

Mental illness and medical students

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Daryl is the Welfare Officer for the Postgraduate Medical Council of Victoria JMO Forum in 2011, and has a keen interest in medical student and junior doctor well-being. He has previously served as the Community and Well-being Officer at the Monash University Medical Undergraduates Society and co-authored a paper on depression in Australian medical students.

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The recent article by Nguyen in AMSJ Vol 2, Issue 1 [1] raises several interesting points for discussion regarding the mental health of medical students.

In recent years, the mental well-being of medical students has received increasing publicity and coverage. This was previously a somewhat taboo topic within the medical community, but it has transitioned to become an issue that is now widely discussed and debated amongst students, faculty and the wider medical community. The outcome has been fruitful with a multitude of new initiatives highlighting the importance of mental health in health professionals. Nevertheless, there continues to be a worrying disparity in the prevalence of mental illness between medical students and the wider Australian population.

Nguyen outlined key factors that could contribute to this problem, including the fact that the medical course inflicts on students immense stressors including an overwhelming workload, rigorous examinations and lofty aspirations. [2,3] There is no doubt that this places an increasing burden on medical students. However, it must also be acknowledged that medical students generally have limited constructive coping strategies to deal with such stressors in the first place. Consequently, this may lead to a downward spiral involving concomitant behavioural problems; for example, excessive alcohol intake and the use of recreational drugs. [4]

It is a sad fact that mental illness remains widely stigmatised in the medical community. In a recent study, Hillis and colleagues [5] showed that 55% of Australasian medical students

believe that there is a stigma associated with experiencing stress and distress. Nguyen and colleagues [6] conducted a multicentre survey which found that 71.6% of respondents in a survey of Australian medical students “would likely feel ashamed of depression” and that 62.1% “would not tell anyone” if suffering from depression. Not only does this indicate the medical student’s reluctant attitude towards seeking help for mental illness; it also suggests that stigmatised views, along with other deterrents such as fear of confidentiality and the perceived potential impact on future career progression, can act as major barriers to medical students tackling this problem.

On a positive note, we are beginning to see an effective strategy to improve this problem that entails a coordinated, synergistic ground-up approach involving individual students, faculty, medical organisations and government bodies.

The Australian Medical Student Association (AMSA) has been playing a key role in amplifying awareness on this topic. In addition to an official policy document on well-being in medical students, an AMSA and New Zealand Medical Student Association (NZMSA) Well-being Team was formed to bring together like-minded students to brainstorm and discuss ways to make a difference in this area. Together with the assistance of faculty and students across Australia and New Zealand, this group recently launched a well-being guide entitled “Keeping Your Grass Greener,” [7] to be distributed to every medical student as a first port of call for issues related to mental health and well-being. This guide aims to provide a synopsis, practical tips and

anecdotes to flag the importance of well-being issues to medical students from an early stage of their career.

Students are also rising to the challenge. The Monash University Medical Undergraduates’ Society (MUMUS) has adopted a well-being policy with specific goals and aims involving both staff and students. A Community and Well-being committee has also been established, which pioneers community service opportunities as well as promoting the importance of well-being in students. With this two-pronged approach, it is hoped that by serving others altruistically medical students can enhance their own well-being, as shown in recent studies. [8] Besides this, a mentorship program was piloted in 2010 involving senior medical students “buddying up” with junior colleagues. Unlike other programs, the aim was to highlight the importance of mental health and share practical experiences and tips on coping with stressors at medical school as opposed to just dealing with academic issues. An additional benefit of using a students-only approach was the openness and honesty when approaching a sensitive topic.

The old adage states that “prevention is better than cure.” The focus of ongoing efforts should be to prevent mental illness in medical students rather than having to treat it a later date. An appreciation of the importance of an holistic approach to this issue will help to ensure optimal outcome for generations of medical students to come.

Conflict of interest

None declared.

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