Resident attitudes about mental health: a real-time smart phone survey

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Introduction

- Recent studies show that physicians have elevated rates of suicide as compared to the general population, 1.41 times the risk for male physicians and 2.27 times the risk for female physicians compared to age-matched general population samples (Schernhammer, 2005)
- The Interpersonal Psychological Theory of Suicidal Behavior (IPTS; Joiner, 2005) may provide a useful framework for explaining suicidality among physicians in that perceived burdensomeness and thwarted belongingness illuminate significant pathways to suicidal ideation and attempts, respectively (Fink-Miller, 2015)
- Physicians and medical students have low rates of help-seeking, with only 22% of those who screen positive for depression utilizing mental health resources and 42% of those who experience suicidal ideation receiving treatment (Gross et al., 2000)
- The most common reasons for not seeking help for depression were lack of time, lack of confidentiality, stigma, cost, and fear of documentation on academic record (Gross et al., 2000)
- Further research is necessary to examine knowledge of depression as an illness and attitudes toward help-seeking among resident physicians

Method

- *Participants*
  - 316 residents (PGY1-PGY5) completed a survey about their knowledge of depression and attitudes toward help-seeking during grand rounds or regularly scheduled lectures (demographic information for the sample is presented in Table 1)
  - The questionnaire was administered at Mt. Sinai Beth Israel, Mt. Sinai Hospital, Mt. Sinai St. Luke's – Roosevelt, and University of California-SD
  - IRB determined that the research qualifies as exempt
- *Measure*
  - The questionnaire consists of 7 demographic items, 5 knowledge-related items, and 10 attitude items
  - Participation was anonymous and the survey was completed on smart phones prior to educational presentation on depression and suicide
- *Analyses*
  - Analysis of Variance (ANOVA) was used to investigate relationships between the demographic characteristics (independent variables) and resident attitudes (dependent variables)
  - A partial correlation was used to examine relationships among the attitude dependent variables, after controlling for age and gender

Preliminary Findings

- The ANOVAs revealed three significant relationships (Tables 3-5)
  - Female residents are significantly more likely than male residents to indicate that easy access to mental healthcare would encourage them to seek help for depression
  - Male residents are significantly more likely than female residents to say that the urgings of their supervisors would encourage them to seek help for depression
  - Residents age 30 and over are significantly more likely than those under the age of 30 to indicate that acceptance of treatment in the workplace would encourage them to seek help for depression
- Highlights from the correlational analysis
  - The belief that physicians who would seek help for hypertension or diabetes would not seek care for depression positively predicted the belief that physicians are used to helping those who are suffering, but do not feel comfortable getting help for themselves, $r(314)=.28$, $p<.01$
  - The belief that a documented history of receiving treatment for depression will negatively impact professional advancement positively predicted the belief that physicians are expected to act with confidence and are reluctant to discuss their anxieties and insecurities, $r(314)=.13$, $p=.03$
- Generally, residents believed that their peers cope alone when dealing with feelings of depression, lack of time and stigma are chief barriers to help-seeking, de-stigmatization is a key facilitator to deciding to get help, and connecting with family/friends helps them to manage stress (Table 2)

Conclusions

- These findings suggest that residents who are male or younger may be especially cognizant of the perceptions of their supervisors in the workplace, supporting previous findings that concerns about stigma and professional advancement play a major role in help-seeking
- This study adds to the growing body of knowledge that will help medical educators to develop strategies that will more effectively engage residents in the mental health treatment that many need to become healthy and successful physicians

References

Fink-Miller, E. L. (2015). An Examination of the Interpersonal Psychological Theory of Suicidal Behavior in Physicians. *Suicide and Life-threatening behavior, 45*(4), 488-494.

Gross, C. P., Mead, L. A., Ford, E. D., Klag, M. (2000). Physician, heal thyself?. *Archive of Internal Medicine, 160*(21), 3209-3214.

Schernhammer, E. (2005). Taking their own lives- the high rate of physician suicide. *New England Journal of Medicine, 325*, 2473-2476.

