Evaluating Mental Health Literacy in Medical Students

Marrison Stranks Marwood, BSc., MSc.
MB ChB Candidate 2020

Dr. Jasmine Hearn, AFBPsS, FHEA
Background

Mental Health of Students

Increasing awareness of the vulnerability of students
“At the start of medical school, medical students have mental health similar to their nonmedical peers.

Given that the aims of medical training include teaching graduates how to “promote health” and prepare for a career in an intellectually stimulating and socially meaningful profession, it is tempting to speculate that medical school would be a time of personal growth and enhanced health.

Unfortunately, the contrary appears to be true, with numerous studies suggesting that students’ mental health worsens during medical school.”

- Dr N. Dyrbye et al., 2005
3 Newly qualified doctors must demonstrate awareness of the importance of their personal physical and mental wellbeing and incorporate compassionate self-care into their personal and professional life. They must demonstrate awareness of the need to:

a self-monitor, self-care and seek appropriate advice and support, including by being registered with a GP and engaging with them to maintain their own physical and mental health

b manage the personal and emotional challenges of coping with work and workload, uncertainty and change

c develop a range of coping strategies, such as reflection, debriefing, handing over to another colleague, peer support and asking for help, to recover from challenges and set-backs.
Background

Mental Health of Medical Students

• ~ 1/3 of medical students are affected by depression (Puthran et al., 2016; Rotenstein et al., 2016)

• 10 – 15 % of medical students report suicidal ideation (Rotenstein et al., 2016)
Mental Health Literacy

Recognition
- Ability to recognize specific disorders
  - Knowledge of how to seek information
  - Knowledge of risk factors

Knowledge
- Knowledge of causes of mental illness
- Knowledge of self-treatment
- Knowledge of professional help available

Attitudes
- Attitudes that promote recognition or appropriate help seeking behavior

Mental Health Literacy
Mental Health Literacy Scale (MHLS)
O’Connor & Casey, 2015

• 35 item validated survey that is scored between 35–160, with higher scores indicating a higher level of MHL.

• Items cover 6 domains of MHL.

• Psychometrics:
  • Cronbach $\alpha=.873$
  • Test-retest reliability ($r =.797$, $p<0.001$) (O’Connor and Casey, 2015).
  • Ranked excellent on content and structural validity (Wei et al., 2016)
Rationale

• There is research indicating that students lack MHL skills necessary to recognize and seek professional help for mental health problems (Furnham et al., 2011; Hunt and Eisenberg, 2010; Reavley et al., 2012)

• Gorczynski et al. (2017) recently utilised the Mental Health Literacy Scale (MHLS) in their study of undergraduate students in the United Kingdom.

• No study to date has evaluated the mental health literacy (MHL) of medical students using the MHLS.
Methods

• The aim of this study was to evaluate the MHL of medical students as well as the relationship between demographic factors and experiences with mental illness and MHL.

• Medical students were recruited from 8 schools across the United Kingdom using an email invitation and electronic survey.

• Ethical approval was obtained from the University of Buckingham School of Science and Medicine Ethics Committee.
Key Results
Participant Demographics

251 medical students from 8 medical schools participated in this study.
Participant Characteristics: Education

Prior Education

- A Level, 74%
- Undergraduate, 18%
- Postgraduate, 7%

Year of Study

- 1st, 50%
- 2nd, 21%
- 4th, 12%
- 3rd, 11%
- 5th, 6%
- 6th, 1%
Mental Health Literacy Scale

Medical students in the U.K.
• mean MHLS score 127.6
• SD 11.82, Range 90.00-153.00

Non-medical students in the U.K.
(Gorczyński et al., 2017)
• mean MHLS score 122.88
• SD 12.06, Range 87.00 – 160.00
Experiences with Mental Illness: Self

44% of all medical students said they had **experienced** a mental illness.

22% of all participants said they had **undergone** treatment.
Have any of your close friends or family members experienced a mental illness?

Have you ever worked with patients with mental illness in the past?
Recognition of Disorders

- Drug Dependence: 93%
- Bipolar Disorder: 94%
- Agoraphobia: 81%
- Dysthymia: 85%
- Personality Disorders: 89%
- Major Depressive Disorder: 75%
- Generalised Anxiety Disorder: 95%
- Social Phobia: 86%
Recognition of Disorders: Medical vs Non-Medical Students

Drug Dependence
Bipolar Disorder
Agoraphobia
Dysthymia
Personality Disorders
Major Depressive Disorder
Generalised Anxiety Disorder
Social Phobia

Non-Medical Students
Medical Students
Accessing Resources
Medical vs Non-Medical Students

I am confident that I know where to seek information about mental illness
- Medical Students: 75%
- Non-Medical Students: 58%

