

# HELP SEEKING ATTITUDES FOR MENTAL ILLNESSES AMONG UNDER-GRADUATE MEDICAL STUDENTS IN LAHORE

HAFSA AMIN<sup>1</sup>, MAHNOOR WAZEER<sup>2</sup>, NAZISH IMRAN<sup>3</sup>, AMNA RASHID<sup>4</sup>, ROOP KIRAN<sup>5</sup>, IMRAN IJAZ HAIDER<sup>6</sup>

<sup>1,2,3</sup> Department of Child and Family Psychiatry, King Edward Medical University/Mayo Hospital, Lahore, Pakistan.

<sup>4</sup> King Edward Medical University/Mayo Hospital, Lahore, Pakistan.

<sup>5</sup> Academic Department of Psychiatry and Behavioural Sciences, King Edward Medical University, Lahore, Pakistan

<sup>6</sup> Department of Psychiatry and Behavioural Sciences, Fatima Memorial Hospital, Lahore, Pakistan.

Submitted: November 02, 2022

Accepted: June 23, 2023

CORRESPONDENCE: DR. HAFSA AMIN

E-mail: hafsa.amin1@gmail.com

## ABSTRACT OBJECTIVE

The reluctance of medical students to seek help when they are under a lot of stress is attributed to a lot of factors involving stigma, their help-seeking attitudes, and psychological openness. The objective of this study is to gauge help-seeking attitudes toward stress and mental health issues among medical students in Lahore.

## STUDY DESIGN

Cross-sectional study

## PLACE AND DURATION OF STUDY

Students from King Edward Medical University, Lahore and Fatima Memorial Hospital were provided the questionnaire in physical form, while the students from other medical universities were given the questionnaire via an online medium. Responses were gathered over a period of three months.

## METHOD

We conducted a cross-sectional survey in two selected medical colleges in Lahore in 2022. After IRB approval and informed consent, a self-administered questionnaire, which included the Hopkins Symptom Checklist (SCL-5) and the Inventory of Attitudes towards Seeking Mental Health Services (IASMHS), was utilised for data collection. The analysis was conducted with SPSS 26.

## RESULTS

Six hundred and forty-one undergraduate medical students participated in the study, with the majority being female (64.2%) and 59% were hostelites. The SCL-5 scores of the participants (Mean=13.36, SD = 4.95) showed moderate levels of distress among students. Participants' mean Attitude Score on IASMHS was (Mean=53.66, SD=10.72). Results showed that students lacked good attitudes of help-seeking, especially leading to poor response towards stigma (Mean=18.95, S.D=5.69). Students' attitudes reflected poor psychological openness (Mean=14.48, SD=5.35), while their propensity to seek help was slightly better (Mean=20.23, SD = 4.75). Females and clinical year students showed more positive attitudes towards help-seeking as compared to males and students belonging to pre-clinical years ( $p < 0.05$ ).

## CONCLUSION

The study showed that stress among under-graduate medical students remains a significant issue. Female students and students in their clinical years portrayed better help-seeking attitudes towards mental illnesses. Further studies, including interventions to address mental illness stigma, are required to improve the trend of help-seeking and access to care.

## KEYWORDS

Medical Student, Help-Seeking, Attitudes, Mental Illness, Stigma

## INTRODUCTION

Multiple research projects among health professionals reveal that doctors suffering from mental health issues rarely seek help.<sup>1</sup> Help-seeking attitude can be defined as the likelihood and the general propensity of the person when it comes to seeking help. As is evident by research, very few medical students make use of mental health services despite being depressed.<sup>2</sup> The reluctance to seek services stems from several factors like stigma associated with mental illness<sup>3</sup>, difficulties accessing mental health services, lack of confidentiality and low mental health literacy.<sup>4</sup> Lack of time and fear of a future negative impact on their career also play a considerable role in shaping attitudes towards help-seeking.<sup>5</sup>

Factors leading to stress among Pakistani medical students have been found to be related mostly to stress of examinations, academic expectations as well as family and personal history of depression.<sup>6,7</sup> Recent studies show that medical students are additionally being severely impacted since the onset of COVID-19 pandemic, leading to substantial psychological distress and suicidal risk. 8% of students admitted that they often thought of committing suicide during their past 2 weeks, according to research.<sup>8</sup> So, it becomes important to understand how well these students will seek help if they are unable to process their mental health issues.

