



POSITION PAPER

Medical Student Wellness

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Background

The purpose of this paper is to advocate for a more accessible and sustainable approach to managing medical student mental health and wellness. Medicine is a demanding profession, both in training and in practice. (CMA, 2012) The multifaceted, fast paced curriculum of medical school coupled with additional responsibilities such as extracurricular activities and research can make achieving a healthy work-life balance difficult. (CMA, 2012) This loss of balance can result in deterioration in physical or mental well-being. (Dyrbye et al., 2005) More work needs to be done to help medical students effectively cope with such a dynamic learning environment as adequate mental health care has become an unmet need in the medical student community. (Strous et al., 2012) The CFMS has already addressed the need for improvements in the area of medical student mental health by publishing a position paper on the topic. (CFMS, 2014) The CFMS national position is a positive sign in bringing attention to medical student wellness and analyzing the role of a provincial position by OMSA is warranted.

A study conducted in 2012 showed that over half of medical students self-report at least mild symptoms of mental illness. (Strous et al., 2012) Furthermore, medical students exhibit a rate of depression of approximately 12.9%, which is higher than the general population rate of 8%. (Givens & Tjia, 2002; Dahlin et al., 2005) Unfortunately, research has shown that this depression is grossly undertreated and that medical student mental health and wellness deteriorates over the course of medical training. This results in increased symptoms of cognitive and emotional burnout, a continuously decreasing quality of life, and an increase in risky

behaviour. (Wild et al., 2014) Although the symptoms of burnout can manifest in a variety of ways, one study indicated that up to 20% of first year medical students admit to excessive alcohol intake and commonly report anxiety, stress, and examination or work pressures as reasons. (Dyrbye et al., 2005) One non-modifiable factor that contributes to higher rates of mental illness in all post-graduate students is how the average age of onset for mental illness of early to mid-twenties corresponds to the average age of students attending post-secondary institutions. (Queen's University Principal's Commission on Mental Health, 2012) This does not explain the whole picture however, as the increasing incidence of mental illness is a multifaceted problem. As rates of anxiety, depression, eating disorders, self-harm, and obsessive compulsive disorders continue to rise in post-secondary education, timely and effective actions are critically needed to ensuring students are receiving the support they deserve. (Storrie et al., 2010) Medical students are no exception, and with suicide ranked higher as a cause of death in medical students compared to similarly-aged Americans, a concerted effort to support medical students is required. (Dyrbye et al., 2005)

Wellness Effects On Patients

The effects of impairment to mental health and wellness are vast and can impact patient care. (CMA, 2010) The stress, anxiety, and fear that students experience during medical training have been shown to increase rates of academic dishonesty. (Dyrbye et al., 2005) This problem is not solely a classroom issue and has also been cited to carry over into different aspects of patient care, such as dishonesty in recording tasks that were not completed. (Dyrbye et al., 2005) Another concerning effect of mental health impairment is an increase in cynicism amongst medical trainees. (Dyrbye et al., 2005) This problem can cause trainees to lose their sense of empathy, compassion, and humanitarianism, which runs the risk of degrading patient care and the sincerity of the medical profession. (Dyrbye et al., 2005) Furthermore, due to a shift in priorities and a desire to limit personal distress, students are beginning to place more importance on lifestyle factors when choosing a medical specialty rather than values such as the medical needs of their communities. (Dyrbye et al., 2005)

Resources Currently Available To Medical Students

Through a comprehensive review of the mental health and wellness resources available for medical students at each Ontario medical school, it is evident that there are abundant resources available. (Appendix 1) These resources are easy to navigate online and it is clear which resources are available to students on campus and at distributed learning sites. Although the Michael G. Degroote School of Medicine at McMaster University has abundant resources accessible to its students, resources provided by the medical faculty are only available through the Medportal website that is used by its medical students.

