Medical Student Council of Victoria Submission

Recommendations

On behalf of all Victorian medical students the Medical Student Council of Victoria recommends:

1. Greater accessibility (location and hours) for mental health support provided to university students, especially when undertaking placements known to exacerbate mental illness
2. Consistent requirements for medical schools to:
    a. Provide mental health education covering common mental health presentations (ie. anxiety, depression, normal expression of grief, burnout) in the preclinical curriculum and across a variety of clinical contexts
    b. Provide and prioritise ongoing personal mental health literacy (e.g. Mental Health First Aid courses)
    c. Provide ongoing counselling or debriefing during psychiatry placements
3. Exempting mandatory reporting requirements for treating doctors to encourage students to access mental health services and introduce a peer support model
4. Increase the number of psychologist consultations accessible through a GP Mental Health Care Plan

Introduction

The Medical Student Council of Victoria (MSCV) is the peak representative body of Victorian medical students. This submission has been written on behalf of all Victorian medical students. A survey was distributed to medical students at Deakin University, Monash University, The University of Melbourne and The University of Notre Dame Melbourne Clinical School to collate data for this submission. There were 71 respondents to the survey with approximately half undergraduate and half postgraduate students. Most responses were submitted by students attending full-time placements at hospitals during their penultimate or final year of study. Other students were undertaking research, preclinical studies and placements in other settings. Drafts of this submission were available for review by all Victorian medical students.

Mental Health in Medical Education

Many medical students receive the majority of their mental health teaching during their medical degree. Mental illness and poor mental health is encountered in all clinical contexts and, as such, should be considered an important part of medical education. It was heartening that approximately three quarters of respondents reported that they received at least six weeks of mental health teaching and placement during their medical schooling. The content and quality of teaching however, is highly variable and there are areas of mental health education that need improvement.

Student response

Mental health is largely taught in a siloed approach as part of either i) formal psychiatry teaching/placement, ii) as a small part of GP teaching/placement and iii) to us as part of a commitment to our mental health and wellbeing. While all of these are very important, I feel that the proportion of teaching on mental health and its management is disproportionately low given the burden of disease it poses in Australian society.

Final year student

Preclinical Teaching

Preclinical teaching typically occurs during the first 1-2 years of medical school prior to clinical placements. During this time, students attain critical knowledge required to work up, diagnose and manage medical conditions, including mental illness. The gaps in preclinical mental health education identified by medical students lie primarily in mental illness affecting minority groups, which are more likely to be affected by poor mental health. Key groups that are neglected but represent integral parts of our community include Indigenous Australians, refugees and asylum seekers, and the LGBTIQ+ community. Additionally, child and adolescent psychiatry was also identified as being under-taught to medical students. Other crucial gaps identified include addiction medicine and community mental health, both of which provide services to significant proportions of the population but remain neglected in both preclinical and clinical teaching.

Clinical Teaching & Preparedness for Clinical Practice

The remaining 2-3 years of medical school comprise of clinical teaching or placements. Following their preclinical years, many students feel underprepared for mental health placements. Over half of the respondents did not feel adequately prepared to interact with patients with a mental illness. More than three quarters of the respondents cited insufficient preclinical mental health education as the cause. Reasons for this may include insufficient time spent on more common conditions (ie. anxiety and depression) or failing to address mental health in underrepresented and marginalised groups as previously discussed.

Student response

"We don't get prepared for mental health placements. I don't think our education is adequate to prepare us for managing patients with mental health concerns as doctors. I'm not surprised so many patients report bad experiences with doctors in regards to mental health."

Student undertaking clinical placement in a hospital

Interviewing psychiatric patients is often discouraged prior to students' mental health placements, which occurs in the latter years of medical school. These interviews can then be quite confronting in the absence of prior opportunities to develop the appropriate skills and experience. Due to the high burden of low prevalence mental illness in the crisis-focussed public mental health system, clinical education is often disproportionately focussed on major psychiatric conditions (e.g. schizophrenia and bipolar disorder) at the expense of high prevalence illnesses that have a mild-moderate impact. Students may not be confident in dealing with day-to-day patient interactions regarding the more common mental health complaints such as depression and anxiety surrounding illness and disease.

