The justice of melancholia

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Although Elliot has only just started his medical journey, he has strong research interests in neurology and mental health, and is passionate about a career in neurosurgery. A concern for the health of his peers and a strong belief in the importance of good mental health for future doctors motivated him to write this article.

In a previous issue of this journal, Nguyen [1] succinctly identified a high incidence of mental health conditions in Australian medical students.

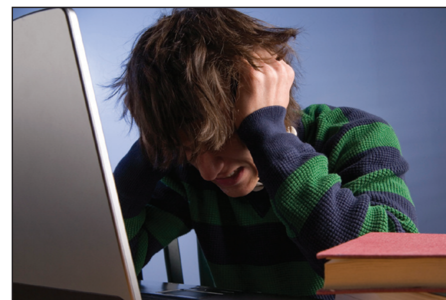
The increased rates of depression and suicidal ideations experienced by this population depict a bleak future for the medical profession in this country. Of great concern is the fact that the barriers preventing medical students from accessing support are not only unique, but despairingly fraught with immeasurable difficulty and stigmatisation; stigma that is entrenched and perpetuated through the core of the medical culture. [2] Despite our existence in an apparently enlightened and diverse cultural framework, the disconcerting stigma branded upon mental health exists and it is truly deplorable.

Pupils of the medical profession recognise that discrimination against mental health issues dwells not only in the general medical community, but also within their school. [2,3] Students believe that notifying the medical school of a depressive episode could result in the loss of the faculty's respect [4] and the affected being labelled as 'weak.' [5] These perceptions result in a general hesitancy and fear for medical students of disclosing any symptoms that may reflect an issue of mental health to their school or hospital. Indeed, the moniker of 'weakness' discourages students from reporting mental health issues so as to not affect their chances of future employment in a climate where post-graduate intern positions are at an all-time low. [6] Though such a fastidious designation of discriminatory labels and 'black marks' may not be performed by the medical community, the important issue here is that this belief exists within the student body, thus presenting a significant barrier to support for those who struggle with depression.

The aversions and insecurities medical students hold towards approaching support services can be surmised by concerns of discrimination, professional consequences and above all, confidentiality. Sections of the literature have reported that students do not trust that they will receive confidential care when accessing services for depression. [7,8] Indeed, medical students have been found to display staunch apprehension and reluctance in approaching clinical tutors with mental health issues, [9] fearing that these individuals could breach confidential care and notify the medical school. As clinical tutors are frequently delineated as ubiquitous pillars of support by universities, these attitudes and beliefs demonstrate a severely declining trust in inherent supportive frameworks offered by the medical academia.

Though these convictions of mistrust held by medical students may seem nothing more than a bout of widespread paranoia, substance has recently been injected into the heart of these fears. The new Health Practitioner Regulation National Law Act (the National Law) [10] stipulates that all health professionals and education providers (i.e. medical schools) must report students who are 'impaired,' by mental health conditions or otherwise, to the National Agency. This legislation has made it a legal requirement to violate the trust of medical students who seek support for depression, thereby encouraging breaches of confidentiality against a demographic at a greatly increased risk of not only depression, but also of suicide. [4] Such a disposition lends credence to the fears that medical students have in accessing mental health support services as previously described.

Mandatory reporting presents a very tangible likelihood for allocations of the dreaded 'black mark.' The identification of affected students, coupled with the stigma it entails, potentially tarnishes academic records, desecrates hopes for future employment and turns



suicidal ideations into reality. The shameless National Law produces the most shocking barrier to support, punishing students who seek a professional confidant in light of debilitating psychological sequelae. This law represents an unmerciful dereliction of duty that governmental agencies should have for student welfare.

Though mental health has ascended into the list of National Health Priorities, [12] the implementation of the National Law demonstrates a complete disregard for those individuals who are at great risk of serious psychological effect. This obtuse legislation represents the ultimate hindrance and opposition for students to assume the most basic of human rights: trust, comfort and confidence in their ability to seek health advice.

Thus, the widespread belief amongst medical students that a disclosure of depression will result in a permanent blemish on their future career prospects has been confirmed by the National Law. Pathways for the identification, reporting and subsequent exclusion of depressed medical students has been entrenched in the legal dogma of this country. The stigma that surrounds mental health has been expressed, personified and consolidated in this damning legislation and has eloped with the law.

Conflict of interest

None declared.

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