Erasmus + Anatomy Workshop

Supporting Struggling Medical Students

Dr Roger Petter

A little about myself…

- GP 25 years
- GP Trainer 20 years
- Now main involvement with medical students: Deputy Lead for Student Welfare, also medical student teaching
- Addenbrooke's Hospital "Doctors for Doctors" Team

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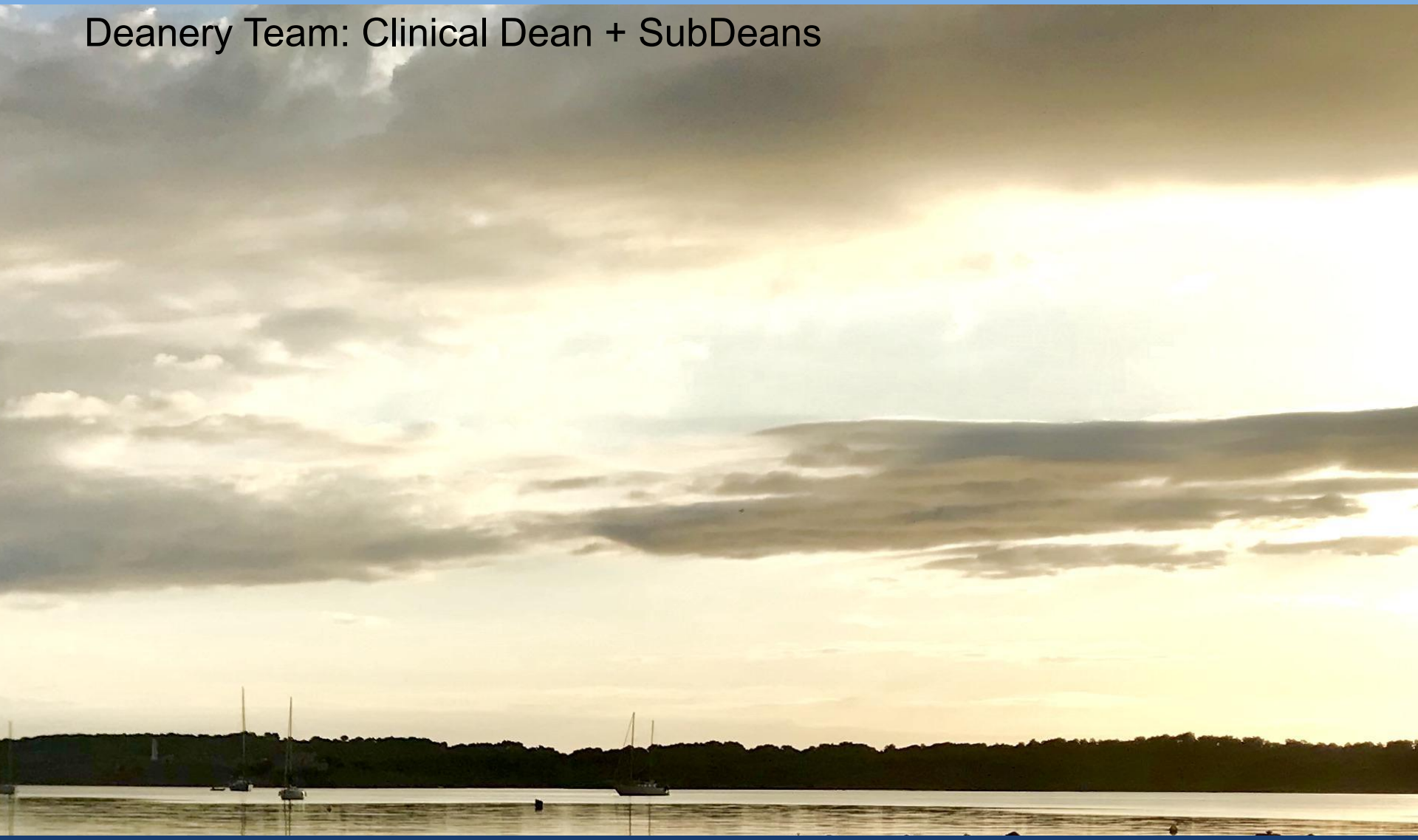
- Specific learning difficulties
- Finances, etc etc

