



AUSTRALIAN
MEDICAL STUDENTS'
ASSOCIATION



KEEPING YOUR GRASS GREENER

A wellbeing guide for
medical students

ACKNOWLEDGEMENTS

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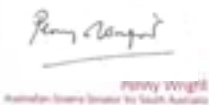
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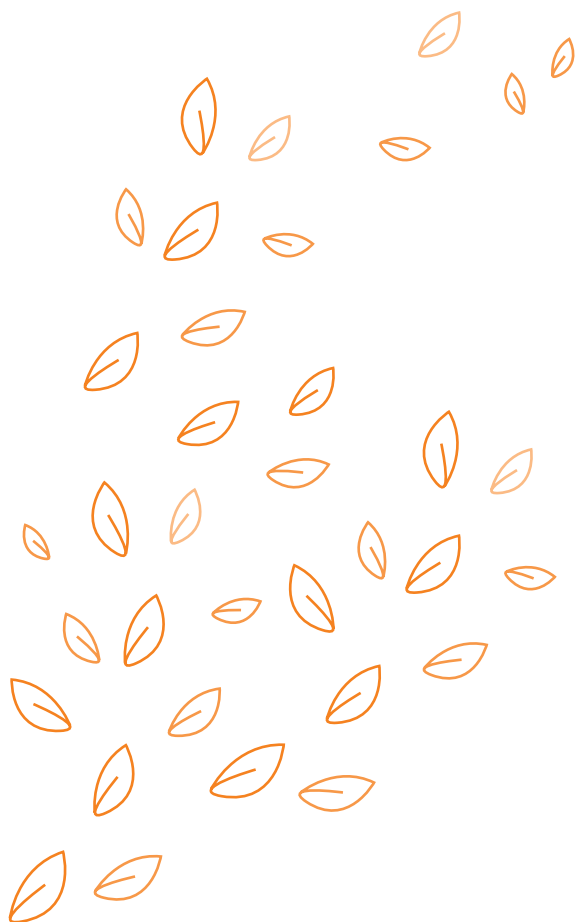


01

INTRODUCTION

Welcome

Life Tips





WELCOME

Dear Reader,

Welcome, and thank you for picking up the Keeping Your Grass Greener Guide! Within these pages you will find stories, articles and practical advice relating to your wellbeing, as well as what we as a profession can be doing to have a positive impact on the health of our peers.

Medical student wellbeing is an issue that we all know is important, but is often swept aside as something of little relevance or as being “too hard” to tackle. Previously, any stress, distress or concerns about wellbeing and mental health have been considered a ‘normal’ part of the medical profession. The generation before us didn’t need to talk about it, and so we don’t need to talk about it, right? Wrong!

Mental health difficulty is perhaps the single most pervasive health issue that affects medical students and doctors everywhere. The perceived stigma attached to stress, distress and mental health issues amongst medical professionals has historically limited our progress on addressing these issues and has meant that those who suffered did so in silence. Slowly, however, we have started to consider these issues and the Australian and New Zealand Medical Students’ Associations now hope (with your help) that we can move past the problems, and towards solutions. Mental health issues don’t discriminate, so why should we discriminate against mental health issues?

The best thing you can do for your patients is to first look after yourself.

Step 1: Your health is important!

In order to be the best medical student or doctor you can be, you need to be able to feel healthy – both physically and mentally. Medicine is a demanding profession at the best of times, and can be overwhelming if you’re feeling under the weather.

It has been shown that student distress and well-being difficulty (mostly burnout) are related to decreased medical student empathy¹ – so in order to care, we must care for ourselves and each other.

If you broke your leg, you would see a doctor. If your friend was struggling, you would want them to talk to you about it. Similarly, if you yourself are struggling then talk to someone and ensure you get the relevant help you need in the same way that you would for a physical health problem! There is no shame in asking for help!

Step 2: Medicine is hard!

It is OK to struggle from time to time - the important thing is how you cope and what you do when you think you may be struggling. There is a spectrum of difficulties that you might have with your mental health. Just because you don't meet any DSM criteria does **not** mean you are ineligible to seek help - it is **always** OK to talk to a friend, family member, GP or support service if you think you might need some extra help.

