Effect of Teaching on Depression Knowledge for Medical Undergraduate

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Abstract:

Depression is a mood disorder characterized by pervasive sadness of mood, reduced concentration and attention, ideas of guilt and worthlessness, decreased interest in pleasurable activities and change in vegetative functions of the body i.e. sleep and appetite. The prevalence of Depression is 3.2 % to 8.9%, Suicide ideations is 21.1 and Suicidal attempt is7.1%. Causes of not seeking assistance include stigma associated with mental illness, less perceived assistance needed, lack of knowledge of the resources that are offered and privacy issues. Medical students are more susceptible to developing psychological distress and mental health disorders relative to other students in undergraduate training.

Aim: To evaluate medical undergraduate students' understanding of and attitudes toward depression. To assess the impact of a teaching intervention on depression knowledge and attitude.

Materials and Methods: Three batches of Undergraduate students from AIIMS, Udaipur were select. These questionnaires are used assesses: (1) D-LIT Questionnaire, (2) Teaching Intervention, (3) DSS Questionnaire.

Results: Only 10 out of the 22 questions in the pre-test study were answered correctly by fewer than 50% of the students. 92% of students were unaware of the function of CBT in treating depression. 85% of students thought that the first line of treatment for severe depression should not be medication. More than 80% of students regarded changes in eating and sleep patterns as significant signs of sadness. About 50% of students were aware that shame was present in depressed people and that it was connected to low confidence and poor performance.

Conclusion: These therapies would be helpful to cater to a sizable community in the nation with the highest number of depressed patients. Interventions to combat stigma are desperately needed among those working in the health care industry**.**

Keywords: Depression, Teaching, Medical Undergraduate.

Introduction

Depression is a mood disorder characterized by pervasive sadness of mood, reduced concentration and attention, ideas of guilt and worthlessness, decreased interest in pleasurable activities and change in vegetative functions of the body i.e., sleep and appetite [1].

The prevalence of depression is steadily increasing and is expected to move to the 1st place with reference to global burden of disease by 2030 as predicted by World Health Organization [2]. The prevalence of Depression is 3.2 % to 8.9%, Suicide ideations are 21.1 and Suicidal attempt is7.1%.WHO estimates that nearly 1 million people worldwide commits suicide every year. Causes of not seeking assistance include stigma associated with mental illness, less perceived assistance needed, lack of knowledge of the resources that are offered and privacy issues. Medical students are more susceptible to developing psychological distress and mental health disorders relative to other students in undergraduate training [3-5]. For example, the prevalence of depression (i.e., 27.2%), anxiety (33.8%), burnout (12.1%), and suicide (11.1%) among medical students is high [6,7].

In Uganda, recent studies reported that one in five medical students are depressed, 54.5% of the student's experience burnout, and 57.4% of the students in medical school are stressed [8-10]. A finding attributed to university studies being emotionally and intellectually demanding, making students prone to mental health challenges [11-13]. The poor perceptions and attitudes on the other hand may bring about the stigmatization of patients who may shun away from treatment as a result. There is a paucity of information on the knowledge, attitude, and perceptions of medical

students on mental health. Given the high prevalence of mental illness amongst medical students in the country [14,15,16,17]

Aims

- To evaluate medical undergraduate students' understanding of and attitudes toward depression.
- To assess the impact of a teaching

Materials and Methods

Study population

Three batches of Undergraduate students from AIIMS, Udaipur were select.

D-LIT Questionnaire

22-item Questions: The questionnaire consists of 22 true-or-false items. Respondents can answer each item with 1 of 3 options: "true," "false," or "don't know." Each correct response receives 1 point. Higher scores indicate higher mental health literacy of depression.[18]

DSS Questionnaire

The DSS has 2 subscales, which measure 2 different types of stigma: personal and perceived.

The Personal Stigma Subscale measures stigma in the Respondents' own attitudes towards depression by asking them to indicate how strongly they personally agree with 9 statements about depression. The Perceived Stigma Subscale measures the respondent's perception about the attitudes of others towards depression by asking them to indicate what they think most other people believe about the same 9 statements. Responses to each item are measured on a 5-point scale (ranging from 0, "strongly disagree" to 4, "strongly agree"). Higher scores indicate higher levels of depression stigma.   intervention   on   depression knowledge and att

Teaching Intervention

A 60-minute presentation was given to address depression recognition, risk factors, and causes, depression treatments (including antidepressants and cognitive behavioral therapy), professional aid accessible, and proper ways to seek help. It also addressed some of the common misconceptions about depression. It also underlined the need of all health providers in dealing with mental illness.

Statistical Analysis

SPSS version 20

P value of <0.05 was considered statistically significant.

Differences between mean scores of D-Lit and DSS for the pretest and posttest were tested with a paired t test.

