



Mental Health

Background and problem statement

Background

Mental health is defined by the WHO as a “state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”(1). Mental disorders are those within the International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD-10) criteria, and include but are not limited to depression, anxiety and psychosis. Mental disorders, along with other conditions that impair mental health but may not be included under ICD-10, are grouped in this program under ‘mental illness’.

Mental illness is extremely prevalent worldwide and is a huge burden on society, including the economy, with statistics showing that:

- Mental, neurological and substance abuse disorders are responsible for 13% of the total global

burden of disease in 2004 (2) .

- It is estimated that the economic impact of mental health impairment is equivocal to 16.3 million million USD lost between 2011 and 2030 (2) and the World Economic Forum claims that mental health is the greatest health threat to global GDP (3).

Vulnerable groups may additionally be at significantly higher risk of developing mental illness. These groups include, but are not limited to

- persons living in poverty
- LGBTIQ persons
- those exposed to conflict, disaster and other humanitarian emergencies i .e migrants and refugees
- * persons with disabilities
- * persons that face any kind of discrimination, including racial or religious intolerance
- indigenous persons
- those with chronic health conditions
- maltreated infants and children
- adults exposed to family violence
- and those overworked and stressed.

Among those overworked and stressed, medical students are a vulnerable group. Mental illness, particularly depression and anxiety, is consistently higher among medical students compared to the general population and peers of the same age group (4). Those with mental disorders experience higher morbidity and mortality. Suicide is the second most common cause of death in young people (1), an age group that includes medical students.

Stigmatising behaviours towards mental health make up a portion of the human rights gap between those with and without mental illness. Stigma is a degrading or debasing attitude against a person or group due to some salient attribute. Stigma marginalises and degrades individuals and affects achieving of potential and happiness. Stigma may lead to discrimination and inequality in terms of rights, including denial of employment, educational



and health opportunities (such as insurance) that would otherwise be granted. Stigma can also lead to acceptance of maltreatment, abuse and other unacceptable practices within health services. Stigma is a common and a significant inhibitor in progressing rights for those with mental illness and requires addressing.

Mental illness 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 leadership from a multisectorial approach. 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.

Within the IFMSA, a survey of 41 representatives from 27 countries in March 2015 showed:

- Only 2 NMOs of those surveyed are currently very active in addressing medical student mental health, with 14 addressing it only a little.
- 60% said there is a lot of stigma surrounding mental health in their country and the remainder of all countries surveyed said there was some (40%).

It is clear that within the IFMSA, there is room for action to be taken on both addressing mental health within medical students and the associated stigma (5). It is encouraging to note that a meta-analysis in the area of interventions on mental health have concluded that, at least within medical students “[any] stress management interventions compared with no intervention has consistent positive effects on medical students’ psychological health” (6). For NMOs to have a beneficial effect, all that is required is intervention.

Problem Statement

Mental health is a major problem socially, economically and culturally, within the general population and particularly within vulnerable groups including medical students. Stigma exists broadly which marginalises and discriminates against those with mental illness, which exists both within the general public and in the health industry. It is recognised within a sample group of NMO representatives that there is largely room for action to be taken by NMOs worldwide in addressing mental health.

As future medical practitioners and community leaders, medical students are well placed to tackle destigmatization within both medical students and more broadly, through implementation of a mental health program and accompanying interventions in society as a whole.

Target group and beneficiaries

- Medical students - main advocates on mental health related issues, able to promote healthy styles and educate people, but also as a population presenting a strong prevalence of mental illness.
- Vulnerable population - populations with high risk factors to develop mental illness, with some examples included in the background above.
- Young people and children - a pool of future advocates promoting healthy lifestyles and a non-stigmatised vision of mental illness.
- Medical schools/mental health professionals - capable of being involved in the creation of educational content, and promoting collaboration with lay health workers.
- Governments and NGOs - main target of medical students’ activities, capable of making efficient welfare policies, enhancing collaboration between healthcare professionals and lay



health workers, spreading educational campaigns, reducing inequality and discrimination towards those with mental illness

- Lay health workers - another main pool of highly-trained professionals able to educate and promote healthy lifestyles, working in collaboration with healthcare professionals.
- Media - also a main target of medical students' activities, especially able to spread educational campaigns de-stigmatising mental illness

Logical framework of interventions

End-goal and assumptions

End-goal:

Reducing the burden of mental illness by raising awareness among target populations about mental disorders including signs, symptoms, mental health services and support tools for self-help/prevention

Assumptions :

A: Target populations are not aware enough of mental disorders

B: Target populations are able to learn these concepts through education methods.

C: Signs and symptoms recognition is effective and somehow accurate

The important work of education needed to fulfill this first aim will directly help to fulfill the second one:

- Reducing stigma, inequity and discrimination against people with a mental illness

Assumptions:

D: There is stigma, inequity and discrimination against those with mental disorders.

