

ORIGINAL ARTICLE

Psychological Disorders and Help Seeking Behaviour among Malaysian Medical Students in Their Clinical Years

AIDA J, HIZLINDA T, SITI FATIMAH S, MOHD MUHAIMIN A,
CHAI SY, SAHRINA W, TEO BH

Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Jalan Yaacob Latiff, Bandar Tun Razak, 56000 Cheras, Kuala Lumpur, Malaysia.

ABSTRAK

Kajian ini adalah bertujuan untuk mengetahui tahap kemurungan, keresahan dan tekanan dikalangan pelajar perubatan tahun klinikal Universiti Kebangsaan Malaysia (UKM) dan perlakuan mencari bantuan berdasarkan aspek psikologikal para pelajar. Satu kajian hirisan telah diadakan di Pusat Perubatan UKM selama tiga bulan. Responden kajian adalah terdiri dari para pelajar tahun tiga, empat dan lima melalui sampel sebanding. Pelajar diberikan borang soal selidik, yang mengandungi demografik sosial, 'Depression, Anxiety and Stress Scale 21' versi Bahasa Malaysia (BM-DASS 21) dan juga soalan mengenai tabiat meminta pertolongan. Penilaian psikometrik menganggarkan tahap kemurungan, keresahan dan tekanan di kalangan prasiswazah. Manakala soalan mengenai tabiat meminta pertolongan menilai kegunaan fasiliti perubatan dan sumber bantuan yang lain. Sejumlah 350 para pelajar telah mengambil bahagian didalam kajian ini. Seramai 1.3% dari mereka dikesan berkemungkinan menghadapi kemurungan, 2.4% mengalami keresahan dan 2.4% merasa tertekan. Majoriti pelajar lebih suka meminta bantuan daripada rakan (283;74.5%) diikuti dengan ibubapa (275; 72.4%). Terdapat hubungkait yang signifikan di antara para pelajar yang mengalami keresahan dengan tabiat meminta bantuan daripada sumber yang formal seperti kaunselor ($p=0.001$) dan pegawai agama ($p=0.03$). Kesimpulannya, ia adalah penting untuk meningkatkan tahap kesedaran para pelajar berkenaan gangguan psikologi dan program saringan yang efisien patut diguna pakai untuk mengenalpasti pelajar yang berkemungkinan mengalami gangguan psikologi.

Kata kunci: kemurungan, keresahan, tekanan, tabiat meminta bantuan, pelajar perubatan

Address for correspondence and reprint requests: Dr. Aida Jaffar, Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Jalan Yaacob Latiff, Bandar Tun Razak, 56000 Cheras, Kuala Lumpur, Malaysia. Tel: +603-91456117 Fax: +603-91456580 Email: aida.jaffar@gmail.com

ABSTRACT

The present study is to determine the level of depression, anxiety and stress among Universiti Kebangsaan Malaysia (UKM) clinical year medical students and their help seeking behaviour in relation to their psychological aspect. A cross-sectional study was conducted in UKM Medical Centre for three months duration. The study population was the third, fourth and fifth year medical students via proportional sampling. They were given questionnaires consisting of socio-demographic items, Depression, Anxiety and Stress Scale 21 – Bahasa Malaysia version BM-DASS21 and questions regarding help-seeking behaviors. Psychometric assessment (BM-DASS21) estimated the level of depression, anxiety and stress among medical students. Help-seeking behavior questions assessed the use of medical facilities and other help-seeking sources. Regarding questions on the barriers towards seeking help from the primary health-care, three parts were evaluated: structural barriers, barriers towards perceptions on mental-health disorder and barriers towards use of primary health-care services. There were 380 medical students who were involved in this research. It was found that some students experienced depression (1.3%), anxiety (2.4%) and stress (2.4%). Majority of them preferred to seek help from friends (283; 74.5%) followed by parents (275; 72.4%). There was a significant association between students who were anxious and help seeking behaviour from formal sources: counselor ($p=0.001$) and religious personnel ($p=0.03$). Hence, it is essential to increase their awareness on psychological disorders and more efficient screening programme should be used to recognize medical students with possible emotional disorders.

Keywords: depression, anxiety, stress, help-seeking behaviour, medical student

INTRODUCTION

Medical school programme for undergraduate is divided into two phases: pre-clinical and clinical. The clinical phase is when they will visit the clinics, wards and even patients' home in order to get contact with the patients. The study techniques, ward rounds, tutorial, lectures and seminars are very demanding that can lead to psychological distress among the students (Zaid et al. 2007). Psychological distress is to define as emotional instability which includes

stress, anxiety and depression (Drapeau et al. 2012).

