

Promoting Resilience in Medical Students: A New Approach to Medical School Mental Illness

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A Bleak Perspective

The mental health of medical students is a subject which has received copious attention in the past three decades. The perspective is usually bleak. As is the case for mental health in general, the focus has been on the negative aspects of students' psychological health – on vulnerability, or risk, rather than resilience. Indeed, trainee physicians appear to be uniquely vulnerable, with rates of depression among medical students as high as three times that of the rest of the population. Shockingly, almost a quarter of medical students in the United States suffer from some form of mental illness. The reasons for this increased vulnerability are numerous – among them the sleep deprivation and stress that many within this field consider par for the course. While the consequences of mental illness amongst future physicians, including worse patient care and more medical errors, are disturbing, this population has especially low rates of help-seeking. As such, it is imperative that medical schools emphasize the development of positive mental health early during training. A number of institutions have already begun trial programs to do just that, with significant success.

Mental Illness among Medical Students

As I've alluded to above, rates of depression and other mental illnesses appear to be significantly increased in medical students. Trainee physicians have much higher levels of distress, anxiety and depression than the population in general. Not only are medical students more depressed, they are also at a higher risk of suicide; the proportion of depressed medical students who experience suicidal thoughts is much higher than

even those with severe depression. Medical students also score higher than population norms on general psychological distress tests. It is often said that those who pursue a career in the medical field are inherently more susceptible to mental illness, given the high entry requirements, which means they need to be high achieving and academically inclined. Some have even suggested that doctors' personality traits increase their vulnerability. Physicians tend to be more obsessive, experience more doubt and have an out-of-proportion sense of personal responsibility. This so-called "compulsive triad", while undoubtedly lending itself to conscientious patient care, could make medical students more likely to suffer from high levels of stress, increasing their risk of mental illness. This debate between social selection and social causation remains controversial but, in any case, it seems likely that medical education contributes significantly to psychological distress.

Under-treatment of Mental Illness and its Consequences

Alongside the high levels of mental illness in trainee doctors are parallel levels of under-treatment. There are a number of reasons for this. The most common reason is a perceived lack of time, followed by a lack of confidentiality, a fear of not being understood, as well as apprehension regarding the stigma surrounding mental illness. Students also express concern that seeking psychiatric help may tarnish their academic records. Indeed, medical students appear to have poor attitudes towards their own general health, with only approximately a third seeking regular healthcare. We cannot forget that medical students are mere years away from becoming practising physicians, and consequently their

health (or lack of) has a direct impact on patient safety. It is well known that doctors with poor mental health are more likely to commit medical errors and provide a lower standard of patient care. On the other hand, stable, resilient and healthy physicians are better able to provide their patients with better care, comfort and hope. Physicians who take good care of their own health are also more likely to discuss health promotion with their patients. Essentially, doctors who invest time and energy in their own well-being are better equipped to take responsibility for the well-being of others.

Changing the Focus from Risk to Resilience

Given the serious issue with medical students experiencing psychiatric distress for which they may not seek treatment, there is a serious need to approach the problem from a different angle. Many suggest adjusting the focus from treatment to prevention and from vulnerability and risk, to resilience. While it would be erroneous to suggest that depression (or indeed any mental illness) can be completely prevented by improving coping skills, coping strategies are undoubtedly a modifiable risk factor for depression. Indeed, psychoeducational “resilience” interventions may increase the ability of students to cope and also reduce the symptoms

of mental illness. Some have gone as far as to suggest that interventions providing medical students with coping skills early during training is a matter of both patient and physician safety: “In a university medical degree course in which students are taught about managing the health of others, there is an imperative to provide them with effective, evidence-based ways to manage their own stress.” wrote the authors of a key study on the effectiveness of mindfulness practice for medical students. Arming medical students with the skills to safe-guard their own mental wellbeing throughout medical training and beyond is important not only in terms of improving physician mental health but also in terms of improving professionalism, physician fulfilment and patient care. There is a growing consensus that student doctors who take part in stress-management programs experience benefits that range from decreased depression and anxiety and enhanced empathy to improved immunologic function. In a population who are clearly more susceptible to developing psychiatric illness, we need to attempt to modify the risk where possible. Intervening before illness occurs and cultivating resilience in medical students has benefits not only for the students themselves but also for their future patients.

The First Steps in the Right Direction

Although there is much work to do in terms of investigating the impact of resilience interventions on medical student mental health, so far there have been some promising steps in the right direction. The majority of programmes instigated to improve medical student resilience are based around mindfulness practice. Importantly, there is robust evidence implicating mindfulness as a means to improve anxiety and mood. In essence, students are taught evidence-based methods of stress reduction, an important coping skill, and one that will hopefully serve them well when facing the challenges of medical education. Despite the disparate methods of teaching and program organisation, mindfulness-based stress reduction courses for medical students seem to be effective. These courses, ranging from 4 to 10 weeks, reduce student depression and anxiety while increasing positive mood states and empathy. They also reduce stress and negative emotions in general and enhance mindfulness and self-compassion. The latter are important factors in terms of physician self-care, which, as we have noted, has a direct impact on professionalism and empathy. Mindfulness is not the only form of wellness intervention that may be used. Medical students who attend relaxation skills courses focusing on progressive muscle relaxation and autogenic training - a technique involving the use of visualisations to induce relaxation - seem to

be less affected by burnout as well as anxiety. There is growing evidence that simple, implementable stress-reduction interventions may be effective in making medical students more resilient, and, in the process, decreasing their rates of mental illness. The imperative now is to build on the work that has been done and to incorporate it into medical school curricula in a standardised manner.

Conclusion

To conclude, medical school is a time of great upheaval and stress during which many students encounter issues with their mental health. In addition, too few are inclined to seek help. To combat this problem, many experts suggest a change in focus to building positive mental health and resilience earlier in training. Studies in this field have generated strong results so far which are indicative of the potential efficacy of these type of programs. They highlight the importance of an early focus on positive mental health, as opposed to waiting for symptoms to emerge before confronting it - a strategy which could alter the grim narrative of mental health in medical school. Above all, these studies represent an imperative to expand on the work that has already been done: these programs all work - but which work best? And how can we standardise this practice? Should such courses be mandatory or optional? When, during medical school, should they be provided? These questions, and more, will need to be answered before we see real change.