Anxiety and Depression Among Graduate Students: Perceived Access to Care and Attitudes Toward Seeking Help

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Introduction

- Due to the challenges associated with medical training research suggests that medical students may experience elevated rates of depression, anxiety, burnout, and substance abuse (Puthran, 2016; Rotenstein, 2016; Vos, 2016).
- One recent meta-analysis showed that depression affects approximately one third of medical students worldwide (Rotenstein, 2016).
- According to the National Comorbidity Survey, 31.2% of US adults will experience an anxiety disorder at some point in their lives and 16.9% will experience major depressive disorder (Harvard Medical School, 2007).
- Studies involving medical students and veterinary students suggest that individuals in distress may not seek professional help, even when mental health services are presumably available (Dyrbye, 2015; Karaffa, 2019).
- Past research has demonstrated several factors that may contribute to individuals not seeking care, including not recognizing one's symptoms, lack of knowledge about available services, financial constraints, negative attitudes toward mental health services, and mental health stigma (Britt, 2008; Moir, 2018).
- Several studies have also indicated that stigma may be a barrier specific to seeking mental health care among medical students (Chew-Graham, 2003).

Given the demands of their training and profession, medical students may be concerned that seeking professional mental health care could be perceived as a sign of personal weakness (Winter, 2017). The research cited above demonstrates the urgent need to understand the prevalence of mental health problems and barriers to treatment in this population that is at apparent risk.

Purpose

Given high rates of mental health concerns among medical students, the main objective of this study include:

1. To compare the prevalence of anxiety and depression symptoms among medical students and non-medical graduate students.
2. To explore their perceived access to and willingness to seek mental health services.
3. To understand whether or not there are factors, such as stigma, that are barriers to seeking professional mental health care specific to medical students.

To our knowledge, few studies have compared attitudes concerning seeking mental health care and perceived stigma among medical and non-medical students. Participants in this study all attend the same university and presumably have the same actual access to mental health services.

Method

After giving consent all participants will complete the following measures:

1. General Anxiety Disorder-7 (GAD-7).
2. Patient Health Questionnaire-9 (PHQ-9) excluding question 9 pertaining to suicidal ideation.
3. One question assessing previous diagnoses with an anxiety disorder.
4. One question assessing previous diagnoses with a depressive disorder.
5. Perceived Stigma and Barriers to Care for Psychological Problems Scale.
6. Self-Stigma of Seeking Help Scale (SSOSH).
7. Mental Help Seeking Attitudes Scale (MHSAS).
8. Demographic information.

Potential study participants will be recruited via word of mouth, email, and posters advertising the study. Currently, our survey has 67 responses.

Preliminary Results

Table 1. Demographic data, GAD7 score, PHQ-8 score, anxiety diagnoses, depression diagnoses, and stigma score stratified by school

	0	1	p-value
n	23	44	
Age (mean (SD))	26.00 (2.99)	25.30 (1.81)	0.246
Gender (%)			0.454
Female	20 (87.0)	31 (70.5)	
Male	3 (13.0)	11 (25.0)	
Prefer not to say	0 (0.0)	1 (2.3)	
Prefer to self-describe:	0 (0.0)	1 (2.3)	
Race (%)			0.272
	1 (4.3)	1 (2.3)	
Asian	1 (4.3)	8 (18.2)	
Black or African American	1 (4.3)	2 (4.5)	
Something else:	4 (17.4)	2 (4.5)	
White	16 (69.6)	31 (70.5)	
PHQ8Total (mean (SD))	8.39 (7.10)	5.48 (4.26)	0.040
GAD7Total (mean (SD))	11.26 (6.84)	5.48 (3.96)	<0.001
GAD7Positve (mean (SD))	0.52 (0.51)	0.16 (0.37)	0.001
Anxiety_Dx = Yes (%)	16 (76.2)	16 (37.2)	0.008
Depression_Dx = Yes (%)	7 (35.0)	14 (33.3)	1.000

0 = non-medical graduate students, 1= medical school students
Significance presumed if p <0.05, and high significance presumed if p <0.001

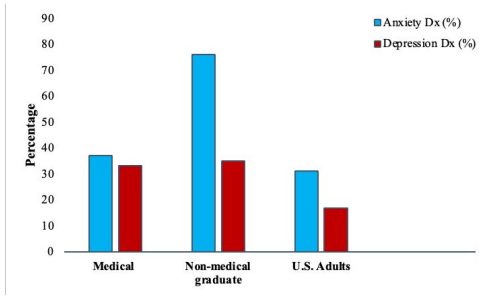

Figure 2. Percentage of participants with a previous diagnosis of anxiety or depressive disorder stratified by school as compared to average U.S. adults.

Fisher's exact test was used to determine if there was a significant association between school and previous diagnosis with an anxiety or depressive disorder. There was a statistically significant association between school and anxiety diagnosis (p = 0.008) with a greater percentage of non-medical graduate students reporting previous diagnosis with an anxiety disorder. There was no statistically significant association between school and previous diagnosis with a depressive disorder (p = 1.000).

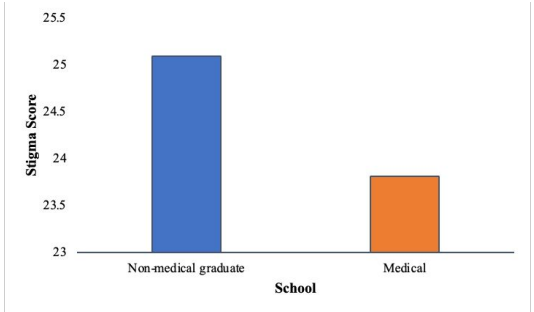

Figure 2. Average Perceived Stigma and Barriers to Care for Psychological Problems Scale ('Stigma Score') scores stratified by school. Welch Two Sample t-test demonstrated significantly higher scores among non-medical graduate students (t = 31.992, df = 64.808, p-value <0.001).

Discussion

- Overall, medical students and non-medical graduate students reported higher rates of anxiety and depression diagnoses than the general population.
- Medical students scored lower on the GAD-7 and PHQ-8 as compared to non-medical graduate students and were less likely to screen positive for anxiety (GAD-7 score >10) than non-medical graduate students.
- There was no significant difference in likelihood of a previous diagnosis of depression between the groups.
- Medical students were less likely to have been diagnosed with an anxiety disorder in the past as compared to non-medical graduate students.
- These findings conflict with past research. Moreira de Sousa et al. (2018) reported that anxiety symptoms were significantly more prevalent among medical students than non-medical students.
- On average, non-medical graduates students scored higher on the Perceived Stigma and Barriers to Care for Psychological Problems Scale than medical students.
- These results must be interpreted with caution given the small sample size (N= 67).
- Further analysis will be completed once we have reached an adequate sample size (N = 200) to determine if the patterns detailed above still hold true.

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