OMSA
Ontario Medical
Students Association

POLICY PAPER

Addressing Barriers to Mental Health Among Medical Students

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1. Background

Student mental health is a pervasive issue in medical education. Medical training is an undertaking that places the average student under significant pressure, resulting in increased rates of depression, anxiety, and suicide among trainees[1]. In recent years, both the Ontario Medical Students Association (OMSA) and the Canadian Federation of Medical Students (CFMS) have released position papers urging medical schools and the profession to place a greater focus on the mental health of medical students[22,23].

Despite greater awareness of the importance of trainee wellbeing, and increased discussion surrounding this topic, many trainees continue to face barriers that, undermine their health and lead to a reluctance to seeking professional help. The purpose of this paper is to discuss some of those barriers, specifically to dispel any misconceptions that accessing supports may have a detrimental effect on a medical trainee's career.

A 2016 meta-analysis found that the overall global prevalence of depressive symptoms in medical students was 27.2%, but only 15.7% sought professional help for these symptoms. Not only is this proportion greater than the general population

(9.6% in 18-25 year olds and 7.2% in 26-49 year olds), but the longitudinal data demonstrated that medical students experienced a 13.2% increase in depressive symptoms that coincided with the onset of their training[1].

2. Proposed approach to support mental health among medical trainees

We suggest a three-pronged approach to exploring and addressing concerns around mental health of medical students: first, identify barriers to and dispel myths regarding access to mental health resources; second, identify and then implement institutional and cultural changes within the medical profession and trainee environments that better support student mental health; and third, ensure that students are aware of and are comfortable accessing available resources when needed.

3. Existing barriers

Some known barriers that make medical students less likely than the general population to seek help for mental health concerns include:

3.1. Time constraints
3.2. The hidden curriculum
3.3. Fear of potential career impacts
3.4. Stigma
3.5. Transitions

3.1. Time constraints

Medical training is associated with a demanding schedule that often does not support work-life balance. Many students have difficulty finding the time to engage in activities that would promote their wellness.
Students may also simply not have time to access mental health resources when needed and time for self-care may not be recognized as a priority by their schools or preceptors. For example, during clerkship, students feel compelled to go in to shifts when ill, in fear of a resident or staff not believing they are sick or that it might affect their evaluation. During busy rotations, these shifts can often be greater than 12 hours, which does not leave students much time to actually seek help during regular business hours. When students put off seeking professional help, this can lead to a deterioration of their condition and can worsen outcomes, including effects on academic and clinical performance. For this reason, students are encouraged to seek help as early as possible to mitigate these potential impacts[2].

3.2. The hidden curriculum (*see Appendix B*)

The culture and organizational structure of medical institutions can strongly influence perceptions of what it means to be a physician. Students who witness unprofessional behaviour have higher rates of burnout [3]. For example, placement of students in learning environments where they feel a situation is unprofessional but are unable to express this can be distressing; positive role models and opportunities to reflect on learning experiences can mitigate these effects[4].

The notion of the hidden curriculum can affect the choices students make about their own wellbeing and self-care practices. While messaging is consistent from medical schools about the importance of self-care among trainees, sometimes the medical educational model does not allow students the necessary time or space to follow through on self-care practices (as discussed above). For example, students may not receive their allocated breaks when working in a busy center. Poor self-care practices are further perpetuated by messaging received through the hidden curriculum. For example, when students are praised for coming to class unwell or foregoing sleep, being told they are "toughing it out" or "being a trooper", students may then be consciously or unconsciously influenced towards poor self-care habits. In the case of sleep deprivation specifically, all the while this has been shown to be associated with poor performance and an increase in occupational errors[19].

3.3. Career impact concerns

In a recent survey by the *Ontario Political Advocacy Committee of OMSA,* students sought information on how having and/or seeking help for a mental illness could impact their careers in medicine. This sheds some light on another possible reason students are hesitant to reach out for help: there is concern that there will be negative implications for their career and their professional reputation. Some students worry that disclosing a mental health issue could lead to perceptions that they lack the necessary competencies to become a physician. Other students worry that accessing resources for a mental illness will affect their CaRMs application.

