PEER RESPONSES TO PSYCHOLOGICALLY DISTRESSED TERTIARY STUDENTS

THE DETECTION OF DISTRESS AND THE HELPING BEHAVIOURS OF STUDENT COLLEAGUES FROM MEDICINE, COMPARED TO PSYCHOLOGY, LAW AND MECHANICAL ENGINEERING STUDENTS

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Dedicated to my mother

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Candidate's Declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution to Catherine Leahy and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968. I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library catalogue, the Australasian Digital Theses Program (ADTP) and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

Catherine Leahy, 1 June, 2009

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ABSTRACT

Medical students experience elevated levels of psychological distress and they are reluctant to seek professional help for mental health problems. They are also reticent to notify authorities about colleagues experiencing psychological distress. Yet, young people are more likely to seek help from peers than from any other source and we know very little about the help that these peers provide to their distressed colleagues. The current research explored medical students' approaches to colleagues experiencing psychological distress: firstly, to determine whether they notice the distress of colleagues; secondly, to explore what determines consideration to intervene and help colleagues; and thirdly, the range of helping behaviours provided. Comparisons were made with students from other professional tertiary disciplines.

Students from all six years of an undergraduate medical course were compared with convenience samples from Psychology, Law and Mechanical Engineering at The University of Adelaide. Students were recruited for one of three studies which employed a variety of measures, including the Kessler Measure of Psychological Distress (K10), a Retrospective Helping Behaviour Instrument (RHBI) and a Hypothetical Helping Behaviour Instrument (HHBI).

Psychological distress (as determined by the K10) among the disciplines surveyed (N = 949) was 4.4 times that of age-matched population normative data. Despite this high rate of distress, students consistently rated the distress of their colleagues as significantly lower than the colleagues' own self ratings. All disciplines were equally inaccurate in detecting the distress of their colleagues.

Analysis of hypothetical helping behaviours, in response to a vignette, indicated that medical students offered more help to non-medical students than they did to fellow medical students; however, the quality of help delivered to fellow medical students was superior. Non-medical students offered more help to medical students than they did to students from their own discipline, but the quality of help they offered did not change between the two disciplines.

Analysis of the mixed method RHBI indicated that discipline had an effect on the types of help provided to distressed colleagues, the reasons for and for not helping a colleague, and general helping concerns. Three main types of help were provided: social support, academic assistance and therapeutic assistance. Medical students from Year 3 onwards offered a diverse array of helping behaviours, whilst law and mechanical engineering students primarily offered academic support. Help was considered more frequently than it was actually given and reasons for and against providing help were associated with belief or doubt about the benefit of helping, positive or detrimental effects for the helper, the closeness or lack of friendship with the helpee, and confidence to help.

This research has improved our understanding of the mechanisms that produce helping behaviour. It has also provided a rich inventory of the type of help offered by the medical students and by other tertiary students. This knowledge is crucial in the development of effective approaches to assisting distressed students, particularly in regards to the theoretical and practical development of peer support programmes. Peer support programmes take into account young peoples' preferences to speak to peers. Peer support programmes that build on the students' existing behaviours and resources (those behaviours identified in this research) have an increased chance of acceptance and validity. Such programmes may offer a viable adjunct to formal support services and, more importantly, may have far reaching effects in breaking down the stigma of mental health problems within professions such as Medicine.

PERSONAL INFORMATION

My first contact with the world of medical education began during my Psychology Honours year when I undertook a project exploring medical students' attitudes and reasons for studying Medicine. After completing my honours project I began to work in a Medical Education Unit administering the curriculum for the last three years of the medical course. I was not at that time an academic staff member, nor am I medically-trained and it is because of these two reasons that I believe some of the students chose to speak to me about many issues including the mental health of themselves and their colleagues. In more recent times I have also witnessed several young doctors struggling with mental health problems and was astonished at the stigma still surrounding mental health in the profession and the effect it had on these doctors.

The idea to research the mental health of medical students was suggested to me by a friend and medical education expert (who later became my principal supervisor). Given my interests it was such a logical suggestion that I was amazed I had not thought of it myself. It built on my experience working with the medical students and my observations of some of the issues around mental health. I was very fortunate to receive a *beyondblue* scholarship for the course of my doctoral studies, and the association with them gave my project added respect. Every discipline or school I approached was more than happy to have their students be a part of the research.