Step 3: It's about Mental Health, not Mental Illness

In medicine, we often talk about prevention being better than cure. Having good wellbeing and mental health means so much more than just avoiding stress, distress or mental illness; it's also about having a balanced lifestyle, good resilience and coping strategies, making time for the things and people you love, resting well and relaxing, and ultimately enjoying what you do. *Mental health applies to everyone* – from the hospital CEO to students on their first day of medical school. It is up to us as a profession to lead the community in seeing these issues in a positive light.

MENTAL HEALTH APPLIES TO EVERYONE

Medical school may seem daunting and overwhelming, but medicine is also a wonderful profession that offers many unique opportunities and that should be enjoyable at the same time.



Why medical students?

With medical school comes unique stressors and expectations, and this can put us at additional risk of mental health issues. The good news is that we can do something about it – and to an extent, we already are.

Studies have shown that medical students have similar psychological wellbeing to the general student population before entering the course, however medical students experience more mental health difficulties/issues throughout. ^{2,3,4}

The recent beyondblue National Mental Health Survey of Doctors and Medical Students showed that the general work experience for Australian medical students and doctors is significantly stressful and demanding, with clear (and disturbing) results on our mental health.⁵

Some of the key findings were:

- 1 in 5 medical students in the last 12 months have had thoughts of suicide
- 1 in 2 medical students suffer from emotional exhaustion
- 18% of medical students have been diagnosed with depression, compared with 15% of the general population
- The risk of developing depression or psychological distress was significantly higher in female medical students (47%), Indigenous students (61.5%) and in those greater than 26 years of age
- 40% of medical students perceive that there are stigmatising attitudes regarding doctors with mental health conditions

These statistics are concerning and are **not** an acceptable norm.

In addition to these figures, there are several barriers to medical students accessing support services which puts us at additional risk of mental health issues.

Some of these potential barriers include: ^{1,5,6}

- Perceived stigma associated with 'stress' or 'mental illness'
- Fear of being stigmatised by others for seeking help
- Fear of impact of this stigmatisation on career prospects, or documentation on academic record
- Lack of time to access services
- Feelings that 'problems are not important', or that 'no one will understand problems'
- Concerns regarding confidentiality
- Limited knowledge of support services available
- Feelings of shame or embarrassment in admitting to 'weakness'

In particular, studies have found that medical students would prefer to seek help and support from their family and friends rather than use any of the services provided for them by their University or hospital.¹

We acknowledge there is a stigma, but *what if we turned it into a positive?* Perhaps in the future, instead of feeling uncomfortable discussing our difficulties, we will consider it a positive attribute if a person demonstrates the insight and courage to talk about and seek help when needed.

So what does all this mean? It means we have to look after ourselves, and as a group we need to look out for each other. We also have to address wellbeing more actively, and realise that stress is normal as a medical student but that we can handle it better. Universities, hospitals and the profession more broadly have the capacity to implement large-scale wellbeing strategies, but only if we create a demand for it.

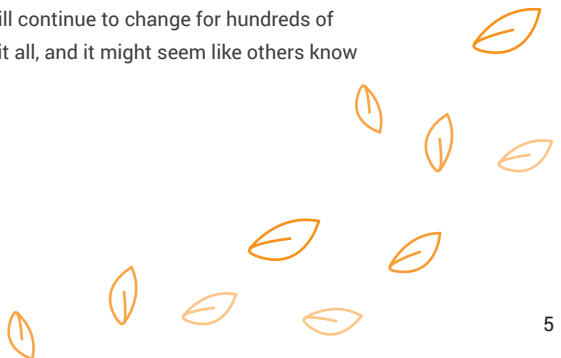
So why does studying medicine put us at risk?

Medical school is a lot of fun; we have some very unique experiences and opportunities that shape who we are, and what types of doctors we will be.

Medicine is also really difficult and whilst these experiences may be important, they are not necessarily enjoyable at the time. Medical students undergo an intense and stressful socialisation where we struggle to develop our professional identities over the course of a degree whilst also grappling with the huge content load, ever-changing clinical environments and somewhere among it all, trying to time for family and friends. We transition from our pre-medical lives and must make personal and family sacrifices, as well as changes to our lifestyles.^{7,9}

Whereas before, we may have been the top of our class, we now join a peer group of equal motivation and intelligence and have a large volume of information to master in limited time.^{1,9}

Medical students also have new experiences that can be both an exciting learning opportunity or something quite confronting. We try and learn content that is dynamic and changing, and will continue to change for hundreds of years. Sometimes we may not know it all, and it might seem like others know everything.