Sources of help

Deanery Team: Clinical Dean + SubDeans



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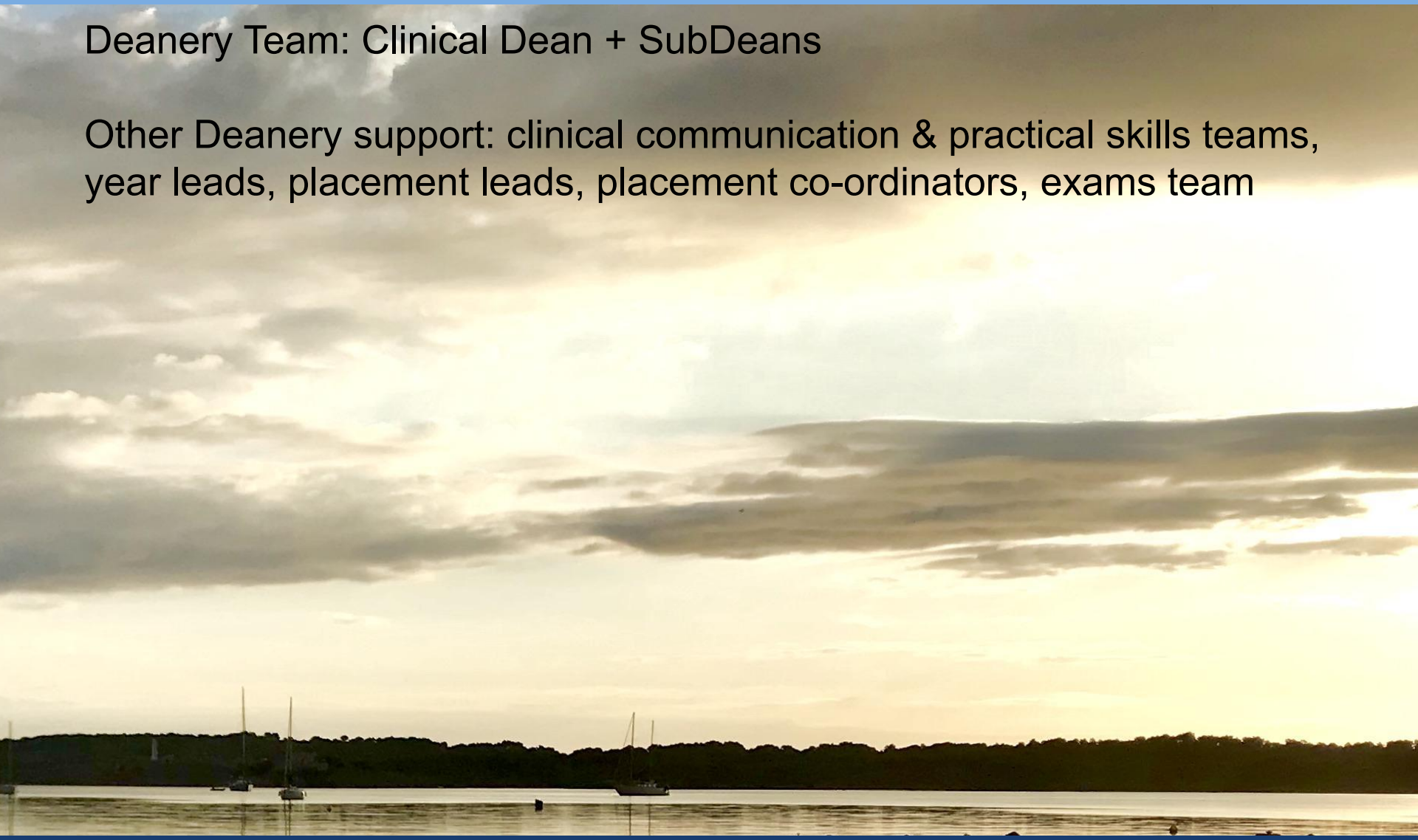