Impact of Mental Health Placements on Students' Wellbeing

Undertaking placements in the mental health field places a significant burden on medical students. Students are exposed to clinical environments where violence against staff, violence between patients, and even violence against patients by staff occurs as a part of day-to-day work. Patients are, not infrequently, subjected to restrictive interventions and therapeutic interventions against their wishes. These experiences may, particularly for students with a previous exposure to trauma, lead to burnout and mental health symptoms in their own right.. Psychiatric trainees, as mandated by RANZCP, have mandated formal one-on-one supervision each week, which seeks to provide a supportive environment for trainees to reflect on these issues and on the impact that this may be having on their own mental

health. Students undertaking placements, however, have no access to this critical aspect of psychiatric care.

Student response

"...being placed within the public psychiatry system exposes us to stories of emotional distress, social disadvantage and trauma that we had not been exposed to previously. It was very difficult to process these emotions, and on my placement, not a single person or doctor seemed to acknowledge or vocalise that this may be a difficult process."

Final year student undertaking clinical placement

There are many other factors which impact on a student's experience on their placement including personal factors (eg. self/friend/family member with a mental illness), preconceived personal or society's perceptions of patients with a mental illness and insufficient support from faculty and/or clinical staff. Importantly, the nature of specific mental health placements may exacerbate students' existing mental health issues. Although clinical mental health education is important, it should not have to occur to the detriment of personal mental wellbeing.

Inconsistencies with Placements

Due to the nature and availability of placements of medical students, there are often inconsistencies and limitations with the types of placements they are undertaking. Students are often randomly assigned to one or more mental health placements, which can comprise inpatient psychiatry, private mental health facilities or community mental health programs. This can result in variable placements which limit exposure to all elements of the healthcare system in which medical professionals operate. This is further exacerbated in rural placements where opportunities for exposure to mental health are limited. It is crucial that students understand the mental health system holistically in order to guide their future patients towards services that will best meet their needs and suit their circumstances.

Management of Mental Health in Other Specialties

The majority of clinical placements typically occur in the inpatient setting. In the context of mental health education, this is potentially problematic as the majority of patients with mental illness and poor mental health are seen in community settings. Further, as previously noted, the patient population in the public inpatient setting, where students are primarily exposed to low prevalence disorders such as bipolar disorder and schizophrenia provides limited or no exposure to patients with high prevalence illnesses, typically seen in outpatient clinics and private hospitals. As a result some students feel ill-equipped to diagnose and manage more common mental health complaints. Most students do however, undertake GP placements where community mental health issues such as anxiety, depression are seen and taught on an ad hoc basis. These placements take place in the broader context of GP teaching and so often specific mental health teaching does not occur. This is a particular issue when students conduct mental health consultations and are not taught how to interview patients appropriately or complete a mental health care plan. Multiple students expressed that they feel unprepared in these circumstances.

Student response

"I saw many patients with depression but was never taught how to handle that sensitive consultation."

Final year student

Student response

"I feel we are not very well equipped to deal with and to discuss grief and loss with patients."

Student undertaking clinical placement in a hospital

Navigating the mental health system for patients that fall between the community and inpatient criteria - the so called "missing middle" - was another source of concern.[1] This is an indication that the needs of these patients are underserved by our current mental health system's structure, and that in order for future initiatives targeting these consumers to succeed, medical students will need to be engaged during the course of their training to ensure long-term optimal utilisation of any such additional resources.

Student response

"*I don't know what to do if I have a patient who is too sick to manage in the community, but will not be able to get a bed in a public hospital."*

Final year student

Students may also lack confidence in the management of behaviourally disturbed or aggressive patients in ED, including mania and psychosis.

Student response

"I don't know how to manage a patient in acute crisis. I can assess them, but I don't know what to do next while waiting to see benefits from medication."

Final year student

Students feel unprepared for these common challenges in mental health management that they will undoubtedly encounter as a junior doctor where they are required to complete a rotation in ED as well as other specialties. Crisis management and the appropriate clinical skills are key areas of medical school curricula that need to be addressed so that these patients can be cared for safely and appropriately.

