



# Identifying good practice among medical schools in the support of students with mental health concerns

A report prepared for the General Medical Council by:

**Andrew Grant** | Institute of Medical Education, Cardiff University

**Andrew Rix** | Prepare to Share

**Karen Mattick** | University of Exeter Medical School

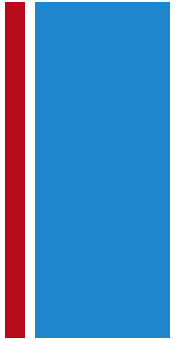
**Debbie Jones** | Independent Researcher

**Peter Winter** | Institute of Medical Education, Cardiff University

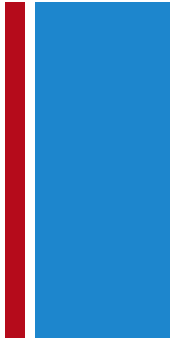


# + Purpose of the research

- *'For the GMC to understand how medical schools currently support students with mental health issues'* with the primary aim of [the GMC] producing evidence based guidance that will be helpful to medical schools on how they can best support students with mental health concerns.

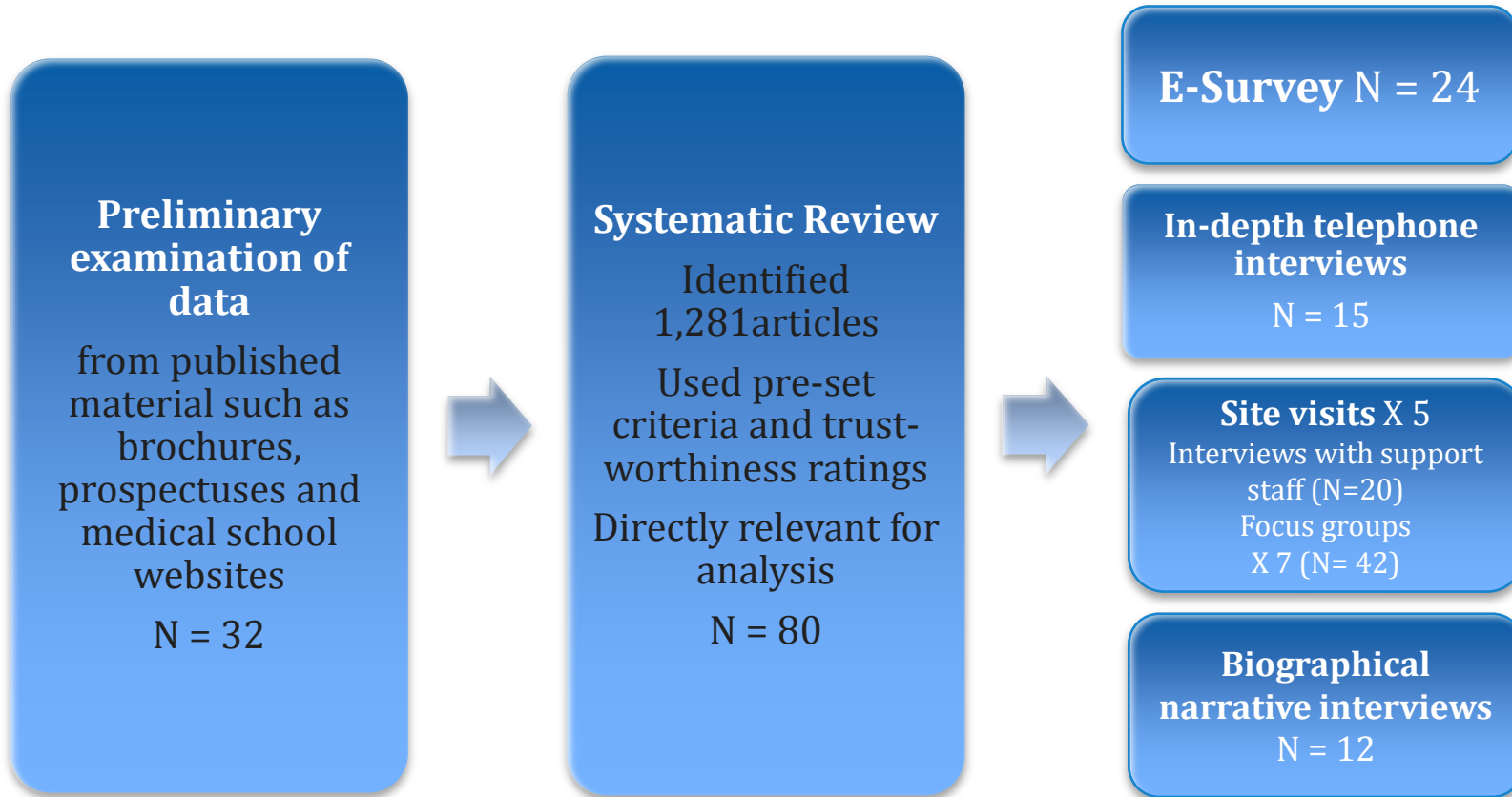


# + Background

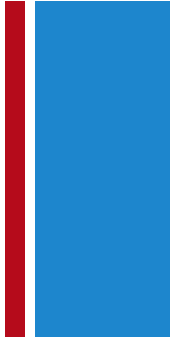


- Medical students are more likely to suffer mental health issues than other age comparable groups (**Prevalence**)
- They are less likely to seek help (**Reticence**)
- The consequences of mental ill health can be significant for the student and the general public (**Risk**)
- The GMC has an interest in spreading good practice in the support given to students by medical schools (**Management**)

# + Data collection



*Ethics approval negotiated with each site: consent, data security and risk assessment in place*



# The Systematic Review

- Research question: *'What does the peer-reviewed research literature tell us about the support provided for medical students worldwide with mental health concerns?'*
- Research method:
  - *Preset inclusion/exclusion criteria, trustworthiness rating, multiple readers, agreed summaries*
  - *1,281 identified, 80 directly relevant analysed*

# + Overview of findings (1)

Most studies are about specific interventions at individual medical schools, and are either:

- **Student focused**
  - Fear of disclosure (9)
  - The pressures of being a medical student (13)
  - Self and peer-led support (18)
- **System/school focused**
  - Confidentiality, professional standards (FTP) and assessment (3)
  - Monitoring student progress (12 of which 4 relate to online monitoring)
  - Systematic approaches to mental illness (12)

