Pride or Prejudice?

What impact does the ethnicity and cultural background of medical students, alongside the process of medical acculturation, have on medical students' mental health and professional development?

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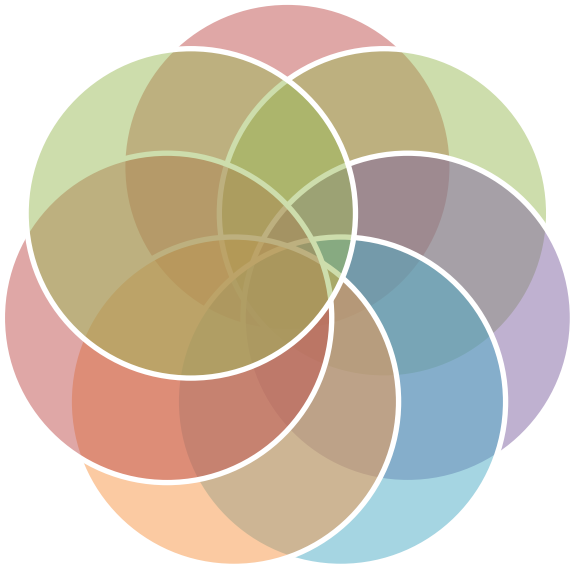
October 2018

POSITIONALITY?

Psychoanalytic
Psychotherapist

Immigrant
From
Apartheid
Regime



White
Female
English Speaking

Doctoral
Researcher

Balint Group
Leader
GPVTS

Medical
Workplace

Background

1. This research has arisen as a result of many years of psychological and reflective practice work with medical students in the student counselling service of a large London university.

2. It is usually academic or exam failure which prompts medical students' first contact with the service. However, in the consulting room family and cultural issues frequently emerge as a major contributory factor affecting students' mental health. (98% of students say no to this question on form.)

3. Immersion in the culture of medicine which exerts pressure on students to conform to it's values and hierarchical structure. Medical culture has been described as a "high masculine" culture, valuing achievement, control, and social power (Cunningham, 2013)

BME Attainment Gap

There is an established and accepted gap in attainment between white and BAME learners at different stages of education and it is now also clear that ethnicity is a factor in doctors' attainment from secondary school onwards. (**General Medical Council 2015)**

Ethnic differences in academic performance are widespread across different medical schools, different types of exam, and in undergraduates and postgraduates… We need to recognise this as an issue that probably affects all of UK medical and higher education. Further research into its causes is required. Such actions are necessary to ensure a fair and just method of training and of assessing current and future doctors. **(Woolf, Potts, McManus 2011)**

BME Attainment Gap

Relationships with senior doctors were crucial to learning but bias was perceived to make these relationships more problematic for BME UKG and IMG. (Woolf K, Rich A, Viney R, et al. *Perceived causes of differential attainment in UK postgraduate medical training: a national qualitative study* BMJ Open 2016;6 (Woolf et al. 2017)

Differential attainment has been used by the GMC to refer to 'systematic differences in outcomes when grouping cohorts by protected characteristics and socio-economic background'. In practice, the biggest gaps in attainment during medical training are linked to race – with both BME UK and international medical graduates affected.(*BMA Report* 2017)

Award		Faculty of Life Sciences & Medicine		
		2012/13	2013/14	2014/15
Total Numbers in Qualifying Population	UK, CI and IoM Total	731	732	751
	White	292	294	317
	BME	439	438	434
% 1st by ethnicity (e.g. X% of BME students attained a 1st)	% White	40.4%	42.5%	43.2%
	% BME	23.0%	29.2%	34.1%
Attainment Gap: 1st		**-17.4%**	**-13.3%**	**-9.1%**
% 1st and 2:1 by ethnicity (e.g. X% of BME students attained a 1st or a 2:1)	% White	93.2%	91.8%	93.4%
	% BME	82.0%	85.2%	86.6%

Research Aims

- To offer a clinical perspective and analyse comparative data from a sample of a clinical population of BAME and White medical students seeking psychological help for their difficulties.

- To explore some of the impact on these medical students of adaptation to and dynamics of exclusion within British medical culture, and the ways in which this can interact with their own family history and cultural identity.

- To contribute to an increased understanding in medical education of the ways in which the “hidden curriculum” operates and how resources can be better allocated to support equality of opportunity for all medical students.

Design/Methodology

Phase 1
This mixed-method research project considers UK BAME Attainment Gap data and compares the demographic makeup of students in the medical school with the demographic data of medical students attending assessments in the Student Counselling Service.

Phase 2
Collating and thematic analysis of 24 anonymised written clinical assessment interviews from medical students who are using or have used a student counselling service.
12 of these assessments are the researcher's own assessments and 12 from a colleague from a BAME background.
All of the assessments include a three generational history. 20 more were discounted because they did not contain this information.