Student response

"There is a clear gap between most of the mental health teaching (which focuses mostly on medications) and community expectations (most patients don't want to take medication for their mental health). As mentioned, the siloed teaching approach tends to send the message that mental health is something that only needs to be managed in the GP/psychiatry setting, which couldn't be further from the truth. Crises occur in many healthcare contexts (ICU, O&G, surgery, trauma to name but a few), and really mental health management of these patients is ignored, along with management of depression and other mood disorders subsequent to chronic illness and multimorbidity, especially in the elderly which is basically the majority of the patients we are going to see as doctors. I also think the increasing community suicide rates we aren't sufficiently prepared for, while this was touched on during our psychiatric rotation, we need to be better prepared to recognise and support/manage crisis/suicidal patients rather than protecting students from them on the basis that its too hard or difficult; no wonder then we all go onto become doctors who perhaps then don't address these issues as openly as we could or need to.".

Final year student

Personal Mental Health Education

Medical students are at high risk of developing mental illnesses and should be adequately trained to seek help and identify when they are at risk.[2] In addition to caring for patients, caring for personal mental health was identified as an area of medical education that was lacking. Although many students learnt about mindfulness and caring for their mental health, many students were unsure of how to seek help and help their peers.

Student response

"While there may be informal talks about how important mental health is, there aren't formal interventions to make sure our mental health is prioritised."

Fourth year student

Further and ongoing education surrounding personal mental health and identifying burnout was identified by multiple students as an important part of their medical education. Completing mental health first aid courses was identified as a valuable intervention that should be implemented across more medical schools.

Student response

"*Mental health first aid courses should be made more available and compulsory for a larger range of students - it is a massively under-utilised resource for what is a massive issue, especially in our age bracket*."

Student undertaking research placement

Recommendation 2

Consistent requirements for medical schools to:

- ***a. Provide mental health education covering common mental health presentations (ie. anxiety, depression, normal expression of grief)***
- ***b. Provide and prioritise ongoing personal mental health education***
- ***c. Provide ongoing counselling or debriefing during psychiatry placements***

Supporting the Future Mental Health Workforce

Furthermore, adequate support for all medical students undergoing these placements is crucial for them to engage fully in all learning opportunities. Of the respondents (n=65), most felt either moderately supported or very supported, although a third felt either only slightly or unsupported undertaking these placements. As previously mentioned, insufficient support from university staff was also identified as a factor affecting student preparedness to undertake these rotations. Students reported a wide number of supports available, however these were not always provided directly by academic staff. The most widely available supports for students reported were informal debriefing and the ability to contact relevant medical school staff members. However, there are certain circumstances and factors that affect the accessibility and likelihood of students utilising these supports. Additionally, although many services are available to students, faculty and clinical staff don't necessarily direct students to them. Stigma continues to play a significant role in prohibiting students from seeking help.

Student response

"all the above supports were available to students, but because we didn't want to 'make a big deal' of things we were struggling with, we often didn t feel comfortable enough to use them"

Fourth year student undertaking clinical placement in a hospital

Accessibility & Availability of Services to Students

Although some universities and clinical schools are making a concerted effort to support medical students with mental illness in addition to minimising stigma, there is still some way to go. Approximately two thirds of the respondents (n=71) believed that their medical school was doing little to support or adequately supporting their mental wellbeing. Current supports available to students include free counselling services provided by universities and medical professionals (general practitioners and psychologists). However, accessing these services can be difficult within semester times due to the expected attendance requirements (typically 100%) of students to their studies.

Student response

"*...psychology and psychiatric services are not particularly accessible to medical students who are on placement on weekdays...We don't have our schedules in advance to create appointments and are penalised by the medical system (financially or not being able to rebook) if we have to change/cancel the appointment.*"

Third year medical student undertaking clinical placement

These scenarios are also applicable to those undertaking full-time work, regardless of whether they are in the medical profession. Accessing bulk-billing psychology services is also difficult as these can be booked out months in advance which is potentially problematic. Further, the number of sessions (10 sessions per

year) currently provided on the GP Mental Health Care Plan, is often insufficient for those suffering from moderate to severe mental illness. For international students, access to these services is not an option and we are unaware of any services that may be more appropriate in these circumstances. This especially raises the issue of the existence and availability of culturally appropriate services for those suffering from mental illness who are culturally and/or linguistically diverse.