I am confident using the computer or telephone to seek information about mental illness
- Medical Students: 79%
- Non-Medical Students: 69%

I am confident attending face to face appointments to seek information about mental illness (e.g., seeing the GP)
- Medical Students: 64%
- Non-Medical Students: 52%

I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness
- Medical Students: 84%
- Non-Medical Students: 80%
Attitudes: Stigma

“People with a mental illness could snap out of it if they wanted”

“A mental illness is not a real medical illness”

“A mental illness is a sign of personal weakness”
Medical Students: Disagree or Strongly Disagree

- People with a mental illness could snap out of it if they wanted: 88%
- A mental illness is a sign of personal weakness: 96%
- A mental illness is not a real medical illness: 97%
- It is best to avoid people with a mental illness so that you don't develop this problem: 94%
Medical Students & Help-Seeking

“If I had a mental illness, I would not tell anyone”

“If I had a mental illness, I would not seek help from a mental health professional”
People with a mental illness could snap out of it if they wanted

A mental illness is a sign of personal weakness

A mental illness is not a real medical illness

It is best to avoid people with a mental illness so that you don't develop this problem

If I had a mental illness I would not tell anyone

If I had a mental illness, I would not seek help from a mental health professional
Discussion:

If I had a mental illness, I would not tell anyone.
Barriers: Appropriate Services

• Independent and appropriate medical support

• Maintenance of confidentiality

• Conflict of interest in care vs fitness to practice
Research to date has found that medical students...

- ... are likely to avoid help-seeking and not disclose a mental illness (Chew-Graham et al., 2003; Dyrbye et al., 2015; Papish et al., 2013);

- ... report concerns about stigmatisation as one of the biggest barriers to their use of mental health services (Chew-Graham et al., 2003; Dyrbye et al., 2015; Givens et al. 2002; Rodriguez et al., 2017; Schwenk et al., 2010).
14. Adverse physical or mental health alone is not usually sufficient to conclude impairment. It is a student’s failure to seek the appropriate help or engage in the process to manage any condition that may call into question their fitness to practise.

Medical students: professional values and fitness to practise (GMC, 2013)

- Medical schools should explain that mental health conditions are common in medical students and that support is available. In almost every case, a mental health condition does not prevent a student from completing his or her course and continuing a career in medicine.

Supporting medical students with mental health conditions (GMC, 2015)
Sources of the Hidden Curriculum

- The physical (spatial) organization of the learning environment
- How things are said versus what is said
- Stereotypical depictions of people/places embedded in case studies
- What is actually assessed versus what learners are formally told is important
- The manifestations & messages of power & hierarchy. Who has it. Who does not.
  - Black humor
  - How the organization actually behaves versus what they ‘preach’
  - Peers and related corridor conversations
  - What is said at orientation about balance and well-being versus the time in the curriculum for such activities
- How the admissions process actually works and its alignment with organizational values and missions
- How faculty treat students
- Behavior: how role models behave around patients, other staff and each other
- Peer groupings: Who hangs out with whom. Insiders versus outsiders
- Oral culture e.g. story telling
- What is required in the curriculum versus what is elective
- Physical gestures
Qualitative Findings:
Medical Student Beliefs about Disclosure of Mental Health Issues

Winter et al., 2017
Barriers: Identity

“Some students could have a diagnosable mental health condition...whereas others could be experiencing a short-term burst of distress without a background of psychological ill-health. It is worth reflecting on whether the same approach for both groups of students will work or not. The short-term distress group may not see themselves as "mentally ill" and may have more difficulty identifying with what is happening, even up to the point of suicidal ideation.... Arguably, students who struggle with identifying themselves as being depressed may avoid or delay seeking help, which is one of the main barriers to care.”

Moir et al., 2018
The Health Literacy Umbrella

Health Problems & Risks

Values & preferences
Respect
Plain Writing
Plain speech
Follow-up
Technology
Peer support
Resources
Education

Relationships
Understanding
Partnering

Better Health

Developed by the Health Literacy in Communities Prototype Faculty: Connie Davis, Kelly McQuillen, Irv Rootman, Leona Gadsby, Lori Walker, Marina Nika, Cheryl Rivard, Shirley Sze, and Angela Hovis with Joanne Protheroe, July 2009. IMPACT BC.
Future Research Directions

• Insight into MHL would be greatly improved by the ability to statistically analyse validated sub-scales within the MHLS.

• Future research should determine whether MHLS scores predict help-seeking behaviours amongst medical students, as well as which components of MHL best predict resilience and mental health outcomes amongst medical students.
Further Reading

• Davis, C. et al. (2009). Health Literacy Umbrella: Health Literacy in Communities. IMPACT B.C.


