

Tackling mental health barriers at medical school – insights from fellow medical students

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Dear editor

We read the recent article by Kothari et al¹ with great interest. We thank the authors for shedding light on an ever-important topic that resonates with medical students such as ourselves, around the world. The rigorous nature of medical education compounds depression and anxiety;² this is further complicated by the appreciably low uptake of mental health services by students.³ Kothari et al¹ outline approaches to tackling mental health barriers among medical students, principally the use of personal academic tutors. In this manuscript, we wish to provide our experience on the efficacy of the proposed strategies and suggest further solutions to tackle the mounting problem of medical students accessing mental health care.

The authors propose that personal academic tutors are the “first port of call” for students facing challenging mental health situations.¹ However, as medical students at a distant UK institution to the authors, our experience does not reflect this, and this avenue has its limitations. First, rapport-building between student and tutor can be very challenging as academic tutor meetings are far and few apart, occurring 1–2 times a term in our experience. To further add to this, academic tutors are transient and vary from year to year, meaning a long-term relationship may be difficult to establish. Academic tutors come from a vast range of clinical and non-clinical backgrounds that may not always be equipped with formal training or specialist experience with handling the often challenging and deeply emotional mental health situations faced by students. The worst consequence of depression – suicide – can have a far-reaching and traumatic aftermath on fellow students. The case of a medical student, Kathryn,⁴ who had taken her own life during her fourth year of Medicine and the impact this had on her peers months after, emphasizes the need for specialist help to traverse the long-lasting impact of mental health. Hence, even in cases where medical students are able to develop rapport and open up to their academic tutors about their mental health, tutors may not always be ideally placed to offer specialist support to students.

A possible better solution is to provide students with specialist advice when they most need it through a dedicated mental health support service for medical students, consisting of full-time mental health liaison officers and councilors. Having a dedicated team not directly involved in students’ teaching and assessment, could help to alleviate the worries described by Kothari et al¹ around students concerns with disclosing mental illness due to fitness to practice implications. The Pittsburgh University School of Medicine recently

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pioneered a dedicated full-time medical student mental health care service to address the barriers of access, stigma and privacy surrounding mental health in medical students.⁵ The authors report the cost of this service as a “good investment,” and call on other medical schools to follow suit.⁵ This model could perhaps be explored further in UK medical schools,⁵ and may allow better handling of more complicated cases of mental illness inflicting medical students and could help overcome students’ barriers to accessing care at medical school.

Disclosure

The authors report no conflicts of interest in this communication.

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