Student response

"If people are genuinely struggling with mental health, the number of free psychology sessions is not adequate. If people are going to put up their hand and say they need help, we need to create a system where they can get the help they need irrespective of their financial situation."

Third year medical student undertaking clinical placement

For medical students suffering from severe mental illness, accessing help in both the public and private settings is difficult. Accessing inpatient or outpatient care under a psychiatrist in the public system is incredibly difficult as it is overloaded and caters primarily to the most unwell patients. The same goes for emergency departments, which are also ill-equipped to cater for the increasing demand of mental health patients. In the private sector, more inclusive mental health cover was cited as needed from private health insurance providers.

At least three quarters of respondents (n=70) had some idea of who to talk to if they or another medical student was experiencing mental illness. However, over a third of respondents (n=68) reported not seeking help and support when they previously needed it. Students cited the importance of encouraging help-seeking behaviour in addition to permitting and normalising mental health days as important in improving mental health amongst medical students. For those that didn't know where to seek help for themselves and their peers, better transparency is needed to prevent misinformation being prohibitive.

Student response

"The main area I still have doubts around is how to support peers who have expressed having mental health difficulties during medical school - I am often unsure of how to engage / whether to get involved / whether to refer them to someone - basically I understand there is no one-size-fits-all approach but would benefit from some guidance here."

Student undertaking research placement

It is important to consider that as well as suffering from mental illness themselves, medical students can also find themselves as a carer of someone with mental illness. This can be difficult when negotiating any special consideration or academic adjustments, as carer roles are diverse and often poorly defined by universities and other institutions.

Recommendation 1
Greater accessibility (location and hours) for mental health support provided to university students, especially when undertaking placements known to exacerbate mental illness

Recommendation 4
Increase the number of psychologist consultations accessible through a GP Mental Health Care Plan

Mental Health & Medical Students

Both medical students and doctors experience higher rates of poor mental health than the general population. 43% medical students are likely to have a minor psychiatric disorder (ie. mild anxiety or depression) and 1 in 5 students had suicidal thoughts in a year.[2] Multiple factors contributing to and perpetuating this problem have been identified, including (but not limited to) structural aspects of medical schooling, placements (especially in mental health fields), the “hidden curriculum” and the often competitive nature of medical school. Poor medical student mental health is not only a problem in itself but also may significantly impact the ability of students to engage in their own medical education, especially in the context of mental health.

The poor mental health of medical students is emblematic of a chronic problem in healthcare more broadly. Medical students learn in an environment that is too commonly hostile. Students are commonly victims of bullying, sexual harassment, discrimination and a pedagogy, advocated by some, that views public humiliation as an effective teaching tool. The promotion of resilience training as a solution to poor mental health is an inadequate solution to what has long been a cultural problem within medical education.

Placement Locations

At multiple medical schools placements are randomly allocated and may require students to move to another metropolitan or rural location. Although students may request an alternative allocation under extenuating circumstances, this is infrequent and entry into some medical schools is conditional on acceptance of this system. This can result in students being disconnected from social supports or having to leave their employment, which can further contribute to the financial pressures experienced by many medical students during their studies. Additionally, the location of some placements are prohibitive for students suffering from mental illness as there may be no nearby support available or a lack of options suitable for the specific student.

Student response

> *“This contributes to many medical students' deteriorating mental health and prior mental health conditions are not seen by the faculty as a reason to remain close to home.*”

Final year medical student

Academic Factors

The competitive and highly academic culture of medical school also has an impact on the mental health of medical students. Z-score rankings used to assess graduates for internships based on academic performance is one example of an unnecessary additional stressor in an already stressful environment.

Student response

"Medical school is already competitive enough without introducing this need for competitiveness amongst peers."

Final year medical student

Poor communication from faculty regarding assessment, placement and additional requirements was identified as a significant source of stress for students. Importantly, the systems by which medical schools notify students of requirements and upcoming assessments are often in breach of their university's relevant procedures and processes regarding adequate notification periods for assessment, creating confusion amongst students familiar with such procedures.

