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Reducing the Stigma of Mental Illness Among Medical Students

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Abstract

Abstract: The American Osteopathic Association House of Delegates Resolution 205 recommends “increased awareness of depression amongst U.S. Medical students” due to the increasing body of research describing the rise of depression, burn-out and suicide ideation among medical students. There is consequently a need to understand mental health issues as a component of professional development. **Hypothesis:** A student-led symposium addressing mental and emotional health topics relevant to medical students would reduce the stigma associated with mental illness. **Materials and Methods:** A 2-hour student-run “Patient Perspective” was held during the second neuroscience block at an osteopathic medical school in the northeastern United States. One week before the program, a student-developed online Wellness Survey measured prevalence of mental illness, common feelings during medical school, coping mechanisms used for stress, and use of mental health resources. Immediately before and after the program, students were asked to report their familiarity with mental illness and their feelings regarding a vignette about a mentally ill woman using “Mental Illness Among Us” pre and post surveys provided by the University of California San Francisco School of Medicine and adapted for the event. During the program, data from the online survey were shared, student organizers discussed emotional wellness and positive coping mechanisms in the context of the profession, and student panelists shared their experiences with mental health issues. A faculty psychiatrist spoke about mental health resources, and attendees received pamphlets listing these resources. The event concluded with student-led breakout sessions at which stress during medical school and strategies for promoting positive coping mechanisms were discussed, followed by the post survey. **Results:** 113 students completed the pre survey, 89 of whom completed the post survey. For these 89, differences between post and pre responses were universally in the direction of increasing acceptance and decreasing stigma of those with mental illness; all differences were statistically significant. The largest shift regarded students’ reluctance to disclose their own theoretical mental illness to colleagues. **Conclusion:** Incorporating an emotional health symposium into medical students’ training may increase understanding and acceptance of those who may have mental illness and reduce stigma associated with mental illness.

Materials & Methods

Osteopathic second year medical students in the Philadelphia College of Osteopathic Medicine were e-mailed an online Student Wellness Survey (Survey 1) that was developed by PCOM second year medical students and that included selected questions from Schwenk, Davis and Wimsatt’s survey tool entitled, “Stress and Psychological Well-Being in University of Michigan Medical Students.” The survey included questions regarding past and present diagnosis and treatment of mental illness, feelings experienced during medical school, coping mechanisms, and both the use and perceived availability of support for mental health issues. The survey also invited students to a student-run “patient perspective” the following week where issues of mental health among medical students were discussed. The survey used an anonymous code to link the online survey and pre- and post- surveys distributed at the event. The survey concluded with the option for students to share their personal experience with mental health issues anonymously.

The patient-perspective occurred in a 2-hour block scheduled during the academic day that began and ended with a pre- and post- activity survey (surveys 2 and 3, respectively) to assess participants’ familiarity with and stigma regarding mental illness. The surveys were provided by the University of California San Francisco School of Medicine and adapted for this event. The tool assessed students’ feelings regarding a vignette describing a mentally ill woman. After a four-part survey 2 was completed, preliminary data collected from survey 1 (excerpted below) were shared in a PowerPoint presentation, the student organizers discussed emotional wellness and positive coping mechanisms in the context of the medical profession, and student panelists shared their personal experiences with mental health issues. The event concluded with student-led “break-out” sessions to discuss more intimately the stresses experienced during medical school and positive coping mechanisms that were working for individuals in each group. These sessions were closed with the completion of survey 3 and each student receiving pamphlets describing all of the mental health support services available to them through the school.

Results

Responses to survey 1, the Student Wellness Survey, were submitted by 150 students. Of those reporting being bothered by certain feelings within the 2 weeks preceding the survey, 96 had anxiety, 42 had loss of interest, 41 felt loneliness, and 40 experienced inadequacy. When stressed or depressed, nearly equal numbers of respondents reported studying more and studying less or exercising more and eating more than usual; 55 isolated themselves, while 43 sought more social interaction; 27 drank more alcohol; and nine used more prescription or OTC medication. Of the 17 currently receiving treatment, 9 who had used a combination of counseling and medication changed to medication only after starting medical school. Twenty-five students had considered dropping out of medical school due to their emotional state. Most (118) respondents strongly agreed or agreed that they received the help and support (i.e., emotional, financial) they needed for medical school from family and friends outside of medical school; 84 strongly agreed or agreed that they received support from other medical students; and 33 strongly agreed or agreed that they received the needed support from Philadelphia College of Osteopathic Medicine.

