


A Response to “Depression and Anxiety Among Medical Students: A Brief Overview.” – The Issue of Stigmatisation in the Medical Profession [Letter]

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Dear editor

I read, with great interest, the article by Mirza et al reviewing the prevalence of depression and anxiety amongst medical students, and the psychological wellbeing of this population.¹ As a medical student, I am familiar with the endemic nature of depression and anxiety amongst young people, and empathise with those who feel reluctant to confide in their peers and colleagues.

The authors highlighted the increase in prevalence of mental health disorders amidst medical students, and offered personal, psychosocial and university-related factors associated with depression and anxiety, including aspects of the university course. However, the authors were hesitant to discuss the reasons for such increases in rates of mental ill-health, and did not adequately address the obstacles that prevent medical students from accessing adequate mental health support during university.

One such obstacle is the stigmatisation of mental illness.² Medical students and doctors have alluded to the idea that stigmatising attitudes are not only attributed towards mental illness by wider society, but are reinforced within the medical profession.³ Such stigmatising attitudes have negative consequences on the wellbeing of healthcare professionals and contribute to the unwillingness of this population to seek help.

Henderson et al described the phenomenon of “self-stigma”, whereby those who perceive stigma adopt and internalise external social stigma.⁴ As a result, they experience a reduction in self-esteem and self-efficacy. It has been postulated that, because there exists the unattainable notion of “invincibility” amongst medical students and doctors, any degree of vulnerability feels anomalous. It then follows that, feelings of susceptibility are not in keeping with the core values of the profession, and suppression of such feelings is encouraged by the individual.^{2,4} This is a vicious cycle that perpetuates self-stigma and threatens the psychological wellbeing of those experiencing it. Fears of exposure to stigmatisation result in low levels of help seeking amongst medical students and doctors for mental health problems, and have meant that this population present to mental healthcare services only in crises.⁵

The issue of stigmatisation of mental illness is pervasive within society and the medical profession is no exception. For as long as the cycle of self-stigma is

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allowed to propagate, the prevalence of mental health disorders, such as depression and anxiety, will increase.¹

It has been demonstrated that an imperative aspect of preventing further increases in the rates of mental health compromise amongst medical students and doctors is a reduction in the impact of stigma.⁵ Antistigma work within universities may facilitate the empowerment of individuals for whom mental illness has burdened their educational experience and impacted their lives. Consequently, it is crucial that the authors of research papers pertaining to the mental ill-health of medical students explore the presence of stigma in modern-day medical education, evaluate the efforts of pastoral-led initiatives within universities to discourage stigmatising behaviours, and discuss whether the existence of stigma still impacts the likelihood of help-seeking amongst medical students.

Disclosure

The author reports no conflicts of interest in this communication.

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