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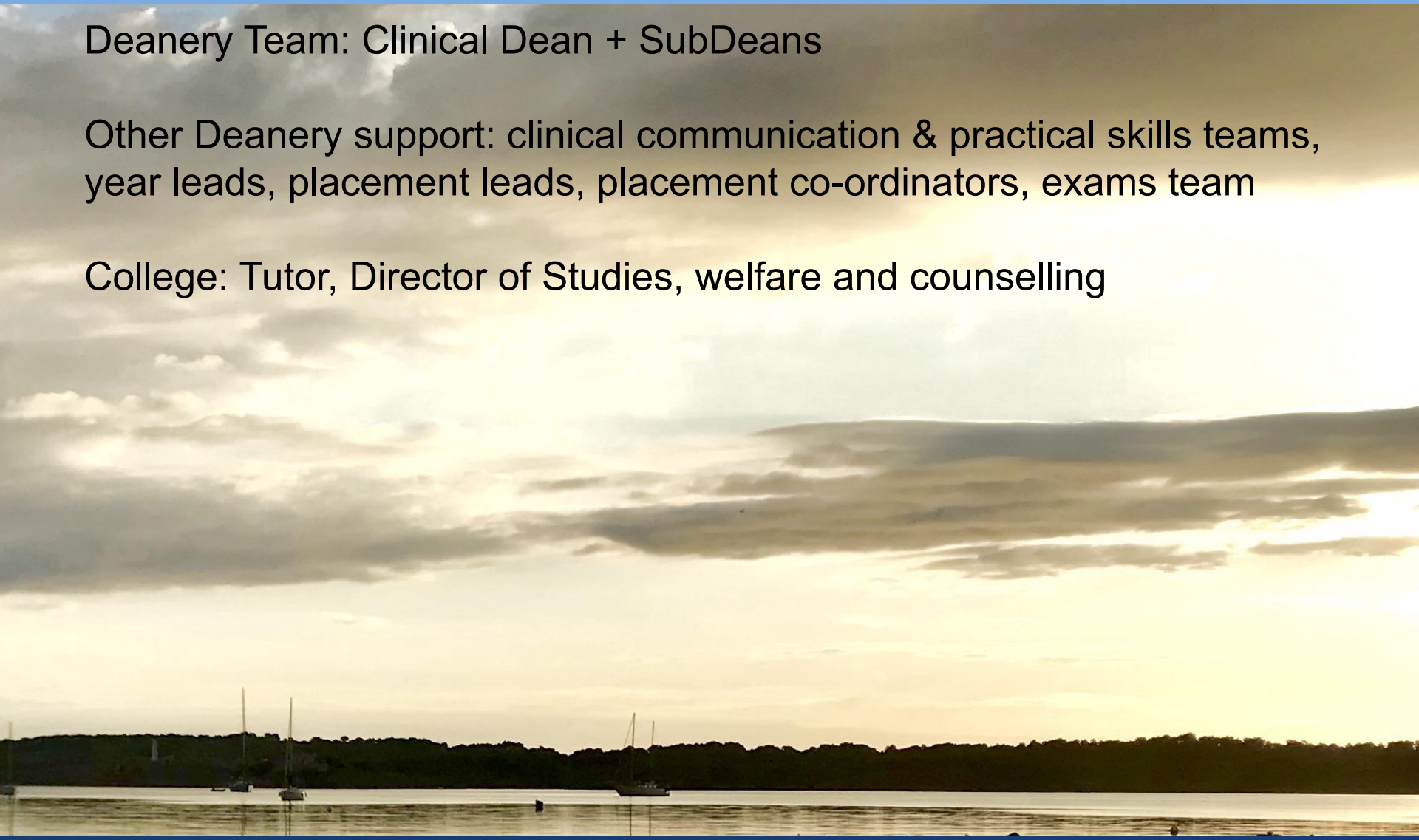

