

Improving barriers to medical student mental health help-seeking

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INTRODUCTION

It is well recognised that medical training is stressful and high incidences of depression, anxiety and burnout have been reported amongst medical students¹. Despite this, help-seeking by medical students for mental health issues remains low². Stigma and fear of academic reprisal have been cited as factors discouraging medical students from seeking help³. Less research has been undertaken into qualities of the support services themselves which may affect help-seeking behaviour. We devised a qualitative research study using focus groups to investigate barriers to help-seeking behaviour amongst medical students concerning both the students and the support services.

METHODS

Ethical approval for the study was obtained. Two focus groups were held comprising 12 clinical medical students (n=12) at one UK clinical school. Consent to record the two focus groups was obtained from all the students taking part. The audio recordings were transcribed verbatim and three of the authors: SJ, TQ and PW worked independently to identify key themes emerging from the transcriptions. Themes were then consolidated into a coding framework by agreement. Using NVivo the coding framework was applied by two authors, SJ and TQ, working independently. Code application was checked and again consolidated.

Many students felt the largest barrier for them was recognising the problem and actively making that first step to approach help. One student commented that, conversely, disengagement might indicate his active approach for help.

Additionally, students commented on the uncertainty of knowing what magnitude of issue warranted help, whereas "if it's just a niggle, you don't know who to talk to."

S3: "There's nothing to kind of catch you if instead of going to seek out support you sort of start doing less and less work for whatever reason and the only time you kind of get caught is in your exams... and by that point you think it's too late."

Universally, students cited trust to be an important factor in choosing a support service to approach. Trust was closely linked to peer experience and regularity of contact. Assuming trust, and choosing between a service or a named person to approach, students always preferred a named person.

S10: [I: What helps you to trust someone?] "Like how often you've seen them, kind of their manner and kind of the professionalism as well I think are kind of the key things obviously, but at the same time not appearing cold and impartial, like paying a genuine interest."
S11: "I think other people's experience is important and if people have had similar experiences then... if they've had good experiences, if they've had bad experiences you know where to go and you know where to avoid."

Interestingly, confidentiality was not an area of concern, students felt most support avenues handled it well.

Moreover, when confidentiality hindered ease of communication between support services this was found to be frustrating and time-consuming.

S9: "it can be quite tiring if you go through every detail so it is often helpful if they give some of the story up to whoever it needs to be pushed up to."
S4: "so I guess that would almost be easier if you went to see one person and they'll send an email to the other 20 people that need to know about it and CC you in so you know exactly what everyone knows."

S2: "I think I wouldn't feel as comfortable in terms of confidentiality because I wouldn't know how much to trust them [peer run services] that they wouldn't spread what my situation is to other people. Yes, I think it's quite easy sometimes to like have a slip of the tongue..."

REDUCING BARRIERS TO ACCESSING HELP

Whilst suggestions were wide-ranging, there were a number of common themes:

- More information and guidance of what services are available is needed, including what happens after you approach them.

S9: "giving examples of what kind of things would happen. And not just the worst case scenarios because... they just scare you; we could like do with a few examples of what happens if things go well as well... that would be reassuring."

- Training for medical students to be more effective at supporting peers.

S3: "a lot of people would just like their friends to have that kind of ability to help them... if we did have that basic training then it wouldn't be the case that when your friend came to you, you didn't know how to guide them or what level of help you could give them"

- Tackling stigma and improving approachability by increased engagement with students.

S11: "they almost need to have a more sort of human presence rather than a "We are here on the ground and these are the sort of avenues we have." We almost need to see them more often and, again, talk to them and just not talk medicine just have a... ordinary chat.. that sort of thing."

Several students noted that the experience accessing a support service could be variable in quality.

S1: "I haven't heard or spoken to my clinical DOS [tutor]. We haven't really had a clinical...well, we have one and I know who they are but they haven't made any contact with us since starting clinical school, so it's quite variable"

S9: "Personally I think it's probably quite variable, the level of support. I can imagine that's very, very dependent on who the person is, so the people who may not be in such a fortunate situation to have such good like personal support."

It was often commented that there was a significant fragmentation of the services available. This developed in the context of too many services and a lack of communication between them. Given 'no clear direction', the resulting disruption in continuity was found to be frustrating and exhausting, negatively influencing the student's experience of approaching help.

S6: "I think in the jump from preclinical to clinical, I made my new DOS [tutor] aware of the problems I had in preclinical so she made sure to reach out to me from that point onwards but I think if I hadn't told her there was anything wrong, she wouldn't have known. I asked her if my previous DOS had told her and she was like, no, I didn't know anything about it."

Whilst many students noted the wide variety of services, there was little consistency in which services each student had heard of. Several students noted the issue was not so much being aware of services, but knowing what would happen if they approached them.

S11: "Yeah, I'm sure we've been told who to go to if we did have a problem but I'm not sure that it was explained what sort of things would happen if we were to go to them."

S8: "Yeah, I think that's the thing, it does seem kind of like they say, "Oh if you're having a problem you must come and talk to us," and you just don't know what's going to happen next."

All students reported issues with the logistics of the medicine course as being a barrier to help-seeking. Being on placement and unusual term times inhibited access to key resources such as University services and their general practitioner.

S9: "you have to try and submit some times that you're free and obviously with your timetable... it might be very restricted, and they only work during normal term dates, so... they're not around for half the time and stuff like that."

Students were divided on whether stigma was still a barrier to mental health help-seeking amongst medical students. As has been previously found, worries about how disclosing mental health problems might affect their future remained a concern.

S3: "You don't want that kind of mark on your record."

S2: "Exactly, they will jeopardise your future. Well, yes, your future in university and your career choices if they..."

S11: "That the stigma hasn't been entirely removed? Definitely. I don't think it's very well appreciated by people outside the medical profession but inside there is a stigma in a different way because everyone's had clinical experience."

However, some students no longer felt there was a social taboo around mental health.

S6: "I think I was the opposite, almost. When I started getting help for my depression in third year, I knew it was going to impact on my exams so I wanted someone academic on my side."

S5: "you keep being taught how it won't affect your future career so it's not something that's ever really concerned me. It's a very stressful thing that you're going through so I don't really see it as a stigma, I just see it as it's a stressful time"

Students found it reassuring to hear stories of other successful healthcare professionals who had sought help and wanted the school to continue destigmatising mental health by regularly addressing it.

CONCLUSIONS

- There are logistical barriers from studying medicine such as placements and timetabling that need to be taken into account by medical schools when designing their support framework.
- Students appeared to prefer effective continuity between services over restrictive levels of confidentiality and would actively prefer their information shared, with their knowledge.
- Students cited trust and peer experiences as the most important factors in deciding where to find help and would preferentially choose a single person with whom they had regular contact.
- Peer support is important but students don't always feel equipped to support their colleagues.
- For some students stigma and fear of academic disadvantage remains a concern which medical schools can help to eradicate by regular and open communication about the issue and demonstration of help-seeking 'success stories'.

Whilst this study was limited to a single university, our findings echo previous studies on medical student help-seeking and may be generalizable to other universities. Continued research at other universities will help verify the consistency of these findings with other medical schools.

REFERENCES
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