

Supporting The Future of Medicine:
Student Mental Health Services in US Allopathic Medical Schools

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Introduction

Medical schools have increasingly focused on wellness activities such as mindfulness, exercise, and nutritious diets, while mental health often remains neglected.

Medical students experience higher rates of depression, burnout, and suicidal ideation compared to the general population.

AAMC and LCME have acknowledged medical student mental health as a vital aspect, suggesting the provision of available counselling.

Methods

The study aimed to collect medical student handbooks and Policies & Procedures (P&P) manuals from all 155 LCME accredited US allopathic medical schools to assess compliance with AAMC guidelines.

Documents were evaluated using a rubric derived from AAMC guidelines, with three categories: "adherent," "indeterminate," and "nonadherent."

"Adherent" was defined as satisfying all rubric criteria, "indeterminate" was defined as the document containing directions on where to find the information but not the information itself, and "nonadherent" was defined as the absence of the information without any further information on where to locate it.

Results

Of the 155 schools, documents from 120 (77.4%) were obtained and evaluated.

Only sixteen (13.3%) out of the 120 sets of documents complied with all AAMC guidelines for mental health services.

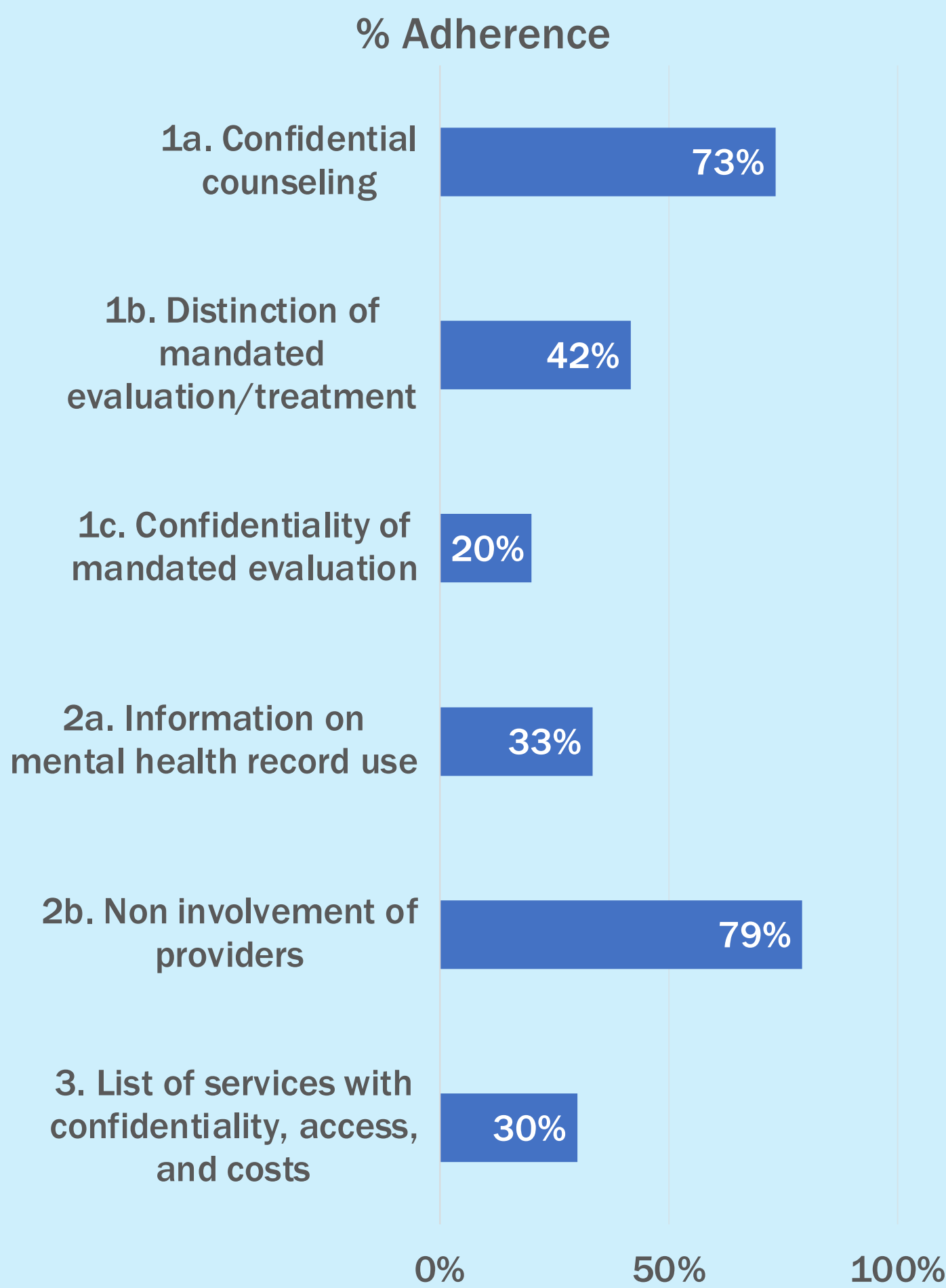
Most of the medical school documents did not comply with any of the AAMC guidelines.

