Annual Report
Mental Health Program

This is the Annual Report of **the Mental Health Program** authored by **Victoria Berquist,** IFMSA **Mental Health Program Coordinator** for **2015-2016 Term** for presentation to **August Meeting 2016,** report written **28/6/2016**, most revision dated **03/08/2016.**

Summary of Report:

The Mental Health Program's inaugural year has been interesting and rewarding. Significant work has been done under the umbrella of the program in a number of areas including stakeholder relationships, publications and resources, and dissemination of the IFMSA's work on the topic. The Program has seen enrolment of only a few activities, however this is not entirely unexpected given the status of Programs across the board, and as such the key focus of the Program has been diversifying the work that is done in order to provide value to the Federation despite low enrolment numbers.

The program has also assisted in the development of many activities and has developed internal capacity in terms of further supporting fledgling activities. Further work is required in providing a value proposition in terms of attracting future enrolment of activities. When a solid activity base is established and the work plan for next year is consolidated to allow for a smoother work period, further work should be done in consolidating the work of activities into a package for external partners to buy into the work of the program and provide further value for NMOs.

Most important achievements:

- Development of program materials including Baseline Assessment
- Development of mental health toolkit for future development of activities
- Publication of MSI materials and blog posts
- Development of relationships with World Health Organization technical officers and consultants as well as preliminary relationships developed with other organization
- Assistance of developing activities
- Ongoing sessions at General Assemblies
- Good relationships with SC Directors, Liason Officers and other officials

Struggles encountered:

- This will be reiterated ad nauseum however enrolment has been difficult without adequate incentivisation for activities
    - The point of programs has been emphasized over and over again however we have been unable to display how they have received value from being a part of the IFMSA and I find it difficult to concretely outline
- The scope of programs is relatively narrow – difficult to say what Program Coordinators have the creativity and freedom to do without constant communication with Officials. I had a good relationship with Officials generally I thought, however they are busy individuals and sometimes it was difficult to achieve what I wanted from the Program as I spent a lot of time defining what the barriers of the Program were.

- This is likely to organically become more defined as Programs more definitively embed themselves within the IFMSA

Recommendations for the next term(s):

- Clearer boundaries of program coordinators abilities and freedom within the IFMSA
- Concerted effort to elucidate greater benefits of enrolling activities into programs
- Particular attention to the use of communities in programs and people as the basis for the future of a program
- Evaluation and progression of the medium and long term goals of the Program (see Impact Report below)

Baseline Assessment

Context

Program structure

Mental health can be affected by a range of factors that require prevention, intervention and recovery for improvement in the sector. Due to the variety of factors involved, this requires a multisectorial approach to leadership. As future health leaders and a vulnerable population, medical students are well suited to lead the way in developing mental health programs to help reduce stigma between the medical and wider community.

The IFMSA's Mental Health program works to reduce the burden of mental illness by empowering NMOs and students.

It should help NMOs develop policy and mental health working groups, to create a mandate and workforce to work on mental health within each NMO. The program then encourages partnering with stakeholders, in order to receive both support and funding and to obtain education regarding mental health difficulties in NMOs. It also promotes the production of educational resources, capacity building and upskilling opportunities.

By utilising partnerships to improve resources and access to education and mental health services, as well as education to resolve misinformation and raise awareness, the program works to reduce stigma, inequity and discrimination regarding mental illness, allow those with mental illness to more easily access help, and therefore works to reduce the burden of mental illness worldwide.

The program is coordinated through a central individual which oversees activities working to achieve various parts of the program throughout the world. The coordinator will help NMOs with various sections of their activity they need assistance with, and provide access to partnerships, resources, a network of like-minded individuals, and problem solving.

Institutional arrangements

The IFMSA has partnerships with:

- World Health Organisation (mhGAP and MIND are the mental health initiatives)

The IFMSA also has an MoU under review with the European Federation of Psychology Students' Associations.

Description of program area(s)

The mental health program includes anything addressing ICD-10 mental health disorders as well as stress and mental wellbeing, this includes activities that involve:

- Stress and anxiety (and addressing these)
- Depression
- Schizophrenia
- Eating disorders
- Mental disorders related to addiction and substance abuse
- Personality disorders

Targeting criteria (how are participants selected)

Individuals are selected to take part through a number of methods:

- Medical students
    - Direct IFMSA contact - joint sessions, pre-GA training, regional meetings
    - Participation in related activities hosted by NMOs
- Other participants (vulnerable populations, the community, lay health workers) are selected through participation in community projects and activities

Main goal and expected impact

The end/main goal of the program is to reduce the burden of mental illness by raising awareness among target populations about mental illness; including signs, symptoms, mental health services and support tools for self-help/prevention.