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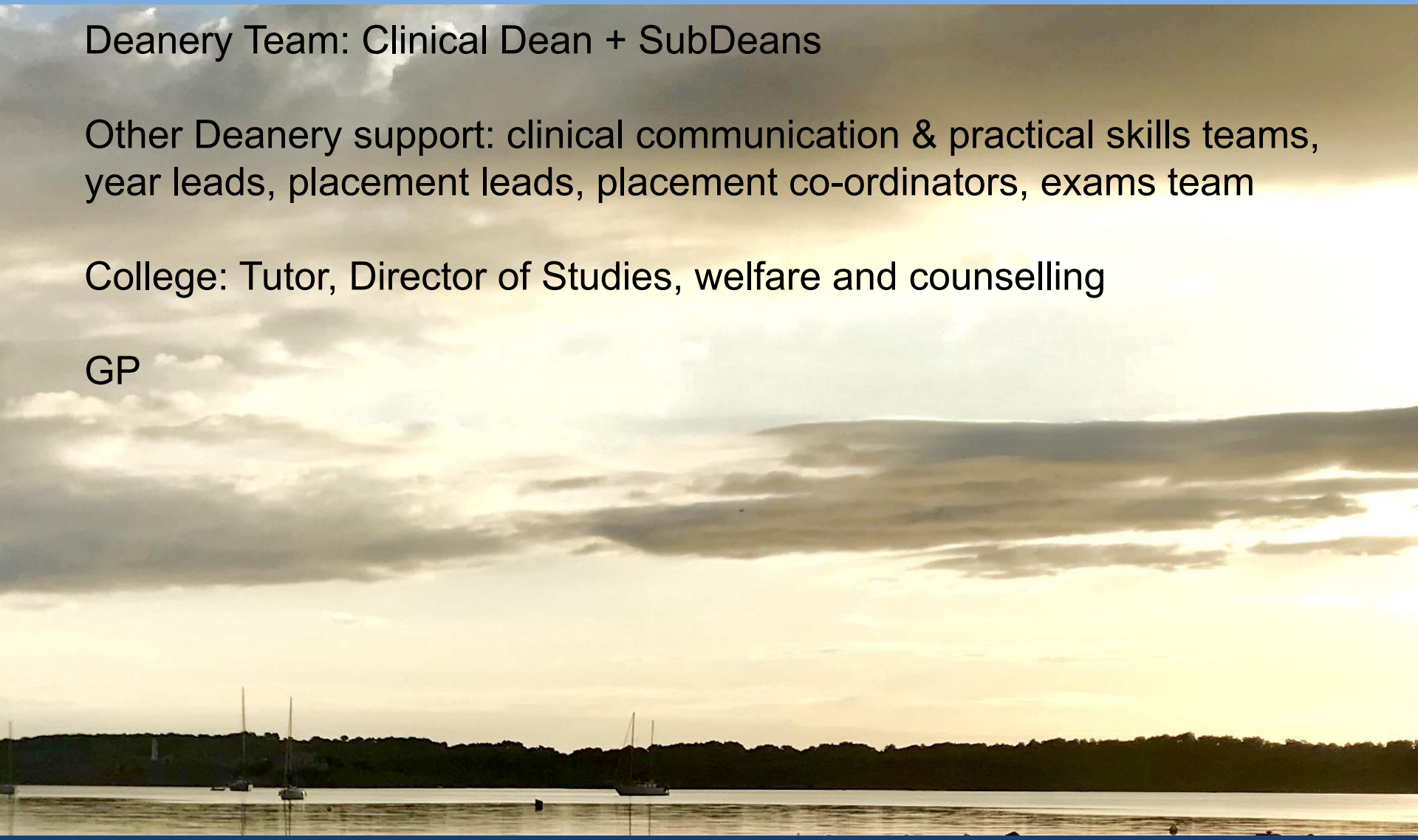

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Clinical Student Mental Health Service

Occupational Health, Disability Resource Centre, Fitness to Practise Committee, Faculty Board

Medical Student Suicide

The scale of the problem

Why are students vulnerable to depression

Recognising student depression

Risk factors for student suicide

High-risk warning behaviour

Suicide in medical students

Times of particular risk

The Scale of the Problem

Depression is the commonest health problem for students
(over ¼ medical students reported depressive symptoms)

UK: at least 95 student suicides 2016-17 (out of all students)