There are many specific stressors that put medical students at risk of mental health issues. These include:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Academic and clinical • Substantially increased workload^{1,12,11} • Concern for academic performance^{10,12} • High-stakes examinations¹⁰⁻¹³ • Transitional stresses associated with being a medical student/career progression¹ • Difficult clinical placements with acutely ill patients¹² • Ethical dilemmas¹⁰ • Adapting to unstructured learning environment¹¹ | <p>Support and role models</p> <ul style="list-style-type: none"> • Separation from peer-support groups in clinical school and frequent rotations into new environments • Increasingly competitive professional environment • Interpersonal interactions with teachers • Supervisors who are stressed, depressed or burned out, which leads to modelling of cynicism and unethical/unhealthy behaviours • The need to be seen as a competent clinician¹ |
| <p>Life</p> <ul style="list-style-type: none"> • Personal life events e.g. relationship break-up² • Time and energy demands² (less time spent in health-promoting activities, such as exercising and socialising) • Lack of time for recreation and hobbies • Sleep deprivation² • Financial problems and debt⁴ | <p>Student abuse</p> <ul style="list-style-type: none"> • Verbal abuse that affects confidence, values and competencies⁸ <p>Exposure to death and human suffering</p> <ul style="list-style-type: none"> • Human cadaver dissection¹¹ • Everyday exposure to human suffering and death¹¹ • Lack of opportunity for students to de-brief or discuss emotionally confronting issues¹¹ |

That is a long and scary list! But don't be overwhelmed. Knowing about these stressors means we can be more consciously aware of how they may affect us. If you can identify with some of these stressors, it means you can ask for help earlier than you might have done otherwise.

So, what can we do about all of this?

This may all seem very daunting, but rest assured – knowing about this is the first step to making a positive difference. Preparation of medical students for life as doctors involves so much more than just facilitating the acquisition of knowledge and skills – unfortunately, however, the skills of support, active coping and resilience are often

neglected in formal medical curricula. These are skills that are essential in order for new doctors to meet the principals of professional conduct, and for having a long and fulfilling career. Stable, healthy and resilient doctors are better equipped for the emotionally and physically demanding tasks of providing care, comfort and support to patients; so it all comes back to that core principle: "*the best thing to do for your patient is first look after yourself*".

In this guide, you will find the tools you need to equip yourself to be a rounded, resilient and most of all, healthy doctor. Remember your 'uplifts', whether it be time with friends or family, sports, relaxing, recreation and entertainment, and don't lose sight of those. Good luck, and enjoy the journey ahead.

"Medical students can be powerful advocates for change. The question that faces the current generation is whether to be part of a constructive change to the future of medical education and practice, or whether to allow history to keep repeating itself through a medical culture of denial and self-neglect. For many reasons I would argue that the first alternative is the better."

– Craig Hassed, 2011 *Keeping Your Grass Greener*

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LIFE TIPS

Five Things That Medical School Didn't Teach Me

Dr Hieu Pham

Consultant Psychiatrist

1 Don't take the medical course too seriously

Take your patients seriously, take your reading seriously, take notes from your tutors seriously, be curious about medicine but don't focus too much on becoming a doctor. It's easy to wish your life away thinking about what you want to become. If you spend too much time worrying about the future and you can forget to enjoy the journey.

2 Spend every dollar you earn while in training

Spend it to do other things; travel, read, learn to draw, play sport, drink wine with friends, eat out, go to the theatre.

3 Challenge everything

- **Your religious beliefs** – be an atheist, read the Bible, the Quran, Tao Tee Ching, Buddha's teachings.
- **Your political beliefs** – love Tony Abbott for a day.
- **Your career** – Challenge yours, your parents' and others'.
- **Your sports team** – be a Collingwood supporter for a day.
- **Other's social expectations or you** – both your parents, and others.
- **Your own identity**

4 To de-stress, live happily for today

Enjoy today. If you can't live for today happily, you can't plan to live happily in the future. An unhappy person cannot provide happiness to others just as peace cannot be maintained by violence.

Time is the biggest cause of stress.

Time is precious.

- Allow time, never double book yourself
- Prioritise your values, not your time

5 A poem in conclusion:

For death is certain,
But the timing of death is not.
So the question is:
What is one to do?