    - Indicator: number of NMOs involved in mental health activities, number of individuals impacted by NMO activities
    - Target groups: medical students, the community
    - Threshold for 2015-16 period: at least 25 activities run by NMOs in at least 3 regions, at least 250 total participants in activities
        - Sub-threshold: at least 50 total participants in these activities are to be medical students

Medium and long term objectives are designed and shaped to achieve the main Outcomes as defined by the program (see below).

Medium-term objectives include:

- Partnering with international mental health stakeholders including international professional bodies, governments and widespread service providers
    - Indicator: number of bodies partnered with us. Capacity for effective partnerships.

  - Target group: international bodies.
  - Threshold: partnering with at least 2 international bodies. Development of 1 document summarising what we have to offer in the world of mental health (prospectus/presentation) for potential partners.
- Forming a network of individuals passionate about mental health and involved in activities and empowering them to communicate and share ideas
  - Indicator: database of activity coordinators for mental health activities
  - Target group: activity coordinators
  - Threshold: at least 40 activity coordinators registered on IFMSA database

Long-term objectives

- Support, create and promote innovative and educational initiatives and resources about mental health.
  - Indicators: number of resources available to NMOs
  - Target group: NMOs, LOs
  - Threshold: Google Drive established with mental health resources. At least 20 useable resources on there.
- Advocate for improvement of mental health services for at-risk populations, including medical students
  - Indicators: number of NMOs involved in mental health advocacy campaigns. Number of mental health policies from NMOs.
  - Target group: NMOs, governments, community
  - Threshold: at least 5 NMOs in each region with a mental health policy. At least 3 mental health government advocacy activities.

Expected impact (participants population, geographical zones, changes expected, targets, etc.)

Participants should be from all regions, as mental health is a universal issue. There is no one particular area or age group that is not relevant to focus on, as all individuals from all regions and age ranges are affected by mental health. Medical students and vulnerable populations are, however, accessible and important targets. Thresholds are seen above.

From the program and the achievement of these medium and long term goals, we would hope to see

- **Outcome 1:** Raised awareness regarding mental health within target populations, particularly medical students
- **Outcome 2:** Increased access to mental health services, which is identifiable and definable
- **Outcome 3:** That the program would provide definable support to create and promote mental health activities
- **Outcome 4:** Improved engagement of stakeholders, from both the program and the individual activities as well as NMOs
  - Collaboration with these stakeholders

Approach

Methods

Information was gathered through a number of methods.

- Baseline assessment survey sent to NMOs
- NMO Reports from MM14, AM14, MM15, AM15
- MSI issues
- Activities Fair submissions from MM14, AM14, MM15, AM15
- Policy statements
- Additional surveys undertaken
    - IFMSA mental health survey from AMSA-Australia in MM15

Activities found were broken down into categories where possible, if an appropriate category could not be determined that section was left blank.

Questions that need to be answered and indicators to answer

Indicators are noted in points under each question.

- How is the IFMSA broadly involved in this area?
    - Number/existence of policies, GA involvement
- What is the most commonly utilised type of activity?
    - Classifying activities where possible, numbers of each
- What are the major topics that NMOs focus on in regards to mental health?
    - Classifying activities where possible, numbers of each
- Are there any trends that emerge other than this that could help with establishing this program?
    - Identifying qualitatively any threads in activities
- What are some of the long-running projects we could contact and learn from?
    - Identifying and qualitatively assessing activities that have existed for more than a year, that arise many times in reports
- How can we engage NMOs to enrol in the program? How can we promote this program effectively?
    - Discussing with activity leaders
- How are stakeholders involved in these activities?
    - Reading reports and identifying stakeholders mentioned
- What is advocacy like in these activities?
    - Reading reports and identifying advocacy mentioned

Results

NMOs that have run activities registered in Activities Fair/NMO Reports since 2014

