

PRIOR TO THE PAN-LONDON 'MAD 2009' PROJECT MS GIVES YOU THE REASON BEHIND THE MADNESS



KATIE HONNEY
GUEST WRITER

RORY HONNEY,
OXFORD MED SCH



MEDICAL understanding of depression has passed from it being a rather obscure illness called 'melancholia' seen in asylums, to the single major source of clinical disability in the world. Depression refers to a wide range of mental health problems characterised by the absence of a positive affect, low mood and a range of associated

emotional, cognitive, physical and behavioural symptoms. In *Darkness Visible*, his own account of his experience of

this illness, William Styron wrote: "What I began to discover is that, mysteriously and in ways that are totally remote from normal experience, the grey drizzle of horror induced by depression takes on the quality of physical pain...there is no escape from this smothering confinement, it is entirely natural that the victim begins to think ceaselessly of oblivion".

Distinguishing the mood changes between major depression and those occurring as 'normal' reactions to life's adverse events remains problematic: persistence, severity, the pres-

ence of other symptoms and the degree of functional and social impairment form the basis of that distinction.

Whilst depression is evidently within communities and challenges healthcare systems, another disconcerting actuality is the high levels of depression and suicide among medical practitioners. The medical culture and training reinforce doctors' view of themselves as capable people who 'should' be able to manage long hours, hard work and emotional

these symptoms inevitably grow insidiously and are linked to years in clinical practice and/or age. However, the previously named 'pre-registration' or 'junior house officer' year, (now FY1/FY2), has been identified as the time of most experienced distress, with reported rates for depression of at least 31%. In addition, there is a high co-morbidity between depression, alcoholism and substance abuse among doctors. Evidently, depression involves a substantial personal cost to the doctors concerned, but also to their families and friends, the patients under their care and the healthcare system as a whole.

Studies into the mental health of doctors raise the question as to why further research has not been carried out earlier, involving undergraduate medical students.

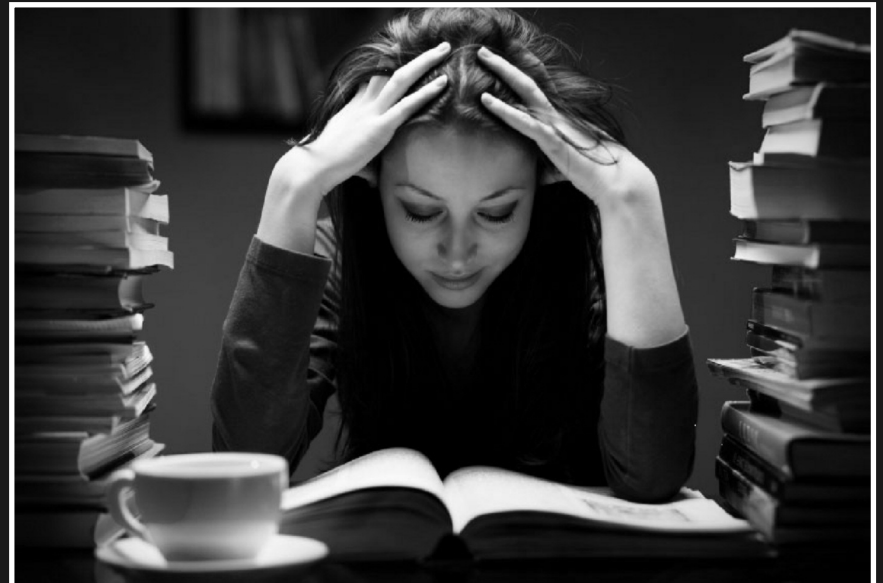
The potential ignominy surrounding a diagnosis of depression in both medical students and practitioners, can make research in this area somewhat challenging. However, given that there exists a professional duty to seek help for such conditions in order to protect both the professional and the patients in their care (GMC 2006), there is an overwhelming requirement for a greater understanding of the high prevalence of depression that is emerging at an early stage in many medical careers.

With these issues in mind, I conducted a comparative cross-

sectional internet based questionnaire study at one London medical school, to consider the differences in the preva-

lence of depression is a prevalent mental health issue affecting a significant proportion of both medical and non-med-

ical students, with rates well above the age matched population. These findings go some way in elucidating the reasons for the unacceptably high levels of depression established among junior doctors, but do not account for the very marked rise in rates of reported depression between students in their final year of study and their pre-registration period.



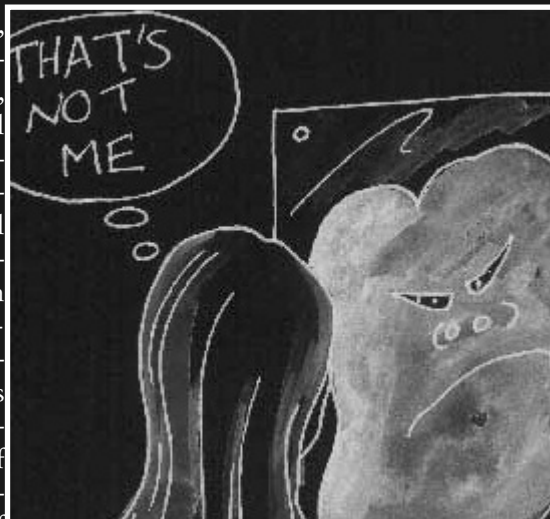
lence of depression among medical students compared with other non-medical university students, and to explore the potential vulnerability factors which may be associated with depressive illness among students. The self-administered questionnaire consisted of the following: a record of demographic details, and questions about vulnerability factors which could potentially be associated with depression among students. In addition, the Patient Health Questionnaire-9 (PHQ-9) – a self-completed depression specific questionnaire validated to assess depression in community samples, was included.

An overall response rate of 20% resulted in data from 553 medical students and 300 non-medical students being available for analysis. The results of this study underscored the fact

that depression is a prevalent mental health issue affecting a significant proportion of both medical and non-med-

ical students, with rates well above the age matched population. These findings go some way in elucidating the reasons for the unacceptably high levels of depression established among junior doctors, but do not account for the very marked rise in rates of reported depression between students in their final year of study and their pre-registration period.

MAD 2009 – "Medical and Dental Students Mental Health Survey. Challenging attitudes to mental health" – is a new and exciting project aimed at reaching all London medical students to add depth to the current findings and aid policy change and service provision, thus ensuring that both medical students and qualified doctors do not suffer from depression in silence. Please stay alert to further information on this forthcoming research and how you can get involved and make difference.



MAD 2009 – "Medical and Dental Students Mental Health Survey. Challenging attitudes to mental health" – is a new and exciting project aimed at reaching all London medical students to add depth to the current findings and aid policy change and service provision, thus ensuring that both medical students and qualified doctors do not suffer from depression in silence. Please stay alert to further information on this forthcoming research and how you can get involved and make difference.