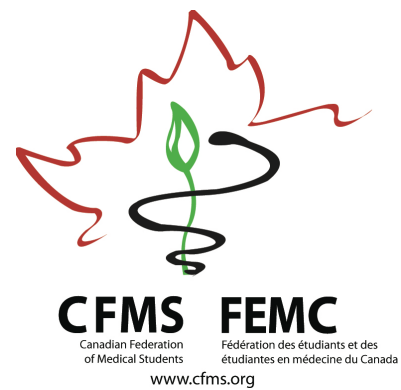


CFMS/FEMC POSITION PAPER

Mental Health Resources for Medical Student Health and Wellbeing



BACKGROUND

Medicine has always been demanding both during training and in practice. The volume of knowledge and skills to be acquired and the emotional demands of working with ill people can be a source of burden and distress for many medical students. In addition, health care workers are not immune from the depression, anxiety and other mental health problems that affect all members of society.

Along with the traditional stresses of the medical profession, the CFMS/FEMC also anticipates new sources of pressure facing students and young physicians. The loss of a rotating internship year and the rise of direct entry specialty programs means major career decisions are made earlier in a physician's career. The resulting atmosphere of competitiveness for the increasingly specialized residency positions discourages exploration of diverse and potentially enjoyable learning opportunities in the field of medicine. Finally, the significant difficulty in obtaining a re-entry position and general practice license has limited career flexibility. All of these factors may increase the stress associated with medical education.

The systemic problems facing medical education are important to address, although medical training and practice are inevitably demanding undertakings. The CFMS/FEMC believes that the provision of appropriate Mental Health Services to all medical students is a crucial component of ensuring student, resident and physician wellbeing.

To determine the availability of current mental health services and to identify current gaps, the CFMS/FEMC undertook a review of the mental health support programs at seven medical schools, which form the basis of the following observations and recommendations.

Components of a Comprehensive Mental Health Care Plan

Multiple Entry Points - A wide range of services must be available to address the many different challenges and coping styles of medical students. The CFMS/FEMC encourages the development of peer and administrator facilities, both formal and informal and believes every institution should have a multifaceted approach to mental health services.

Visibility - One of the greatest barriers to effective provision of services is the lack of visibility. A comprehensive list of services from all spheres should be compiled and readily visible to students. Awareness campaigns should be an on going process among all students and efforts should extend beyond traditional brochures into on-line publicity, announcements at the beginning of lectures and could take the form of a

bi-annual mental health day in which all programs present their services.

Accessibility - Scheduling restraints and increasingly dispersed medical education sites make it difficult for students to access services during regular office hours. It's critical for programs to provide scheduling flexibility and/or hours of operation that are compatible with student schedules, especially at night when many students may be at their most vulnerable.

Confidentiality - This is a paramount concern and one of the greatest challenges with some of the services currently offered. Students may prefer to seek help in a variety of ways such as approaching a peer or senior administrator they trust informally while others may seek help assistance through official programming. It is important that student privacy is maintained regardless of the way in which they access assistance.

Different Approaches to Mental Health Services

Pro-Active - Programs should actively provide services such as seminars, career counseling sessions, scheduled debriefing times during the clerkship curriculum, and stress management training. It can be difficult to ask for help and particularly when the problem relates to personal problems. These programs help overcome these barriers, potentially avert problems and should span the medical curriculum.

Reactive - Provisions should be in place to assist students when an unexpected crisis occurs. This may be a personal event, or something that affects the whole school such as injury of a student or resident, natural disaster, health care disruption, etc.

Anticipatory - This might be defined as providing targeted, pro-active initiatives. Looking at the medical school curriculum it easy to anticipate points of stress: First week, first exam period, starting clerkship, difficult clinical rotations, CaRMS deadlines and interviews, the LMCC etc. These events should be identified by both peer and administrative programs and appropriate, tailored services offered.

RECOMMENDATIONS

The CFMS/FEMC should support the creation of accessible, responsive mental health supports for Canadian medical students by:

- Establishing the mental health and wellness of medical students as an organizational priority;
- Ongoing review of the status of mental health supports for medical students at each member school and communicating the results to our members;
- Developing new programs in keeping with the mental health services components and approaches discussed above;
- Co-ordinating with other stakeholders such as CAIR, provincial residency associations and the AFMC to support improved access to and development of appropriate mental health and wellness services for medical students;

- Developing funding support for student-led mental health and wellness initiatives at both the local and national level.