Americas	Africas	Asia-Pacific	Eastern Mediterranean Region	Europe

IFMSA-Quebec JAMSA (Jamaica) IFMSA-Brazil IFMSA-Mexico IFMSA-El Salvador	MSAKE (Kenya) MedSIN (Sudan) TaMSA (Tanzania) FUMSA (Ghana)	FMS (Taiwan) BMSS (Bangladesh) SMMAMS (Malaysia) AMSA (Australia) AMSAHK (Hong Kong) FJMSA (Fiji) IFMSA-Japan AMSA (Philippines) NZMSA (New Zealand)* KMSA (Korea)	IFMSA-Iraq IFMSA-Pakistan LeMSIC (Lebanon) IFMSA- Kurdistan IFMSA-Egypt KuMSA (Kuwait) Associa-Med (Tunisia) SQU-MSG (Oman) IFMSA-Morocco	IMCC (Denmark) BeMSA (Belgium) IFMSA-Poland CroMSIC (Croatia) AECS (Catalonia) IFMSA-NL (Netherlands) IFMSA-Serbia SloMSIC (Slovenia) FiMSIC (Finland) PorMSIC (Portugal) SISM (Italy) swimsa (Switzerland) SloMSA (Slovakia) HCCM (Russia)
5	4	9	9	14

* No longer member.

41 NMOs in total. Activities in annex; conta.

Types of activities registered in Activities Fair/NMO Reports since 2014

Type of activity	#
Campaign	27
Event	16
Training	2
Workshop	11
Project	2
Conference	1
Survey	1
Internship	1
Education	18

See annex for more information.

Subjects of activities (where classifiable) since 2014

Subject	Number of activities
General	29
Stress and wellbeing/self care	10
Drugs and mental health	2
Depression	5
Suicide	4

IFMSA/AMSA-Australia Survey (MM15)

41 representatives of 27 countries were surveyed on Mental Health activities.

NMO Activity

- Only 2 responders said that their NMO is very active in addressing medical student mental health
- 17 said somewhat
- 14 said a little
- 7 said not at all.
- So around 50% of responders said their NMO is not at all active or only a little.

Stigma

- 60% of people said there was 'a lot' of stigma surrounding mental health in their country
- 40% said there was 'some'
- Nobody said there was none.

Current programs run by NMOs

Of the 27 NMOs represented:

- 14 run events
- 12 have social media based campaigns
- 10 have working groups around medical student mental health
- 7 have mental health resources designed specifically for medical students
- 6 have programs that involve sharing personal stories
- 5 have policies or position statements on medical student mental health
- 3 are campaigning to have medical student mental health included in the curriculum
- 1 NMO said they have an online course
- 8 said they have no programs running
- 1 NMO replied "other" but didn't specify
- 1 NMO have a program where clinical students come back to share about their experience in dealing with stress - a combination of events and personal stories.

Programs survey responders thought would be valuable

- Events (22 people)
- Online course (20 people)
- Creating resources specifically for medical students (20 people)
- Campaigning to have mental health of students included more in the curriculum (19 people)
- Working groups (19 people)
- Personal stories (16 people)
- Social media campaigns (15 people)
- Creating policy and position statements (14 people)

General Assembly involvement

Mental Health has been a pre-General Assembly at AM14, and has had involvement in joint sessions at various GAs including the AM15.

Policy

The IFMSA had a single policy on Mental Health.

The IFMSA specifically calls for:

"In particular, the IFMSA affirms the necessity to improve treatment and care for people suffering from mental health conditions. We therefore call for:

- *Every country to have a mental health policy or to include mental health within broader health policies and strategies.*
- *Provision of integrated mental and physical treatment and care through primary care.*
- *Scale-up of services for neuropsychiatric disorders as requested by the Lancet Global Mental Health Group.*
- *Increased funding for mental health services and neuropsychiatric research.*

We request that a special emphasis is placed on youth and adolescence mental health."

Analysis

How is the IFMSA broadly involved in this area?

The IFMSA has a policy on mental health which is quite comprehensive and calls for involvement.

GA involvement has been relatively consistent over the last few years with involvement in each GA since 2014, but should be maintained. Establishment of an effective preGA may be beneficial - for training and empowerment particularly.

41 NMOs have organized a mental health-related activity since 2014. Europe is the region with the most activities.

One key point is that we are unable to establish consistently the amount of people reached with these activities.

What is the most commonly utilised type of activity?

Campaigns are overall the most common type of activity, making up 27 of all activities noted with the IFMSA in the last two years.

What are the major topics that NMOs focus on in regards to mental health?

Of those able to be classified, most NMOs focus on stress and wellbeing initiatives with 10 run since 2014. These are important as they tackle the early stages of stress and these issues have a large impact on the lives of medical students.

Depression is the most common mental disorder that is addressed, with 5 activities since 2014. Anxiety, despite its large prevalence particularly in medical students, was not addressed largely at all in any of the activities.

'General' is the most common category overall with 29 activities, but this is to be expected and not specifically useful.

Are there any trends that emerge other than this that could help with establishing this program?

