



BMA

WMSC mental health survey report



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Contents

Introduction	2
Method	2
Respondents	2
Medical school.....	2
Gender.....	2
Year group.....	3
Age.....	3
Key findings	3
Mental health at medical school.....	3
Mental health support services.....	5
Personal tutors.....	8
Suggestions for improvement.....	8
Recommendations	9
Figure 1: General health vs Mental health.....	3
Figure 2: Types of mental health issues experienced.....	4
Figure 3: Adverse effects of mental health.....	5
Figure 4: Reasons for not engaging with mental health support.....	6
Figure 5: Reasons for not seeking mental health support.....	7
Figure 6: Ways to improve access to support.....	8

Introduction

Mental health problems are the single largest source of burden of disease in the UK, affecting around one in four people.¹ General awareness of mental health seems to have improved in recent years, but there remains a stigma surrounding mental illness within the medical profession and medical students are reluctant to disclose mental illnesses and/or seek help as a result.^{2,3}

In July 2018 the BMA WMSC (welsh medical students committee) conducted a mental health survey of medical students in Wales in order to learn more about their experiences with mental health at university. The survey sought to better understand students' needs regarding mental health support, gauge whether the support services at Cardiff and Swansea medical schools are meeting these needs, and pool students' ideas on how these support services could be improved.

This report provides an overview of the responses to the survey, giving insight into the mental health experiences of medical students in Wales and evaluating the effectiveness of the mental health support available to them. It concludes with a list of recommendations which the WMSC hopes will help to improve mental health support for medical students in Wales.

Method

All medical students studying in Wales at the time the survey was conducted were sent an email inviting them to participate in the survey between 16 July and 2 August 2018. Respondents completed a SurveyMonkey questionnaire containing 31 questions designed to generate a balance of quantitative and qualitative responses.

A total of 158 responses were received, representing a response rate of 9%. As this is the first time the WMSC conducted a student mental health survey, there is no comparative data on response rates. However, follow up surveys will be conducted in future to allow comparative analysis and to assess the impact of the recommendations in this report.

Respondents

Medical school

75% of respondents (118) were students at Cardiff University Medical School and 25% (40) were studying at Swansea University. This is consistent with the overall student population proportions: Cardiff medical school typically comprises around 1,500 students across their five-year undergraduate programme, whilst Swansea medical school only offers a four-year postgraduate programme which typically houses just 400 students at a time.

Gender

71.5% of respondents (113) were female and 28% (44) were male, with one respondent preferring not to say.

Year group

The responses were split fairly evenly across all years of study. Fewer respondents were in their fifth year of study, reflecting the fact that Swansea medical school only offers a four-year degree.

Age

The majority of survey respondents were in the 18-24 age group and over 95% of respondents were under 35.

1 BMA (2019) 'Mental health,' <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/mental-health>

2 GMC (2015) 'Supporting medical students with mental health conditions' https://www.gmc-uk.org/-/media/documents/supporting-students-with-mental-health-conditions-0816_pdf-53047904.pdf