The Mental Illness Among Us pre-activity survey (survey 2) was completed by 113 students, 89 of whom also completed the post-activity survey (survey 3). The most significant change was a 12% increase in willingness to disclose a theoretical mental illness to colleagues (p < 0.001). There was an 8% reduction in the belief that the public needs to be protected from people with severe mental illness (p < 0.001). Similarly, there was an 8% increase in the belief that people with severe mental illness can recover enough to have a good quality of life (p < 0.001).

Discussion

Incorporating an emotional health symposium into medical students’ training may increase understanding and acceptance of those who may have mental illness and reduce stigma associated with mental illness. Further data analysis is warranted to investigate the relationship between the change in stigma and levels of support perceived in medical school, previous diagnosis and treatment of mental illness, and coping mechanisms utilized during medical school. This study is being continued with the class of 2015 over the 2012-2013 academic year at PCOM to provide a more robust dataset.

Introduction

Depressed medical students are more prone to exhibit several depression stigma attitudes than non-depressed students.¹ Approximately 50% of medical students experience burnout at some point during medical school, and 10% experience suicide ideation compared to the estimated 6.9% of the general population in the same United States age group of 25-34 years old. While suicide is the extreme end of the personal distress continuum, medical schools have a responsibility to have a system in place that identifies students currently suicidal students at risk for suicidal thoughts and implement student support and wellness programs that address events outside students’ control.²

It is worrisome that the hesitance to seek mental health care among medical students and ultimately health care providers might lead to poorer patient care. Jennifer Tija, an instructor in Internal Medicine at the University of Pennsylvania stated, “if people don’t know how to treat their own depression, it has a negative impact on how they treat patients.”³ In July 2011, the American Osteopathic Association House of Delegates approved Resolution 205 which aims to increase awareness of depression among medical students and knowledge of available treatment options. At Northwestern’s Feinberg School of Medicine, a Healthy Living Unit has been added to the second year curriculum. This is a direct response to the competency added in 2009 of “Personal Awareness and Self-Care” students must achieve by graduation. Feinberg’s approach requires all second-year medical students to complete a Behavior Change Plan (BCP) in which students identify one behavior, such as exercise, nutrition, sleep, personal habits/hygiene, study/work habits or mental/emotional health habits, set a goal, track progress and self-assess their success.⁴