Feedback was provided qualitatively to the Baseline Assessment. From this feedback, it is clear that activities would like

- assistance in reaching international partnerships
- finding contacts of people who have run similar programs
- and common materials that can be used in activities.

These should be targeted towards helping with campaigns, and primarily about stress and wellbeing.

Activities are held in a diverse spread of geographies, therefore partnerships should be sought broadly.

What are some of the long-running projects we could contact and learn from?

Long running projects include In Reflection by SloMSIC (Slovenia), Medikeeper from FMS (Taiwan), and the AMSA-Australia Mental Health Campaign.

These activities would be worth contacting to ask regarding their longevity.

How can we engage NMOs to enrol in the program? How can we promote this program effectively?

Qualitative responses to the baseline assessment addressed this issue. The IFMSA needs to offer tools and resources that activities can utilise. A database of contacts is necessary to distribute this information. Advice was requested by many leaders of activities, so providing a simple portal to offer advice would be of worth.

Promoting the program further could be at GAs, or in local newsletters (SCOPH, SCORP) etcetera.

How are stakeholders involved in these activities?

Internally, the most important stakeholders are medical students who run and are often the target of these activities. College/university students and medical students are by far the most frequent target group, understandable given they are organically the easiest to contact.

External stakeholders include the general public, psychiatrists, and school students. Those with mental and neurological illness have been contacted in the case of some activities.

What is advocacy like in these activities?

Advocacy is not a strong point in most activities. Education is more central, and students on the ground do not seem to turn their attention to universities and governments.

3 NMOs stated informally they were involved in advocating regarding mental health in the curriculum, when asked in a survey, but no government advocacy activities were identified. 14 individuals stated they would like training on policy and other advocacy tools.

Summary

The significant issue of mental health is being addressed by at least 41 NMOs through activities. Medical students and college students are common targets, however most of the population is affected by this important issue. Most activities run are campaigns, and focus on general mental health. There is little done on advocacy, however NMOs would like to know more about policy and advocacy in this sphere. The IFMSA itself has run sessions and has a policy statement on mental health which provides an agenda and direction for mandating action on mental health. However, there are no central resources stored to help enable NMOs, something that has been identified as beneficial.

The Mental Health Program provides a way to connect these activities and provide services for them, such as resources and guidance, to work towards reducing stigma regarding mental illness. These are things activity coordinators desire. One key goal is to work on achieving partnerships with international bodies, which we do not currently have.

Through achieving the short and medium term goals of this assessment, we are working towards achieving the key outcomes of this program. Key recommendations include establishing a uniform activity evaluation form to adequately measure impact, in order to achieve the end goal.

To achieve our goals and understand the impact of the program, we must measure the impact of activities. If impact is not currently able to be measured, we must work on ways of measuring it. Finally, areas not covered here that relate to program outcomes include not specifically addressing curriculum change and service access, which hopefully are both a part of the topic of advocacy which is addressed; intricacies of engaging universities and NGOs/ONGs which should not be covered in a broad statement such as this; and the intricacies of activity details which can be obtained by discussing with the Program Coordinator.

Through this program, the IFMSA can encourage further NMO involvement, offer support, and be a global advocate in terms of reducing the burden of mental health.

Program Impact Report

Program Structure

(As per structure in Baseline Assessment above).

Mental health can be affected by a range of factors that require prevention, intervention and recovery for improvement in the sector. Due to the variety of factors involved, this requires a multisectorial approach to leadership. As future health leaders and a vulnerable population, medical students are well suited to lead the way in developing mental health programs to help reduce stigma between the medical and wider community.

The IFMSA's Mental Health program works to reduce the burden of mental illness by empowering NMOs and students.

It should help NMOs develop policy and mental health working groups, to create a mandate and workforce to work on mental health within each NMO. The program then encourages partnering with stakeholders, in order to receive both support and funding and to obtain education regarding mental health difficulties in NMOs. It also promotes the production of educational resources, capacity building and upskilling opportunities.

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The program is coordinated through a central individual which oversees activities working to achieve various parts of the program throughout the world. The coordinator will help NMOs with various sections of their activity they need assistance with, and provide access to partnerships, resources, a network of like-minded individuals, and problem solving.

Main goal and expected outcomes/impact

As per the baseline assessment, the end/main goal of the program is to reduce the burden of mental illness by raising awareness among target populations about mental illness; including signs, symptoms, mental health services and support tools for self-help/prevention.

