The BMA Scottish Medical Students Committee created a survey to analyse the effectiveness of student support particularly the personal tutor/mentor system. The survey also has several other sections to identify common mental health problems faced by students, their perception of quality of their general/mental health, and information about other student support services used by students.

The Personal Tutor (PT) /mentor system

Historically, medicine has been a discipline where mentorship plays a crucial role during training and beyond - Mentorship is displayed between students and doctors in the lecture hall, at the bedside, in the lab and hospital. William Osler, the ‘Father of Modern Medicine’ took mentorship to a whole new level by popularizing bedside teaching. Back in the late nineteenth/early twentieth century, Clement Bryce Gunn in his non-fiction ‘Leaves of the life of a country doctor’ recalled and wrote appreciatively about a mentor he looked up to during his medical school days (http://www.scottishmedicalhumanities.org/human/good-medical-practice/). Though it may seem obvious to state, the important point to note here is the extent to which doctors can make an impact on the minds of medical students and the different ways mentorship takes place when they closely engage with medical students during their training.

Tutors take different forms- we could have an academic, a clinical or a personal tutor. The role of a ‘tutor’ or ‘mentor’ is important regardless of the word that comes before it which would outline their responsibilities. And in medical schools, our personal tutors more often than not are doctors. In our survey which collected feedback about students’ personal tutors, the respondents described them as - doctors who ‘rarely meet up’, doctors placed ‘off-campus’ which makes it difficult to meet or doctors who will be ‘writing your reference letter’ someday.

Medical Schools in Scotland have a personal/academic tutor system, every medical student is allocated a tutor or mentor and are encouraged to contact them if they have any problems that
would affect their studies. However, there exists minor differences in the kind of roles personal tutors are expected to take on: In Aberdeen, ‘The Personal Tutor system provides general support to students in matters such as achievement of the Graduate Attributes, Employability, Co-curricular opportunities and feedback as well as providing a pastoral support role (https://www.abdn.ac.uk/staffnet/teaching/personaltutors ). In Edinburgh, they are expected to provide ‘a route to pastoral support’ (https://www.ed.ac.uk/students/academic-life/personal-tutor ). In Dundee, students have a portfolio supervisor instead for ‘student support’ and they are encouraged to be used ‘compulsorily’ (http://medicine.dundee.ac.uk/student-support-scheme-overview). However, the university does acknowledge the extent to which portfolio supervisors can help in personal matters (http://medicine.dundee.ac.uk/role-portfolio-supervisor). St. Andrews also has a personal tutor system whereas in Glasgow, they have academic tutors.

What do students think of their health?

Figure 1: General vs Mental health rating as perceived by students

Students who participated in the survey generally rated their mental health poorer than their general health (see arrows in Figure 1). More than 60% of respondents stated that they had faced mental health issues while at university whilst 41% of them have not received support and 8.7% of them didn’t approach university for support. The most common of these were
Depression (34%) Anxiety (28%), Eating Disorders (9%) and Stress (8%), however students also described other mental health issues they had faced including low mood, self-harm, PTSD, panic attacks, burnout, suicidal thoughts, obsessive compulsive tendencies, pre-menstrual dysphoria, paranoia, emotional overloaded and borderline personality disorders. This highlights the vast array of mental health issues that medical students may or are facing during their degrees and future careers and hence it is important to explore whether there are corresponding specific support services offered at Universities so students are aware they are definitely not alone and particular support available for these problems.

**Conclusion from the survey**

From this survey, we are able to conclude that more definitely needs to be done to increase accessibility and visibility of mental health support services at all 5 Scottish medical schools in order to reduce the stigma of mental health. There is also particular concern regarding the access to support during clinical placements particular Palliative Care and Psychiatry placements.

Personal tutors are the ‘first point of contact’ in most instances when a problem affects students’ academic life and mental health issues often affect several areas of life. They have a potential to play a more important role by being more present in medical students lives. There’s an increasing need for medical students to have a personal tutor with whom them can confidentially and confidently share problems especially if they think it will affect their studies. Developing systems to ensure that personal tutors are able to recognise and support a student in a more accepting manner is one way. Having more open discussions about issues that directly and indirectly relate to mental health and are common to both, doctors and medical students, such as – burnout, the art of reflecting and issues surrounding fitness to practise, is another way. Another suggestion we have is for students to be allowed to send regular feedback evaluations of their personal tutors to fine-tune the existing system. Students from the survey also suggested that having a PT on campus was better than having to travel great distances for meetings.

We believe that working together as a medical profession to change our own attitudes towards mental health is important. And as a ‘side-effect’ of developing more meaningful personal tutor-tutee relationships, we open the door to allowing more open conversations to
take place on mental health and consequently, reduce stigma. It’s difficult to change the attitudes of doctor - personal or otherwise towards mental health and it may not be possible to bring about a (medical) cultural change in a day, but we believe that much more can be done at a medical school level for a start.

FOR MORE INFORMATION:


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