Phase 3
Reflexive exploration of the research topic in dialogue with staff members of medical institutions. This includes narrative from interactions with staff and students

In the academic year 2013/2014 the counselling service statistics showed an overrepresentation of ethnic minority medical students 68% (n 85) seeking psychological help, compared to 32% in the medical school.

BAME students in this study were more likely to attend after academic failure or a tutor's recommendation

Questions arising from Overrepresentation of BAME Students in Quantitative Data

1. Is this due to increased knowledge of the counselling service by BAME students because of word of mouth, outreach events, increased tutor awareness of BAME student under-attainment ?

2. Do BAME students because of family and background factors have greater vulnerability/psychological difficulties than white students?

3. Is there an underlying systematic or institutional bias in which BAME students have reduced access to informal systems of support or mentoring which is more available to white students?

4. Are students from historically stigmatised groups less likely to present for help until their difficulties become obvious either academically or clinically because of family and personal anxiety about further stigmatisation?

Lower levels of the social capital that mediates interaction with peers, tutors and clinicians may be the cause of underperformance by ethnic minority students.

Bridging the gap: the roles of social capital and ethnicity in medical student achievement. Vaughan S, Sanders T, Crossley N, O'Neill P, Wass V; Medical education 2015 vol: 49 (1) pp: 114-23

THE VALUE OF THE CLINICAL INTERVIEW

Standard mental health scales seem to be unable to distinguish between genuine mental health, and the illusion of mental health which is created by psychological defences. As a result of this study, clinical methods may have a much more important role to play in meaningful mental health research.
(Shedler et al.1993)

Defences against such anxiety are mobilised at a largely unconscious level. ..It means that if memories of events are too anxiety-provoking, they will be either forgotten or recalled in a modified, more acceptable fashion. Defences will affect the meanings that are available in a particular context and how they are conveyed to the listener (who is also a defended subject).
(Hollway 2009)

Themes from Assessments (Family Doctor . Golden Child)

I can't tell my parents how I feel, they have their own ideas about who I am and how I should live.

I should keep everyone happy. I feel I am letting everyone down, they all want me to succeed at this

Others seem to cope, I need to toughen up, I am weak, it is all my fault.

There are times in my life when I have felt small, powerless and alone, but I can't remember telling anyone.

I like helping people. I am the one people turn to, it makes me feel better, it helps me feel more powerful, that I am good at something.

'The pressure to perform is overwhelming'

My family are waiting for me to qualify so that I can make their lives better, so they don't have to struggle so much, but I don't know if I can keep going, I feel so so tired. The School don't seem to take into account in their decisions what I am struggling with, how I am the head of the family, how I can't afford to fail at this."

(Male BAME)

"I suffer from terrible anxiety. I wonder if this means I shouldn't be a doctor, although it's all I want to do. I do feel weak and I want to fix it. My parents don't really understand. If I try to talk to them about it they say "you'll be fine." I have always done well at exams. I am the medical student, they feel they don't have to worry about me. My psych consultant and advisor said to phone them when I feel anxious."

(Male. White)

I am in the 1st percentile and chair of a major committee in the school but I panic so badly over exams that I am in tears for weeks. The only thing that I can do to relieve the pressure is to cut myself. I have never told anyone that."

(Female. White)

'Immigration has had an effect on my family'

"My mother was on her own here with me and my little brother after she had to escape the country. She had three cleaning jobs. I could hear her crying in her room. I was left on my own for hours when I was 4 while she slept. I remember just waiting and waiting…"

Male BAME

"I told my little brother to stay in his room and then I called the police. I knew it would be awful because we are a medical family and they have faced racism and have a hard time at work But I was afraid they would kill each other."

Female BAME

"I was called Osama at school for years after 9/11."

Male BAME

'Impact of trauma on me and my family'

"My parents had to flee their country with me when I was 3.

My mother said one day she saw people being burned in their cars as she was driving. They stopped the car and asked her what language she spoke. She knew what to say - and they let her go."

Male BAME

"My grandparents left in the middle of the civil war. My mother was nearly 5."

(Panic attacks included an auditory hallucination of people screaming. These started when student was 4)

Female BAME

"My father was ill so he couldn't work. Once when I was a child we were homeless, black bags on the street and a white woman came and said "get off the street – you Pakis!"
(Male. BAME)

"I want to be a surgeon – but I am under so much pressure in my community. All my friends from school are either married or engaged and I know I am judged. I won't be able to have a family for years if I do surgery as it is so difficult for women to do both. I know my parents are proud of me but they also worry. I don't know if I can cope with all the different pressures."
(Female. BAME)

It is interesting that the majority of the re-sitting students were from black minority ethnic (BAME) backgrounds ….we cannot draw any conclusions in this regard, and also significantly none of the interviewees referred to this aspect of their identity in relation to their progression through medical school.