- Indicator: number of NMOs involved in mental health activities, number of individuals impacted by NMO activities
- Target groups: medical students, the community
- Threshold for 2015-16 period: at least 25 activities run by NMOs in at least 3 regions, at least 250 total participants in activities
    - Sub-threshold: at least 50 total participants in these activities are to be medical students

There are a number of medium and long term objectives outlined in the Baseline Assessment which will not be addressed here as they are not relevant to the 15-16 term however are relevant to the long term achievement of the program's ideal outcomes.

Expected impact (participants population, geographical zones, changes expected, targets, etc.)

Participants should be from all regions, as mental health is a universal issue. There is no one particular area or age group that is not relevant to focus on, as all individuals from all regions and age ranges are affected by mental health. Medical students and vulnerable populations are, however, accessible and important targets. Thresholds are seen above.

From the program and the achievement of these medium and long term goals, we would hope to see

- **Outcome 1:** Raised awareness regarding mental health within target populations, particularly medical students
- **Outcome 2:** Increased access to mental health services, which is identifiable and definable
- **Outcome 3:** That the program would provide definable support to create and promote mental health activities
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    - Collaboration with these stakeholders

Program Areas

7 Activities were enrolled in the Program. 5 activities had complete enrolments submitted (both enrolment forms and information submitted). At the present time, 4 activities had submitted reports on their outcomes.

Rather than outline in detail the areas themselves (Campaign, Event, Training, Workshop, Project, Conference, Survey, Internship and Education as per the Baseline Assessment), given the number of activities they have been outlined here.

Inside Out (CroMSIC-Croatia)

Problem: Mental health problems are important in all regions, particularly in youth with 20% of young children and adolescents diagnosed with psychiatric conditions.
Description & Justification: Three parts of the workshop were organized

1. General public
2. Workshops in high schools
3. General public with specific focus on mental health conditions

Target Audience: High school students where the workshop was conducted. Medical students conducting the workshops were secondarily affected by education. The general population had some activities directed towards them.

Objectives & Success Indicators:
Education of medical students to deliver workshops
Success indicators based on evaluations on education
Education of high school students
Success indicators were improvement of post-evaluation outcomes as opposed to pre-evaluation, workshop evaluation
Public health campaign on mental health awareness
Success indicators were number of people attending, positive reviews of those attending, further interest in project
Monitoring and Evaluation:

Medical students evaluated education and every workshop they conducted.
High school students evaluated every workshop they were a part of.

Keep Calm and Carry On (IFMSA-Poland)

Problem: Medical students are vulnerable to mental health problems, this program targeted English-speaking students who may need guidance on issues during their stay in Poland related to protecting mental health and wellbeing.
Description & Justification: This consisted of a motivation event where talks on motivation were shared with participants, as well as discussion on what motivated participants most.
Target Audience: Target group and beneficiaries are medical students.

Objectives & Success Indicators:
Providing space for topics to be discussed which aren't in the curriculum such as protecting mental health
Providing motivation techniques for medical students
Indicators included

- Number of participants who attended
- Ratio of these to those who found the workshop useful
- Results of evaluation showing knowledge improvement in mental wellbeing and who to turn to in stressful situations

Monitoring and Evaluation:
Pre-evaluation was discussion of students who verbally provided feedback that they would like to have such a session.
Post-evaluation is planned to be also qualitative with a short discussion on advantages and disadvantages as well as possible improvements.

Ask Your Peer (IFMSA-Poland)

Problem: Medical students are vulnerable. In the curriculum there is not enough education regarding supporting mental health and wellbeing.
Description & Justification: This is a program where senior activity officials are available to provide advice and guidance in university matters or other matters that may impact stress for English speaking students. Requirements were discussed for logistics of University stays as well as other matters. There was a small campaign regarding providing a point of contact and support.

Target Audience: Target group and beneficiaries are medical students.
Objectives & Success Indicators:
Providing space for topics to be discussed which aren't in the curriculum such as protecting mental health
Providing motivation techniques for medical students
Indicators included

- Number of participants who contacted senior officials
- Ratio of these to those who found the activity useful

Monitoring and Evaluation:
Pre-evaluation was discussion of students who verbally provided feedback that they would like to have such an initiative.
Post-evaluation is planned to be also qualitative with a short discussion on advantages and disadvantages as well as possible improvements.

Peer Support for English Division (IFMSA-Poland)

Problem: Medical students are vulnerable. In the curriculum there is not enough education regarding supporting mental health and wellbeing. English-speaking students in a country speaking a foreign language are more vulnerable to stress and difficulty.
Description & Justification: This program aimed to make English-speaking students more comfortable in Poland. A newspaper was created called the IFMSAian containing information about the city and university. A buddy system was created to allow for support and guidance.