3.4. Stigma

According to the Canadian Mental Health Association, "stigma is a negative stereotype" and "a reality for many people with a mental illness... they report that how others judge them is one of their greatest barriers to a complete and satisfying life." [7] Stigma in the medical community can include internalizing negative beliefs about mental health which can impact, a student's ability to seek help and how we treat colleagues with mental illnesses.

A 2003 study out of the University of Manchester showed that concerns about confidentiality and stigma surrounding mental health were the top two barriers to seeking help among medical students[8]. Similarly, a 2012 study showed that students' negative experiences around mental health, such as observing physicians displaying negative attitudes towards mental health illnesses or observing other students revealing a peer's mental health struggles to others, resulted in them being less likely to seek help for their own mental health concerns[9].

3.5. Transitions

Periods of transition can pose new challenges for medical students. When adapting to new environments some students struggle with:

- Perfectionism. Students entering medical school are classically high achievers and continue to feel pressure to meet rigorous academic standards during medical training. However, in medical school, these students are no longer in a setting where their educational performance necessarily stands out because they are now among a pool of students who are similarly high achieving. This can lead to an increased sense of pressure and competition to outperform which may in turn adversely affect mental health. Students may also experience intense fear of failure and many medical students report a sense of "imposter syndrome" especially earlier in their training, if they are not living up to their own high standards. A 2006 study among Korean medical students found that "socially-prescribed perfectionism" (the fear of being judged poorly by others/feeling social pressure to be perfect) was a trigger for burnout amongst medical students[20].

- Unmet expectations. The realities of medical school can be very different than what students had expected. For instance, students are learning to navigate a health care system that is flawed and may have difficulty coming to terms with limited resources, long waiting times, and poor outcomes for patients. At the same time, students are exposed to long working hours, the hidden curriculum, and pressure to study and perform[21].

- Transition to residency. The pressures associated with selecting and then matching to a residency program may be another source of stress among medical students. Students are encouraged to explore different areas of medicine and asked to come to conclusions about what kind of medicine they will chose to practice relatively early in their training. Students must continually balance their coursework and the additional practicums required to make these decisions. In other cases, students may even come to realize

that practicing medicine is not the right choice for them. Given the large amounts of debt accumulated to cover the cost of medical training and the work already put in, these students sometimes feel trapped, and this is a subject not openly discussed due to the prevalent idea that students should be grateful to be receiving the training they are.

Identifying personal barriers can help students realize when they need support and what could be causing the stress in their lives.

4. Legislative Protections

We have identified several barriers that exist for medical trainees who may require professional support for mental illness. By providing related information and resources, we hope to dispel common myths and perceived negative consequence surrounding accessing mental health care. To help address concerns around potential career impacts and to engender greater comfort accessing available resources when needed, it is important to increase awareness of legislation that protects the rights of students with mental illnesses. In doing so, we hope that this may help alleviate some of the stresses and fears associated with reaching out for help when confronted with mental illness.

Ontario medical trainees with mental illnesses are protected from discrimination under the *Ontario Human Rights Code* and have the right to receive accommodations for their disabilities to the point of undue hardship, yet some trainees have difficulty accessing the accommodations they require. Canadian courts have held that failing to provide medical trainees with appropriate accommodations and/or to dismiss them from the program due to a disability is considered discrimination under the law. This was further demonstrated in two recent British Columbia cases, *Kelly v. University of British Columbia* in 2013[13] and *Dunkley v. UBC and another* in 2015[14], which were awarded in favour of medical residents who had filed human rights complaints as result of their not receiving appropriate accommodations and having been dismissed from their respective programs as a result.

