

Mental Health Response Training Pilot

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Background

Student wellbeing is a priority in medical education; up to 40% of medical students self-report or are diagnosed with mental health conditions (1,2) and 11% experience suicidal thoughts during university (3). Mental health first aid is not routinely taught in early years curricula, unlike basic life support, but has potential to benefit students, communities and patients.

“Scared of making things worse”

Aims and hypothesis

We hypothesised that the confidence of second-year medical students in managing common mental health presentations could be improved through training. We aimed to achieve this using an interactive teaching session, “Mental Health Response Training”.

We consulted with the QMUL Research Ethics Team who advised that ethics approval was not required for this work. We declare no conflicts of interest.

Methods

Intervention: A one-hour teaching session comprising scenarios on suicidal ideation, panic, and psychosis. This was delivered in a lecture theatre, utilising Mentimeter to promote interactivity. The session was co-produced and co-delivered by three fellows in medical education and a fourth-year medical student.

Participants: Second-year medical students (n ≈ 360), divided into two cohorts.

Outcomes: Self-reported confidence levels pre-session, immediately post-session, and four weeks post-session for each scenario. Data were gathered using an electronic questionnaire.

Results

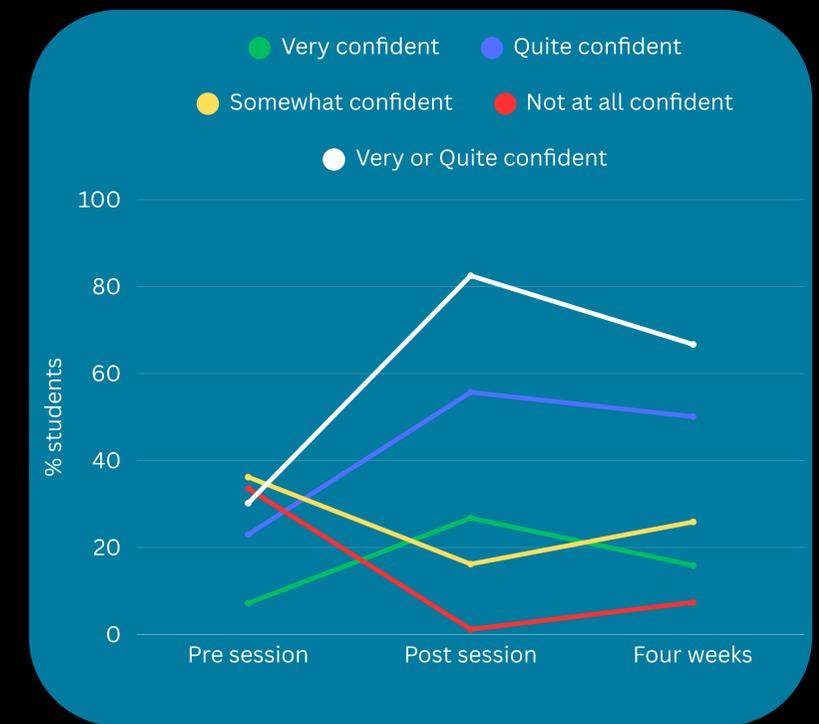
Pre-session, 9.5% of students reported being “very” confident in responding to the suicidal ideation scenario; 30.6% were “quite” confident. Immediately post-session, this rose to 32.8% and 59.7%, respectively, and at four weeks 20.7% and 59.6%. For panic, the pre-session confidences were 10.8% and 31%, rising to 32.8% and 52.2% immediately post-session, and 18.7% and 58.5% at four weeks. For psychosis, the pre-session, post-session and four week confidences were 1.3% and 7.3%, 14.9% and 55.2%, and 8.3% and 34.2%, respectively. Free text responses were encouraging - examples are shown in blue speech bubbles - and indicated a desire for expanded training in this area.

“Very useful advice that I have actually used since the session and felt more confident that I was doing it the best way”

Conclusions

This teaching session was effective at increasing students’ confidence in their ability to respond to mental health presentations. We plan to embed this in the curriculum and expand further, preferably using simulation sessions.

“It could... benefit from a full session similar to how we had basic life support training”



Scan QR for teaching materials and references