Target Audience: Target group and beneficiaries are medical students.
Objectives & Success Indicators:
Providing space for topics to be discussed which aren't in the curriculum such as protecting mental health
Providing motivation techniques for medical students
Indicators included

- Number of English-speaking participants impacted
- Ratio of these to those who found the interventions useful
- Results of evaluation showing improvement in mental wellbeing

Monitoring and Evaluation:
Pre-evaluation was discussion of students who verbally provided feedback that they would like to have such an initiative.
Post-evaluation is planned to be also qualitative with a short discussion on advantages and disadvantages as well as possible improvements.

Self Care Workshop (IFMSA-Poland)

Problem: Medical students are vulnerable with increasing numbers of burnout and mental illness emerging in students from medical universities. In the curriculum there is not enough education regarding supporting mental health and wellbeing.

Description & Justification: During Self Care Workshop, participants learnt self care techniques such as meditation, mindfulness, acupressure) as well as theoretical introduction and exercises from individuals who have been studying relaxation techniques.

Target Audience: Target group and beneficiaries are medical students.
Objectives & Success Indicators:
Providing space for topics to be discussed which aren't in the curriculum such as protecting mental health
Providing motivation techniques for medical students
Indicators included

- Number of participants who attended
- Ratio of these to those who found the workshop useful
- Results of evaluation showing knowledge improvement in mental wellbeing and who to turn to in stressful situations

Monitoring and Evaluation:
Pre-evaluation was discussion of students who verbally provided feedback that they would like to have such a session.

Post-evaluation is planned to be also qualitative with a short discussion on advantages and disadvantages as well as possible improvements.

Other Program-related activities

IFMSA Blog

Two posts were published in the IFMSA blog.
1 piece was written on World Mental Health Day in 2015 and published on the blog via SCOPH.
http://ifmsa.org/2015/10/11/mental-health-it-matters-to-you-and-the-world/
1 piece on Refugee Mental Health was published for World Refugee day on the blog via SCORP.
http://ifmsa.org/2016/06/22/refugees-and-mental-health/

MSI

Two pieces were published in the MSI (including at AM2015).
One was on the Sustainable Development Goals and Mental Health (AM15).
The other was on the Mental Health Program (AM16).

Toolkit

The Program produced a Mental Health Toolkit in collaboration with SCORP and SCOPH. The Mental Health Toolkit was intended to be a resource for NMOs interested in mental health, people who would casually like to learn more on the topic, and particularly people interested in creating activities as part of the Mental Health Program. It provides information, resources, step by step guides on different types of activities, and examples of other activities that have been undertaken.

It was produced in collaboration with individuals selected from a pool of applicants from 3 regions and many NMOs. These individuals enthusiastically contributed multiple pieces.

Policy

The Mental Health Policy expires at AM16. The new policy was almost entirely rewritten in order to stay in touch with the interest in mental health that has developed over the last three-plus years within the global health community.

A comprehensive rewrite was undertaken with the guidance of the Program Coordinator. At least 4 NMOs were actively involved, with heavy involvement from AMSA-Australia and IFMSA-China.

GA

A joint session was run at both AM15 and AM16 on Mental Health – the first on Mental Health in medical students and the second on Mental Health in vulnerable populations. These were run between SCOPH and SCORP. The first was highly successful, the second is yet to be run at the time of writing.

Partnerships

Work was done with the SCOPH LO on partnerships, which was very much appreciated however it was recognized the Program Coordinator could have taken this further. This is discussed in 'recommendations' further.

This year, we did a session on mental health at the European Parliament European Youth Event, and established relationships and gathered contacts at the World Health Organization within the Mental Health and Substance Abuse department.

We became members of the International Association for Youth Mental Health and submitted our Program to Mental Health Europe. We are in consultation with WONCA Mental Health who are interested in our work in an ongoing fashion. In 2016, a presentation based on the IFMSA's work was delivered at the European Congress of Psychiatry in Madrid.

We additionally have an existing MoU with EFPSA, undertaken prior to this year.

Questions for Answering

The questions used in the Baseline Assessment are probably not appropriate for the Impact Report, as they specifically referred to questions used to establish an idea of the baseline of the IFMSA's involvement in mental health.

