

POLICY DOCUMENT

HEALTH AND WELLBEING

Background

The Australian and New Zealand Medical Students' Associations (AMSA/NZMSA) have partnered to address the state of medical student wellbeing across Australia and New Zealand. The following policy is a result of extensive research and a submissions process, including wide consultation with students and other stakeholders. It was co-written by AMSA and NZMSA, and passed by each council independently. 'Psychomedical stress' is often shrugged off as normal, and students can be told that medicine is no different from any other university degree. Medical students are similar, with regards to mental wellbeing, to the general student population prior to the commencement of their course (1-3). As they progress through medical school, however, studies have shown that medical students begin to exhibit lower psychological wellbeing than age-matched peers and the general population (4-10).

One study has suggested that almost a quarter of medical students show signs of depression, and of these a quarter will experience an episode of suicidal ideation (11). Others have given more conservative estimates, but they still demonstrate that medical students experience rates of depression and stress well above those of the general population (10).

The status quo is not acceptable; more time and resources need to be invested in securing greater wellbeing for medical students. AMSA and NZMSA have partnered to take action, raise awareness and develop solutions to issues in the area of wellbeing. This action commenced with research that was published in the Medical Journal of Australia (12). It provided a greater understanding of wellbeing issues for New Zealand and Australian medical students and a backbone for the development of this policy.

It is crucial that awareness, education and resilience strategies are embedded within the University environment. Given stressful experiences can occur from day one of medical school, this education should be provided from early on. It is also important to note that many stressors doctors face commence during medical school, as does the development of coping strategies.

Ultimately we, as future doctors, should not neglect our own individual wellbeing, as it underpins the success of our careers. If we are to look after our patients' health, we need to look after our own health as well.

Position Statement

To achieve optimal wellbeing, students need to have:

1. An environment which promotes optimal student wellbeing;
2. An environment free of stigma;
3. An awareness of wellbeing;
4. A knowledge of support services available;
5. Equitable, accessible and confidential support services;
6. Education on wellbeing, including preventative strategies, coping methods, identification of signs of stress and distress, and means of assisting and directing others who are experiencing poor wellbeing.

Policy

1. Definitions

From henceforth,

1.1. AMSA refers to the Australian Medical Students' Association

1.2. Wellbeing encompasses all aspects of emotional, physical, and mental health, and maintains the welfare of an individual. Wellbeing is defined around the WHO description of mental health: "Mental health can be conceptualized as a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"

2. Overview

2.1. AMSA believes that the wellbeing of medical students is central to the provision of high quality education

2.2. AMSA is committed to advocating for positive medical student wellbeing and the disestablishment of associated stigma

2.3. AMSA believes that positive outcomes in medical school are intricately linked to positive outcomes in doctors' careers and their health, and this contributes to better outcomes in patient care

2.4. AMSA recognises the need for adequate counseling for medical students and supports efforts to ensure its implementation.

2.5. To ensure optimal wellbeing, AMSA believes that:

2.5.1. Medical students should:

2.5.1.1. Recognise the signs and symptoms of poor wellbeing both in themselves and other medical students

2.5.1.2. Actively engage in the promotion of awareness of wellbeing

2.5.1.3. Be aware of and encourage the access of support services

2.5.1.4. Actively break down any associated stigma of poor wellbeing

2.5.1.5. Take responsibility for their own health and access health care and support services where and when appropriate, including: having a General Practitioner, accessing other healthcare providers when required, ensuring up-to-date immunisation status for relevant communicable diseases, following safe practices when utilising either prescriptive or non-prescriptive medications, and following safe practices regarding the use of alcohol and other drugs

2.5.1.6. Actively engage with medical school/faculty staff to ensure appropriate collaboration on wellbeing related initiatives

2.5.1.7. Undertake training during their degree to stimulate resilience and to aid in the recognition of poor wellbeing both in themselves and other medical students.

2.5.2. Medical schools/faculties should:

2.5.2.1. Provide a comprehensive introduction and ongoing education throughout the course about medical student wellbeing

2.5.2.2. Actively engage in the promotion of wellbeing awareness

2.5.2.3. Actively break down any associated stigma of poor wellbeing

2.5.2.4. Provide adequate support services, and encourage the access and promotion of such services

- 2.5.2.5. Incorporate wellbeing into the medical curriculum
- 2.5.2.6. Ensure that the curriculum, course structure, and their requirements accommodate the needs of medical students examination and supplementary examination and their wellbeing
- 2.5.2.7. Consult with the medical student body with regards to appropriate services and curriculum integration
- 2.5.2.8. Should ensure that counseling is readily accessible to all medical students, and that such counselling is:
 - 2.5.2.8.1. provided by a qualified counselor who has knowledge of the medical course, but who is not directly involved in student examination or academic supervision; and
 - 2.5.2.8.2. free from discrimination.
- 2.5.2.9. Offer all medical students the opportunity to undertake training during their degree to stimulate resilience to combat the challenges faced by medical students and professionals, however this should not impose any additional cost to the student.