Anxious students may have palpitation, difficulty in breathing, numbness and gastrointestinal symptoms which can affect their attention and study (Desrosiers & Miller 2007). More than half of our university students (non-medical and also medical) were found to suffer from anxiety while studying the undergraduate course (Shamsuddin et al. 2013; Yusoff et al. 2013). Students become anxious especially when they are worried about failing an exam. Students who are

anxious may easily become distressed with their anxiety symptoms.

Stress is very common among medical students. It is described as a fearful anticipation accompanied by sweating and increased heart beating (Benjamin & Virginia 2005). Shah et al. (2010) stated that the stressors are parental expectations, frequent examinations, the enormous academic curriculum, worry about their future and academic performance. Females are found to be more stressed than males. It is possibly due to their personalities and different coping mechanism. An earlier study established that most students perceived examination as the main stressor (Shah et al. 2010). The academic stressors may lead to psychological stress and subsequently depression if they do not have good stress management.

Depression is a psychopathological mood occurred for more than two weeks disturbing the student's work and social function (Benjamin & Virginia 2005). About 15% of medical students was found to be depressed. Since feeling depressed was associated with increased risk of suicide, it is not surprised that one fifth of them had suicidal ideation (Fan et al. 2012; Tija et al. 2005).

Medical course is well known with its stressful pursuit that often causes a negative impacts on physical and mental health of the students. Students might not be able to face all the stressors in their medical life; hence, they should seek help from the right sources. The sources of help can be divided into formal (counsellors, lecturers, health professionals, social workers, religious

personnel or youth programmes) and informal (friends, family members and peer groups) (Tuisku et al. 2006).

Hence, the present study was performed to identify psychological disorders among our medical students who were in their clinical years. Their help seeking behavior was also explored.

MATERIALS AND METHODS

This was a cross-sectional study conducted in UKM Medical Centre, Malaysia. Participants in this study were in their third to fifth year of medical school. By using proportional sampling method, students from each academic year were selected randomly. The students were approached individually (before or after the formal teaching, or in their dormitories). The students were briefed about the study and they were provided with a set of self-administered questionnaire and a consent form. This questionnaire consisted socio-demographic items, BM DASS-21 and questions on help-seeking behaviour.

The validated BM DASS-21 comprised of 21 questions that gauge the severity level of depression, anxiety and stress. However, it is not a diagnostic tool. The internal consistencies for each domains of BM DASS-21 were very good: depression (0.84), anxiety (0.74) and stress (0.79) (Ramli et al. 2007).

The questions on help-seeking behaviour assessed the use of medical facilities and other help-seeking sources. It was adapted from previous study by Aida et al. (2010). Face validity was done to improve its clarity and comprehensibility.

The collected data was analysed using the Statistical Package for Social Sciences version 18.0 (SPSS 18.0). Descriptive analysis in frequency and percentage were used to present the data of socio-demographic and BM DASS-21. Pearson's Chi-Square with Yates Correction was used to analyse the association between the students' psychological disorders and their help-seeking behavior. The statistical significance was established when p value of <0.05 .

Ethical approval from the Research Committee of Universiti Kebangsaan Malaysia was obtained prior to the study. Written consent was also obtained from the students prior to their participation.

RESULTS

There were 458 medical students approached but only 380 students agreed to participate in this study (82.9% response rate). There were 221 females (58.2%) and 159 males (41.8%) with their age ranged between 20 and 25 years old (SD 1.049). Majority of the students were Malays (243; 63.2%), followed by Chinese (132; 34.7%), Indian (5; 1.3%) and others (3; 0.8%). The respondents were third year (147; 38.7%), fourth year (118; 31.1%) and fifth year (115; 30.3%) medical students. Majority of them had good Cumulative Grade Point Average (313; 82.4%). More than half of the respondents stayed in dormitories (311; 81.8%) and were active in co-curriculum activities (190; 50%). Majority of the students stated that they had good relationship with their parents (374; 98.4%) (Table

1).

It was found that only minority of the students had depression (1.3%), anxiety (2.4%) and stress (2.4%) (Table 2). Majority of them preferred to seek help from friends (283; 74.5%) followed by parents (275; 72.4%) and siblings (203; 53.4%) (Table 2). Among formal sources of help, religious personnel (71; 18.7%), psychiatrists (64; 16.8%) counselors (45; 11.8%) were the top three preferred sources by the students (Table 3).

When we analysed the associations between students psychological disorders (depression, anxiety and stress) and their help seeking behaviour (Table 4 and 5), we found that there was a significant association between the presence of anxiety and help-seeking behaviour from the formal sources: counsellor ($p=0.001$) and religious personnel ($p=0.03$) (Table 5). However, there was no significant associations between the other psychological disorders (depression and stress) and other sources of help (Table 4 and 5).