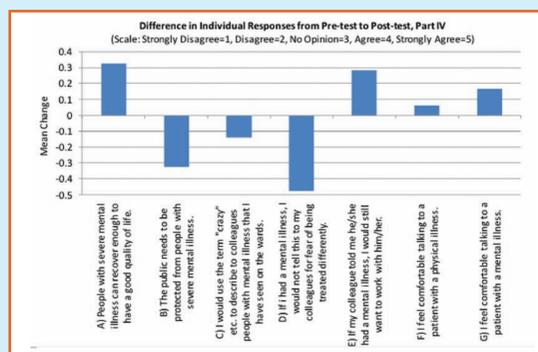
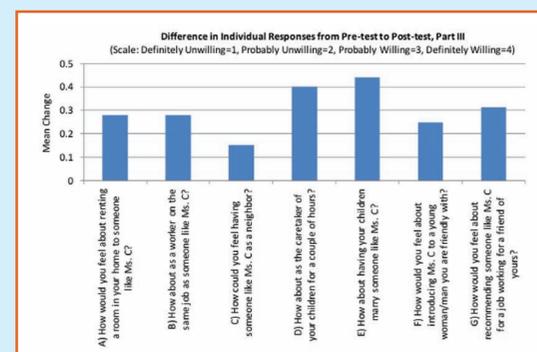
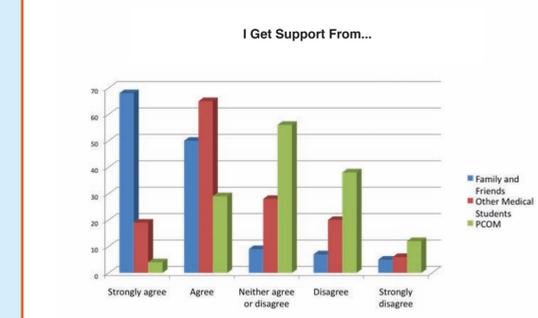
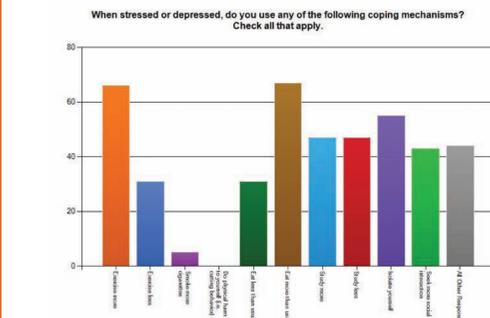
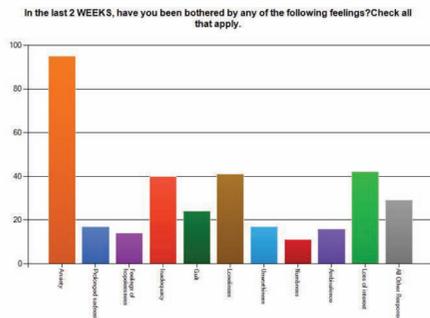
Dyrbye expands the responsibility of medical schools as he explained that interventions such as that initiated at Feinberg’s school of medicine, need to extend beyond teaching students self-care skills and also include establishing an appropriately structured culture and learning environment which endorses student health. “Achieving competency in self-care is the shared responsibility of the individual physician/resident/medical student and the organization’s environment in which he or she functions.” A key component in turning the tide in the culture of medicine is addressing the “hidden curriculum” that is characterized as modeled cynicism by superiors who perpetuate the stigma mental illness and convey the message that only the “weak” struggle or need help. One specific strategy suggested to medical schools is to create a curriculum that builds in personal time and promotes personal health.⁵

Emphasizing the need for a shift in culture, Sharon Bahrych, PA-C, MPH writes, “The culture of medicine is not geared towards allowing health care providers to de-stress, acquire emotional support, or discuss in an encouraging environment various conflictive work scenarios with their colleagues. The end result of this culture of medicine leads providers to either leave their chosen profession, have professional burnout, deal with work conflict and/or become emotionally broken (i.e., having a lack of integrity, honesty, emotional connectedness with others, etc.)”⁶ At Duke University School of Medicine, an online forum was started to provide emotional support to students without revealing identities. This forum gave students a space to discuss personal issues and overcome the feelings of isolation associated with depression. The postings were reviewed by the school psychiatrist. The forum received more than 100 postings in a mere ten days.⁶

This study was modeled after UCSF medical school’s Mental Illness Among Us (MIAU) event held annually run by second year students for second year students. While data has not yet been released regarding the quantitative effects of the event, personal discussions with students and faculty have revealed an increased sense of community that deeply impacted the students and their perspective on medicine.

The growing body of literature on this topic and the resolution approved by the AOA House point distinctly to immediate action taken within the medical education community. Our hope was that holding a student-run symposium would effectively address the issue by reducing feelings of isolation and stigma associated with mental illness while increasing the awareness about the prevalence of mental illness and the available resources provided for those to seek help. Additionally, we intended for this symposium to be a step forward in changing the culture of medicine as we increase the level of community within our class and create a united front against the stigma associated with mental illness amongst health care professionals and society as a whole.

In this report, we describe PCOM’s activity and present the prevalence of self-reported mental health issues among the class of 2014, the associated stigma, and the effect on stigma the activity may have had.



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