3 Munn, F (2017) 'Medical students and suicide'. *British Medical Journal*. <https://doi.org/10.1136/sbmj.j1460>

Key findings

Mental health at medical school

1

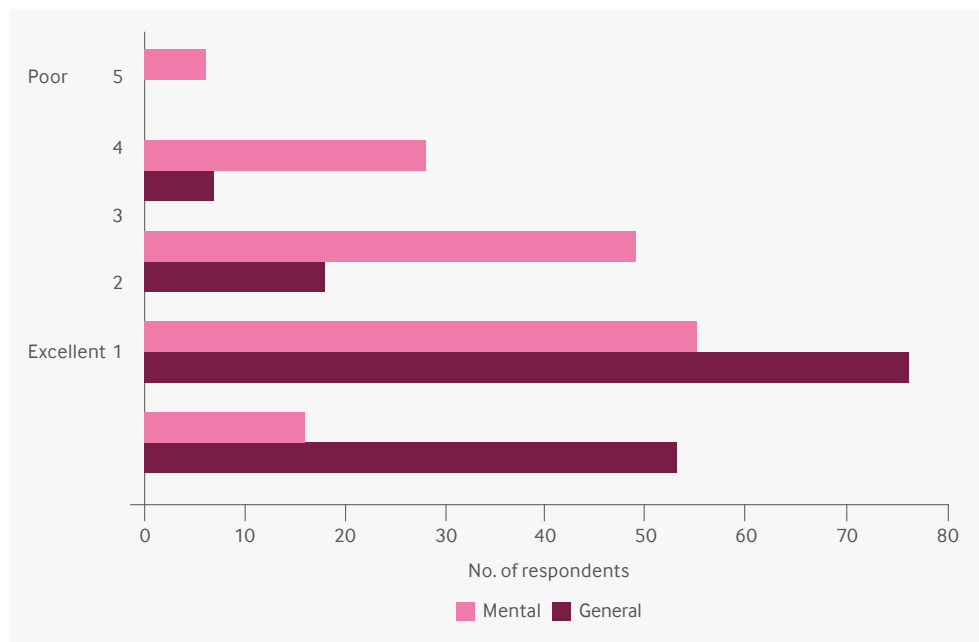
More than one fifth of respondents did not consider themselves to have good mental health

Respondents were asked to separately rate their mental and general health on a scale of 1 (excellent) to 5 (poor).

84% of respondents rated their general health at 1 or 2 on the scale, yet only 46% of respondents rated their mental health as 1 or 2. The weighted average score for general health was above the median at 2.69, whereas the weighted average score for mental health was just 1.86.

The number of students rating their mental health at the lower end of the scale (4 and 5) was 34 overall (22%).

Figure 1: General health vs Mental health



2

70% of respondents have faced mental health issues whilst at university

When asked whether they had faced any personal mental health issues while at university, 104 of the 158 survey respondents (70%) answered yes.

Our results found that the most common types of mental health issues experienced by those surveyed were anxiety and/or stress, and depression – many students told us they had experienced both.

Figure 2: Types of mental health issues experienced

Eating disorders were experienced by nearly 14% of respondents, with alcohol or substance abuse-related issues reported by very few of the survey respondents.

When providing more detail about the nature of the mental health issue they had experienced while at medical school, issues relating to bereavements and grief featured quite prominently. Some respondents reported that they had experienced mental health issues before attending university, whilst others told us that they felt their stress was a result of workload and exam pressures, or relationships with their student peers.

A recurring theme was self-doubt regarding ability or suitability to become a doctor, with several students telling us that concern about their future career prospects caused anxiety. The severity of symptoms reported varied considerably; some students told us they had felt suicidal and/or had self-harmed, others referred to panic attacks and episodes of severe depression and self-neglect.

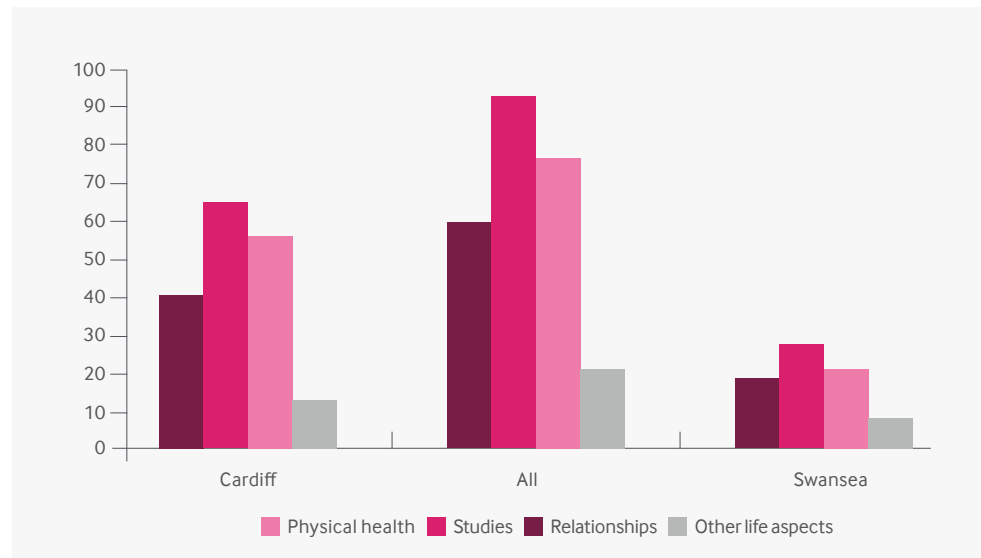
3

85% of respondents reported that their mental health had adversely affected their medical studies

Figure 3 illustrates the negative effect of mental health difficulties on other areas of life. Studies and relationships were most severely affected, alongside physical health, which reflects the interdependencies of physical and mental health.

