



Do Depression Symptoms Impact Depression-Stigma in Medical Students?

Arif Musa, MS¹, Jesse B Swantek, BS¹, Kasim Pendi, BS², Dvid A Baron, MEd, DO³, Grant LeVasseur, BS¹, Sophia Neuenfeldt, BS¹, Eva Waiono, MD⁴, Ali Khambati, BS⁵, Yousif Jajo, BS¹, Elizabeth Warbasse, BA¹, Jenna Yousif, BS¹, El Caney Arnold IV, BS¹, David Safani, MD, MBA⁶, Manuel Tancer, MD⁴

¹School of Medicine, Wayne State University, Detroit, MI 48201 ²School of Professional Studies, Southern California University of Health Sciences, Whittier, CA 90604 ³Office of the Provost, Western University of Health Sciences, Pomona, CA 91766 ⁴Department of Psychiatry and Behavioral Sciences, Detroit Medical Center / Wayne State University, Detroit, MI 48201 ⁵Lake Erie College of Osteopathic Medicine, Bradenton, PA 16509 ⁶Department of Psychiatry and Human Behavior, University of California Irvine Medical Center, Orange, CA 92868

INTRODUCTION

Depression is a leading cause of disability worldwide and is a major contributor to the overall global burden of disease. In the U.S. the prevalence of depression is 7.1%. Medical students in particular have been shown to forgo treatment for depressive symptoms. Other studies have shown the prevalence of depression within medical students as high as 27.2% raising concern for needs for intervention. Despite the alarming prevalence of depression among American medical students, multiple barriers exist in students' help-seeking behavior. The stigma associated with depression is categorized as personal or perceived, both of which may obstruct students from reaching out for treatment. Quantification of stigma in relation to depression remains sparse in scientific literature. Consequently, a cross-sectional study of medical students attending a public institution was performed to examine the relationship between depression severity and stigma.

METHODS

An anonymous, electronic questionnaire with a socio-demographic section, Patient Health Questionnaire (PHQ-9), and Depression Stigma Scale (DSS) was disseminated to all enrolled medical students (n=1200). Responses were analyzed using IBM SPSS Version 26. Predictors of depression severity and personal and perceived stigma were determined by performing a two-tailed t-test with unequal variances where a p-value < 0.05 indicated statistical significance.

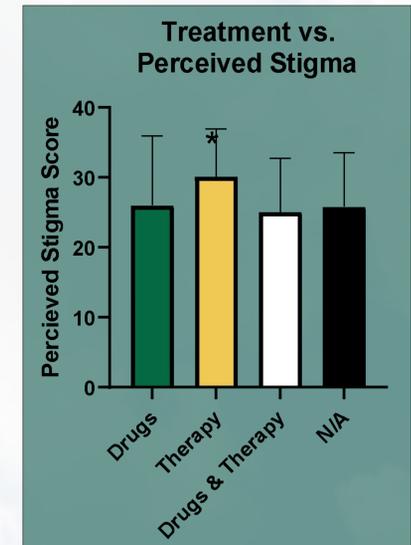
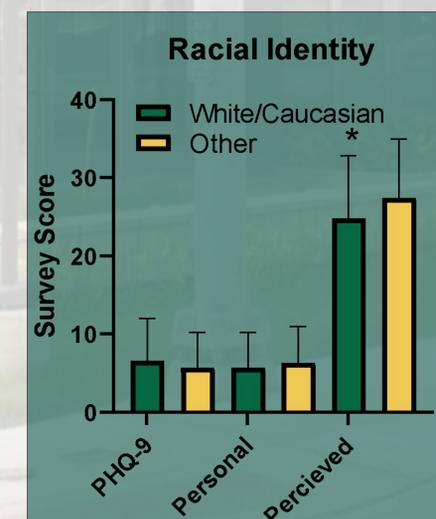
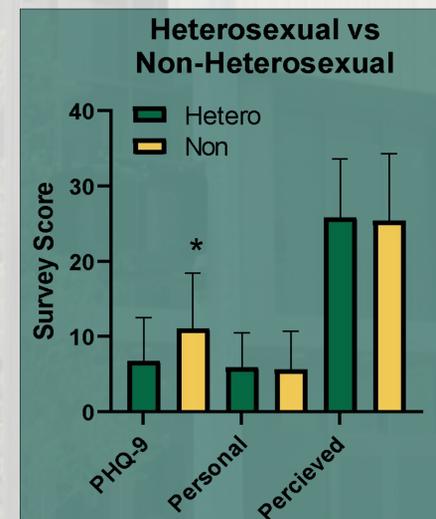
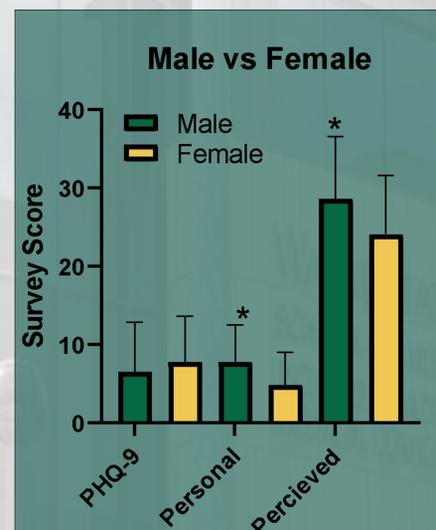
FIGURES

Table 1. Depressive Disorder Prevalence

Category	No. (%)
Depression	32 (18.0)
Major depressive disorder	19 (10.6)
Other depressive disorder	13 (7.30)
No disorder	144 (80.9)

Table 2. Depression Severity

Category	No. (%)
Minimal depression	50 (28.1)
Mild depression	11 (6.18)
Moderate depression	16 (8.99)
Moderately severe depression	9 (5.06)
Severe depression	2 (1.12)



RESULTS

Data collection is scheduled to conclude in December 2020. From respondents thus far (n=178), 11% met criteria for a provisional diagnosis of major depressive disorder and 7% met criteria for other depressive disorder. Individuals who identified as non-heterosexual (p<0.05) or as second-year medical students (p<0.05) exhibited higher depression severity than their counterparts. Respondents who were not comfortable seeking treatment (p<0.05) or have participated in pharmacotherapy coupled with therapy (p<0.05) also scored higher for depression severity. Males demonstrated more personal (p<0.001) and perceived (p<0.001) stigmatized beliefs compared to females. Perceived stigma was highest for those who have participated in therapy or counseling (p<0.05). Perceived stigma was significantly greater than personal stigma among medical students overall (p<0.001).

CONCLUSION

Our results suggest that 1 in 5 medical students meet criteria for depressive symptoms, with 1 in 10 meeting criteria for MDD. Non-heterosexuals, non-caucasian and were associated with higher rates of depression and personal stigma. These results support additional screening, preventative measures, and support systems for several demographics of medical students. Moreover, these preliminary findings are consistent with previous reports of depression prevalence and suggest unique predictors that medical school services can target to effectively combat depression, increase support, and promote treatment-seeking behavior among students.

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