SOME MEDICAL STUDENT STRUGGLES

Mentoring

*Managing Your Time in
Medical School*

Exam Boot Camp

*Welcome,
New Medical Students!*

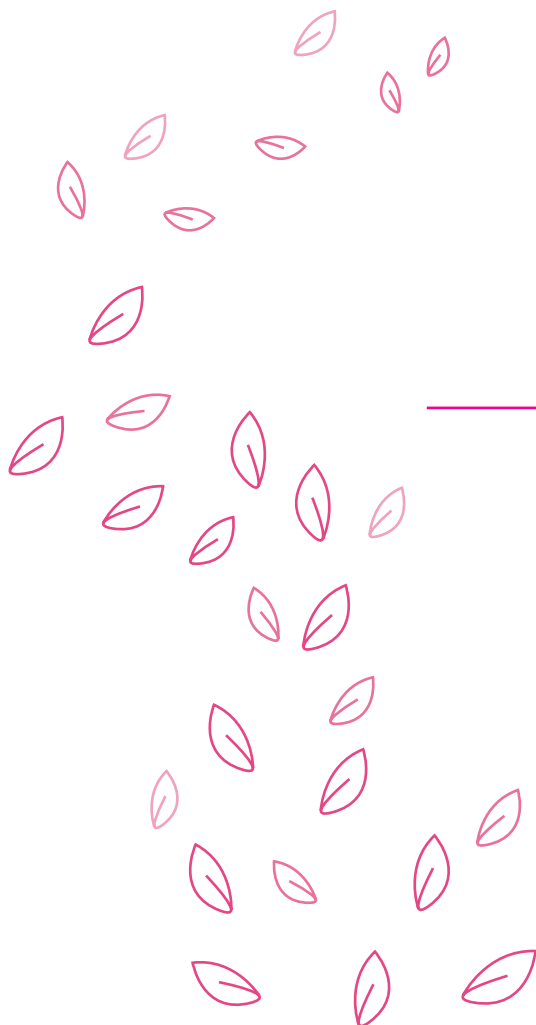
*Managing the Transitions
of Medical School*

*So, You're Going on a
Rural Rotation?*

Managing Professional Bullying

*Compassion Fatigue
and Burnout*

*Burnout and Compassion
Fatigue Comic*





MENTORING

A/Prof Paul McGurgan

A/Prof Paul McGurgan is the UWA Medical Student Mentor programs co-ordinator. He is an academic Ob/Gyn who has benefitted a great deal from having kind and wise mentors in his career and life.

Dr Katrina Calvert

Dr Katrina Calvert is a UWA clinical mentor and helped set up the post grad mentoring program for junior doctors in the hospital she works in.

Why mentoring matters

A career in medicine is an enormous undertaking. Mentoring has an important role in helping both students and doctors navigate the trials and tribulations of their profession.^{1,2} As we scale the professional mountain, mentors offer a helping hand at the most difficult parts and in turn inspire us to look back down the mountain and lend a hand to those below.

How do you find a good mentor?

Often, the best mentor relationships develop organically between junior and senior colleagues. Look for someone who has common values, career or personal interests, or a complimentary personality, and someone whose clinical knowledge, attitude, bedside manner and interpersonal skills you admire. Mentors can be senior students, junior doctors, registrars, consultants or even non-medical people that you connect with. If you meet someone that you see as having mentor potential, it's worth being direct in expressing an interest for further communications. Ask if they have time to meet you outside of formal teaching or clinical duties and create an opportunity to get to know them better.

The other great pathway for finding a good mentor is through a formal mentoring program run by your medical school, student society or clinical school. Ask your medical school or clinical school representatives, or your faculty about mentor programs that are available at your university or hospital and how they match you with an appropriate mentor.

What makes a good mentor?

People need different things at different times from different people. For most undergraduates, mentors have a beneficial role in assisting students work through the challenging aspects of clinical practice, especially the “hidden curriculum”,³ career advice and work-life balance.² Above all, a good mentor is someone who is genuinely interested in establishing a mentoring relationship with a junior colleague. Often they will have relevant experience, a balanced teaching style, are good active listeners and treat everyone with respect.