The study conducted by Shahaf-Oren states that medical students as well as doctors are generally reluctant to seek help for their health conditions especially when there is university involved.<sup>9</sup> The study states that the sphere medical professionals and students are in, impacts how willing they are going to be to seek help. Hence it is important to know the overall attitude towards help-seeking in Pakistani medical colleges, so that proper planning can be done to promote help seeking behaviour.

To implement strategies to counter these adverse mental health effects, such as high levels of stress, anxiety, depression etc., a deeper insight into help-seeking attitudes of Pakistani medical students is required. There have been reports of help-seeking attitudes among the public, medical and non-medical college students.<sup>2,4,10</sup> However, to our knowledge, no studies have assessed the attitudes of Pakistani medical students seeking mental health services. Subsequently, the attitudes of under-graduate medical students in Lahore pertaining to help-seeking for mental health issues have been inspected in this study.



The results can serve as important evidence to direct institutional strategies for promotion of mental health and enhancement of available on and off-campus mental health services based on medical students' needs.

**METHOD**

The study was organised at two Medical Colleges (King Edward Medical University, Lahore and Fatima Memorial Hospital) in Pakistan. Ethical Approval was sought from the Institutional Review Board of King Edward Medical University. The study was conducted in compliance with "Ethical principles for medical research involving human subjects" of the Helsinki Declaration. All medical students enrolled in selected medical colleges, who provided consent to participate were included. The survey was anonymous, and confidentiality of information was assured. Sample size was calculated to be 289 with 25% frequency of unmet mental health needs among medical students.<sup>5</sup> Data was collected by a self-administered questionnaire (using printed forms as well as online google forms). The questionnaires were based on:

1. "Hopkins Symptom Checklist (SCL-5)" where students answered questions with answers on a five-point scale. The options included (1) 'not at all', (2) 'a little', (3) 'average', (4) 'quite a lot' and (5) 'very much' for five questions to assess distress.<sup>11</sup> Cronbach's alpha, for SCL-5 in the present study was 0.83.
2. "Inventory of Attitudes towards Seeking Mental Health Services (IASMHs)" consisting of twenty-four questions was used to gauge the factors that play a significant part while seeking help for mental health issues. The questionnaire has three sub-scales having 8 questions each: psychological openness (the ability of an individual to acknowledge having a mental health issue), propensity to seek mental help (an individual's readiness and ability to get help for psychological issues), and indifference to stigma (an individual's response if others found out that they have any mental health issues). Participants were provided with statements like "Having been mentally ill carries with it a burden of shame" and asked if they agreed with such statements. Statements were to be answered on a five-point scale with response options (0) 'disagree', (1) 'somewhat disagree', (2) 'Neither agree nor disagree', (3) 'somewhat agree', and (4) 'agree' to evaluate participants' attitudes towards mental health problems.<sup>12</sup>

Preliminary questions regarding age, gender, institution of study, year of study, any mental illness and help-seeking in the past were also asked in personal information form.

Standard English was employed for all components, as it is officially the main language used in medical colleges across the country.

**Data Analysis**

Data was entered into SPSS 26. Frequencies and percentages were determined for categorical variables, while means and standard deviations were determined for continuous variables. A comparison of help-seeking attitudes and SCL-5 mean scores was calculated between groups through an independent t-test.

**RESULTS**

The demographic characteristics of the sample are presented in Table 1.