DISCUSSION

This cross-sectional study had a good response rate, particularly among the third year medical students. Moderate response rate from the fourth and fifth year students might be due to their heavier clinical work as compared to the third year students. This is similar to a study by Abdul Ghani (2008). Most of the respondents in this study were Malay (63.2%), followed by Chinese (34.7%) and Indian (1.3%). This trend is similar to that of the national ethnicity trend in which Malays is the biggest ethnic, followed by Chinese and Indian.

Table 1: Socio-demographic data for respondents

Variable		N(N=380)	Percentage (%)
Age (years)	20	1	3.0
	21	37	9.7
	22	109	28.7
	23	126	33.2
	24	89	23.4
	25	18	4.7
Gender	Male	159	41.8
	Female	221	58.2
Religion	Islam	239	62.9
	Christian	34	8.9
	Hindu	6	1.6
	Buddha	96	25.3
	Others	5	1.3
Race	Malays	240	63.2
	Chinese	132	34.7
	Indians	5	1.3
	Others	3	0.8
Year of medical school	Third year	147	38.7
	Forth year	118	31.1
	Fifth year	115	30.3
CGPA grade	Excellent	21	5.5
	Good	313	82.4
	Credit	42	11.1
	Fail	4	1.1
Feeling about medical curriculum	Good	108	28.4
	Moderate	189	49.7
	Satisfied	68	17.9
	Not satisfied	9	2.4
	Absolutely not satisfied	6	1.6
Desired academic qualifications:	Degree	38	10.0
	Master	171	45.0
	PhD	171	45.0
Co-curriculum performance	Very active	30	7.9
	Active	190	50.0
	Less active	153	40.3
	Not active	7	1.8
Good relationship with parents	Yes	374	98.4
	No	6	1.6
Good relationship with siblings	Yes	375	98.7
	No	5	1.3
Good relationship with lecturers	Yes	341	89.7
	No	39	10.3
Good relationship with course-mates	Yes	375	98.7
	No	5	1.3

Table 2: Level of depression, anxiety and stress among UKM medical students in their clinical years

Emotional disorder	Total n (N=380)	Percentage (%)
Depression		
Not depressed (Normal)	375	98.7
Mild	5	1.3
Moderate	0	0
Severe	0	0
Anxiety		
Not anxious (Normal)	371	97.6
Mild	7	1.8
Moderate	1	0.3
Severe	1	0.3
Stress		
Not stressed (Normal)	371	97.6
Mild	9	2.4
Moderate	0	0
Severe	0	0

Table 3: Help seeking behavior from the informal and formal sources of help among the respondents

Help Seeking Behavior	n (N=380)	Percentage (%)
Informal		
Parents	275	72.4
Siblings	203	53.4
Friends	283	74.5
Internet Chat Room	32	8.4
Formal		
Psychiatrists	64	16.8
Other Health Care Workers	18	4.7
Counsellors	45	11.8
Religious personnel	71	18.7

An interesting finding in this study was a low prevalence of psychological disorders among the UKM medical students (depression: 1.3%, anxiety: 2.4% and stress: 2.4%). The prevalence was lower compared to a previous study done in Northern Europe where 14% of their medical students were depressed and 43% of them were

anxious (Bunevicius et al. 2008). This could be due to post-exam sampling of the students in our study. The UKM medical students could also have good strategies to cope with their emotional problems. Another possible reason is implementation of mentoring programme during the clinical years. This programme involves assigning

Table 4: Associations between the respondents' psychological disorders and their help seeking behaviour from the informal sources (n=364).

	Parents			Siblings			Friends			Chat room		
	Yes n (%)	No n (%)	P	Yes n (%)	No n (%)	P	Yes n (%)	No n (%)	P	Yes n (%)	No n (%)	P
Depression												
No	260 (76.2)	81 (23.8)	0.23*	19.2 (56.3)	149 (43.7)	0.43*	26.7 (78.3)	74 (21.7)	0.33*	29 (8.5)	312 (91.5)	0.44#
Yes	15 (65.2)	8 (34.8)		11 (47.8)	12 (52.2)		16 (69.6)	7 (30.4)		3 (13.0)	20 (87.0)	
Anxiety												
No	194 (75.2)	64 (24.8)	0.81*	147 (57.0)	111 (43.0)	0.47*	198 (76.7)	60 (23.3)	0.48*	21 (8.1)	237 (91.9)	0.54#
Yes	81 (76.4)	25 (23.6)		56 (52.8)	50 (47.2)		85 (80.2)	21 (19.8)		11 (10.4)	95 (89.6)	
Stress												
No	269 (75.8)	86 (24.2)	0.81*	198 (55.8)	157 (44.2)	1.00*	274 (77.2)	81 (22.8)	0.22*	31 (8.7)	324 (91.3)	0.56#
Yes	6 (66.7)	3 (33.3)		5 (55.6)	4 (44.4)		9 (100)	0 (0)		1 (11.1)	8 (88.9)	

*Pearson Chi square

Chi square with with Yates corrections

Table 5: Associations between the respondents' psychological disorders and their help seeking behaviour from the formal sources (n=364).

