and stress however, on the other hand, those who are negative attitude towards psychological help seeking turned out to have higher levels of depression, anxiety and stress.

Table-III suggests that female students have significantly higher scores on depression as compared to male students. However, male and female students did not differ significantly on anxiety and stress.

#### **DISCUSSION**

Depression, anxiety, and stress in medical students was not limited to Pakistan. It was a world-wide issue which continues even after amendments in medical trainings<sup>13</sup>. The present study identified the prevalence of depression, anxiety, and stress in medical students. In addition to it, considering medical students are health professional their attitude towards seeking professional psychological help for their own mental health issues was explored. It was observed that there is high prevalence of depression, anxiety, and stress in medical students of Pakistan. It is a general observation that medical students have to survive studious pressure and long consecutive hours trainings. It is necessary in a way that they have to fulfil the demands of their professional and master the depth and breadth of the diverse nature of their profession<sup>10</sup>. On the other hand, it can adversely impact their physical health and well-being. The point of concern here is that if the well-being of health care providers is ignored for long, it can adversely influence their service provision along with their personal life.

It was found that 41%, 25.1%, and 47.4% of the participants were in the normal category for depression, anxiety, and stress respectively, depicting that they do not suffer from psychological issues. However, it was observed that only 25.1% reported not to experience anxiety which depicts that remaining 74.9% reported to experience at least some degree of anxiety making it one of the major psychological issue in medical students. The results were consistent with the previous literature representing anxiety to be the most prevalent issue in medical students. Mayer et al (2016) identified the prevalence of state-anxiety to be 81.7% and trait-anxiety to be 85.6% in medical students.

Similarly, 41% reported not to experience depression illustrating the prevalence of depressive symptoms to 59%. The prevalence of depressive symptoms varies in literature however; those were found to be comparable to be the present statistics i.e. 41%<sup>14</sup>. The prevalence of stress turned out to be 52.6% and similar statistics were found in the literature. A study conducted in Saudi Arabia also found high prevalence of depression, anxiety, and stress i.e. 43%, 63%, and 41%, respectively<sup>8</sup>.

Moreover, the general attitude of individuals towards the need for help is associated with psychological symptoms. Consistent with the literature, the prevalence of depression, anxiety, and stress is less in those who holds positive attitude towards seeking professional help however, high among those who have negative attitude towards seeking professional help<sup>15</sup>.

## **CONCLUSION**

It can be concluded that psychological problems are a prevalent issue in the medical students. Demanding and challenging nature of their academic and professional responsibilities impacts their well-being. There is dire need of paradigm shift in the attitude towards the stigma attached to mental illness and provision of professional help if required in order to improve the overall mental health and well-being of medical students.

## **CONFLICT OF INTEREST**

This study has no conflict of interest to declare by any author.

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