Student response

"I honestly feel that if I'd had more specific information about university requirements and less mixed messages/different instructions given to students on different placements I would have felt more in control at medical school and more able to manage the stress and workload. This is a really easy fix if the faculty make it a priority to provide one set of clear and comprehensive information about assessment/placement/other requirements to students in a timely manner."

Final year medical student

Financial Pressure

The nature of medical school means that the hours required for study and attending classes or placement can be prohibitive to maintain part-time employment.

Student response

"Difficulties balancing work and placement including sporadic hours, minimal notice for mandatory events, tutorials/placements with large geographic spread, allocation to rotations up to 1.5 hours away (i.e. 3-5 hour return trip to my placements every day for a year with train works)."

Final year medical student

Financial pressure is a significant stressor for many medical students and there is limited financial support offered by medical schools. Further, most medical students do not meet the strict criteria used to allocate such financial support. Centrelink support is often insufficient for students responsible for supporting themselves, further compounding financial stress.

Addressing Stigma & Discrimination

Stigma and discrimination poses a significant barrier to any individual seeking help for poor mental health. As previously mentioned, at least 1 in 3 students surveyed reported previously not seeking help for mental illness when they needed to. The most predominant reasons cited by students were feeling embarrassed, ashamed or guilty; not wanting to admit to others that they were struggling and concern about the impact on their career. Most concerningly, a small number of students reported being actively discouraged from seeking help by staff and other students. The exact reason for this is unclear, however

there were reports of other cases were students felt punished or judged by faculty staff for seeking help. Additionally concern about impacts of seeking help from faculty and staff members on a student's future career served as a barrier to seeking help. Perceived and genuine stigma towards students seeking help needs to be addressed universally across all medical schools to facilitate students seeking help sooner rather than later. There have been however, some positive reports about faculty supporting and guiding students when seeking help. It is clear though, that this issue needs to be addressed at a systemic level so that students feel comfortable seeking support in any context.

Further to this, many students have concerns the potential impacts of mandatory reporting on their future careers. Better information and support around mandatory reporting or any other mental health support put in place for health care workers is imperative to mitigate stigma and misconceptions arising as early as medical school.

At a more fundamental level, mental health needs to be treated and addressed in much the same way as physical health. The stigma amongst medical students and health care workers is not an isolated phenomenon but it is more pronounced than amongst the general public. If those working in health care and mental health are unable to accept their own colleagues poor mental health as a genuine and treatable medical condition, how can we expect our patients to do the same? Normalising mental illness and help-seeking behaviour amongst current and future professionals is imperative to this end.

Student response

"*Many people need these services just as much as they need a doctor for a physical issue but nobody considers mental illness like this, it is more seen as a personal weakness and an inability to cope.*"

Fourth year student

Recommendation 3

Exempting mandatory reporting requirements for treating doctors to encourage students to access mental health services and introduce a peer support model

Attracting Medical Students to Work in Mental Health

Some students believe that mental health teaching is treated as a soft topic and neglected in favour of "core" subjects such as anatomy and physiology. This attitude does not start with students. In order to make psychiatry a more attractive future specialty for medical students, and hence ensure that the health system is able to meet future population needs, it is imperative that the stigma and discrimination amongst medical students and their supervisors is addressed. Students often witness doctors from other disciplines making derogatory comments about psychiatry, or even avoiding screening for psychiatric symptoms.

In addition to addressing the stigma towards psychiatry in medical schools, it should be presented as a key aspect of medical education from the start. Specialising in psychiatry is viewed as losing all other medical skills gained during medical school, however if it is presented as equal to these skills, the perspectives of medical students could shift. Additionally, the early promotion of psychiatry as a career choice and inspirational talks from mentors, is important in fostering interest amongst medical students.

From their experiences on placement and discussion with supervisors, medical students are aware of the current working conditions in all specialties, especially psychiatry. Naturally, the improvement of these conditions serves as another incentive to work in mental health. Specifically, greater support and prevention of verbal and/or physical assault for all mental health workers was identified as important in this regard.

References

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2. BeyondBlue. National Mental Health Survey of Doctors and Medical Students. Beyond Blue Ltd; October 2013. Available from: https://www.beyondblue.org.au/docs/default-source/research-project-files/bl1148-report---nmhdmss-exec-summary_web.pdf?sfvrsn=4