Sub-objectives:

- Support, create and promote innovative and educational initiatives and resources about mental health.
- Educate medical students on mental health with specific tools they will then be able to use themselves to spread this knowledge.
- Increased access to mental health services

○ *Assumption E: There is inadequate access to mental health services and the interventions must actually improve existing gaps*

- Collaborate with medical schools and stakeholders to improve and include mental health education in the medical school curricula, including self-help tools.



○ *Assumption F: Mental health education in the medical curriculum is not always appropriate. IFMSA members and stakeholders should be equipped to advocate for mental health include in the curricula .*

- Obtain governmental and NGO support to improve mental health services, to promote educational programs and to promote healthy lifestyles.
- Improvement of mental health services for at-risk populations, including medical students
- Specific trainings for abused and neglected children to ensure they have better mental health conditions and protect themselves.

Preconditions and backwards mapping

Better access to quality mental health services will be needed to reduce mental illness. This can be achieved through raising awareness of available services, advocating for the improvement of existing mental health services, the development of mental health services into at-risk areas including universities, and through the promotion of healthy lifestyles.

Engagement of stakeholders is necessary to evoke change outside of the membership population of the NMO, or access resources separate to those provided by and for the member base as it currently stands. Goals will not be achieved without a strong governmental and NGOs support and involvement, prioritising and implementing mental health issues in campaigns and policies at all levels (local/regional, national and international).

Assumption G: Stakeholders can fulfill the purposes required of the program, that the NMO is able to contact and establish a working relationship with them

Improving education and knowledge regarding mental health at all levels (population, healthcare professionals, medical students, lay health workers) is required to raise awareness of mental health issues and to reduce stigma, inequity and discrimination against those with a mental illness. This will be accomplished by

a. Advocating for increased inclusion of mental health education in medical school curricula.

i. This recognises the role health workers play as mediators between the general population and people living from mental disorders.

b. Developing accessible resources on mental disorders and/or disorders to educate and inform stakeholders.

Assumptions regarding this are addressed above.

Policy is required for NMOs to inform their priorities, acknowledge areas required for improvement, and particular target populations within their networks. Policy will allow for NMOs to have a solid platform from which to both advocate and to establish a foundation for development of interventions within the NMO and . It also cements mental health as a priority for the NMO.

Assumption H: Mental health policy does not always exist within the NMO country. Otherwise, this stage can be skipped or policy can be reviewed and revised if necessary



Assumption I: That NMOs use policy to guide advocacy. If NMOs do not use policy, they should address the creation of mental health advocacy campaigns under the structures they currently use.

For the NMO to work on this policy and further initiatives, a working group may be required to be established.

Assumption J: A working group/team does not already exist for mental health within the NMO, if so, this stage can be skipped or the team structure and effectiveness can be reviewed and revised if necessary

Milestones and indicators

Outcome 1: Raising awareness regarding mental health within target populations

Indicator: Brief, opportunistic survey of medical students before, and some time after implementation of the mental health activity.

Target group: At a minimum, medical students (most measurable)

Threshold: Improvement in survey scores before, and some time after the implementation of a mental health program within an NMO

Outcome 2: Increased access to mental health services

Indicator: Identifiable access to providers of mental health care by medical students, after advertising of resources identifying available services by the NMO (and potentially advocacy for increased funding/development)

Target group: Medical students

Threshold: Can identify at least 2 accessible providers of mental health care (including general practitioners/family doctors but excluding hospitals)

Outcome 3: Support, create and promote mental health initiatives

Indicator: Number of quality initiatives implemented by an NMO

Target group: beneficiaries of the program

Threshold: Implementation of at least 2 identifiable and evaluable mental health interventions in one NMO

Outcome 4: Engagement of stakeholders

Indicator: Relationships between the NMO and mental health stakeholders

Target group: Mental health stakeholders

Threshold: At least 2 mental health stakeholders endorsing the mental health program, and identifiable points of contact with at least 4 stakeholders (may include those endorsing)

Outcome 5: Collaborate with stakeholders to educate mental health trainers on mental health



Indicator: Post-educational assessment of an education program endorsed by at least 1 mental health stakeholder

Target group: Medical students involved in leading educational initiatives

Threshold: 90% score on post-education assessment

Interventions

Strategies to change stigma are traditionally grouped into three categories: education, protest and contact. Suggested interventions will be grouped into two of these categories - education and contact.

- Education: increases knowledge regarding mental illness, and allows myths to be distinguished from reality. This decreases stereotyping of mental illness, and therefore reduces stigma and marginalisation based on false beliefs (7).

- Contact: there is a studied inverse relationship between stigma and stereotyping associated with mental illness and contact with individuals living with mental illness (7).

In the NMO survey conducted in March 2015 (5), respondents indicated interventions they perceived as valuable, and interventions have been prioritised with regards to these results. Broad examples will be provided, and in an internal annex to the program, more detailed examples of potential interventions with demonstrations of success are available for NMOs.