These were:

- How is the IFMSA broadly involved in this area?
  - Number/existence of policies, GA involvement
- What is the most commonly utilised type of activity?
  - Classifying activities where possible, numbers of each
- What are the major topics that NMOs focus on in regards to mental health?
  - Classifying activities where possible, numbers of each
- Are there any trends that emerge other than this that could help with establishing this program?
  - Identifying qualitatively any threads in activities
- What are some of the long-running projects we could contact and learn from?
  - Identifying and qualitatively assessing activities that have existed for more than a year, that arise many times in reports
- How can we engage NMOs to enrol in the program? How can we promote this program effectively?
  - Discussing with activity leaders
- How are stakeholders involved in these activities?
  - Reading reports and identifying stakeholders mentioned
- What is advocacy like in these activities?
  - Reading reports and identifying advocacy mentioned

As such, when it comes to statistics and conclusions these have been redrafted. I would suggest these be used in future for the IR as opposed to the BA. They are, based on the objectives listed below:

- How many medical students were involved
- How would the results of evaluations be summarized
- How many members of the general public were exposed to activities
- How many external bodies were advocated to
- How many activities felt supported by the IFMSA
- How many stakeholders (and a brief description of who) were engaged with activities

Indicators

Indicators that were used in the Final Report survey for each program were extrapolated from the program outcomes outlined in the Baseline Assessment and Program Structure. These are listed below:

Outcome 1: Raised awareness regarding mental health within target populations, particularly medical students
Objective 1:
Please provide information including quantitative data (if applicable) on how awareness was raised regarding mental health within target populations, particularly medical students (numbers of people reached, results of evaluations etc).

Outcome 2: Increased access to mental health services, which is identifiable and definable
Objective 2:
Please provide information including quantitative data (if applicable) on how access to or awareness of mental health services was increased (numbers of people shown information, numbers of people who could identify services, advocacy to university or government)

Outcome 3: That the program would provide definable support to create and promote mental health activities
Objective 3:
Please provide information including quantitative data (if applicable) on if your program was supported by the IFMSA (and if not, how we might in future!)

Outcome 4: Improved engagement of stakeholders, from both the program and the individual activities as well as NMOs
Objective 4:
Please provide information including quantitative data (if applicable) on what stakeholders were engaged by your program and what stakeholders may have been approached.

Statistics

From the 4 activities reported, some statistics can be pulled. However, the reporting of these is all from the one (productive) NMO therefore there is not particularly useful information on some areas for example per region, per NMO or per subcommittee (1) unfortunately. This is an area where we would hope that there is improvement in future with the expansion and understanding of Programs growing. Broadly, we had a much greater engagement in our Baseline Assessment and if we can instead convert that to enrolment it would be very much worthwhile.

We can take some information that is relevant to our questioning and outcome relations. For reference, we were hoping for at least 25 activities by NMOs in at least 3 regions; at least 250 total participants with at least 50 medical students (as stated in the Main goals section).

Active participants in activity - students

	n
Self Care Workshop	16
Keep Calm and Carry On	5

Ask Your Peer	22
Peer Support for English Division	40
TOTAL	83

There was success in the number of students involved in relation to the main goal. This aim can be revised upwards for the next year.

People exposed to the work of activities – general

	n
Self Care Workshop	19
Keep Calm and Carry On	6
Ask Your Peer	24
Peer Support for English Division	251
TOTAL	300

This includes people who prepared the activity (with the minimum number if unknown being 1), and those who were noted to be exposed to the work of the activity but may not have attended follow-up workshops.

This is better than the main goal. This aim can be revised upwards for the next year, on the proviso there is another broad reaching activity included such as the newspaper from 'Peer Support'.

Positive feedback from activities

	%
Self Care Workshop	100
Keep Calm and Carry On	100
Ask Your Peer	100
Peer Support for English Division	100
AVERAGE	100

Results of evaluation of activity effectiveness (eg improvement in knowledge)

	%
Self Care Workshop	90
Keep Calm and Carry On	100
Ask Your Peer	90
Peer Support for English Division	n/a
AVERAGE	93.33

None of the activities above were actively supported by the IFMSA. This is probably due to the late enrolment of the activity and it would be expected that the IFMSA would support them more if enrolled earlier. In contrast, the IFMSA supported a number of other mental health activities that did not convert to an enrolment.

Changed central numbers from Baseline Assessment –

- IFMSA Policies – 1 (updated)
- Added number of workshops (AM16) – 1

Conclusions

The IFMSA is still clearly quite involved in Mental Health given continued involvement in GAs and updates to policies as well as continued engagement from Standing Committees. The low enrolment of activities it would be tempting to say is due to decreased engagement from NMOs, however it is more likely that it is simply due to difficulties with the new Program process.

Stress and anxiety, much like in the Baseline Assessment, was the most common area that activities targeted. This is most likely to continue in an ongoing fashion. In the BA it was identified that activity coordinators would like a community to engage with, and this has not been done adequately it would seem in this term. International partnerships, another request, has been worked on with some success.