Check out the CFMS/FEMC's Wellness Program, an initiative started in 2009/10 to promote a positive culture of health and wellbeing among medical students and the medical profession (www.medstudentwellness.org).

First Drafted

1997 Joshua Teppar (McMaster University)

Updated

2003

2010 - Cait Champion (University of Toronto, 2012), Tyler Johnston (McMaster University 2010), Danielle Rodin (University of Toronto, 2012)

SUPPLEMENTAL MATERIALS

Supporting Our Colleagues and Ourselves - A Call to Action
Joshua Teppar, VP Communications 1996/97

My thoughts might be anywhere on the scale from mundane to important: When am I on Call? How did that exam go? What is the cafeteria serving? Is ER on TV tonight? What elective will be best?

Then I hear the news from someone: A resident, a student has committed suicide.

Now my thoughts and emotions are channeled, focused, even somewhat against my will. Anger, sadness, confusion, fear and lose build and fight for priority. It is hard not to be stricken. In some ways that person is me. There is a moment of lucidity in which I see the shared experiences.

From the beginning: The MCAT, the applications, the interview, the acceptance and the elation - the first day and first exam and of course, the first press of a cold stethoscope against a chest to hear the not so small wonder of a heartbeat. We are different people in different parts of the country and we have never met. But the paths we walked were the same. My feet and his or hers, moving, propelled by similar dreams and curiosity. Now the paths have abruptly diverged and though we never met I feel a new space of loneliness.

The melange of thoughts and feelings mesh, fuse, and reform into so many questions. Two shout louder than the rest: Why? and Why not again on a different day, in a different place?

I cannot answer the first question because we never met. I never talked with him or her and had a chance to share thoughts or dreams. So I move onto the second question.

That is what this paper is about: An attempt to answer "How can we help?" and "What is there to stop another loss of a colleague, a friend, a person who has chosen to walk the same path we do?"

Through this position paper the CFMS/FEMC is fulfilling its mandate to address the needs and concerns of its members. As an organization we are deeply saddened by the loss of a life, a colleague and a future that would not have been dissimilar to the one we hope for ourselves. Although we recognize that many factors undoubtedly contributed to each of the suicides of the past year, the CFMS/FEMC is worried by what it sees as the potentially contributing issues outlined in this paper.

Spheres of Mental Health Support Available to Students - Results of a 2003 CFMS/FEMC Review of Mental Health Services

There are three large spheres in which students seek help; family and friends outside of medicine, campus-wide university-based programs, and programs offered by the Faculty of Medicine.

The first and probably most commonly accessed is their supports outside of medicine. Most importantly are the informal sources of support such as family and friends. The CFMS/FEMC has little means of assessing the role these people play. Equally difficult to discern are counselors and more formal services that are unattached to the university which a student or resident might use.

A second sphere is services, usually formal, offered by the university to all students. The exact nature of these programs varies but they are almost invariably free and confidential. They also have the added strengths usually being well publicized, separate from the medical school, but still easily accessible as part of the campus.

The third sphere is within the medical school itself. This sphere is the one in which the CFMS/FEMC has greatest influence and plans on focusing its analysis. Once again a division between formal and informal can be drawn as can those which are peer based versus those offered by the administration.

Peer based programs may be formal help lines, drop in centers or one time seminars. They often involve older students sharing advice and support with younger. Most importantly however is the informal support students offer each other both consciously and unconsciously. A hug after a hard night of call, a cup of coffee before class and a quick phone call or word of support are all means which students invariably use to help each other.

The most significant problem with many peer based programs, formal and informal, revolve around confidentiality. It is often hard to feel safe, or just to find friends with time, to discuss larger or chronic problems. Also, although students are committed to a career of healing, special skills are needed to help those with serious problems. It is

important that friends and peer support groups do not get 'in over their heads', or be left without support for themselves as they help others.

On an informal level many members of the administration often have an 'open door policy' for students. Students may also find a particular physician or administrator who serves as an unofficial mentor, advisor and general source of support. Once again, the problem may be that of ensuring confidentiality. Also, depending on dean or administrator the 'open door policy' may be more theory than reality.

On a formal level, most administrations have some programming available. There may be a combination of outreach initiatives and then resources which students can initiate. Often administrations serve as entry points or referral basis for more trained services. Usually, some measures are taken to ensure confidentiality.