Within the category of 'other life aspects', several students reported concerns about finances and said that their sleep was badly affected because they felt anxious and stressed.

Figure 3: Adverse effects of mental health



Mental health support services

4

58% of respondents who experienced mental health issues at university received support from their university

When asked what type of support they received from their university, the majority of students who answered this question responded that they had used the university counselling services available, including the Medic Support service at Cardiff University.

5

Almost 1 in 4 respondents who received mental health support from their university reported that the service did not respond in a 'timely and effective' manner

Although 76% of respondents who had sought help from a service at their university considered the service timely and effective, many respondents stated that long waiting lists were a problem and that the service offered was not well organised or co-ordinated. One student explained that it seemed impossible to find a time to attend counselling without missing out on parts of their course.

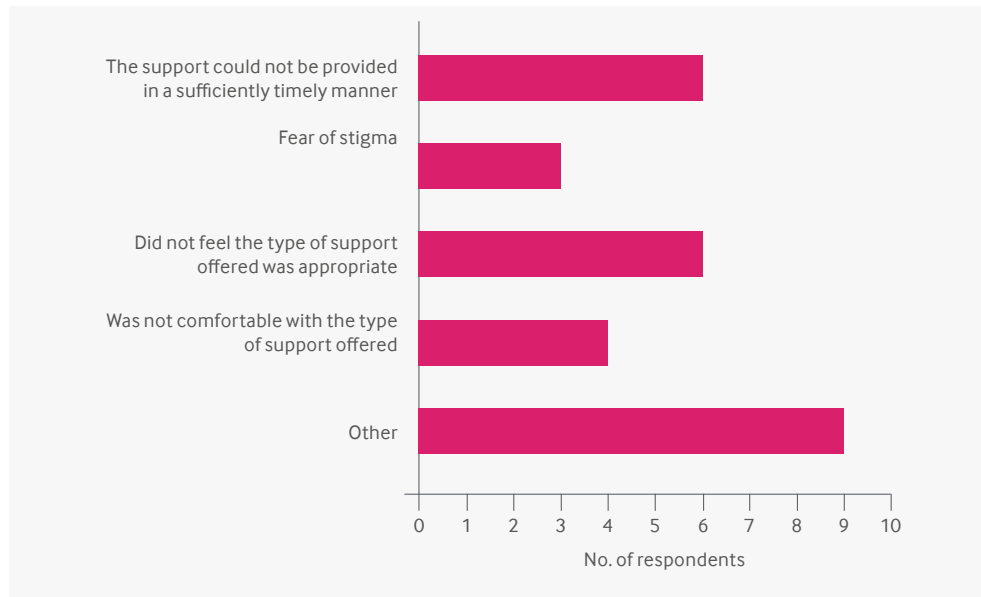
I asked for help for over a year before I was taken seriously

Despite this, it is worth noting that there were some very supportive individual comments from students about the quality of the support services at Cardiff University, with particular praise for the Medic Support service.

6

1 in 10 students told us they had sought support for a mental health issue whilst at university but subsequently decided not to engage with the support

