

Mental Illness and the Medical Student: The Disturbing Reality of Medical Student Perspectives

Kaitlin Dupuis BMSc

"I am a medical student at McMaster University (Hamilton, Canada) in my final year of study. Next year I hope to pursue a residency in rural family medicine with a special focus on mental health issues and women's health."

Empathy. Compassion. Patience. These are words that frequent medical schools' admissions information websites for qualities their most desirable candidates possess. On average, over 10,000¹ people apply to medical school each year in Canada with successful admission of 25 per cent of these candidates. This translates to 2,500 qualified men and women, handpicked with the above characteristics in mind. These statistics then beg the question; when it comes to mental illness, why are medical students and physicians among the most unsympathetic, impatient and frustrated groups that deliver health care to this patient population?

In a recent study published by the *Journal of Medical Education*², Dixon and his colleagues found that when medical students were presented with case vignettes and asked to rate their attitudes toward a particular patient, students reacted much less favorably to patients with a diagnosed mental illness than patients deemed in good health or suffering from chronic illness. Among the possible explanations for this shift in attitude included the beliefs students held that patients suffering from mental illness were less compliant, required more of their time and tended to be more prone to substance abuse. These beliefs, combined with mainstream society's often stigmatized portrayal of mental health issues, highlights a real and important issue in current medical education. Physicians-to-be are cultivating and preserving an attitude of frustration and annoyance when dealing with mental health patients rather than one of compassion and empathy—one we are quick to offer to patients affected by more somatically presenting disease.

The need for aggressive shifts in the training delivered to medical students in the area of mental health is not only for the good of

their future patients; medical students and physicians are among the highest rated groups in society likely to suffer from mental illness during their lifetime³. Drug abuse, anxiety, depression and suicidality are only some of the disorders that have been linked as outcomes in response to the stresses associated with the training, professional responsibilities and personal sacrifices needed to practice medicine. Statistics³ suggest as many as 15 per cent of physicians will be impaired by psychiatric illness at some point in their lives. As a group, physicians and medical students tend to be viewed as exceptionally assiduous and high achieving individuals. Ironically, these are the same traits that predispose an individual to deny personal issues and neglect self-care in exchange for longer work hours and career advancement.

Medical students, in particular, have reported⁴ numerous barriers to seeking help for mental illness. Among them the fear they may jeopardize their future careers, that it would be difficult to keep their treatment confidential and that they would be stigmatized by the medical community for seeking help. It has been my experience that while many students are celebrated for displaying the strength it takes to seek help, there is still the notion that colleagues will view those affected by mental illness in the workplace as "weak" and emotionally friable. It is little wonder that the preconceived notions held by medical students regarding patients with diagnosed psychiatric conditions would translate to their notions regarding colleagues who develop similar psychiatric problems.

Change is needed now. Not only for the well-being and better care of our patients but also for the recognition that we as physicians and physicians-to-be are among the most at risk of membership to a group that we are implicitly taught to stigmatize early on in our training. Medical education needs to have a stronger focus on early exposure to psychiatric illness. Furthermore, medical schools need to incorporate into their curriculum ways to foster the traits in the domain of mental health that garnered their students' admission to their programs – empathy, patience and compassion. I will continue to expect this from myself, my colleagues and my own physician, especially in the area of mental health. I hope you will as well.

References:

1. "Admission Requirements of Canadian Faculties of Medicine - Admission in 2009." The Association of Faculties of Medicine of Canada. 3 Nov. 2008 <<http://www.afmc.ca/publications-admission-2009-e.php>>.
2. Dixon, Robert P., Lesley M. Roberts, Steven Lawrie, Lisa A. Jones, and Martin S. Humphreys. "Medical students' attitudes to psychiatric illness in primary care." *Medical Education* 42 (2008): 1080-087.
3. Boisabuin, Eugene V., and Ruth E. Levine. "Identifying and assisting the impaired physician." *American Journal of Medical Sciences* 322 (2001): 31-36.
4. Chew-Graham, Carolyn A., Anne Rogers, and Nuha Yassin. "I wouldn't want it on my CV or their records': medical students' experiences of help-seeking for mental health problems." *Medical Education* 37 (2008): 873-80.

Competing Interests: None

Acknowledgements: None

Address for Correspondence:

e-mail: kaitlin.dupuis@learnlink.mcmaster.ca