	Psychiatrists			Counsellors			Religious personnel		
	Yes n (%)	No n (%)	P	Yes n (%)	No n (%)	P	Yes n (%)	No n (%)	P
Depression									
No	54 (15.8)	287 (84.2)	1.00#	40 (11.7)	301 (88.3)	0.28#	68 (19.9)	273 (80.1)	0.59#
Yes	4 (17.4)	19 (82.6)		5 (21.7)	18 (78.3)		3 (13)	20 (87)	
Anxiety									
No	35 (13.6)	223 (86.4)	0.05*	22 (8.5)	236 (91.5)	0.001*	43 (16.7)	215 (83.3)	0.03*
Yes	23 (21.7)	83 (78.3)		23 (21.7)	83 (78.3)		28 (26.4)	78 (73.6)	
Stress									
No	57 (16.1)	298 (83.9)	1.00*	43 (12.1)	312 (87.9)	0.69#	70 (19.7)	285 (80.3)	0.83#
Yes	1 (11.1)	8 (88.9)		2 (22.2)	7 (77.8)		1 (11.1)	8 (88.9)	

*Pearson Chi square

#Chi square with Yates correction

four to five students to one lecturer who acts as a mentor. They have scheduled meetings to discuss about their academic performance and any psychosocial issues with their mentors.

There are two types of help seeking behaviour, formal and informal (Tuisku et al. 2006). In this study, medical students preferred informal sources of help such as friends (74.5%), parents (72.4%) and siblings (53.4%) compared to formal sources of help. This finding was similar to another local study that involved adolescents from a secondary school (Aida et al. 2010). This could be due to their good relationships with their friends (98.7%), parents (98.4%) and siblings (98.7%). Other studies also reported that many medical students shared their problems with their friends as their coping mechanism (Sherina et al. 2003; Zaid et al. 2007).

Staying together with friends, sharing similar academic stressors and having good friendships could explain their preference to seek each others' help to deal with any problems including emotional disturbances. In addition, parents are found to be an important source of support particularly when their emotional distress arises from financial problems (Sherina et al. 2003).

Very few of them trusted people they met in the internet chat rooms to share their problems. However, Gould et al. (2002) reported a higher proportion of adolescents sought support from people in the internet. The low use of internet chat rooms as a source of help in our study could be because they were well connected with their friends through social media such as Facebook, WhatsApp and Twitters. The medical

students should also be informed about the reliable websites, for instance Café@Teen by Natural Population and Family Development Board Malaysia that provide help in managing their emotional problems (LPPKN 2008).

With regard to the formal sources of help, majority of the students did not seek support from the psychiatrists, counsellors, religious personnel and other healthcare providers. They might be afraid that these healthcare providers could have negative perception towards them. Since there is a possibility that they will be working with these healthcare providers, the negative perceptions could jeopardise their future relationships with them. In addition, they also might have doubt that their confidentiality would be breached. Furthermore, meetings the healthcare providers for help could cause them to miss their classes, lectures and clinical teaching sessions. Thus, their performance might be affected and could make them more distress.

Interestingly, there was a significant association between the presence of anxiety and help seeking behaviour from the formal sources. Significantly more students who had anxiety sought help from the counsellors and religious personnel compared to those who were not anxious. These results were similar to an earlier study done by Eisenberg et al. (2007). There was no significant association between emotional distress and help that these students sought from informal sources. Rosenthal and Okie (2005) found that many students perceived stress in medical school was common. Hence, there was no need for them to seek help from others.

Limitations of the study were related to the cross-sectional design and the timing of data collection which was done following an examination. Students might have less emotional distress during this period. Therefore, we recommend future studies to be performed prospectively.

CONCLUSION

Prevalence of psychological disorders among UKM medical students was low. Significantly more students who were anxious sought formal help from counsellors and religious personnel. Good relationships with friends and parents were essential for their psychological well beings. Eventhough the prevalence was low, the students' awareness on these disorders cannot be determined. An effective screening programme is still needed to recognise students with possible psychological disorders.