Table 1: Sample Characteristics (N=316)

	N	(%)
Age	≤30 yrs: 212; >30yrs: 102	
Ethnicity		
Non-hispanic white/Euro American	140	(46.4)
Black/African American/Afro Caribbean	10	(3.3)
Latino/Hispanic American	19	(6.3)
Asian/Asian American/ Pacific Islander	93	(30.8)
Multiracial/Multiethnic	10	(3.3)
Middle Eastern/Arab American	7	(2.3)
Other/Prefer not to say	23	(7.6)
Gender		
Male	153	(48.9)
Female	156	(49.8)
Gender queer/ Gender non-conforming	1	(0.3)

	N	(%)
Level of Training		
PGY 1	91	(28.8)
PGY 2	82	(25.9)
PGY 3	87	(27.5)
PGY 4	40	(12.7)
PGY 5	16	(5.1)
Institution		
Mt. Sinai Beth Israel	88	(34.1)
Mt. Sinai Hospital	3	(1.2)
University of California – San Diego	54	(20.9)
Mt. Sinai St. Luke's – Roosevelt	113	(43.8)

Medical Specialty	*N*	(%)	**Medical Specialty**	*N*	(%)
Dermatology	8	(2.6)	OMS (Dental)	4	(1.3)
Emergency Medicine	22	(7.2)	Internal Medicine	49	(16)
Family Medicine	21	(6.9)	Surgery	40	(13.1)
Hospital and Palliative Medicine	1	(0.3)	Anesthesiology	17	(5.5)
Neurology	8	(2.6)	Pathology	12	(3.9)
Obstetrics and Gynecology	20	(6.5)	Orthopedics	8	(2.6)
Psychiatry	62	(20.3)	Other	6	(2.0)
Radiology	25	(8.2)	Not yet declared	3	(1.0)

Table 2: Frequencies for Attitude questions

What do residents do if they are experiencing a consistently sad mood and/or loss of interest in their usual activities?	Frequency	(%)	With regard to resident physicians/medical students, treatment-seeking behaviors for depression may be hindered by which factors?	Frequency	(%)	If you felt that you were struggling, what would encourage you the most to seek out treatment?	Frequency	(%)	Which of the following is most effective in helping you to cope with the stresses of medical training?	Frequency	(%)
Cope with it alone	218	(69)	*Belief that physicians are invulnerable*	12	(3.8)	*Easy access to mental health care*	54	(17.1)	*Support from peers*	24	(7.6)
Self medicate with substance	10	(3.2)	*Lack of time*	133	(42.1)	*Urgings of supervisors/peers*	58	(18.4)	*Caffeine*	25	(7.9)
Ask colleague for moral support	42	(13.3)	*Lack of confidentiality*	11	(3.5)	*Acceptance of treatment in place of work/training*	54	(17.1)	*Exercise or relaxation*	78	(24.7)
Ask colleague for prescription	4	(1.3)	*Stigma*	114	(36.1)	*De-stigmatization of mental illness*	84	(26.6)	*Connecting with family/friends*	162	(51.3)
Seek support from supervisor	5	(1.6)	*Poor accessibility to care*	7	(2.2)	*No answer*	66	(20.9)	*Help from advanced trainees/supervisors*	9	(2.8)
Seek formal treatment	6	(1.9)	*Effect on employment*	28	(8.9)				*Alcohol/other substances*	7	(2.2)
No answer	31	(9.8)	*No answer*	11	(3.5)				*No answer*	11	(3.5)

Table 3: ANOVA for Gender and Help-seeking

Source	*Df*	*F*	*p*
Easy access to mental health services			
Between	1	15.19	.00
Within	277		

Table 4: ANOVA for Age (30 and under vs. over 30) and Help-seeking

Source	*Df*	*F*	*p*
Acceptance of treatment at work			
Between	1	5.53	.02
Within	282		

Table 5: ANOVA for Gender (male vs. female) and Help-seeking

Source	*Df*	*F*	*p*
Urgings of supervisors or peers			
Between	1	7.11	.01
Within	277		