As the research unfolded the data collected from the non-medical disciplines gained importance so that in the end I found the research was more about tertiary students with an emphasis on medical students, rather than all about medical students with some secondary comparisons with other disciplines. The findings from my research have confirmed some of my ideas, at other times they have surprised me and raised many more questions. I have at times laughed at many of the student responses, at other times I have been appalled at what some of them have had to deal with, and I have been truly amazed at the help provided by some individuals to distressed colleagues. Above all, I believe that this research has shown that the students have a vast array of helping behaviours. Finding effective ways of fostering these attributes could help many psychologically distressed students. These attributes, carried

through to professional practice, have the potential to change the climate within a profession to one of care and acceptance, rather than fear, judgement and stigma.

As part of this doctoral study, all the study designs, questionnaire designs, supporting documentation, and the delivery processes were conceived by me. All data entry (with some additional verification by staff of the University of Adelaide), database design and programming, website computer programming, and data analysis were undertaken by me.

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To Professor Anne Tonkin I'd like to express my thanks for correcting some of my grammar and for suggesting better ways of expressing my ideas. This has made the thesis more effective.

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Finally, to my partner, colleague and friend, Peter Beilby, for the love he has given me and the innumerable things he has done to support me in my research and life.

ABBREVIATIONS

General

CES-D	Centre for Epidemiological Studies Depression Scale
GHQ	General Health Questionnaire
HHBI	Hypothetical Helping Behaviour Instrument
ICT	Information Communication Technology
K10	Kessler Measure of Psychological Distress
MBBS	Bachelor of Medicine, Bachelor Surgery
Mech. Eng. or M. Eng.	Mechanical Engineering
Med	Medicine
MMPD	Modified Measure of Psychological Distress
MPD	Measure of Psychological Distress
PBL	Problem Based Learning
RHBI	Retrospective Helping Behaviour Instrument
SF-36	Short Form Health Survey (36 questions)
TER	Tertiary Entrance Ranking
UMAT	Undergraduate Medicine and Health Sciences, Admission Test

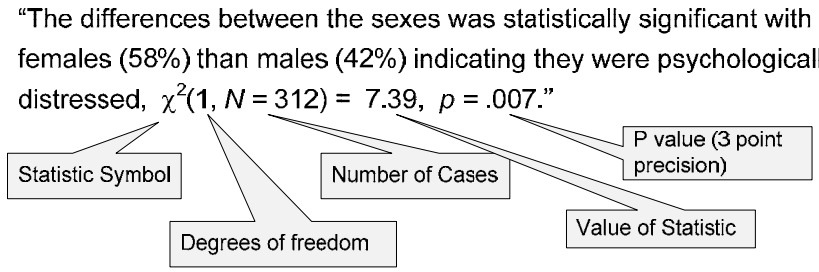
Statistical

H	Kruskal-Wallis Statistic
χ^2	Chi Square Statistic
CI	Confidence Interval (95%)
d	Cohen's Effect Size with Hedges Bias correction
df	Degrees of Freedom
M	Mean
Mdiff	Mean of the Difference
r_s	Spearman's rho Statistic
SD	Standard Deviation
SE	Standard Error of the Mean
U	Mann-Whitney U Statistic
z	Z Statistic for Comparison of Proportions Between Independent Populations

STYLISTIC FEATURES ADOPTED FOR THIS THESIS

The American Psychological Association Publication Manual was used as a style guide for this thesis (American Psychological Association, 2001). The following is a list of the main stylistic features adopted from the manual.

- All p values are reported exactly to 3-point precision unless this is inadequate in which case p<.001 is used instead of p = .000027.
- Inferential statistics are reported in the text in the following format



- Table and figure captions use italic font.
- Reference list uses hanging indentation.
- In the reference list, for works with more than six authors only the first six are written followed by "et al."
- Effect size estimates are reported, where possible, for all comparisons of mean scores. Effect sizes are reported to 2 point precision.
- Confidence intervals are reported, where possible, for all comparisons of frequency data.
- Within the text, frequency data are reported rounded to the whole integer.
- Non-significant *p* values are not reported in the text but are contained within the tables, unless a case is being made that the null hypothesis is close to being confirmed, in which case the non-significant *p* value is reported in the text.

Throughout the text references are made to previous sections of this thesis. All references to other sections of the thesis are named, bolded and italicized within the text. The three studies are identified by Roman Numerals within the text (I, II, III).