Even though a lot of work has been done to develop mental health resources and implement student wellness programs, accessibility still remains a problem. (Storrie et al., 2010)

Barriers To Care In Medical School

Despite that counselling has been found to be an effective means of helping post-secondary students with mental illnesses, multiple factors play a role in preventing students from accessing the supports they need. (Renuka et al., 2013) This poses a significant risk to the wellbeing of students when considering that research shows up to 90% of university students with wellness concerns did not undergo any form of counselling within the past 6 months. (Storrie et al., 2010) A significant contributing factor is the stigma that surrounds mental health. (Storrie et al., 2010) Stigma associated with mental health is the stereotype and discriminatory behaviour that arises from ignorance and prejudice attitudes. (Korszun et al., 2012) This often causes students to feel shame, embarrassment, and social isolation, which creates an additional barrier that prevents students from accessing the resources they need. (Korszun et al., 2012) The issue of stigmatization is so pervasive that students often associate mental health issues as a personal weakness and negative determinant of their career progression. (Storrie et al., 2010) The stigmatization of mental health issues may actually increase over the course of medical education, as Korszun et al. (2012) found that experienced students show greater regard for physical illnesses than mental illnesses compared to less experienced students.

In addition to stigmatization, medical students most often report a lack of time as a barrier to mental health services. (Givens & Tjia, 2002) Time constraints were identified as a reason for not accessing care in almost half of medical students suffering from moderate to severe depression. (Givens & Tjia, 2002) Additional barriers include the fear of a lack of confidentiality, an expectation that stress is normal in medical school, and the assumption that counselling services will recommend pharmacotherapy without sufficient psychotherapy. (Givens & Tjia, 2002) There is an increased need for the promotion and education of the resources that are already available to medical students. Students have indicated that the lack of awareness of the available mental health and wellness resources is a barrier to their accessibility. (Storrie et al., 2010)

Accessibility issues also arise when supports are not conveniently available for individuals seeking them. Inherent within medical training is working late hours, shift work, and working weekend call. Although most Ontario medical schools offer flexible appointment scheduling, accessibility to these resources is further complicated by lack of proximity to the resources available. This is particularly challenging during the clerkship curriculum, when students are away from the medical school building during hospital rotations and when students are away from their respective medical schools during elective rotations. It is important to

overcome these accessibility barriers in order to effectively promote medical student mental health and wellness.

Conclusion

Ontario medical student mental health and wellness is a significant factor to the development of Ontario's future physicians. However, there are a number of barriers that medical students must overcome in order to access the available wellness resources offered at their schools (Givens & Tjia, 2002). A significant barrier is the stigmatization associated with mental health, which may cause students to unnecessarily experience shame or embarrassment with mental illnesses and can prevent these students from seeking appropriate help. (Storrie et al., 2010) This accessibility issue is compounded by additional barriers that are inherent within medical education, such as time constraints imposed by the demanding nature of medical learning. (Givens & Tjia, 2002) Students may also experience difficulties overcoming physical distance barriers while working at hospitals away from their home campuses, especially during clinical electives in different parts of the country. Even though schools may offer a multitude of mental health and wellness resources, studies have suggested that students may be unaware of how to access these resources. (Storrie et al., 2010) As such, continued work must be focused on overcoming these barriers and improving Ontario medical student accessibility to mental health and wellness resources.

Principles

OMSA supports the following principles in connection to the mental health and well being of medical students:

1. All citizens in Ontario deserve equitable access to appropriate health care, including mental health services. Medical students are not an exception.
2. Medical training is directly influenced by the health of a learner. Healthy learners will become healthy physicians who can improve the health of communities.
3. Medical students have the right to a safe and healthy learning environment.
4. Medical students should receive accessible advice and support from their faculties in addressing mental health and wellness.
5. Medical Students with mental illness should not be stigmatized by their peers, preceptors, or faculties.

Recommendations

1. That the Ontario Medical Students Association and the Ontario Faculties of Medicine work to destigmatize mental illness among medical learners.

