

Chapter 6

Medical Students' Perceived Stigma in Seeking Care: A Cultural Perspective

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ABSTRACT

This chapter discusses the stigma and the barriers, which hinder medical students from seeking help for both physical and mental health conditions. Stigma will also be explored from a cultural perspective; the authors will demonstrate how it is embedded in help seeking behaviour. The authors will explore the existing literature to highlight these issues, and demonstrate how negative help seeking behaviour contributes to the poor academic performance of the students, as well produces chronic mental and physical health conditions. Solutions and interventions to address this perceived stigma will also be discussed. The authors will emphasise the importance of educators and staff of medical schools taking a more proactive role, in providing the necessary environment to facilitate such change in behaviour, by implementing some of these interventions.

INTRODUCTION

According to a Mayo Clinic study in 2006,

Students enter medical school with mental health profiles similar to their peers from college. But they begin to show higher rates of mental distress as they progress through medical school. The same study found that the most depressed students often are the least likely to reach out for help because of stigma related to mental illness. (Rapporteur, 2016, p. 47)

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Many studies have shown that medical students experience high levels of mental and physical health issues, such as depression and anxiety (Amarasuriya, Jorm, & Reavley, 2015; Roh, Jeon, Kim, Han, & Hahm, 2010; Tjia, Givens, & Shea, 2005). It might be associated with the stress they experience due to their academic courses and the university experiences. Furthermore, medical students suffering from such mental health problems are shown to be at the risk of facing academic difficulties and potential drop-out from the medical school (Roh et al., 2010); and they also suffer from mental health problems later, in their careers as future doctors (Pullen, Lonie, Lyle, Cam, & Doughty, 1995). Therefore, it is important for medical students affected by such problems, to receive necessary assistance.

It is expected that medical students have a greater opportunity of receiving exposure to mental and physical health information, as compared to non-medical students; Hence, it would be expected that they have higher levels of mental health knowledge, i.e., information relevant to recognition, treatment and prevention of mental disorders (Amarasuriya, Jorm, & Reavley, 2015). Other researchers such as Dahlin and Runeson (2007) showed that being a medical student and the amount of years spent in training are linked to more advanced mental health knowledge.

However, as a professor of behavioural science, the author(s) have observed that the students that are exposed to literacy on mental health, the ones taking Doctoring 1 and Doctoring 11 (Behavioural Science course in medicine), tend to show increased signs of mental illness. This might be due to exposure to information that trigger or re-traumatise past experiences. From observation, these students start the course displaying no signs or complaints of mental health issues. However, the authors found no supporting literature to support this theory after a thorough search, which highlight the need for this theory to be further researched to explore the relationship between mental health literacy and the increase in mental health issues. Nonetheless, Jorm et al. (1997) introduced the term 'mental health literacy' and defined it as 'knowledge and beliefs about mental disorders which aid their recognition, management or prevention'. They believe that mental health literacy plays an important part in seeking help. In light of this conclusion, it would also be anticipated that medical students who experience mental health problems would seek the necessary professional assistance to treat mental health issues. However, studies show a different outcome to this expectation; that a small percentage of these students seek help. The study also shows medical students who seek help turn to informal sources, such as family and friends (Amarasuriya, Jorm, & Reavley, 2015). Most common reasons medical students mention for unwillingness to seek help for mental health issues, is the fear of the impact on academic records, confidentiality, stigma and fear of discrimination by others (Amarasuriya, Jorm, & Reavley, 2015; Givens & Tjia, 2002).

Stigma is understood as a negative stereotype and prejudice, ascribed to a person or action that falls outside the conventional expectation of the popular group (Corrigan, 2004). Stigma can be real or perceived. Stigmatised persons may internalize perceived prejudices to the extent of affecting their behaviour. In this chapter, the authors will seek to look at the perceived stigma experienced by medical students, as they access help for both medical and psychological conditions.

Stigma has been identified as an important barrier to seeking help for mental health issues, for college students as stated by Eisenberg et al. (2009). In this chapter, the authors will discuss how these stigmas are embedded in the culture of medical students. Understanding help seeking barriers such as, stigma towards mental health, student's culture, religion, spirituality and confidentiality has particular significance in medical student populaces for several reasons; as it contributes to poor academic performance and well-being. The authors will explore and discuss effective interventions and recommendations, to reduce such barriers and improve medical students' well-being.

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