The most adherence was observed in the criterion stating that health professionals involved in a medical student's psychiatric care should not participate in that student's assessment or promotion.

AAMC Guideline by clause	Indeterminate	Adherent
1a. Schools should provide access to confidential counseling by mental health professionals for all students. Institutional policies regarding the confidentiality of mental health service records for medical students should be established.	Instructions on how to access information on available mental health services.	Mention and existence of the availability of explicitly confidential counseling services for medical students.
1b. These policies should make the necessary distinction between voluntary and administratively mandated evaluation and/or treatment.	Instructions on how to access policies regarding mandatory evaluation/treatment.	Mention of situations and/or criteria leading to mandatory evaluations and/or treatment.
1c. For administratively mandated evaluation, disclosure of evaluation and/or treatment results should be limited to those who required the evaluation and should be in accordance with federal or state laws governing the disclosure of confidential information.	Instructions on how to access further policies regarding confidentiality of evaluations.	Declaration of confidentiality expectations regarding mandated evaluations.
2a. Schools should have guidelines regarding the utilization of mental health professionals and/or records of assessment and treatment by mental health professionals in proceedings regarding student advancement and dismissal.	Instructions on how to access further policies regarding record use in advancement and dismissal.	Mention of use of mental health treatment records and/or assessment records with regards to advancement and dismissal, in line with relevant privacy legislation.
2b. The committee recommends that evaluation and/or treatment of students be undertaken by non-teaching faculty or at a minimum, by different individuals than those rendering advancement or promotion decisions.	Instructions on how to access information on policies on non-involvement by faculty in evaluation and/or treatment.	Explicit statement that evaluation and/or treatment will be performed by non-teaching faculty who are not rendering advancement or promotion decisions.
3. Schools should publish and regularly update a list of available mental health assessment and counseling services, the institutional assurance of confidentiality, the means of access, and the associated costs for their students.	Instructions on how to access a list of resources containing information on the following: available mental healthcare services, confidentiality policies, accessibility, and cost.	Existence of a list of resources containing information on the following: available mental healthcare services, confidentiality policies, accessibility, and cost.

The majority of medical schools did not comply with any of the AAMC recommendations for student mental health services.

AAMC Guideline	Adherent	Nonadherent	Indeterminate
#1 – All criteria met	20 (16.7%)		
#1 – At least one criterion met	73 (60.8%)		
#1 – Zero criteria met		27 (22.5%)	
1a. Confidential counseling with confidential records	88 (73.3%)	22 (18.3%)	10 (8.3%)
1b. Explicit distinction of mandated evaluation/treatment	50 (41.7%)	70 (58.3%)	0 (0%)
1c. Confidentiality of mandated evaluation	24 (20%)	86 (71.7%)	10 (8.3%)
#2 – All criteria met	39 (32.5%)		
#2 – At least one criterion met	60 (50%)		
#2 – Zero criteria met		21 (17.5%)	
2a. Use of mental health professionals/records	40 (33.3%)	75 (62.5%)	5 (4.2%)
2b. Non involvement of providers	95 (79.2%)	25 (20.8%)	0 (0%)
#3. List of services, confidentiality, access, costs	36 (30%)	19 (15.8%)	65 (54.2%)
Total # of guidelines met:		The total # of guidelines met only demonstrates comprehensive, rather than partial, adherence.	
No Guidelines	64 (53.3%)		
One Guideline	33 (27.5%)		
Two Guidelines	7 (5.8%)		
All Guidelines	16 (13.3%)		



Discussion

Medical students encounter intense academic and emotional stress and often feel unsupported by their medical schools, contributing to elevated rates of depression and anxiety.

Students frequently do not pursue treatment for their mental health needs, leading to an increased risk of substance use, severe infectious illness, sleep problems, poor academic performance, and heightened burnout and suicidality rates.

While many medical schools emphasize wellness aspects such as meditation and exercise, these can induce feelings of inadequacy, shame, or imposter syndrome in students who struggle to independently maintain wellness.

Limitations

The researchers propose centralizing mental health service information in readily accessible school documents to facilitate mental health treatment.

Student handbooks and P&P manuals may not reflect all the information provided to students, potentially underestimating adherence rates.

On the other hand, student handbooks might exaggerate the actual availability of services due to factors such as psychiatric provider shortages.

Conclusions

The study reveals a lack of adherence to AAMC guidelines on mental health services, despite the high prevalence of mental health issues among medical students.

It's crucial for medical students to be aware of available mental health resources and for medical schools to provide mental health services to ensure the maintenance of students' behavioral health throughout their medical education.

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