One of the greatest obstacles that medical students face in accessing mental health and wellness resources is the stigmatization associated with mental health. (Korszun et al., 2012) To address this issue, the Ontario Medical Student Association (OMSA) and the Ontario Medical Schools should continue their joint efforts in promoting a systemic attitude that identifies medical student mental health and wellness as a priority that is shared by all levels of medical education. (Kitzrow, 2003) Two successful wellness initiatives in the literature at Vanderbilt School of Medicine and Saint Louis University School of Medicine have demonstrated the importance of student input and involvement for success. (Drolet & Rodgers, 2010; Slavin et al., 2014) The Association of American Medical Colleges also continues to urge medical schools to establish relationships between faculty members and students to promote a positive learning environment. (Association of American Medical Colleges, 1984) Furthermore, research has shown that student-led support programs can sometimes provide a stronger source of support due to their proximity to the issue to promote positive strategies for coping with stress. (Wolf et al., 1988) As OMSA is a dedicated student voice, representing the views and concerns of over 3,000 Ontario medical students on a number of issues, including wellness, by working collaboratively with medical school's administration and medical societies, more robust, multifaceted, and collaborative programming can occur. (<http://www.omsa.ca>)

The relationship between OMSA and the Ontario Medical Schools has already proven to be successful in coordinating wellness initiatives. The OMSA Wellness Retreat brings together over 80 students from all six Ontario medical schools to learn about wellness techniques and initiatives. (<http://www.omsa.ca>) The medical school administration and medical societies are generally willing to accommodate scheduling conflicts and provide financial assistance for their students to attend this highly popular event. (Sharma, 2015) By continuing to work collaboratively on these issues, the goal of ending the stigmatization with medical student mental health and wellness can be achieved.

2. Ontario Faculties of Medicine should ensure mental health and wellness resources are accessible to all medical learners in Ontario.

While there are currently resources available to students (Appendix 1), their availability does not necessitate accessibility; there are various barriers that prevent students from accessing the support they need. The inherent time demands of medical education are another barrier medical students face in accessing available mental health and wellness resources. A study done

by Givens and Tjia (2002) identified time constraints as the most commonly cited barrier to accessing mental health resources by medical students who are in need. If changes to the curriculum schedule are not feasible due to medical education requirements, then OMSA and Ontario Medical Schools should continue their focus on initiatives that can be adapted around the time demands of medical education. Flexible resources that can accommodate the demanding schedule of medical education can help alleviate this obstacle to students seeking wellness support. (General Medical Council, 2013)

Furthermore, OMSA and the Ontario Medical Schools should continue their efforts in removing barriers that medical students face in accessing mental health resources when away from their home campus. These barriers not only include the physical distance from the medical building, but the availability of these resources, including counselling, when off-campus. There are several approaches that may be employed to resolve this issue, such as educating students on 24-hour supports, crisis phone lines and Telehealth Ontario, online resources, accessible off-campus resources (OMA Physician Health Program), or after hours services provided by the University. Although the effectiveness of these approaches are still being determined, by continuing a collaborative effort between OMSA and the Ontario Medical Schools, and giving the issue the attention it deserves, physical barriers to accessing mental health and wellness resources can be addressed.

Lastly, even though there may be many wellness resources available, medical students often lack awareness on how to access these resources. (Chew-Graham et al., 2003; Storrie et al., 2010) Through continuing joint efforts between OMSA and the Ontario Medical Schools, resources can be further promoted, advertised, and distributed amongst medical students in Ontario. Both organizations currently work to educate students on what is available and encourage students to access these resources when in need. By combining efforts, a unified coherent message can be created that reaches more students, thereby increasing overall visibility of services and educational information.

Competing Interests

The authors declare that they have no actual or potential conflicts of interest.