**Table 1**  
Demographics of the participants of study

Demographics			
Age (Mean, SD)		21.60 (1.69)	
		Frequency (N)	Percentage (%)
Gender	Male	220	35.8
	Female	394	64.2
	Dav scholar	252	41.0
Residence	Hostelite	362	59.0
	First Year	29	4.7
	Second Year	241	39.3
Year of study	Third Year	69	11.2
	Fourth Year	48	7.8
	Fifth Year	227	37.0
Past Psychiatric History	Yes	154	25.1
	No	420	68.4
	Do not want to disclose	40	6.5
Past Help-seeking	Yes	92	15.0
	No	503	81.9
	Do not want to disclose	19	3.1

**Table 2**  
Minimum, maximum, mean and standard deviation of independent scale responses.

Scale	Min	Max	Mean	Standard Deviation
SCL-5	5	25	13.36	4.95
Psychological Openness	0	31	14.48	5.35
Help-seeking	2	32	20.23	4.75
Indifference to Stigma	2	32	18.95	5.69

Table 2 describes the minimum, maximum, mean and standard deviation of SCL-5 and IASMHs.

**Table 3**  
Group statistics for gender, past history, past help-seeking and pre-clinical or clinical status

Scales	Gender		P-value	Past History		P-value	Past Help-seeking		P-value	Pre-clinical/Clinical		P-value
	Male	Female		Yes	No		Yes	No		Pre-clinical	Clinical	
	Mean (SD)	Mean (SD)		Mean (SD)	Mean (SD)		Mean (SD)	Mean (SD)		Mean (SD)	Mean (SD)	
SCL-5	11.83 (4.90)	14.21 (4.78)	0.00**	15.55 (4.86)	12.32 (4.67)	0.00**	15.37 (5.35)	12.92 (4.80)	0.00**	13.24 (4.83)	13.44 (5.05)	0.62
Psychological Openness	13.09 (5.07)	15.23 (5.38)	0.00**	15.49 (5.55)	14.17 (5.33)	0.01*	14.98 (5.90)	14.37 (5.78)	0.32*	13.42 (5.10)	15.31 (5.40)	0.00**
Help-seeking	20.37 (5.01)	20.16 (4.62)	0.59	19.99 (4.79)	20.47 (4.74)	0.29*	21.23 (4.61)	20.13 (4.76)	0.04*	20.02 (4.55)	20.40 (4.91)	0.33*
Indifference to Stigma	18.22 (5.91)	19.35 (5.53)	0.02*	19.14 (5.96)	19.09 (5.64)	0.91	19.19 (5.80)	18.97 (5.74)	0.74	18.75 (5.70)	19.10 (5.69)	0.46*
Total	51.74	54.69	0.00**	54.62	53.75	0.39*	55.48	53.46	0.10*	52.08	54.91	0.00**
Attitude Score	(11.04)	(10.41)		(11.17)	(10.52)		(11.84)	(10.50)		(9.98)	(11.12)	

Note: \*p-value < 0.05  
\*\*p-value < 0.001

Independent t-tests were performed for group statistics, which revealed the effect of gender, past history of mental illness, past help-seeking, and pre-clinical and clinical status of participants on help-seeking attitudes, as evidenced in Table 3. For example, the relationships between gender and SCL-5 score, gender and psychological openness, gender and indifference to stigma, and gender and total attitude score, were significant revealing that females showed more distress and more psychological openness, indifference to stigma and total attitude score. (p-value < 0.05).



## DISCUSSION

According to the results of our study, poor help-seeking attitudes were exhibited by medical students. The negative attitudes stem from a myriad of reasons including stigma, mental health illiteracy and difficulty in accessing mental health services.<sup>3,4</sup>

Based on previous literature, trends show that medical students demonstrate negative attitudes towards help-seeking for mental health issues.<sup>13</sup> However, factors causing these attitudes might differ in Pakistan due to cultural and social differences from the West. Even if the factors are dissimilar, the conclusions remain the same. For example, supernatural and religious explanatory models have been proved to exist in developing countries, leading to stigma and poor mental health literacy.<sup>14</sup> A recent study of Pakistani medical under-graduates reveals severe mental distress after the onset of the COVID-19 pandemic.<sup>8</sup>

As is evidenced by our own study, medical under-graduates show high psychological distress with females reporting higher symptoms when compared to males. A similar trend has been reported previously showing higher prevalence of anxiety symptoms among females.<sup>15,16</sup> However, meta-analysis has not revealed any significant difference between genders.<sup>17</sup> Students with a past history of mental illness and help-seeking reported higher distress, which is in line with previous studies.<sup>6</sup>

To make any contribution in improving mental-health-seeking attitudes among medical under-graduates, we first need to analyse and explore the trend of attitudes among students. According to our study, females were more psychologically open and indifferent to stigma as compared to their male counterparts. This is understandable if we look at the cultural impact in South Asia, where men are pressured into the role of the head of the family and discouraged to be emotionally vulnerable from a young age. This could explain why stigma affects them more compared to the females.