3. *Stigma*

- 3.1. AMSA believes that stigma is the largest barrier to achieving optimal wellbeing, as it
 - 3.1.1. Decreases students' ability to access support services
 - 3.1.2. Decreases students' receptiveness to wellbeing education
 - 3.1.3. Detrimentially affects the open discussion of wellbeing
 - 3.1.4. Compounds any ill-health that students may be experiencing
- 3.2. Both students and the medical schools/faculties should actively break down stigma associated with poor wellbeing. Means of doing so include, but are not limited to
 - 3.2.1. Challenging and discouraging stigmatising attitudes
 - 3.2.2. Educating students and staff to replace stereotypes with more accurate representations
 - 3.2.3. Providing students and staff contact with people who have experienced challenges with wellbeing to alter views and normalise perceptions

4. *Support Services*

- 4.1. AMSA believes that the requirements of providing effective support services include
 - 4.1.1. Equity of access to all students
 - 4.1.2. Services both on campus and outside of the university environment
 - 4.1.3. Culturally appropriate services
 - 4.1.4. Confidentiality
 - 4.1.5. A wide variety of services
 - 4.1.6. Access to support staff that are not involved with assessing student performance or academic standing
- 4.2. Effective promotion of support services requires
 - 4.2.1. Ongoing and consistent promotion
 - 4.2.2. High visibility, exposure, and impact levels
 - 4.2.3. Ongoing consultation and collaboration with student societies and/or associations
 - 4.2.4. Multi-modal promotion across a wide range of media.

5. *Curriculum Integration*

- 5.1. AMSA believes that
 - 5.1.1. It is vital wellbeing is embedded within the medical curriculum
 - 5.1.2. It is important that sufficient time is allocated to wellbeing teaching
- 5.2. AMSA recognises that
 - 5.2.1. Although modes of teaching will vary across medical schools and over time, students prefer wellbeing teaching that is part of course requirements as opposed to optional supplements
 - 5.2.2. Teaching should include formal lectures, but should be continually integrated throughout all aspects of the course

6. *Curriculum, course structure and requirements*
 - 6.1. AMSA believes that the structure and requirements of a medical course are instrumental in influencing the wellbeing of medical students
 - 6.2. AMSA believes that a medical course should be designed to ensure optimal wellbeing. This includes
 - 6.2.1. Appropriate time requirements, both contact hours and required private study hours, which allow for a balance between educational requirements, student wellbeing needs, and rest and relaxation
 - 6.2.2. The provision of curriculum objectives that clearly outline expectations of students
 - 6.2.3. Adequate, timely and appropriate communication with students about the course and their progress through the course
 - 6.2.4. The development of a medical school policy, in consultation with the student body, which provides flexibility and accommodation of students requiring special consideration. Principles of this policy should recognise
 - 6.2.4.1. Undue burden on the student
 - 6.2.4.2. Undue misfortune
 - 6.2.4.3. Physical, spiritual, psychological or family illness;
 - 6.2.4.4. The importance of extra-curricular activities and balanced lifestyle
7. *Ongoing research and reviews*
 - 7.1. AMSA believes that in order to adequately address wellbeing, ongoing research is required to identify optimal intervention and preventative strategies
 - 7.2. AMSA believes that teaching and support services should be regularly reviewed by students and staff
8. *Policy Review*
 - 8.1. AMSA believes that this policy should be reviewed in consultation with the New Zealand Medical Students' Association in 2013

References

1. Rosal M, Ockene I, Ockene J, Barrett S, Ma Y, Herbert J. A longitudinal study of students' depression at one medical school. *Acad Med.* 1997; 72(6):542-546
2. Carson AJ, Dias S, Johnston A, McLoughlin MA, O'Connor M, Robinson BL, Sellar RS, Trewavas JJ, Wojcik W. Mental health in medical students. A case control study using the 60 item General Health Questionnaire. *Scot Med J.* 2000; 45(4):115-6
3. Singh G, Hankins M, & Weinman JA. Does medical school cause health anxiety and worry in medical students? *Med Edu.* 2004; 38(5): 479-481.
4. Aktekin M, Karaman T, Senol Y, Erdem S, Erengin H, Akaydin M. Anxiety, depression and stressful life events among medical students: a prospective study in Antalya, Turkey. *Med Edu.* 2001;35:12-17
5. Henning K, Ey S, Shaw D. Perfectionism, the imposter phenomenon and psychological adjustment in medical, dental, nursing and pharmacy students. *Med Edu.* 1998;32:456-64.
6. Lloyd C, Gartrell NK. Psychiatric symptoms in medical students. *Compr Psychiatry.* 1984;25:552-65.
7. Toews JA, Lockyer JM, Dobson DJ, Brownell AK. Stress among residents, medical students, and graduate science (MSc/PhD) students. *Acad Med.* 1993;68(10 suppl):S46-S48.
8. Toews JA, Lockyer JM, Dobson DJ, et al. Analysis of stress levels among medical students, residents, and graduate students at four Canadian schools of medicine. *Acad Med.* 1997;72:997-1002.
9. Psujek JK, Martz DM, Curtin L, Michael KD, Aeschleman SR. Gender differences in the association among nicotine dependence, body image, depression, and anxiety within a college population. *Addict Behav.* 2004;29:375-80.

10. Dahlin M, Joneborg N, Runeson B. Stress and depression among medical students: a cross-sectional study. *Med Educ.* 2005;39:594–604.
11. Givens J, Tjia J. Depressed medical students' use of mental health services and barriers to use. *Acad Med.* 2002; 77: 918-921
12. Hillis JM, Perry WRG, Carroll EY, Hibble BA, Davies MJ, Yousef J. Painting the picture: Australasian medical student views on wellbeing teaching and support services. *Med J Aust.* 2010; 192(4):188-190.

Policy adopted February 2010

For review February 2013