While all students attending medical school in Ontario are required to meet the *Essential Skills and Abilities Required for Entry to a Medical Degree Program,* as outlined by the Council of Ontario Faculties of Medicine (COFM), the COFM is also clear that they are committed to meeting the needs of students with disabilities pursuant to Section 10 (1) of the Ontario Human Rights Code:

"COFM is committed to facilitating the integration of students with disabilities into the University and medical communities. Each student with a disability is entitled to reasonable accommodation that will assist her/him to meet the standards. Students must be prepared to provide supporting medical documentation in a timely manner and to cooperate with the University in determining an appropriate accommodation."[15]

According to the Ontario Human Rights Commission (OHRC):

"Barriers must be prevented and removed, so that persons with disabilities can access and benefit from their environment and face the same duties and requirements as everyone else, with dignity and without impediment. Thus, the aim of accommodation in a post-secondary educational context is to provide equal opportunities to all students to enjoy the same level of benefits and privileges and meet the requirements for acquiring an education."[16]

The OHRC goes on to describe standards that schools are expected to meet:

- "The needs of persons with disabilities must be accommodated in the manner that most respects their dignity, to the point of undue hardship.
- Taking responsibility and showing willingness to explore solutions is a key part of treating people respectfully and with dignity.
- Voluntary compliance may avoid complaints under the *Code*, as well as save the time and expense needed to defend against them.

- There is no set formula for accommodating people with disabilities. Each person's needs are unique and must be considered afresh when an accommodation request is made."[17]

Students who are struggling to obtain appropriate accommodations and/or who have experienced discrimination should contact the Ontario Human Rights Commission for guidance (see *Appendix A*). Putting accommodations in place for those experiencing disability can be an important aspect of self-care.

Each school has different policies for accommodations and/or leaves of absence. We recommend speaking to the student affairs office at your home school for the most current details on these policies. Some examples are provided below, though a comprehensive list is beyond the scope of this paper.

Regarding accommodations, the University of Ottawa's MD Program for example, has a *Student Accommodations Committee* that reviews requests such as students requesting extra time for written tests[5]. There can be no penalty for requesting or undertaking an accommodation. The purpose of an accommodation is to give all students equal opportunity to succeed while ensuring they meet all the requirements of the program and does not give any student an unfair advantage.

Looking at leaves of absence, the University of Toronto's MD Program for example, has three types of absences; unplanned, planned and a leave of absence. While short-term unplanned or planned absences would not be recorded on your transcript, an extended leave of absence for up to a year for academic or personal reasons is recorded on a student's transcript[6].

To assure students with concerns about how accessing support may affect their CaRMS application, it is important to note that services accessed through student wellness centers are confidential and the information shared with a health care provider is protected under the *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Personal Health Information Protection Act* (PHIPA). It will not be released without your written consent to any third party except in certain cases (for example if there is suspected harm to yourself or others or a court of law subpoenas the records).

5. Relieving the stigma

One of the most important factors in relieving the stigma is changing the discussion around mental health within medical schools. Academic centres and medical associations are now beginning to recognize the importance of wellness as part of their official academic curriculum. Most Ontario schools now have a wellness curriculum integrated into their undergraduate medical education program.

Recent evidence also suggests that certain programs, such as pass/fail grading systems and mind-body skills education, aimed at reducing the stress of medical training have been successful in improving the mental health of students[10]. The insidious nature of the hidden curriculum, however, makes changes in the mindset of the greater medical community incredibly difficult and requires our continued attention on an individual, institutional, and national level.