Figure 4: Reasons for not engaging with mental health support

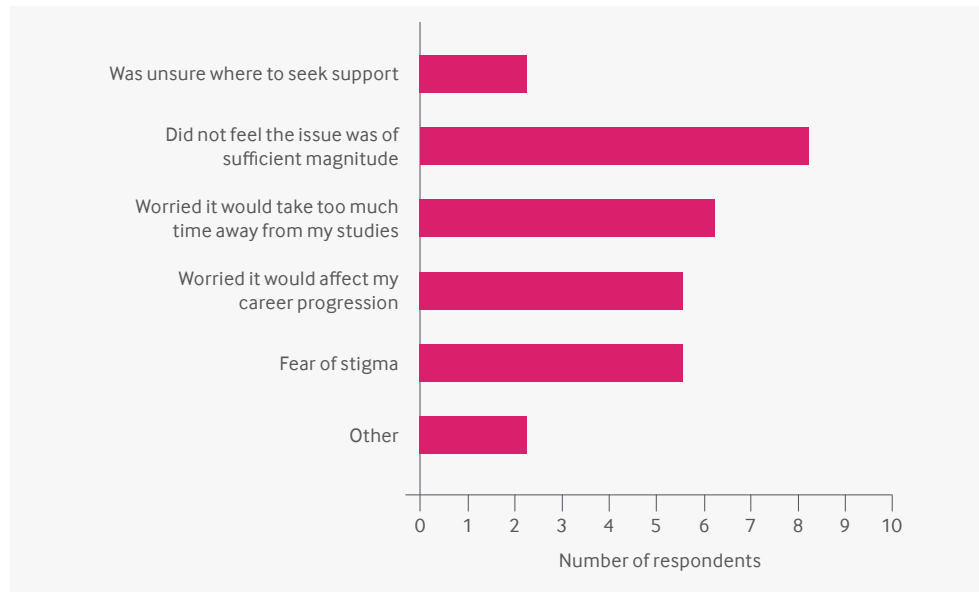


In addition to the reasons in the table above, some students reported that they did not engage with the support because they felt pressured into taking the support, because they couldn't fit it into their schedule and because they felt they would receive better support from a private counsellor.

7

Despite recognising that they were facing a mental health issue, 23% of respondents chose not to seek any support

A significant proportion (68%) of those who chose not to seek support felt that their mental health issue was not of a sufficient magnitude to seek support. Other reasons are summarised in Figure 5 (see overleaf).

Figure 5: Reasons for not seeking mental health support

Respondents who chose the 'other' option specified a number of reasons, including feelings of embarrassment and shame, as well as a fear of being misunderstood.

8

42% of respondents did not feel they had adequate support whilst on placement

Responses highlighted that being on placement introduces new challenges to students' mental health and so this is often a time when students most need support. However, it is clear that accessibility of support depends greatly on the location of students' placement. Some students based close to their university did feel that they had adequate support, with praise for the support offered at the undergraduate education units at Singleton and Morriston hospitals and for local Medic Support services from Cardiff students. Elsewhere, others reported that being located in 'the middle of nowhere' meant that they had little or no access to support at a time when they already felt isolated and vulnerable.

Cardiff University students expressed dissatisfaction with the university's decision to stop allowing students to swap their placements as this increases the likelihood of being based somewhere unsuited to their mental health needs.

Support on placement varies hugely depending on the approachability of the undergraduate department and support from ward-based teams

Personal tutors

9

3 in 5 respondents did not find it easy to discuss personal problems with their personal tutor

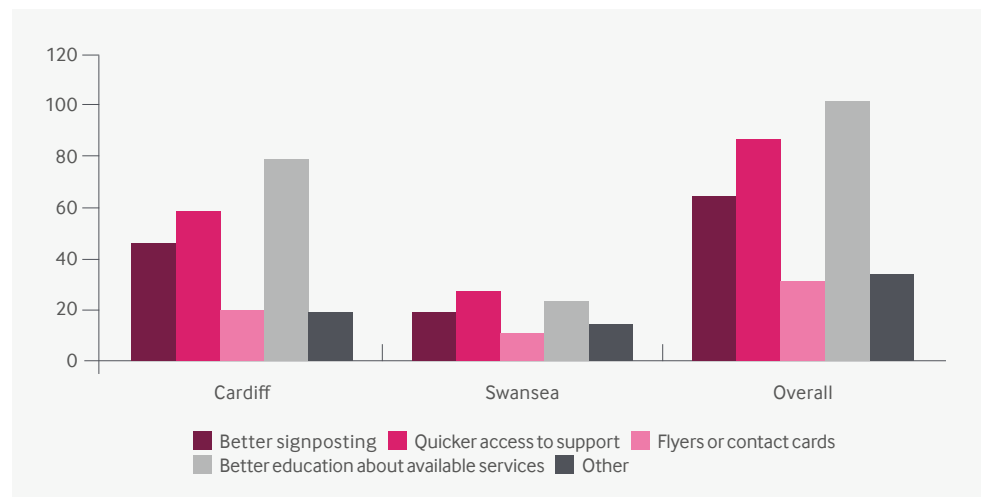
The reasons respondents found it difficult to discuss personal problems with the assigned tutor were largely linked to very limited or non-existent contact with them: 8 students at Cardiff University said they had not actually been assigned a personal tutor, almost half (45% at Cardiff and 49% at Swansea) of the students who responded to this question met their personal tutor just once per year, with 40% of students meeting their tutor more than once a year but less than once every 3 months. This lack of frequency meant that relationships were superficial and students felt that they never really had the opportunity to get to know their tutor and vice versa.

