Mental health and clinical education

At the time of writing, World Mental Health Day has just raised awareness of the need for education and advocacy globally in relation to mental illness and its effects on people’s lives. Mental health is an important topic in clinical education in several ways. Health professionals need to learn how to recognise, interact with and refer people with mental illness appropriately. Clinical educators must be alert for signs of mental illness in their learners and promote mental health; they also need to observe learners and how they interact with and discuss people with mental health problems. Finally, teachers and learners need to be mindful of their own mental health and self-care.

LEARNING ABOUT MENTAL HEALTH

People with mental health problems are frequently stigmatised, marginalised and discriminated against in their communities. Some medical students have also been shown to have negative attitudes to patients with mental illness that are only partially improved during psychiatry rotations. Nursing students with little experience of interacting with people with mental illness frequently express negative stereotypes of mental health problems. In the journal this month a study from Malaysia discusses this stigma of mental illness, which may be linked in the authors’ context to religious and cultural beliefs. The authors report on a social interaction programme that facilitated conversations between medical students and people with mental illness. Findings suggest that medical students’ attitudes changed as they were able to ‘see beyond the illness’, and to realise that the illness does not define the person. A previously published paper from Canada reported on a ‘community fair’, during which health professional students are able to discuss with individuals their experiences of ‘living a life of recovery’ with mental illness. Students also learn about community organisations and what they do and may achieve for residents. Mental health nursing students have been shown ‘to learn from rather than about service users’ when they solicit and are receptive to feedback from service users.

From the UK, Ajaz et al., in this issue, suggest that a lack of sufficient training in psychiatry at medical school leaves junior doctors ill-equipped to cope with patients presenting with mental health problems out-of-hours. They designed an intervention to help improve skills with the input of a service user to provide feedback on communication. Not only the doctors benefited but also the service users felt valued and welcomed the opportunity to provide insights into their experiences. Taken together, all these studies emphasise the importance of patients as educators and their personal narratives.

PROFESSIONALISM AND SELF-CARE

There have been a number of studies highlighting the stresses
of medical education and the high rates of mental illnesses, such as depression, anxiety and burnout, in medical students and medical doctors. Many medical programmes now include self-care as part of professional development courses. In countries such as the UK and Australia, where there is a strong tradition of general practice, all students and doctors are advised to have a family doctor, and to seek help early for physical and psychological symptoms; however, students may feel embarrassed about seeking help and are more likely to ask for advice from their peers and family, particularly with regard to mental illness, than from a health professional. It is the duty of the training organisation, whether a medical school, hospital or community practice, to take action when mental health problems have the potential to affect patient care and well-being – a fitness-to-practise decision.

There have been calls to explore the concept of resilience in medical training and practice. One definition of resilience is ‘the ability to cope with stress and adversity by utilising effective and appropriate coping strategies and personal strengths’. But psychiatrist Linda Gask sounds a note of caution about the emergence of resilience as a buzzword and the lack of trustworthy studies, particularly about its relationship with quality of patient care.

**SUPPORTING LEARNERS**

From Australia, we include in this issue an action research project that was carried out in response to an institutional review indicating that staff felt ill prepared to deal with student concerns. The emotional impact of dealing with distressed medical students was significant. The authors developed workshops adapted to participants’ needs at various locations. Attendees, including administrative staff, welcomed the opportunity to share experiences and discuss concerns about challenging interactions with students, and gained a greater understanding of each other’s roles related to support.

**CONCLUSION**

Mental health and well-being are relevant to all of us, whether educator, learner or community member. I have only raised a few of the issues in this editorial to complement the aims of World Mental Health Day.

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**REFERENCES**


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