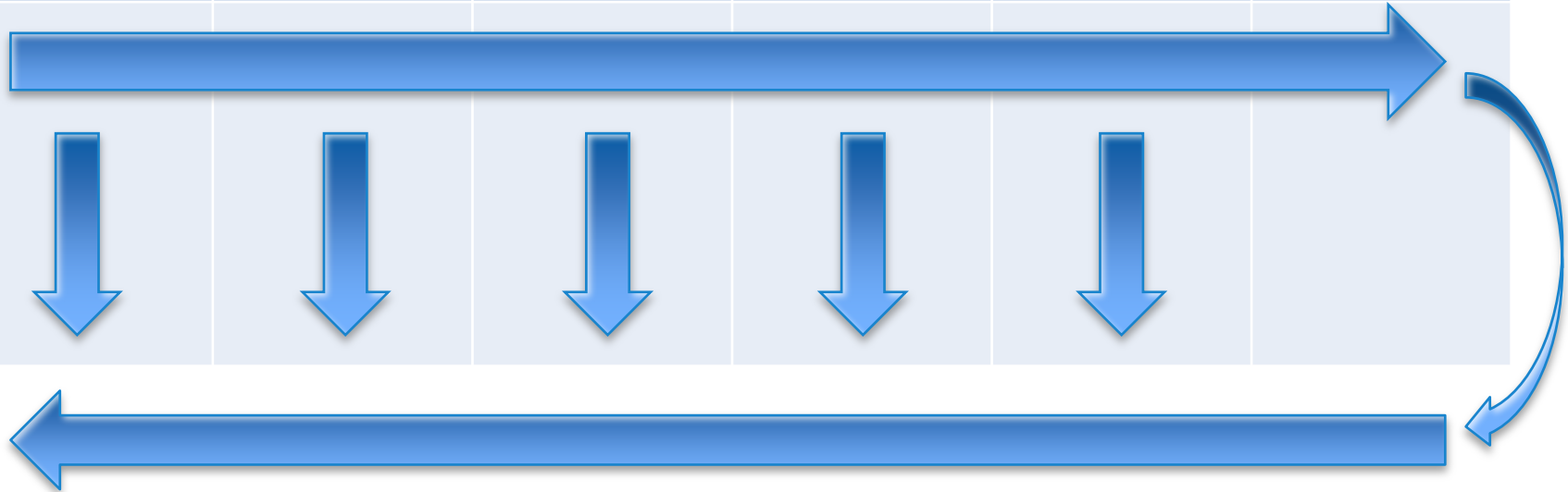


+

A model helped to organise data into stages – *but most findings relate to the first three stages*

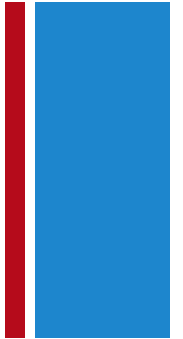


Prevention	Identification	Referral	Escalation	Treatment	Reintegration / long-term follow-up
0	1	2	3	4	5





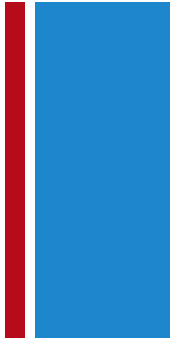
# What can be concluded from the Systematic Review?



- The issue of prevalence is borne out
- Reluctance to seek help is based on stigma and the fear of an 'adverse' record
- When they do seek help, students' preference is to seek help from peers and professionals outside the medical school
- Although there is evidence of successful preventative interventions, the biggest problem identified in the literature is students' fear of making their condition known and the review found no convincing research which goes beyond identifying this phenomenon to provide a solution

# + Survey results

- Results are presented thematically, and focus on:
  - Medical student recruitment and screening
  - The role of the personal tutor in supporting medical students, and alternative organisational arrangements
  - Systems for monitoring student progress and wellbeing
  - Flags that may indicate escalation of a problem or cause for concern
  - A mapping of services provided by medical schools and University services
  - Data on leave of absence rules and arrangements
  - Respondent thoughts on the experience of students re-integrating following a period of absence, and Fitness to Practise issues.





# What can be concluded from the survey data?



- Medical schools are very aware of the prevalence and under-reporting of student mental health issues
- They offer a very wide range of services aimed at prevention and support
- Routine performance monitoring is essential to reduce the likelihood of escalation
- The personal tutor is pivotal to student support and there is considerable variation in how the role of tutor is fulfilled
- Notwithstanding the excellent support they can provide, schools recognise that the current culture discourages students admitting to, and seeking help for, their mental health issues

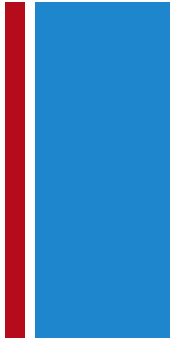
# + Site visit results



- Organised thematically:
  - Medical education is different
  - Medical students are different
  - Where do medical students turn for help with their mental health issues?
  - Two models of provision

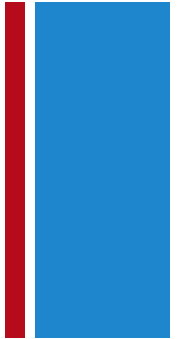
# + What can be concluded from the site visit data?