APPENDIX - Mental Health & Wellness Resources at Ontario Medical Schools

<p>University of Western Ontario</p>	<ul style="list-style-type: none"> ▪ Learner Equity & Wellness <ul style="list-style-type: none"> ○ Academic Appeals ○ Academic Accommodation ○ Career Management ○ Financial Assistance ○ Mentorship ○ Student Support (SS) Team <ul style="list-style-type: none"> ▪ Big Sib/Little Sib Program ▪ SS Teas-Pre-exam ▪ SS Tips ▪ SS Treats ▪ SS Talks <ul style="list-style-type: none"> • Quarterly sessions on topics including managing stress & burnout, addictions, relationships & medicine ▪ Windsor Student Services ▪ Schulich School of Medicine and Dentistry Student Services <ul style="list-style-type: none"> ○ Academic Counselling ▪ UWO Health Services <ul style="list-style-type: none"> ○ Personal counselling ▪ Student Development Centre <ul style="list-style-type: none"> ○ Psychological Services
<p>University of Toronto</p>	<ul style="list-style-type: none"> ▪ Office of Health Professions Student Affairs <ul style="list-style-type: none"> ○ Personal Counselling ○ Personal Counselling Resources - Body & Mind Skills <ul style="list-style-type: none"> ▪ Mindful meditation sessions offered to students ○ Career Counselling ○ Academic Coaching ○ SALT - Student Affairs Liaison Team ○ Resilience Week ▪ University of Toronto Health & Wellness

	<ul style="list-style-type: none"> ○ Personal counselling ○ Counselling (personal counselling in person & online)
University of Ottawa	<ul style="list-style-type: none"> ▪ Student Affairs Office <ul style="list-style-type: none"> ○ Counselling <ul style="list-style-type: none"> ▪ Personal Counselling ▪ Couples & Family Counselling ▪ Career Counselling ▪ Financial Counselling ○ Workshops ○ Career Series ○ Wellness Series <ul style="list-style-type: none"> ▪ How to create and use a “Confrontation Document” for problem solving ▪ De-stressing through simple breathing techniques ▪ Journaling for stress reduction ▪ Do-IN Shiatsu self-massage ▪ Narrative Medicine ▪ Self-Exploration Series ○ Wellness <ul style="list-style-type: none"> ▪ Online resources ○ Academic Accommodations ○ Mentorship ▪ Student Academic Success Service <ul style="list-style-type: none"> ○ Counselling and Coaching ○ Good2Talk (24 hour post-secondary student helpline)
Northern Ontario School of Medicine	<ul style="list-style-type: none"> ▪ Learner Affairs <ul style="list-style-type: none"> ○ Personal Issues/Crisis <ul style="list-style-type: none"> ▪ Culturally competent counselling by professional counselling <ul style="list-style-type: none"> • Students may access services through Learner Affairs or where appropriate, referrals may be suggested to external

	<p style="text-align: center;">agencies or services</p> <ul style="list-style-type: none"> ○ Information Referral and Resources ○ Financial Assistance ○ Advisor program <ul style="list-style-type: none"> ▪ First year medical students are paired with an advisor until their clerkship to offer guidance, support, and mentorship ○ Support for Students ○ Orientation and First Year Transition ▪ Health Services ▪ Personal Counselling Services (Lakehead University) ▪ Counselling & Support (Laurentian University)
McMaster University	<ul style="list-style-type: none"> ▪ Student Wellness Centre <ul style="list-style-type: none"> ○ Counselling services ○ Medical services ○ Wellness education <ul style="list-style-type: none"> ▪ Workshops & training ▪ Physician Wellness Week <ul style="list-style-type: none"> ○ Workshops and training
Queens University	<ul style="list-style-type: none"> ▪ Learner Wellness Centre <ul style="list-style-type: none"> ○ Student Wellness Advisors <ul style="list-style-type: none"> ▪ Academic and personal wellness advisors ○ Wellness resources <ul style="list-style-type: none"> ▪ Physical wellness ▪ Emotional wellness ▪ Career wellness ▪ Financial wellness ▪ Spiritual wellness ▪ Coping with stress ○ Mentorship Program ○ Career Services ○ Academic Affairs & Academic Counselling ▪ Student Affairs

	<ul style="list-style-type: none">○ Health and Wellness▪ Health Counselling and Disability Services<ul style="list-style-type: none">○ Personal Counselling▪ Campus Resources<ul style="list-style-type: none">○ Peer Support Centre○ Peer Mentor Program
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References

Association of American Medical Colleges. *Physicians for the Twenty-First Century. The GPEP Report: Report of the Panel on the General Professional Education of the Physician and College Preparation for Medicine.* (1984). Retrieved April 2, 2015.

