Background

• The role of mental health literacy (MHL) is integral to help-seeking behavior in patients.
• Studies of MHL investigate the extent to which people recognize mental disorders, know the causes of these disorders, and have knowledge regarding effective help-seeking avenues and treatments.
• Griffith University in Queensland, Australia has developed a Mental Health Literacy Scale (MHL) which has indicated that mental health professionals as well as individuals who have had direct or indirect experience with mental illness have significantly greater MHL.
• Poorly managed depression or anxiety may lead to decreased performance in school and extracurricular involvement, which undermines the integral nature of learning and understanding mental health services.
• Investigation into Rutgers University healthcare students’ understanding of mental health and anxiety may highlight awareness and beliefs about seeking mental health services and utilizing pharmacotherapy.

Objective

• The primary objective was to evaluate MHL among students pursuing a healthcare profession and their readiness to pursue pharmacotherapy.
• The secondary objective was to evaluate healthcare students’ awareness of available campus resources for depression and anxiety.

Methods

• Students from Rutgers University School of Nursing, Robert Wood Johnson School of Medicine, and Rutgers Ernest Mario School of Pharmacy were sent an invitation to participate in a survey through an emailing list. The email explained the study purpose and consent procedure before including a link to participate in the online survey.
• The 30-question survey was developed through Qualtrics with questions adapted from the Griffith University study developed at Griffith University.
• The survey assessed MHL regarding depression and anxiety, perceptions on pharmacotherapy, knowledge of available campus resources, and readiness to seek or not seeking mental health services.
• The study was reviewed and approved by the Rutgers IRB.
• All students who consented to participate in the study through completion and submission of the online survey were enrolled.
• Students who did not list their school and class year were listed as “Unidentified” during data analysis.
• “Pre-professional” students consisted of pharmacy students in the first two years of the six-year pharmacy program still taking general courses.

Results (continued)

Results

• The survey was disseminated to approximately 1,850 students enrolled in the School of Nursing, approximately 1,300 students enrolled in the School of Pharmacy, and 74 students enrolled in the School of Medicine, with responses from a total of 305 students.
• Figure 1. Fewer pre-professional students were aware of nearly all campus resources compared to professional students, with the largest difference of 29% between the two groups for the Rutgers University Behavioral Health Care. CAPS was significantly more well-known among all students, with the least known campus resource being the GSAPP Center for Psychological Services.

Conclusion

• The low willingness to pursue pharmacotherapy for depression among the Professional Year 4 students and their greater concern of stigma may be contrary to what is expected of students with a higher degree of mental health education and a higher modified MHL score.
• There may be a misconception among students of what is most concerning for patients with an identified vs theoretical prescription for depression or anxiety, with less focus on side effects and greater concern of nearly all other studied factors.
• Pre-professional students could benefit from greater outreach from all studied campus resources.
• All class years could benefit from greater outreach from the GSAPP Center for Psychological Services, an outpatient clinic that serves Rutgers students which is operated by doctoral psychology students and supervised by faculty and licensed clinicians.
• The accessibility of campus resources is a valuable option for students seeking forms of treatment for mental illness.

Disclosures

• All authors have nothing to disclose

References

2. “Pre-professional Students Clinic.” Graduate School of Applied and Professional Psychology, Rutgers University.

Table 1. There was a much higher percentage of students with concerns of side effects (83.4% vs 65.1%) for students with a theoretical vs actual prescription for depression regardless of class year.
Table 2. Students who were not seeking to receive medication for an actual or theoretical diagnosis, compared with Professional Year 4 students being the least willing to seek medication: 62% vs 70.3%.
Table 3. Stigma was least among Pre-professional students, with much greater concerns of stigma among Professional Year 3 and 4 students (depression: 12.5% vs average of 53.6%; anxiety: 17.7% vs average of 48%).
Table 4. A much higher percentage of students was willing to take medications for an actual or theoretical diagnosis than those who were, with much higher percentages concerned about side effects (depression: 84.0% vs 92.3%; anxiety: 88.5% vs 91.0%), with greater percentages concerned about side effects (depression: 90.4% vs 92.9%; anxiety: 77.6% vs 81.5%).

Figure 2. Students who were willing to take medications for an actual or theoretical diagnosis were more willing to receive treatment for an actual or theoretical diagnosis than those who were. Students not taught about these side effects also cited greater concerns for nearly all categories than students who were, other than less concerns of side effects and no concerns.

Figure 3. Students who were willing to take medications for an actual or theoretical diagnosis were more willing to receive treatment for a theoretical diagnosis than those who were. Students not taught about side effects also cited greater concerns for nearly all categories than students who were, other than less concerns of side effects and no concerns.

Figure 4. A total possible score of 121. Students generally scored higher on the modified MHLs as they progressed through their respective curriculums.

Results

Table 1. Percent Willing to Take Medications for an Actual vs Theoretical Prescription.

<table>
<thead>
<tr>
<th>Year</th>
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<th>Professional Year 2</th>
<th>Professional Year 3</th>
<th>Professional Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-professional (%)</td>
<td>82.9, 84.2</td>
<td>86.4, 85.7</td>
<td>79.1, 79.5</td>
<td>34.8, 42.1</td>
</tr>
<tr>
<td>Unidentified (%)</td>
<td>51.1, 48.9</td>
<td>51.5, 51.5</td>
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<td>43.8, 42.8</td>
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<tr>
<td>Post-professional (%)</td>
<td>76.4, 78.7</td>
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Figure 2. Willingness to Treat Based on Education

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Figure 2. Modified MHL Scale Score Based on Class Year

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<td>Year 4</td>
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Figure 3. Modified MHL Scale Score Based on Class Year

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