It is worth mentioning that clinical year students showed more psychological openness and a better total attitude score as compared to pre-clinical students. An adjustment period for freshmen, less interaction with senior faculty, and lack of support or guidance can be the main culprits. These findings are in line with the current research.<sup>6</sup> However, systematic review and meta-analysis have not found this correlation to be significant.<sup>18</sup>

Students with a past history of mental illness showed more psychological openness and those with a past history of help-seeking showed an increased propensity for help-seeking in our study as well. Keeping in view the above findings, it can be postulated that students with previous mental health issues are more open to seeking help than their counterparts with no such history. Those who have sought help before would be inclined to get help again and make use of mental health resources, if the need arises, possibly since they have already cleared the barrier that prevents people from getting help.

There are some limitations of this study. Firstly, the cross-sectional nature of our study cannot infer causation. The scales showed good reliability however, they have not been validated in Pakistan. Secondly, since the questionnaire was self-administered, it is likely that students who responded were psychologically more open towards this kind of study. Thirdly, our results are derived from information given by medical undergraduates of urban institutions. Hence, the findings cannot be generalised because there might be dissimilarities between an urban and a rural population.

Representation of both genders, and both pre-clinical and clinical students is the strength of our study. Also, to our knowledge, no similar study has been published from Pakistan. This is the first study of its kind and sets the baseline for future studies in the region.

## CONCLUSION

From this study, it is evident that the majority of medical under-graduates show distress. Attitudes towards seeking help for mental health issues need modifications if improvements in mental health of students is desired. There is a need for reform in the methods of teaching and examination, as well as emphasis on mental health literacy and overcoming stigma of mental illness. Interventions like educational campaigns, peer-group counselling, understanding faculty and a positive attitude towards mental health on campus can be effective.

## REFERENCES

1. Brooks SK, Gerada C, Chalder T. Review of literature on the mental health of doctors: are specialist services needed? *J Ment Health*. 2011; 20(2): 146-156. doi:10.3109/09638237.2010.541300
2. Givens JL, Tjia J. Depressed medical students' use of mental health services and barriers to use. *Acad Med*. 2002;77(9):918-921. doi:10.1097/00001888-200209000-00024
3. Cooper AE, Corrigan PW, Watson AC. Mental illness stigma and care seeking. *J Nerv Ment Dis*. 2003;191(5):339-341. doi:10.1097/01.NMD.0000066157.47101.22
4. Bonabi H, Müller M, Ajdacic-Gross V, et al. Mental Health Literacy, Attitudes to Help Seeking, and Perceived Need as Predictors of Mental Health Service Use: A Longitudinal Study. *J Nerv Ment Dis*. 2016;204(4):321-324. doi:10.1097/NMD.0000000000000488
5. Tjia J, Givens JL, Shea JA. Factors associated with undertreatment of medical student depression. *J Am Coll Health*. 2005;53(5):219-224. doi:10.3200/JACH.53.5.219-224
6. Hashmi AM, Aftab MA, Naqvi SH, Sajjad W, Mohsin M, Khawaja IS. Anxiety and depression in Pakistani medical students: a multicenter study. *Health Med*. 2014;8(7):813-20.



