HELP-SEEKING BEHAVIORS FOR MENTAL HEALTH PROBLEMS OF RESIDENT AND FELLOW TRAINEES IN A TERTIARY HOSPITAL IN THE PHILIPPINES

Sedric John V. Factor, MD[1], **Josefina T. Ly-Uson, MD[1]**

[1] - Department of Psychiatry & Behavioral Medicine, University of the Philippines - Philippine General Hospital, Taft Avenue, Manila, Philippines

INTRODUCTION

Trainee physicians are at a higher risk to develop depression and burnout compared to the general population. However, in spite of interventions to address mental health problems of trainees, utilization is still generally low.

AIM

The main objective of the study was to analyze the help-seeking behaviors for mental health problems of resident and fellow trainees of a public tertiary hospital in the Philippines in 2022. In order to achieve this goal, the following were done:

- evaluating the the trainees' help-seeking behavior for their mental health problems using the Inventory of Attitudes toward Seeking Mental Health Services (IASMHS) scale
- determining the barriers of trainees' formal help-seeking for their mental health problems, using the Barriers toward Access to Care Evaluation – 3 (BACE-3) scale
- assessing the relationship of the IASMHS and BACE-3 scales with the socio-demographic data of resident and fellow trainees
- discussing the enablers and barriers of trainee's help-seeking behaviors using key informant interviews.

METHOD

This was a two-phase mixed-methods cross-sectional study with a convergent parallel design.

In the first phase of this study, trainees answered a socio-demographic questionnaire, the Inventory of Attitudes to Seek Mental Health Services (IASMHS) scale, and the Barriers to Access to Care Evaluation-3 (BACE-3) scale. The data gathered were analyzed using Kruskal-Wallis and Spearman's Correlation tests. In the second phase, selected participants from the first phase underwent interviews; their responses were analyzed using a framework analysis.

RESULTS

Phase 1

Between August and October 2022, 236 trainees accessed the Google Form survey; two opted out of participating in the study, and 234 were able to finish the survey. Majority of the respondents are between the ages of 26-30 (59%), with a median age of 30. There were more females than males, and only 7.3% of the respondents have children. Of the respondents, 73.5% were residents and 26.5% were fellows; majority were in their 1st and 2nd year of training (36.3% and 27.4%, respectively). Majority were from non-surgical fields (74.8%) with a 41-to 60-hour duty per week (50%).

Table 1. Clinical Profile of Respondents based on Inventory of Attitudes toward Seeking Mental Health Services (IASMHS) scale

Score	Whole Sample (N=234)	Residents (n=172)	Fellow (n=62)
Total	64 (56-71)	64 (56-71)	64 (52-74)
psychological openness	18 (15-21)	18 (15-21)	18 (15-21)
help-seeking propensity	23 (20-26)	22 (20-25)	24 (20-27)
indifference to stigma	24 (18-27)	23 (19-27)	24 (16-28)

The respondents' median IASMHS total score was 64 (see Table 1). There was little to no difference between the IASMHS total score and sub-scores of the residents and fellows.

When the IASMHS total scores were analyzed based on demographic information factors, female trainees were more likely to seek consultation (p=0.004). For the psychological openness subscale, civil status (p=0.027) and presence of children (p=0.015) were significant; for help-seeking propensity subscale, living situation was found to be significant (p=0.016); and for indifference subscale, sex was found to be statistically significant (25 in females vs 22 in males; p<0.001).

When the IASMHS total scores were analyzed based on work information factors, the trainee's clinical department (p=0.052) and the number of duty hours per week (p=0.013) were significant. Those working more than 80 hours per week had the lowest median total score (61). For the psychological openness subscale, the trainee's clinical department (p=0.026) was found to be significant. For the help-seeking propensity subscale, the number of duty hours per week (p<0.01) was found to be significant, with those working more than 80 hours per week recording the lowest median score (20).

The top perceived barriers based on responses from the BACE-3 scale were "difficulty taking time off work" (39.7%), "wanting to solve problems on my own" (30.3%), and "concern that it might harm my chances when applying for jobs" (14.1%).

Phase 2

Between October and November 2022, thirty trainees that participated in the first phase were invited by the primary investigator to participate; only 17 trainees consented - 10 males and 7 females. The majority (n=13; 76.47%) were residents, and four were fellows; majority (n=13, 76.47%) were from non-surgical fields, and four were from surgical fields.

Extracts from the key informant interviews can be seen in Table 2.

Table 2: Extracts from Key Informant Interviews

Topic	Respondent	Response (condensed and translated to English)
On who they would consult first	E (female, third-year non-surgical resident)	"I would prefer (discussing my mental health problems with) friends first. They are all health professionals; I think they're going through what I'm going through."
On disclosure to training officer/chair of their mental health problems	F (male, third-year surgical resident)	"Our training officer right now is understanding and can be trusted, I don't mind sharing my diagnosis (to them). If it were a different training officer, probably not."
On mental health problems' stigma and possible professional implications	L (female, first-year non-surgical fellow)	"If I disclose my mental health problem, I'm worried that they will give me less work and responsibilities because they think my workload might affect my mental health."
	C (male, third-year non-surgical resident)	"In our department, there's still some stigma, but not as severe as what I've heard from other departments and institutions, so I'm not scared of any professional implications."
	J (male, second-year non-surgical resident)	"I'm worried they would see it as a weakness, that they will think I am unable to handle tasks or the burden of residency training."
On having time to access mental health services	H (female, first-year surgical resident)	"I already struggle with finding time for my physical health, I can't even imagine having time to consult for my mental health problems."
On determining the severity of one's mental health problem	N (male, second-year non-surgical resident)	"It's difficult to differentiate the physical and emotional demands of residency training from having a mental health problem. And because of that, we're not thinking of consulting."
On whether occupational dysfunction from one's mental health problem would cause them to consult	A (female, second-year non-surgical resident)	"Yes. It will branch out to other possible worries (if there is already occupational dysfunction). Will I be fired from my training program? Am I not doing enough as a trainee?"
	G (male, first-year surgical fellow)	"Yes. It can be potentially life-threating (for the patient) if I can't fulfill my roles and responsibilities."
On financial aspects of availing mental health services	D (female, third-year non-surgical resident)	"The cost of consultations and the medications are also just as concerning."

In the key informant interviews, the following were identified by participants as significant factors that can influence their help-seeking behavior:

- time constraints
- stigma
- possible professional implications of having a mental health problem
- perceived severity of their mental health problem
- presence of physical and behavioral symptoms
- perceived occupational dysfunction
- financial aspects of availing mental health services and interventions

CONCLUSIONS

There is a need to destigmatize help-seeking for mental health problems among Filipino trainee physicians. Hospitals must be able to adapt their wellness initiatives for physician trainees to what may enable and hinder them from seeking help for their mental health problems.

Furthermore, there is a need for more studies exploring the systemic problems perpetuating some of these barriers to help-seeking among Filipino physicians, including lack of time of trainees to seek mental health services, the culture of self-reliance among physicians, stigmatization of mental health problems among physicians, and fear of professional implications for disclosure of one's mental health problem.

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CONTACT INFORMATION

Sedric John V. Factor

Email: svfactor@up.edu.ph, sedric@svfpsych.com