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**The COVID-19 pandemic and depression among medical students: Barriers and solutions**

## ARTICLE INFO

**Keywords**

Medical students  
 COVID-19  
 Depression  
 Suicides  
 Mental health

The paper by Rothman et al. showcased how COVID-19 is affecting mental health, particularly its role in increasing anxiety, depression, and suicide (Rothman and Sher, 2021). The study provides some insights into the association between COVID-19 and mental health and calls for the expansion of primary and secondary prevention strategies to adequately counteract this rise. We commend the authors for indicating a need for targeted approach for high-risk individuals, including front-line healthcare workers. We further expand on their conclusions by focusing on medical students since depression and suicide rates among this sub-group is on the rise. Additionally, medical student depression and suicide rates remain among the highest compared to their age-matched peers in other professions, making it an important point of discussion (Dyrbye et al., 2014).

The etiology of depression and suicide is multifactorial, which is further complicated among medical students and residents by features unique to the medical field including loss of work-life balance and isolation from support networks due to time constraints (Dyrbye et al., 2014; Hirani et al., 2022). Any primary interventions that target these modalities can help alleviate the burden of the disease. While there is a research gap on the effect of the COVID-19 pandemic on mental health in medical students, one paper found that rates of depression actually plateaued (Jupina et al., 2022). This could be explained by the advantages of the hybrid virtual learning models enacted during the pandemic. A survey analyzing medical student perception of online education during this period demonstrated that its greatest benefits were flexibility and self-paced instruction that ultimately resulted in reduced stress (Dost et al., 2020). This unexpected effect of COVID-19 presents an opportunity for further exploration of this learning model as a means of primary prevention.

However, despite this plateau, rates of depression were still higher compared to their age-matched peers in other graduate programs (Dost et al., 2020). This speaks to inherent differences within the field that put medical students at a higher risk for depression. Therefore, it is equally as important that medical schools also apply secondary prevention tactics to minimize harm. One study found promising results by incorporating peer-to-peer training in recognizing signs of depression and intervening on their behalf (Hjelvik et al., 2023). The study was limited to the home institution, but the results were so promising that it became

a permanent fixture of the medical school's curriculum. By training medical students on how to recognize these signs in their peers, early intervention can prevent adverse outcomes such as suicide attempts.

However, no matter what strategies are implemented to ameliorate this problem, no new headway can be made without accurate feedback on the efficacy of these interventions. Currently, medical schools are still reluctant to share any information regarding suicide deaths as they are currently not mandated to do so (Laitman and Muller, 2019). The best predictor we have for the burden of suicide in the medical student community is anecdotal reports in the media and surveys conducted intermittently with data heavily influenced by response bias (Laitman and Muller, 2019). This issue has been a dilemma for medical institutions for decades with the problem not poised to change unless drastic alterations are made. We believe making these changes is a step in the right direction to reduce the risk in this vulnerable population.

**Funding sources**

This article has no funding source.

**Declaration of interests**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

**Data availability**

No data was used for the research described in the article.

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<https://doi.org/10.1016/j.ypmed.2022.107365>

Received 15 November 2022; Accepted 20 November 2022

Available online 8 April 2023

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