Some studies suggest that there are inherent benefits to the inclusion of students with disabilities in healthcare training, as was demonstrated in the recruitment of nursing students with disabilities into nursing programs. It was shown that this can help reduce stigma and improve awareness of challenges faced by patients with disabilities and that this change in attitude in turn served to improve healthcare outcomes and the level of competency in treating patients with disabilities.[11]

"People with mental health issues and addictions are a diverse group, and experience disability, impairment and societal barriers in many different ways. Disabilities are often "invisible" and episodic, with people sometimes experiencing periods of wellness and periods of disability. All people with disabilities have the same rights to equal opportunities under the *[Ontario Human Rights] Code*, whether their disabilities are visible or not." [12]

6. Conclusion

In developing this paper, we have begun to identify areas in which institutional and cultural changes may be required to truly address the alarming statistics surrounding mental health of medical trainees, such as for example, the hidden curriculum and stigma surrounding mental illness. This is a subject which requires further exploration. In opening up a dialogue around some of these sensitive topics we hope that this paper may serve as one small part of the way forward toward making positive changes in the interest of student health.

"Self-care has the potential not only to minimize the harm from burnout, compassion fatigue, and moral distress but to promote personal and professional well-being. Job engagement, compassion satisfaction, and resilience are all possible outcomes when a physician's personal well-being is carefully tended."[18] Medical students and training institutions must continue to work together to empower trainees to take charge of their mental and physical well-being because a trainee's ability to provide quality patient care is dependent upon their ability to engage in adequate self-care. Self-care is required for the maintenance of health throughout medical school, residency, and future practice as physicians.

We recognize the many barriers that students face when trying to address mental illness during medical education and hope that as colleagues we support one another by: encouraging those with mental illnesses to seek professional support at the earliest possible opportunity; advocating for institutional changes which support trainee and physician self-care and well-being; and creating learning environments that do not tolerate stigmatization of persons with mental illnesses and disabilities.

We hope that the information provided may contribute to greater comfort accessing mental health resources when needed. Please see Appendix A for a list of some available mental health resources for Ontario medical students.

7. Appendix A: Resources available to Ontario medical students

- Canadian Federation of Medical Students wellness page: http://www.cfms.org/what-we-do/student-affairs/wellness.html
- OMSA Wellness Blog: https://omsa.health.blog (also see Wellness Resources page)
- OMA Physician Health Program: http://php.oma.org
- OMA Physician Health Program Wellness Centre: http://php.oma.org/wellnessCentre.html
- Ontario Human Rights Commission: http://www.ohrc.on.ca/en/about-commission/contact-us

University of Ottawa	University of Ottawa has a student run wellness committee as well as Faculty of Wellness Program: http://www.med.uottawa.ca/Wellness/eng/about.html *MD Student Affairs Office* offering a host of services including personal, couple's, career and financial counselling and mentoring: http://www.med.uottawa.ca/Students/StudentAffairs/eng/index.html
University of Toronto	*Office of Health Professions Student Affairs (OHPSA)* offering host of services including academic, career and personal counselling and student wellness, as well as having a Wellness Committee: http://www.md.utoronto.ca/OHPSA Student Health Initiatives and Education (SHINE): http://uoftshine.weebly.com
McMaster University	*Student and Resident Affairs Office* offering wellness programs, confidential individual career counselling and learning assistance among other services. McMaster also has a Wellness Committee that organizes regular wellness activities as well as meditation and mindfulness course. http://mdprogram.mcmaster.ca/students/student-affairs
University of Western Ontario	Schulich Medicine and Dentistry has an *Equity and Wellness Committee*: http://www.schulich.uwo.ca/wellness/ There is also the *Wellness Education Center* which offers personalized individual counselling: http://se.uwo.ca/wec.html and *Western Vitals*: http://Westernvitals.ca

Northern Ontario School of Medicine	NOSM has it's own student lead *NOSM Wellness Committee*, a student wellness space, as well as services offered by *Learner Affairs* including personal counselling, financial planning, and professional development among other services http://www.nosm.ca/about_us/general.aspx?id=4022
Queen's University	Queen's has its own student led *Wellness Committee*, a student Wellness Chair, and a wellness curriculum. The *Student Affairs Office* has separate advisors for wellness, academic and career needs. Wellness advisors offer confidential services https://meds.queensu.ca/education/undergraduate/student_affairs

8. Appendix B: Student testimonials on the "hidden curriculum"

The *hidden curriculum* is defined as the culture and organizational structure of an institution that can influence students perception of what it means to be a physician[4]. Below are testimonials from medical trainees providing examples of how they have experienced the *hidden curriculum* and the impact that this can have on their wellbeing.