About 1:10 medical students experience suicidal thoughts (JAMA 2016)

1:20 young people will try to take their own life

Each suicide affects a circle of about 135 people

Suicide is the leading cause of death in young adults

Only 1:3 who die by suicide are known to mental health services
- challenge for those providing support

Why are Students Vulnerable to Depression

Stress-inducing time

Transition from adolescence to adulthood (including MH Service change)

Challenges and pressures

Homesickness, feeling unsupported

Lifestyle changes

Social media pressures

Covid-19

75% of lifetime cases of mental health illness begin before age 24

Recognising Depression in Students

Classic symptoms of depression

Concerns raised by friends

Changes in academic performance

Antisocial behaviour

Changes in behaviour

Withdrawing from social situations

Internet behaviour

Risk Factors for Student Suicide

Depression

Self-harming behaviour

Substance misuse – particularly alcohol

Family history of mental illness

Previous suicide attempt

Stressful life events

Bullying including cyber bullying

Exposure to other students who have died as a result of suicide

High-risk Warning Behaviour

Extreme depressive symptoms

Sudden calmness after severe depression

Persistent self-harm behaviour

Reckless behaviour

Putting affairs in order

Clues - may be verbal or via social media

Direct "I'm thinking of …"

Indirect "things will be better when I'm gone …"

"the pain won't go unless I do something …"

Suicide in Medical Students

Pressures Workload

- Fear of failure, personality types
- Family pressures to do medicine and to succeed
- Stakes high – dealing with people's lives
- Loneliness due to workload
- Balancing additional responsibilities as they get older

Knowledge Understanding methods

- Access to the means

Lack of mentoring or support (actual or perceived)

Recognising Times of Risk

Busy Periods — Starting the course

Exams

Applications e.g., for jobs

Times of Transition — Leaving home

Changing year, repeating a year

Regional placements

Unpredictable risks — e.g., Oncology placement, ITU or Palliative Care placement may trigger painful memories of bereavement etc.

Progression from thought to action

Having suicidal thoughts

Creating a plan

Attempting suicide

Stopping the progression:

Accessible support:
Information, Counsellors, Welfare, professional input

Building compassionate communities

Encourage disclosure of difficulties

Recognising risk times

Targeting high risk groups

Support for those bereaved

Some final thoughts about student suicide

Important to **Ask the Suicide Question**

Be alert for warning signs and high-risk times

Look for weaknesses in support systems and how they can be tackled

Share concerns with colleagues – reduce and share the risk

Have a low threshold for seeking professional help

More research is needed

Sadly, no one gets it right all the time

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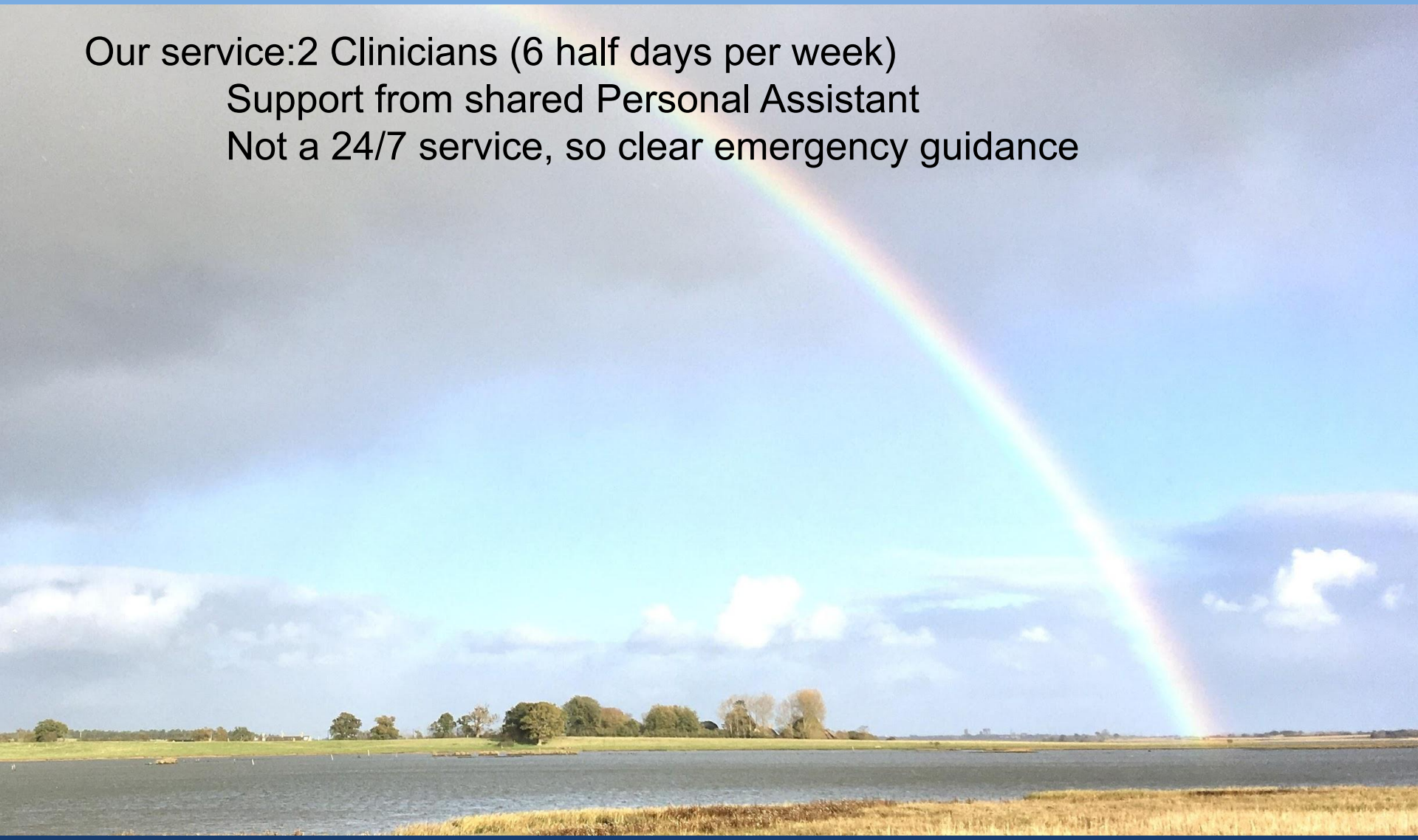
- Core part of Deanery Team, weekly Deanery meetings

Organisation of Welfare Service
(Cambridge Clinical Course)