Promotion of the program has gone along smoothly, and given the publications and areas for involvement this has been somewhat successful.

Stakeholders are an area that were somewhat engaged by activities. In the BA, it was found that medical students and college/university students were the most common. Here, medical students and high school students were two major groups involved, which makes sense given the IFMSA and their peer education focus.

We are still lacking on the advocacy front when it comes to activities. Work should be done on expanding our capacity and education when it comes to mental health advocacy, discussed in recommendations. There were few activities involved in advocacy in the BA and there are none here in the IR.

Recommendations

This addresses the outcomes including medium and long term goals discussed in the baseline assessment.

Short term

Similar to many other programs, in this term we have seen minimal enrolment of activities into the program. This is due to a number of factors including late changes to the internal operating guidelines, however anecdotally a large reason was difficulty creating a value proposition for potential activities. A large part of the term was therefore spent developing resources and connections for the Program to benefit programs that choose to enrol. In future, concerted thought should be given to what we can offer NMOs as part of the program in return for their enrolment that is tangible and marketable.

I would also try and focus less on getting people to specifically enrol their activities in the Baseline Assessment or combine enrolment in the BA with enrolment in the Program. We had a much larger interest in the BA, probably because it was the first call sent of the year, and people lost interest with the actual enrolment particularly with the change in bylaws halfway through the term.

In terms of ongoing promotion of the program, further engagement with Standing Committees would be beneficial for example with webinars or with a larger World Mental Health Day campaign.

In addition to this, medium and long term objectives should be considered by coordinators in the upcoming term.

Medium term
In the medium term, these are partnering with international stakeholders and forming a community passionate about mental health. There is ongoing work to be done on the former and a lot to be done with the latter.

International stakeholders: Work was done with the SCOPH LO on partnering with international stakeholders. These have been summarized in the Program Areas.

There is continued opportunity for many other links and using our existing links to benefit the program. We should be expanding these actively in each term and maintaining links that we already have.

A prospectus was not created to summarise what we can offer partners, which was in our medium term goals. However, this was largely due to not having completed a year of the program and therefore difficulties conceptualizing what the program might have to offer. This is an area in which work can be done now that some activities have been enrolled and minor evaluation having been performed.

Community: Value at the moment has been derived by NMOs in assistance from the PC in creating and scaling up their activities, however when it comes to translating this into enrolment there has been little incentive to take the plunge. A dedicated community would allow a place for belonging and collaboration on further projects and as projects develop, providing a place to share work and achievements.

Creating a network was discussed with Standing Committee directors. A newsletter is frowned upon. However, an IFMSA non-affiliated Facebook group of interested individuals might be a good place to spread ideas, and I would encourage the exploration of this.
There is a preliminary database of activity coordinators (of not just those who enrolled their activity, but had good activities enrolled in the baseline assessment) and I would encourage expansion of this and checking it for accuracy in terms of whether the individuals there are still actively involved in the mental health sphere.

Long term

Efforts have been made on the long term goals including creation of a Google Drive of resources which is there to be expanded and shared.

Little work has been done on active advocacy capacity building, and should be driven by demand. Many activity coordinators on their activity enrolment indicated their NMO did not have a mental health policy, so that is a potential agenda to push during GAs or over the NMO server in future.

Annex 1: Enrolment List

Activity name	NMO	Type of activity
Inside Out	CroMSIC-Croatia	Workshop
Keep Calm and Carry On	IFMSA-Poland	Event
Ask Your Peer	IFMSA-Poland	Education
Peer Support for English Division	IFMSA-Poland	Campaign
Self Care Workshop	IFMSA-Poland	Workshop

Final Words

As the inaugural term comes to a close, it has been an enjoyable experience working with the IFMSA that I would not trade for anything. Being a Program Coordinator gives an interesting introduction to the organization including key facets such as working entirely remotely, cross-cultural partnerships and exploring where a connection to an international network can take you. I would highly recommend the experience to anyone interested.

As far as Programs go I believe in their idea and the potential for them to be a success. It is a process, and Programs will need to feel comfortable in what they have to offer, and NMOs will have to understand what they can expect from enrolling their activities in them. Hopefully their ongoing development will lead to various 'hubs' from the Federation that allow us to focus on specific areas medical students are working on worldwide, and allow collaboration and development as well as a central place of confluence for us to promote our work from. It should allow consolidation of the disparate bits of work members of the Federation do regarding mental health into one impressive conglomerate.

I am excited to track upcoming years of the Program and look forward to seeing what comes next.