In a research paper based in McMaster University published on the benefit of written reflection exercises for medical students, students spoke to the effects of the hidden curriculum on their learning.

- Student testimonial 1:

  "When listening to a patient's murmur, our preceptor kept insisting that we each listen under the patient's shirt even though she seemed upset and we all hesitated based on her reaction… Needless to say, we all felt uncomfortable but did not know how to appropriately dissent (P52)" [4]

- Student testimonial 2:

  "The surgeon showed no hesitation in absolutely humiliating the resident before us, harshly criticising his lack of fundamental knowledge…Witnessing the public spectacle that night surely sent chills down my spine as I contemplated my ability to handle such frank criticism as a resident…" [4]

These testimonial exemplify power imbalances in the workplace which can sometimes lead to public humiliation of learners or students being in learning environments where they are party to unprofessional circumstances but do not feel able to express this. This can have distressing impacts on student learning. Positive role models and opportunities to reflect on clinical experiences in a safe environment at medical schools can help support students [4].

In another research paper that had participants from the University of Ottawa, students spoke about the hierarchy of medicine and experiences with harassment and unprofessional behaviour[3].

- Student testimonial 3 (Resident Student):

  "I had a medical student come to me and say that one of the staff that he was working with was refusing to call him anything but [Name 1], and his name was … [Name 2]. I said, "Have you told her that's not your name? Because … maybe she genuinely just doesn't know;" I suspected not so much, but. And he was like, "I tell her on a daily basis that my name is [Name 2], and every time she introduces me to a patient she says, "this is my friend [Name 1], and then she sort of nudges me and winks at me and laughs." And I was like, "okay so that is grossly unprofessional and inappropriate … and you have to talk to someone about this, you need to talk to the … Program Coordinator." And he basically said to me..., "well it's my first clerkship rotation, … isn't this just the way it is?""" [3]

- Student testimonial 4 (Clerkship Student):

"Like one time, I had… a staff who like threw all of my stuff. … so apparently I had something on his desk which was like a public space. It was like a nursing desk or whatever and apparently that was 'his space'. I had put my stethoscope and my cell phone there just because I didn't want to carry it. So he … looked at it and then he … threw it away onto another desk. He was like "who is invading my space?" So that to me was not professional, but I'm not going to do anything about it because he's probably not going to change his behavior…" [3]

Students who experience and/or witness unprofessional behaviour have higher rates of burnout and this can impact their own ethical beliefs [3].

Students' self-care practices are affected by the hidden curriculum. Sleep deprivation is a common issue experienced during medical education, yet in a recent literature review on the neurocognitive effects of sleep deprivation, it was found that:

"Sleeping less than seven hours per night results in cumulative deficits in behavioral alertness and vigilant attention. Sleep-deprived individuals tend to take longer to respond to stimuli, particularly when tasks are monotonous and associated with low cognitive demands. Tasks requiring sustained attention can be impaired by even a few hours of sleep loss." Further, "wakefulness in excess of 16 hours predicted performance lapses." and "subjects appeared to be largely unaware of these increasing cognitive deficits, based on their own assessments." Of note, "studies in health care professionals support the potential consequences of sleep deprivation on cognition and work performance." Lastly, "occupational errors are also more common among individuals with sleep insufficiency." [19]

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15. Essential Skills and Abilities Required for Entry to a Medical Degree Program https://www.ouac.on.ca/omsas/omsas-essential/

16. The opportunity to succeed: Achieving barrier-free education for students with disabilities, Ontario Human Rights Commission http://www.ohrc.on.ca/en/book/export/html/2470

17. Policy and guidelines on disability and the duty to accommodate, Ontario Human Rights Commission http://www.ohrc.on.ca/so/node/2461

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