Todres et al (2012)

"I feel so bad for having failed the year. I hate having to come onto the campus in case I bump into any of the other students and have to explain. But I am angry too ...I don't think that I really deserved to fail my OSCE. I am no worse than the others. I did notice that most of the people who failed were from minority backgrounds. It makes you wonder... The only examiner who wasn't blank, who smiled at me in the OSCE station, was Muslim."

(Male Student BAME)

We weren't allowed to do that research in the end –

into why all the resitters were from minority ethnic backgrounds- because the supervisor had said we would be biased, as we were also from minority ethnic backgrounds

(Male BAME)

Some reactions to the Research Topic (across medical institutions)

" We all know what the problem is – the reason they come into medicine in the first place ." (Personal Communication 2016 . Senior clinician)

" I wouldn't touch that (research) with a bargepole." (Personal Communication) 2017. Senior Medical Educator and Clinician)

"We all know its because their parents want them to do it." (Personal Communication Senior Academic staff member 2017)

"This year some students went to the head of year to complain about the placements at - where students had persistently experienced racist abuse and discrimination. They were told they had misunderstood the situation and were being oversensitive." (Personal Communication BAME member of staff. 2018)

I know about that privileged group. In my final year at medical school I got to know some of them and got invited to OSCE practice. It was such a close group. They had so much knowledge I didn't know about. Past papers and questions. I was a mature student and wanted to do it the hard way but was amazed how easy it was for them. That structure is so hard to break into. They were so confident and connected (Personal Communication White Junior Doctor 2018)

Helen Lauer (2016) How Collusion Perpetuates Racial Discrimination in Societies that Ostensibly Promote Equal Opportunity,

I have tried to show how the covertness of collective phenotypic privileging reinforces colluding participants' capacity to gain indefensible advantages **regardless of what they personally may feel or think about doing so.**

. …this may help to account for why it makes so little difference to the recalcitrance of a social injustice whether the individual elites who perpetuate it approve explicitly of doing so or not.

Some Conclusions

- Immigration can be understood as a bereavement no matter what the reasons. Losses - of home, family, language, culture and status generate the work of mourning and adaptation throughout the life cycle. Alienation is reinforced when difference is visible and stigmatisation occurs because of skin colour, appearance, language. Trauma can be transmitted within families for generations.(Epigenetic transmission of Trauma Yehuda 2016)

- Medicine is a culture that defends against anxiety about mortality (Menzies Lyth, 1959). This can mean rigid hierarchical and working structures and adherence to group norms and are enshrined in institutional dynamics. Ordinary human anxiety and vulnerability and need for attachment are denied and projected into others who are seen as "not coping”.

- **All** the students in this study could be understood to have their psychological defences breaking down under the unconscious pressure of being the “family doctor”. Attempting to heal the past while providing hope for the future is psychologically exhausting.

Recommendations

Students are coming into university with real problems as a result of internal conflicts and external factors which need time to work through with professionally trained and culturally competent clinicians who have training in student mental health.

Increasingly resources are being directed at short term wellbeing and prevention programmes or external referral to NHS mental health settings. While this can sometimes be helpful, students' distress can as a result become individualised and pathologized, and the impact of environmental, institutional and systemic difficulties can be ignored.

Inequality is an issue for the whole organisation, not just for those who suffer because of it. Policies and strategies must be followed up with education about the history and causes of systemic discrimination and stigmatisation, and the advantages that flow from it for those who already possess power and privilege.

Privilege is invisible to those who have it. (Michael Kimmel)

Discrimination is known and well recognized to be associated with poor physical and mental health, as well as creating social divisions and fear that undermines the success of society and economic progress. Policies to eradicate discrimination and prejudice in the public sphere, and in public life, need thoughtful and careful planning and engagement by all public institutions and in the way they conduct their business. This forms the basis of social justice.

Kamaldeep Bhui (2016)

(2017)The Race Disparity Audit shines a light on stark injustices suffered by BME people across the country

https://www.theguardian.com/uk

Illustration by Sébastien Thibault

References

- Lempp H., Seale, C. (2004). The hidden curriculum in undergraduate medical education: a qualitative study of medical students' perceptions of teaching.
  British Medical Journal 2004
  doi: http://dx.doi.org/10.1136/bmj.329.7469.770

- Quince T.A., Wood D.F., Parker R.A. (2012). Prevalence and persistence of depression among undergraduate medical students.
  British Medical Journal 2012
  doi:10.1136/bmjopen-2012-001519

- Rosal, M.C., Ockene, R., Barrett, S.V., Ma, Y., & Hebert, J.R. (1997). A longitudinal study of students' depression at one medical school.
  Journal of Jun:72(6):542-6

- Woolf K, Rich A, Viney R, et al Perceived causes of differential attainment in UK postgraduate medical training: a national qualitative study BMJ Open 2016;6:e013429. doi: 10.1136/bmjopen-2016-013429