1. Education

1.1 Events

- Educational workshops to upskill and educate target populations - medical students are particularly accessible, receptive and necessary to target (vulnerable population)

- Fun events such as parties to raise money for mental health initiatives - starts conversation to increase education, draws attention to the issue, can opportunistically distribute resources, and raises money for the program

1.2 Resources

- Development of mythbusters regarding mental health, distributable physically (posters, brochures) or online (pictures, infographics, text) on social media, emails or bulletins

- List of self-help resources that may be available for those who may require them - Distribution of information on mental health services available

1.3 Establishment of mental health policy

- In conjunction with resources from the IFMSA or other NMOs

- Informs advocacy to the media, governments or universities, as the NMO desires

1.4 Social media campaigns

- Starting conversation around mental illness can lead to reduction in 'taboo' and marginalisation of mental health issues

1.5 Curriculum

- Can be developed in conjunction with the university - eg providing medical students with strategies on how to maintain mental health



- Can be developed within the NMO - educational resources including online learning platforms can educate medical students and be expanded as resources allow to other healthcare professionals and the community

2. Contact

2.1 Personal stories from ambassadors

- On social media - videos, stories or photos
- Public lectures - In collaboration with community services

2.2 Events that tangentially involve contact

- Movie nights with acceptably accurate portrayals of mental illness

The other interventions relate to specific points in developing the program.

3. Engaging universities

NMOs must work with local bodies to work with universities and stakeholders to lobby for establishment of mental health services. Points to consider when approaching universities may be

- the burden of mental illness in youth, particularly regarding medical students and others under high stress
- the necessity of dedicated mental health services and the importance of easy access, which is facilitated by university placement
- the potential benefits in student wellbeing and university life in having an accessible mental health service

4. Engaging stakeholders

NMOs must be proactive in outlining who they are and what they want to achieve when approaching stakeholders. It is best to have an outline of how NMOs can benefit from the input of stakeholders, and in kind, how NMOs can benefit stakeholders. A collaborative and open approach is a good start.

Organisational context and necessary resources to launch the program

Capacity building

Considering the effort necessary to meet the objectives of this program, reducing the burden of mental illness, raising awareness on mental illness and fighting stigma, IFMSA needs a pool of trained advocates.

Developing initial educational platforms

For any of the education portion of the program being undertaken by medical students, it is important that they are first and foremost educated appropriately and sensitively regarding mental health, so that medical students are prepared and knowledgeable with correct information with which to educate others. Collaboration with bodies more knowledgeable than medical students, such as mental health services or professionals, is essential to establish an



accurate, appropriate and responsive initial education for medical students on which to build educational information for further initiatives.

IFMSA capacity building techniques will provide necessary skills through:

- Education on mental health issues and the different characteristics of mental illness.
- Education on promotion of healthy living conditions, identification of main determinants of mental health and vulnerable populations.
- Provide knowledge on the most relevant mental health policies and issues worldwide.
- Train and provide the necessary skills to be good advocates and learn successful campaigning.

Establish partnerships

Although medical students represent a strong workforce worldwide, there is a need of partnerships to achieve the goals of this program, at all levels (local, national and international):

- Collaborate with international, national and local NGOs and institutions engaged with mental health issues such as the WHO and relevant professional and student associations and organisations.
- Ensure efficient and permanent collaborations between medical students and their partners, creating collaborative working platforms which will enhance medical students' advocacy
- Create a strict evaluation system of these collaborations, so both partners and students will know how to make these collaborations more fruitful and efficient.

Create informative content

To build capacity, reach appropriate partners, create campaigns and finally to achieve the goals of this program, educational and informative content is needed. This will be achieved through research by members from the IFMSA network, and may be in the form of written or visual content.

Fundraising

NMOs will need to establish proposals regarding what they seek funding for, to present to governments and NGOs. Methods include sponsorship, grants and grassroots fundraising - see 'Organisational context and needed resources' below for more.

Narrative

Mental Health represents an important health issue worldwide. Throughout the world, the lack of knowledge and efficient policies, the existing discrimination against people suffering from mental illness are serious issues that need to be tackled. Medical students, as a population suffering from mental illness and a pool of future health professionals should get more involved into this situation. Their medical curricula make them aware of the burden mental illness represent, and the workforce they constitute as health advocates worldwide make them appropriate stakeholders to hold high the ambitions of this program.

This program aims to reduce the burden of mental illness, combat stigma and raise awareness on mental health students, with medical students as dedicated advocates.

This will require the education of medical students on mental health issues, collaboration with different stakeholders to spread this knowledge in an efficient and easily understandable way. This will require advocacy towards stakeholders to convince them to recognize medical



students as a motivated and empowered workforce in the field of mental health, but also collaboration at all levels to improve the access to quality mental health services worldwide.

As empowered and committed advocates facing one of this century greatest health challenge, medical students will dedicate themselves to find a solution for a world where mental health issues will no longer be a problem

References

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