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LETTERS TO THE EDITOR

Importance of web-based intervention in minimizing depressive symptoms and associated stigma in depressed medical students

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There is a considerable prevalence of depression in medical students, and those who are depressed more frequently endorse feeling stigmatized than non-depressed students.[1]

Because concerns about confidentiality are often cited by depressed medical students as a major barrier in seeking help, there is a significant need to develop an innovative way to provide medical students with safe and confidential access to services to improve prevention, detection, and intervention in depression and its associated stigma.[1]

A web-based approach could be potentially useful for addressing this issue and has already been used for delivering intervention in various health conditions, with benefits such as low cost, user convenience, timely information, privacy and confidentiality, reduced levels of stigmatization, and increased user and supplier control.[2]

Moreover, although current evidence is limited, a recent meta-review[3] points to the efficacy of web-based cognitive behavioral interventions in treating/improving depression symptoms in adults. In relation to depression stigma, there is evidence that web-based interventions (e.g., MoodGYM) can reduce personal stigmatizing attitudes toward depression.

The web-based approach assumes even greater importance when we consider that stigmatization increases with either the use of prescription medication or mental health counseling, and that only a small percentage of depressed medical students seek mental health counseling services, due to lack of time, confidentiality, stigma, and fear of documentation in academic records.[4] However, unintended negative effects could easily arise with web-based approaches as well (e.g. decline in seeking support from family and friends, avoidance of in-person mental health services, inadequate assessment and diagnosis).

We should also bear in mind that it is important to target depressive symptoms in this undertreated population[4] not only for their own health but also for that of their patients. Web-based anonymous platforms could serve as screening tools in helping to identify associated factors and causes of depression, and provide self-initiated intervention.

In Portugal, the available literature and research on depression in medical students is scarce. However, one study reported a prevalence of 58.2% of clinically significant stress symptoms in a medical student population of Portugal.[5] Based on these findings, our team is currently developing a protocol to assess Portuguese medical students' needs and the perceived relevance of a (web-based) intervention.

We believe that it is imperative to develop and test the efficacy of a novel web-based program designed to meet medical students' needs (and preferences) in their specific context, addressing risks and protective factors and stressors. Although we hypothesize/expect that an approach comprising cognitive behavioral techniques and psychoeducation will benefit this population, we believe that testing currently available tools with proven efficacy in adults might dilute their effectiveness and not benefit this population due to their experiential specificities (e.g., specificities related to health professional/medical training and practice of tackling high emotional and physical demands, high level of responsibility, exposure to human physical and psychological suffering, etc.), which have the potential to translate into depression and burnout. However, later trials should further compare the efficacy of standard computer-based interventions for depression with interventions designed specifically for medical students.

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Disclosure

The authors report no conflicts of interest.

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