

Mental health care seeking in medical students and doctors

Stress has become the buzzword in the society recently. It is an established fact that some amount of stress is essential and unavoidable. Many studies on stress in medical students and doctors have been published in last few years. It causes concern when some serious fall out occurs. Rate of suicide is high amongst medical students and doctors. In last academic year 2 out of 250 students in one of the colleges in North India committed suicide. Medical students have high stress as compared to other students and non-students of the same age. Causes for high degree of stress may be related to work and environment or it can be attributed to the individual like coping mechanism, personality, personal life stresses etc. High stress leads to high psychiatric morbidity, and burn out. That may in turn causes poor work performance, and more clinical errors. High psychiatric morbidity is seen in the form of anxiety, depression, alcoholism, and suicidal behavior.

In a study from Australia, 26% of students had psychiatric morbidity, and the prevalence rose to 71% towards internship.¹ Students also had high level of burnout. Stress amongst medical students is precipitated by study and by worries about progress and aptitude.² In a study from UK about half of the doctors had high level of stress, 27% had depression, and 5 to 14% had suicidal thinking. These levels of stress and depression are much higher than expected.³ In one study of impaired physicians 92% had psychiatric or substance use problem.⁴

In a study from Ireland, doctors were concerned about the current level of illness within the profession. They described their need to portray a healthy image to both patients and colleagues. This hindered acknowledgement of personal illness and engaging in health screening. Embarrassment in adopting the role of a patient and concerns about confidentiality also influenced their reactions to personal illness. Doctors' attitudes can impede their access to appropriate health care for themselves, their families, and their colleagues. A sense of conscience towards patients and colleagues and the working arrangements of the practice were cited as reasons for working through illness and expecting colleagues to do likewise.⁵

Doctors hesitate in going for their own health check up. They are not sure when to go for consultation. When it comes to going to a psychiatrist for mental health needs many factors come up. Firstly most doctors do not acknowledge if they have any kind of psychiatric or drugs and alcohol related problem that is the most common psychiatric diagnosis in doctors, and medical students. It is not easy for colleague and staff to handle the situation when alcohol and drug dependence or psychiatric disorder is present in the doctor and the person himself does not think that there is a need of treatment.

Secondly doctors may talk against stigma of mental illness but they themselves perceive psychiatric illnesses stigmatizing. They do not want to be seen in psychiatry OPD.

There may be physician impairment but there are no established ways of referral. Communities are entitled to expect a medical system where service providers are psychologically healthy. A high incidence of psychiatric morbidity among providers may result in lower standards of care, particularly

if distress becomes associated with impairment. However, the system fails to identify practitioners who are distressed but not yet impaired.

Many doctors resort to self-medication, or consult a colleague rather than going to a psychiatrist. They may also resort to corridor consultation. These issues give rise to many problems, like medications are not given in proper doses; regular follow up is not done. Psychiatrists in such cases do not maintain proper records that give rise to problems if the case becomes medico-legal. Rate of suicide is high amongst medical students and doctors. One of our medical student who committed suicide had sought corridor consultation for his depression. In a study from UK students agreed that it was appropriate for doctors to self-investigate (52%), self-refer (59.1%) and self-prescribe (39.2%). Medical students appear to bypass their GPs and initiate investigations, referrals or treatment. Self-management of illness is learnt early in students' careers and is increased with availability and increasing clinical access.⁶

It is important that in medical college itself students should be taught about coping with stress. They should also be taught about proper consultation, pitfalls of self management, and need of regular health check up. There are models to impart knowledge on physician impairment in group setting. It was seen that these models lead to better psychiatric health care seeking .

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References:

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