<http://files.eric.ed.gov/fulltext/ED252102.pdf>

CFMS (2014). *Mental Health for Medical Students.* Retrieved March 23, 2015, from [http://www.cfms.org/attachments/article/163/Mental Health for Medical Students Sept 2014.pdf](http://www.cfms.org/attachments/article/163/Mental%20Health%20for%20Medical%20Students%20Sept%202014.pdf)

Chew-Graham, C., Rogers, A., & Yassin, N. (2003). 'I wouldn't want it on my CV or their records': Medical students' experiences of help-seeking for mental health problems. *Medical Education, 37*, 873-880.

CMA (2012). *A risky business - medical students' perspectives on factors that impact on their well-being during training.* Retrieved March 23, 2015, from <https://www.cma.ca/Assets/assets-library/document/en/practice-management-and-wellness/Fri-2pm-03B-risky-business-Cohen-e.pdf>

CMA (2010). *Physician Health Matters: A mental health strategy for physicians in Canada.* Retrieved March 23, 2015, from https://www.cma.ca/Assets/assets-library/document/en/practice-management-and-wellness/Mentalhealthstrat_final-e.pdf

Dahlin, M., Joneborg, N., & Runeson, B. (2005). Stress and depression among medical students: A cross-sectional study. *Medical Education, 39*(6), 594-604.

Drolet, B., & Rodgers, S. (2010). A Comprehensive Medical Student Wellness Program—Design and Implementation at Vanderbilt School of Medicine. *Academic Medicine, 103*-110.

Dyrbye, L., Thomas, M., & Shanafelt, T. (2005). Medical student distress: Causes, consequences, and proposed solutions. *Mayo Clinic Proceedings, 80*(12), 1613–1622.

General Medical Council (2013). *Supporting medical students with mental health conditions.* Retrieved March 23, 2015, from http://www.gmc-uk.org/Supporting_medical_students_with_mental_health_conditions___July_13.pdf_52834713.pdf

Givens, J., & Tjia, J. (2002). Depressed medical students' use of mental health services and barriers to use. *Academic Medicine, 77*(9), 918-921.

Kitzrow, M. (2003). The Mental Health Needs of Today's College Students: Challenges and Recommendations. *NASPA Journals, 41*(1), 167-181.

Korszun, A., Dinos, S., Ahmed, K., & Bhui, K. (2012). Medical student attitudes about mental illness: Does medical-school education reduce stigma? *Academic Psychiatry, 36*(3), 197-204.

Queen's University Principal's Commission on Mental Health. (2012). *Student Mental Health and Wellness Framework and Recommendations for a Comprehensive Strategy*. Retrieved March 23, 2015, from <http://www.queensu.ca/cmh/index/CMHFinalReport.pdf>

Renuka, D., Devaki, P., Madhavan, M., & Saikumar, P. (2013). The Effect of Counselling on the Academic Performance of College Students. *Journal of Clinical and Diagnostic Research, 7*(6), 1086–1088-1086–1088.

Sharma, S. (2015, April 7). OMSA-Medical School Relations [E-mail interview].

Slavin, S., Schindler, D., & Chibnall, J. (2014). Medical student mental health 3.0: Improving student wellness through curricular changes. *Academic Medicine, 89*(4), 573-577.

Storrie, K., Ahern, K., & Tuckett, A. (2010). A systematic review: Students with mental health problems--a growing problem. *International Journal of Nursing Practice, 16*(1), 1-6.

Strous, R., Shoenfeld, N., Lehman, A., Wolf, A., Snyder, L., & Barzilai, O. (2012). Medical students' self-report of mental health conditions. *International Journal of Medical Education, 3*, 1-5.

Wild, K., Scholz, M., Ropohl, A., Bräuer, L., & Burger, P. (2014). Strategies against burnout and anxiety in medical education--implementation and evaluation of a new course on relaxation techniques (Relacs) for medical students. *PLOS ONE, 9*(12), 1-12.

Wolf, T., Randall, H., & Faucett, J. (1988). A survey of health promotion programs in U.S. and Canadian medical schools. *American Journal of Health Promotion, 3*(1), 33-36.