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REFERENCES

- Abdul Ghani, H.M. 2008. Stress and depression among medical students: A cross sectional study at a medical college in Saudi Arabia. *Pak J Med Sci* 24: 12–17.
- Aida, J., Azimah, M.N., Mohd Radzniwan, A.R., T Iryani, M.D., Ramli, M., Khairani, O. 2010. Barriers to the utilization of primary care services for mental health problems among adolescents in a secondary school in Malaysia. *Malaysian Family Physician* 5(1): 31-35.
- Benjamin J.S. & Virginia A.S. 2005. Kaplan & Sadock's Pocket Handbook of Clinical Psychiatry 4th ed. Philadelphia: Lippincott Williams & Wilkins; 148.
- Bunevicius, A., Katkute, A., Bunevicius, R. 2008. Symptoms of anxiety and depression in medical students and in humanities students: relationship with big-five personality dimensions and vulnerability to stress. *Int J Soc Psychiatry* 54(6): 494-501.
- Drapeau, A., Marchand, A., Beaulieu-Prévost, D. 2012. Epidemiology of psychological distress. In *Mental Illnesses - Understanding, Prediction and Control*. <http://www.intechopen.com/books/mental-illnesses-understanding-prediction-and-control/epidemiology-of-psychological-distress>. [4th November 2014].
- Desrosiers, A., Miller, L. 2007. Relational spirituality and depression in adolescent girls. *Inc J Clin Psychol* 63(10): 1021–37.
- Eisenberg, D., Golberstein, E., Gollust, S.E. 2007. Help-seeking and access to mental health care in a university student population. *Med Care* 45(7): 594-601.
- Fan, A.P., Kosik, R.O., Mandell, G.A., Tran, D.T., Cheng, H.M., Chen, C.H., Su, T.P., Chiu, A.W. 2012. Suicidal ideation in medical students: who is at risk? *Ann Acad Med Singapore* 41(9): 337-82.
- Gould, M.S., Munfakh, J.L., Lubell, K., Kleinman, M., Parker, S. 2002. Seeking help from the internet during adolescence. *J Am Acad Child Adolesc Psychiatry* 41(10): 1182-9.
- LPPKN. 2008. Focus on Parenting and Reproductive Health. National Population and Family Development Board Malaysia. <http://www.thestar.com.my/story.aspx?file=%2f2008%2f1%2f10%2fcentral%2f19932625&sec=central> [29 March 2014].
- Ramli, M., Muhd Ariff, F., Zaini, Z. 2007. Translation, validation and psychometric properties of Bahasa Malaysia version of the depression anxiety and stress scales (DASS). *ASEAN Journal Of Psychiatry* 8(2): 82-9.
- Rosenthal, J.M., Okie, S. 2005. White coat, mood indigo-depression in medical school. *N Engl J Med* 353(11): 1085-8.
- Shah, M., Hasan, S., Malik, S., Sreeramareddy, C.T. 2010. Perceived Stress, sources and severity of stress among medical undergraduates in a Pakistani medical school. *BMC Med Educ* 10: 2.
- Shamsuddin, K., Fadzil, F., Ismail, W.S., Shah, S.A., Omar, K., Muhammad, N.A., Jaffar, A., Ismail, A., Mahadevan, R. 2013. Correlates of depression, anxiety and stress among Malaysian university students. *Asian J Psychiatr* 6(4): 318-23.

- Sherina, M.S., Lekhraj, R., Nadarajan, K. 2003. Prevalence of emotional disorder among medical students in a Malaysian university. *Asia Pac Fam Med* 2: 213-7.
- Tjia, J., Givens, J.L., Shea, J.A. 2005. Factors associated with undertreatment of medical student depression. *J Am Coll Health* 53(5): 219-24.
- Tuisku, V., Pelkonen, M., Karlsson, L., Kiviruusu, O., Holi, M., Ruutu, T., Punamäki, R.L., Marttunen, M. 2006. Suicidal ideation, deliberate self-harm behaviour and suicide attempts among adolescent outpatients with depressive mood disorders and comorbid axis I disorders. *Eur Child Adolesc Psychiatry* 15(4): 199-206.
- Yusoff, M.S., Abdul Rahim, A.F., Baba, A.A., Ismail, S.B., Mat Pa, M.N., Esa, A.R. 2013. Prevalence and associated factors of stress, anxiety and depression among prospective medical students. *Asian J Psychiatr* 6(2): 128-133.
- Zaid, Z.A., Chan, S.C., Ho, J.J. 2007. Emotional disorders among medical students in a Malaysian private medical school. *Singapore Med J* 48(10): 895-9.