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 to identify the barriers 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 JW) 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.”

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.

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 prefer they’re information sharing, with that knowledge.” S2: “They’re resulted in disruption in continuity was found to be frustrating and exhausting, negatively influencing the student’s experience of approaching help.

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.

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

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 were relatively comfortable 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.
• Students suggested it is important for services to be friendly and approachable.
• 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 generalisable to other universities. Continued research at other universities will help verify the consistency of these findings with other medical schools.