7. Shah M, Hasan S, Malik S, Sreeramareddy CT. Perceived stress, sources and severity of stress among medical undergraduates in a Pakistani Medical School. BMC Medical Education. 2010;10(1). doi:10.1186/1472-6920-10-2
8. Imran N, Haider II, Mustafa AB, et al. The hidden crisis: COVID-19 and impact on mental health of medical students in Pakistan. Middle East Current Psychiatry. 2021;28(1):45. doi:10.1186/s43045-021-00123-7
9. Shahaf-Oren B, Madan I, Henderson C. "A lot of medical students, their biggest fear is failing at being seen to be a functional human": Disclosure and help-seeking decisions by medical students with health problems. BMC Medical Education. 2021;21(1). doi:10.1186/s12909-021-03032-9
10. Qayyum A. Student help-seeking attitudes and behaviors in a digital era. Int J Educ Technol High Educ. 2018;15(1). doi:10.1186/s41239-018-0100-7
11. Schmalbach B, Zenger M, Tibubos AN, Kliem S, Petrowski K, Brähler E. Psychometric Properties of Two Brief Versions of the Hopkins Symptom Checklist: HSCL-5 and HSCL-10. Assessment. 2021;28(2):617-631. doi:10.1177/1073191119860910
12. Mackenzie CS, Knox VJ, Gekoski WL, Macaulay HL. An adaptation and extension of the Attitudes Toward Seeking Professional Psychological Help Scale. J Appl Soc Psychol. 2004;34(11):2410-33. doi: https://doi.org/10.1111/j.1559-1816.2004.tb01984.x
13. Gold JA, Johnson B, Leydon G, Rohrbaugh RM, Wilkins KM. Mental health self-care in medical students: a comprehensive look at help-seeking. Acad Psychiatry. 2015;39(1):37-46. doi:10.1007/s40596-014-0202-z
14. Bhikha AG, Farooq S, Chaudhry N, Husain N. A systematic review of explanatory models of illness for psychosis in developing countries. Int Rev Psychiatry. 2012;24(5):450-462. doi:10.3109/09540261.2012.711746
15. Baxter AJ, Scott KM, Vos T, Whiteford HA. Global prevalence of anxiety disorders: a systematic review and meta-regression. Psychol Med. 2013;43(5):897-910. doi:10.1017/S003329171200147X
16. Rab F, Mamdou R, Nasir S. Rates of depression and anxiety among female medical students in Pakistan. East Mediterr Health J. 2008;14(1):126-133.
17. Quek TT, Tam WW, Tran BX, et al. The Global Prevalence of Anxiety Among Medical Students: A Meta-Analysis. Int J Environ Res Public Health. 2019;16(15):2735. Published 2019 Jul 31. doi:10.3390/ijerph16152735
18. Rotenstein LS, Ramos MA, Torre M, et al. Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students: A Systematic Review and Meta-Analysis. JAMA. 2016;316(21):2214-2236. doi:10.1001/jama.2016.17324

**AUTHOR(S) CONTRIBUTION / UNDERTAKING FORM**

Sr No.	Author Name	Affiliation	Contributions	Signature
1	Dr. Hafiza Amin	Department of Child and Family Psychiatry, King Edward Medical University Mayo Hospital, Lahore, Pakistan	Collected data, wrote the first draft of the manuscript, implemented changes advised by supervisor	
2	Dr. Mehtab Waseer	Department of Child and Family Psychiatry, King Edward Medical University Mayo Hospital, Lahore, Pakistan	Collected data, wrote the first draft of the manuscript, implemented changes advised by supervisor	
3	Prof. Dr. Nazish Imran	Professor and Head of Department of Child and Family Psychiatry, King Edward Medical University Mayo Hospital, Lahore, Pakistan	Supervised the findings of this work, conceived and designed analysis, analysed the data, advised regarding changes to manuscript	
4	Dr. Amna Rashid	King Edward Medical University Mayo Hospital, Lahore, Pakistan	collected data, provided input for manuscript	
5	Dr. Roop Kiran	Academic Department of Psychiatry and Behavioral Sciences, King Edward Medical University Mayo Hospital, Lahore, Pakistan	collected data, provided input for manuscript	
6	Prof. Dr. Imran Ijaz Haider	Professor of Psychiatry & Behavioural Sciences, Fatima Memorial Hospital, Lahore, Pakistan	collected data, provided input for manuscript	