- Medical education and medical students *are* different
- Differentness and tradition have led to special provision
- Medical students are inclined to hide problems and if they do decide to seek help, they turn to their peers and external sources
- There are two distinct sets of services on offer – medical schools and university, with different philosophies. Neither quite fits the bill in terms of student preferences
- An independent, Occupational Health, model might be better for all





# Medical student case studies narrative interview results



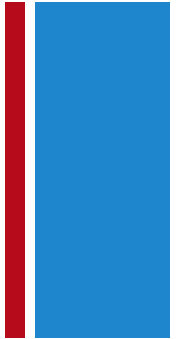
- Over half had pre-existing conditions which were not declared
- Concealment was very common and also often 'successful'
- Isolation was common
- Peers were often instrumental in bringing about the start of seeking help
- Many had inappropriate and disproportionate exposure to FtP rather than direction to treatment
- The vast majority went on to succeed despite a poor experience of support

# + What can we conclude from the case studies?

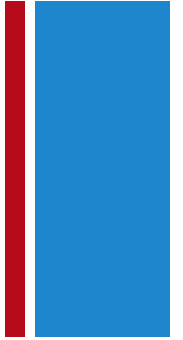
- Evidence about prevalence and failure to declare is borne out
- Evidence of preferences for seeking help is confirmed
- Fear is a major motivator for not revealing problems
- Medical students with mental health issues can (be helped to) overcome them

# + What would help

- Policy clarification x 4
- Evidence based good practice put into practise
- Focus on four key drivers of change
- A more independent, occupational health, model of delivery

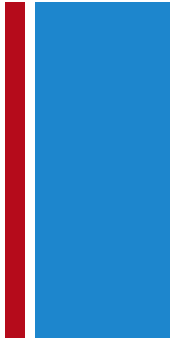


# + Policy clarification



1. Public messaging needs to change to reflect mental health problems being a normal, expected and anticipated part of student life
2. Medical schools need to ensure that support is:
  - Independent
  - Routine
  - Accessible
  - Timely
  - Confidential
  - Trustworthy (in the students' perception)

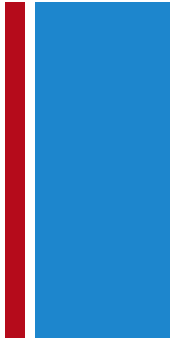
# + Policy clarifications (continued)



3. While policy needs to reflect the power differences that exist in the relationship between a medical school and its students, it also needs to reflect that student mental health is a joint responsibility. Students have responsibility to look after their own health, medical schools & universities have a responsibility to support them.
4. Students need to be given a clear message that only in very exceptional circumstances do students or doctors leave the profession because of mental health problems. Medical school and university services are there to help by making appropriate adjustments.



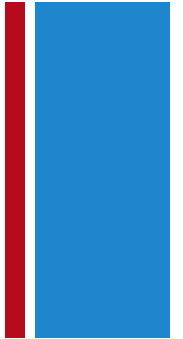
# Evidence based principles reflected in good practice



- Positive model of mental health
- Independent advice and support
- A nurturing, supportive learning environment
- Transparency and trust
- Continuity of support



# Evidence based principles reflected in good practice



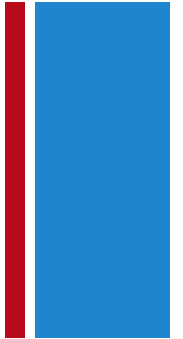
- Positive model of mental health

**Objective:** Mental illness should not be a barrier to practicing medicine: appropriate adjustment, not rejection or exclusion from the medical course, should be the expectation.

**Evidence:** While mental illness among medical students is a fact of life; the majority of sufferers recover fully and continue on the course.



# Evidence based principles reflected in good practice



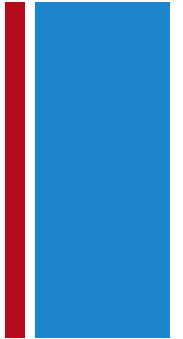
- Independent advice and support

**Objective:** The need for independence of help and support, free from conflicts of interests about academic and other judgements, is paramount.

**Evidence:** Students are more likely to access medical help, and to access it early, if it is genuinely independent from those who make decisions about performance, progression and Fitness to Practise issues.