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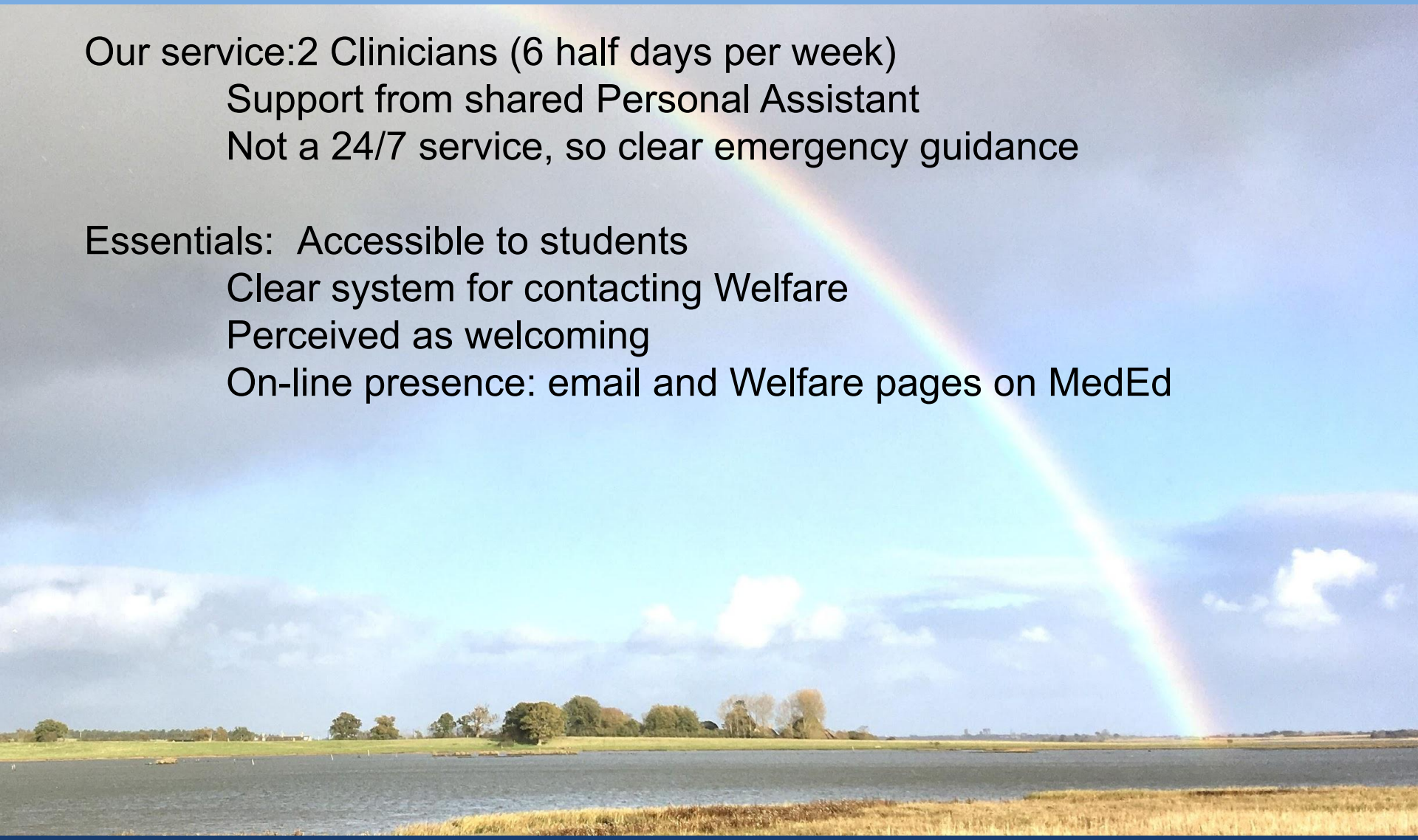

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Essentials: Accessible to students
- Clear system for contacting Welfare
- Perceived as welcoming
- On-line presence: email and Welfare pages on MedEd

Student Welfare

Introduction to Student Welfare | Welfare FAQs | Covid-19 guidelines | Welfare newsletter articles | Pastoral Advisor Scheme | Your Health

Sources of Advice | Progress Panel | Adjustments to placements/assessments | Accessibility | Absence from the course

Your Clinical School file | Student Welfare Notes | Welfare discussions (e.g. WeCare) | Hidden resources | Health Passport | View participants

Introduction to Student Welfare

Contact: welfare@medschl.cam.ac.uk

Welcome to the Clinical School. Your time here will be rewarding, interesting and fun, but clinical training can also be demanding and stressful at times. In order to ensure that you have the best possible medical education in Cambridge it is important that we are able to respond to student problems and provide quick and easy access to appropriate advice and support.

Dr Fiona Cooke started as SubDean in October 2020, having been a Director of Studies at Girton for over 15 years. She works as a Consultant Medical Microbiologist at Addenbrooke's, and is also involved with SpR training and Royal College of Pathologist exams. her favourite bacteria is Salmonella (not from personal experience – it was the subject of her PhD!)

Course Contacts

Course Director

Fiona Cooke

Roger Petter

Course Administrator

Kate MacDougall

My bookmarks

Course: How to be a Successful Doctor

Bookmark this Site

Administration

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Welfare clinicians: familiarity with the course and the support available
- Access to Deanery Team for advice and shared decisions
- Knowledge of mental health and its assessment
- Empathetic and caring

Organisation of Welfare Service
(Cambridge Clinical Course)

Potential problems:

"Anything" is Welfare…

Deal with issues that don't belong elsewhere

Students learn key words to ensure we take them seriously

No control of demand

Achieving balance between accessibility and demand

Students in crisis emailing out of hours

Need a sixth sense for struggling students

Any Questions?