Results

Demographic Characteristics of sample

Table 1: Demographic Characteristics of sample

Item	Pretest 289	Posttest 289
Age Range Mean(sd)	18-30	18-30
	21.86(1.52)	21.86(1.52)
Sex	142(49.1)	142(49.1)
Male Female	147(50.9)	147(50.9)
Level of training	89(30.8)	89(30.8)
Second Prefinal	116(40.1)	116(40.1)
Final	84(29.1)	84(29.1)

D. Lit Scores Comparison:
Pre-test and Post-tests

Table 2:

	Pretest	Posttest	
Range	0-18	0-21	t = 3.9378
Mean(sd)	11.0	12.2	df = 575
	6(3.17)	(3.76)	p=0.0001

- Item wise correct responses on
- D. Litt.- Pre and Post test

Table 3:

No.	Item	Pre-Test	Post Test	
1	Depressed people speak in disjointed way	61(21.1)	69(24)	χ^2=0.674, df=1, p=0.412
2	Depressed people feel guilty	256(88.6)	255(88.5)	χ^2=0.0104, df=1, p=0.918
3	Reckless and foolhardy behavior	82(28.4)	77(26.7)	χ^2=0.193, df=1, p=0.659
4	Loss of confidence and poor self-esteem	263(90)	252(87.5)	χ^2=1.846, df=1, p=0.174
5	Not stepping on cracks in the footpath	130(45)	105(36.5)	χ^2=4.342, df=1, p=0.037
6	Depressed people hear voices	126(43.8)	144(50)	χ^2=2.374, df=1, p=0.123
7	Sleeping too much or too little	231(79.9)	246(85.4)	χ^2=3.03, df=1, p=0.081
8	Eating too much or losing interest in food	228(78.9)	235(81.6)	χ^2=0.665, df=1, p=0.414
9	Not affect memory and concentration	239(62.7)	212(73.6)	χ^2=6.98, df=1, p=0.008
10	Having several distinct	93(32.2)	104(36.1)	χ^2=0.991, df=1, p=0.319
11	**Depressed people move more slowly or become agitated**	**206(71.3)**	**238(82.6)**	**χ^2=10.47, df=1, p=0.001**
12	Psychologists can prescribe antidepressants	40(13.8)	76(26.4)	χ^2=14.14, df=1, p=0.0001
13	Moderate depression disrupts life as much as multiple sclerosis or deafness	123(42.6)	178(61.8)	χ^2=21.41, df=1, p=0.00000003
14	Depressed people need to be hospitalized	211(73)	185(64.2)	χ^2=5.158, df=1, p=0.0023
1 5	Many famous people have suffered from depression	246(85.1)	257(89.2)	χ^2=2.185, df=1, p=0.139
1 6	Many treatments are more effective than Antidepressants	44(15.2)	91(31.6)	χ^2=21.57, df=1, p=0.0000003
17	Counselling is as effective as CBT	15(8.2)	35(12.2)	X2=8.835, df=1, p=0.002
18	CBT is as effective as antidepressants	201(69.6)	205(71.2)	χ^2=0.183, df=1, p=0.668
19	Vitamins are more likely to be most helpful	92(31.8)	154(53.5)	χ^2=27.62, df=1, p=0.0000001
20	Depressed people stop taking antidepressants as soon as they feel better	125(435)	165(57.3)	χ^2=11.37, df=1, p=0.0007
21	Antidepressants are addictive	47(18.3)	110(38.2)	χ^2=35.03, df=1, p=0.0000001
22	Antidepressants usually work straight away	122(42.2)	122(42.4)	χ^2=0.001, df=1, p=0.917

Table 4:

I would not employ depressed people	Strongly Disagree	50(17.3)	64(22.2)
	Disagree	111(38.4)	114(39.6)
	Neither Agree nor Disagree	63(21.8)	47(16.3)
	Agree	52(18.0)	51(17.7)
	Strongly Agree	13(4.5)	12(4.2)
I would not vote for a politician if I know they had been depression	Strongly Disagree	36(12.5)	49(17)
	Disagree	76(26.3)	80(27.8)
	Neither Agree nor Disagree	43(14.9)	38(13.2)
	Agree	82(28.4)	77(26.7)
	Strongly Agree	52(18.0)	44(15.3)

Table 5:

Most people believe that depressed people are dangerous	Strongly Disagree	8(2.8)	6(2.1)	χ^2=4.12,df=4, p=0.390
	Disagree	35(12.1)	26(9.0)	
	Neither Agree nor Disagree	40(13.8)	40(13.9)	
	Agree	145(50.2)	166(57.6)	
	Strongly Agree	61(21.1)	50(17.1)	

Discussion

According to the a fore mentioned study, only 10 out of the 22 questions in the pre-test study were answered correctly by fewer than 50% of the students. 92% of students were unaware of the function of CBT in treating depression. 85% of students thought that the first line of treatment for severe depression should not be medication. This was related to their conviction that antidepressants are addictive and ought to be discontinued as soon as the symptoms subside.

Comparatively speaking, the students knew more about some of the symptoms and indicators of depression. More than 80% of students regarded changes in eating and sleep patterns as significant signs of sadness. About 50% of students were

aware that shame was present in depressed people and that it was connected to low confidence and poor performance. Following the teaching where students learned about their various myths, there was a noticeable difference in the responses. There were differences in the personal attitudes of students concerning depression in the post-intervention sample.

Conclusion

The World Health Organization (WHO) suggests that medical students be given a thorough education in psychiatry using a student-centered approach in order to provide them with the necessary information, abilities, and attitudes for providing non-psychiatric care. These therapies would be helpful to cater to a sizable community in the nation with the highest number of depressed patients. Interventions to combat stigma are desperately needed among those working in the health care industry.

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