# Evidence based principles reflected in good practice



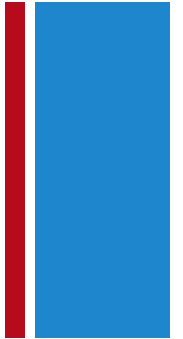
- A nurturing, supportive learning environment

**Objective:** Medical students and medical education are best served by building a supportive organisational environment in which people are valued, learning is rewarded and the rules are clear and fair.

**Evidence:** While high workload and contact with illness, dying and death are often cited as reasons for increased risk of mental illness other factors such as unnecessary competition and unclear parameters about workload and assessments are known to exacerbate the risk and can be remedied.



# Evidence based principles reflected in good practice



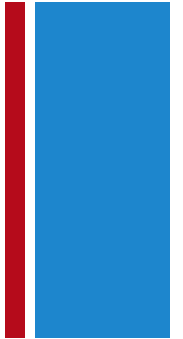
- Transparency and trust

**Objective:** Systems, rules and procedures need to encourage students with mental health issues to access help early. This requires them to be clear and equitable and above all trusted.

**Evidence:** Systems designed around an informal 'each case on its merits' approach are not trusted or seen as credible.



# Evidence based principles reflected in good practice



- Continuity of support

**Objective:** Students should have one named individual coordinating their support and be actively involved in decisions that affect them

**Evidence:** Continuity and coordination of support is a major factor in achieving a successful outcome for a student with mental health issues, including the decision to change career direction. Such continuity is best provided by a case management approach involving multi-disciplinary/agency review and planning and where students are involved in decisions about them.



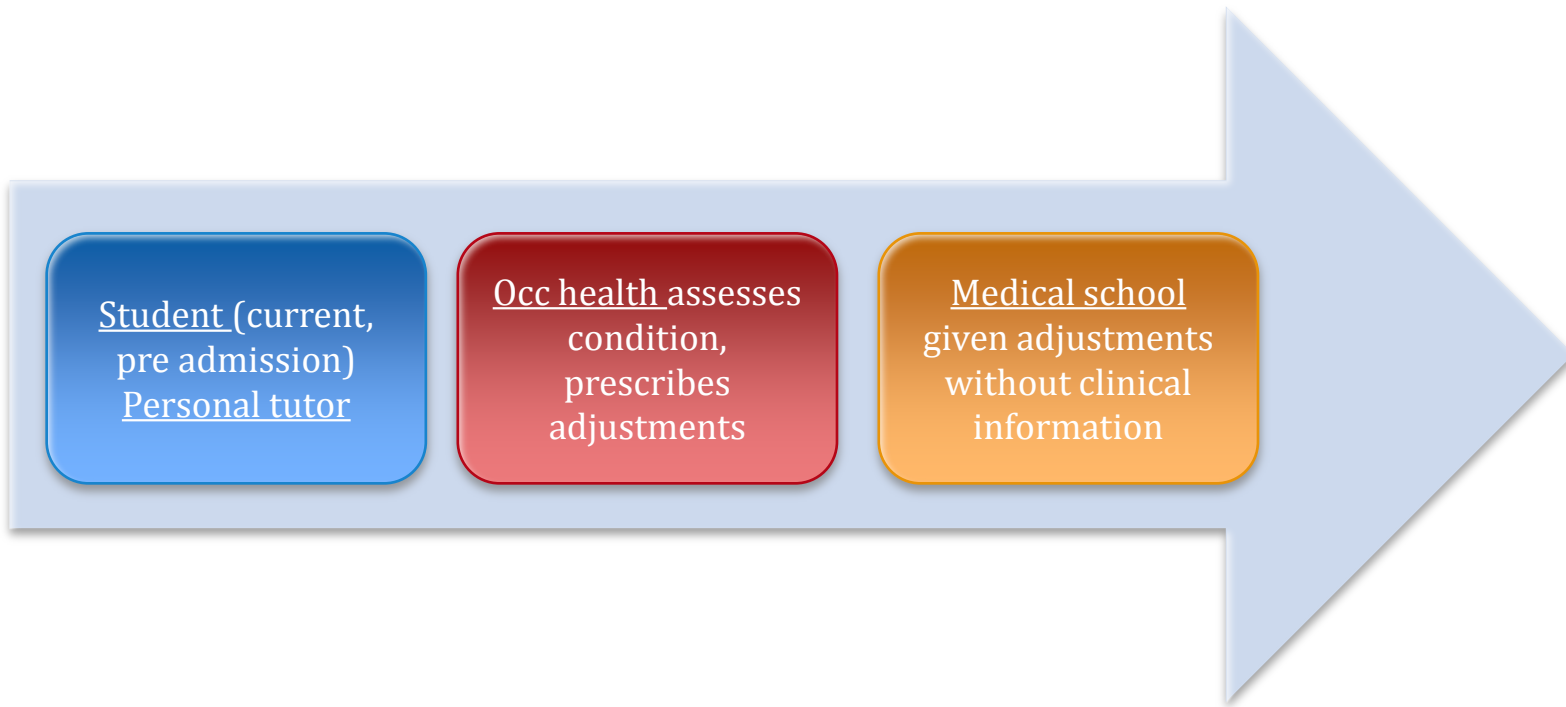
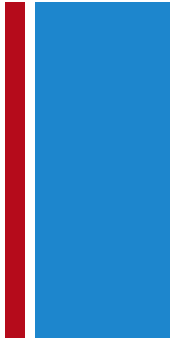
# Key areas for delivery of change