Students from Swansea University reported that their personal tutors are actually titled 'academic mentors' and so they view the relationship as purely academic and professional. In a similar vein, the fact that the personal tutor/academic mentor would be responsible for writing a student their reference was a deterrent from talking about mental health issues – students feared that disclosing their issues may negatively affect their career in this way.

Suggestions for improvement

We asked students what they believed should be done to improve access to effective support at their university for students with mental health issues. 143 students responded, a mix of students who had experienced mental health issues themselves and those who hadn't. We gave them suggestions of ways to improve access to mental health support and asked which of the suggestions illustrated in Figure 6 below would be their priority.

Figure 6: Ways to improve access to support



Better education about what the available services can do, and quicker access to support services, were the two main options chosen. The results differed slightly by university; at Cardiff University, being better educated about the services on offer was selected as the main way to improve access to support. At Swansea University, quicker access to support services featured most prominently.

At both universities, better signposting or advertising of the available support services was suggested as a way to improve access.

Many respondents suggested further ways to improve the support offered to students, both in terms of the support itself and the way in which it was promoted and made available to students. The ideas included:

- Better promotion of the wider benefits of good mental health, supported by access to mindfulness tools that could benefit all medical students
- Specific courses for medical students on positive mental health, that destigmatise mental health issues and introduce coping strategies that could help students at risk before symptoms worsen
- Providing support services to suit student placement requirements – adapting the offer to ensure that students do not need to make a choice between a whole day of placement or a scheduled counselling session that clashes with their placement
- Reducing the time lag between seeking support and receiving support – several students said there was a long wait for counselling services and that their mental health deteriorated while waiting
- Greater awareness among medical faculty staff that students may be susceptible to mental health issues because of the demands of their course, but simultaneously reluctant to speak up and seek help because of perceived stigma and the potential negative impact on their future career

We also asked students for suggestions specific to improving support whilst on placement. There was strong support for debriefs following any traumatic events that students had witnessed during their placement as well as a 'buddy' scheme, involving resident doctors or other medical student colleagues. Students were also keen to have an allocated person to talk to at every placement hub who is separate to the placement co-ordinator or supervisor.

Recommendations

Based on the findings outlined in this report, WMSC sets out the following recommendations for Swansea and Cardiff medical schools.

1. The BMA has recently launched its own mental wellbeing charter. Medical schools should be aware of the charter and sign up to the standards which are relevant to medical students.
2. Improve signposting and promotion of all mental health support services available to medical students, including university specific services, BMA wellbeing support services, online/app support, NHS services.
3. Include mental health workshops as part of induction weeks. Workshops should educate students on preventative measures and especially emphasise the fact that no issue is of insufficient magnitude to seek help.
4. University mental health services should offer specialised support tailored to medical students' specific needs. This should include university support services' opening hours being adapted to accommodate medical students' schedules. If necessary, services should offer extended hours for medical students.
5. Actively reduce the stigma attached to experiencing mental health issues as a medical student through a range of measures informed by consultation with students and recent graduates.
6. Appoint personal tutors, in addition to academic tutors, who mentor students on personal rather than academic issues. These personal tutors should undertake mental health first aid training and must make themselves available to meet with their students at least once a month.
7. Ensure that medical students are included in established peer mentor schemes.
8. Seek to improve mental health support for medical students on placement by implementing buddy schemes at placement hubs.

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