The Responsible Tutor	An occupational health approach	Proportionate transparent Monitoring	The Responsible Student
TRAINED	CLEARLY DEFINED PROCESSES	QUALITY CONTROLLED	TRAINED SUPPORTED
REQUIREMENTS	REQUIREMENTS	REQUIREMENTS	REQUIREMENTS
<ul style="list-style-type: none"> <li>• Appropriate training. Available facilities &amp; lines of referral</li> <li>• Supported by school (über tutor).</li> <li>• Able to refer on.</li> <li>• Very clear role with limits.</li> <li>• Role valued by institution, included in job planning etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Good working relationship between school and occupational health dept.</li> <li>• Clearly-written process.</li> <li>• Confidentiality maintained except in very exceptional circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>• Good systems where detection of performance problems are routine.</li> <li>• Removal of any knowledge/interest in students' illnesses by clinicians who teach them.</li> </ul>	<ul style="list-style-type: none"> <li>• Train as a peer supporter but accept this makes student better at supporting themselves (Hillis 2012).</li> <li>• Modest facilities.</li> <li>• Students' initiatives supported by school.</li> </ul>

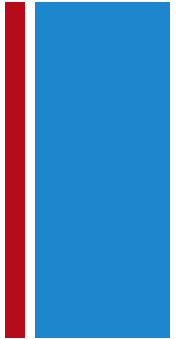


Referral by student and personal tutor, assessment by Occupational Health unit and appropriate information given to medical school





# Conclusion



## ■ Prevention

The core of prevention of mental ill-health among medical students demands openness about mental illness in general and its prevalence among medical students in particular.

## ■ Identification

Our work has shown, from multiple sources, that medical students are reluctant to reveal a mental health problem because of fears for their career. There appears to be no factual evidence to show that this is, indeed the case but the belief is held widely and strongly nonetheless.



# Conclusion

## ■ Referral

In the case of self-referral it is vital that students feel that they can access the care that they need without prejudicing their career.

## ■ Escalation

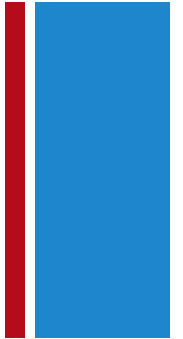
Some of the students in this study revealed how the decision for them to take a year's leave of absence was very difficult.

## ■ Treatment

Students known to be unwell but remaining at their studies will need multidisciplinary support. Students who have taken interruption of studies may or may not wish to have regular contact with medical school staff.



# + Conclusion



## ■ Reintegration

Almost all medical students who suffer from mental health problems recover and return to their studies. It is very important that students return, especially when they have taken leave of absence, that their return is planned. For some students this is a very difficult time.