Clinical mentoring typically involves:

- Acting as counsellor and coach, helping the student assess where they are and where they want to be
- Acting as a role model for the student
- Assisting their mentee in reflecting on and resolving challenging aspects of professional practice
- Ensuring their student is developing appropriate professional behaviours and attitudes
- Support their mentee by encouraging a work-life balance and healthy living.

The paradox in mentoring is that those students who are least likely to seek or appreciate the value of mentoring are the ones who may benefit most. These students often fall into two types: those students who are over-confident, lack insight into the frailties of the human condition and see no value in having an experienced mentor; and those students who are naturally reserved and lack the confidence to approach seniors or speak about their difficulties. The bottom line is that no matter what type of student you are, or what stage of the medical pathway you find yourself, it's always worthwhile pushing yourself and encouraging your friends to seek out a mentor.



How to develop an effective mentor-mentee relationship:

Mentors and mentees can sometimes be unsure as to what mentoring involves and blur the boundaries between mentoring and cognitive behavioural therapy.

This can be avoided by providing the mentor and mentee with a framework for clinical mentoring and defining their goals as early as possible. ⁴ During your first meeting, it's worthwhile discussing the following:

- Explore your commonalities, such as social and academic backgrounds and how you became interested in medicine or your particular field of interest.
- Similarly, explore what makes you different, for example your interests outside medicine.
- You should openly discuss your mentoring goals in order to clarify expectations, and define boundaries. Ideally this information should be recorded for reference by both parties, and as a tool to examine development at subsequent meetings.
- A semi-structured curriculum, with more focused professional and mentoring goals may help better facilitate mentor-mentee meetings and serve as a platform for discussion and growth.

Successful mentoring is a collaborative effort. Mentors should create a safe and supportive environment to facilitate open discussion and honest reflection, whilst mentees should engage bravely and openly with their mentor, ensuring they show respect for the mentor's time and advice.



SOME MENTORING QUOTES FOR INFO:

"The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years under teachers is but a preparation"

William Osler

"Educating the mind without educating the heart is no education at all"

Aristotle

"What counts in making a happy marriage is not so much how compatible you are but how you deal with incompatibility"

Leo Tolstoy



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MANAGING YOUR **TIME** IN MEDICAL SCHOOL

Diane Green

Learning Specialist:
Warren Alpert Medical School
of Brown University

Time management is a mandatory skill for doing well in medical school. If it is an ability that eluded you in the past, do not despair! Even the most disorganised individuals can learn how to manage their time. Below are a few key practices for time management.

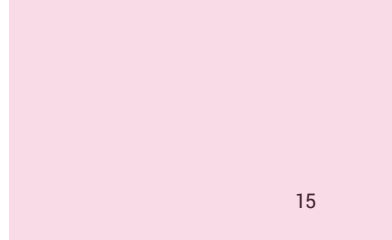
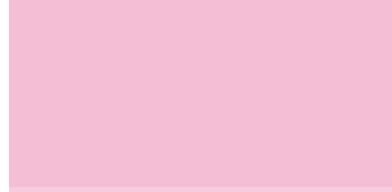
Post a semester wall calendar in a place where you will see it every day. Use one page that displays all of the days of the entire semester. Write in major activities such as exams, papers, and presentations. Mark out dates in which non-school related, but time consuming events (such as attending a wedding) are happening. Seeing the whole semester, all at once, helps with understanding exactly how much or how little time you have.

Keep a weekly “to-do” list and a daily “to-do” list. Make sure to prioritise the items on each list.

Know yourself. At this point, you should know how long it takes you to read dense material, how long you can study before you are fatigued, and how much time you need to sleep and relax in order to feel good. If you are only vaguely aware of these amounts of time, spend a week tracking your activities so that you can be accurate about how much time you need.

Be realistic. Over-planning causes insomnia and stress. Once you understand how much time an activity REALLY takes, you can plan to accomplish 3 or 4 things in a day (not 20!).





Work backwards. This rule works for both long and short term planning. If you know what job needs to be done, divide the task into weekly, then daily activities. Similarly, if you must be somewhere on time, consider how long it takes to get there, how long it takes to pack up, and how long it takes to shower and dress. (Then, add fifteen minutes onto your time!)

Be specific about what you are going to accomplish. “I’m going to study all weekend” means very little. A better approach is, “I’m going to go through chapters 6 and 7 on Saturday morning, and write a review sheet on Saturday afternoon.” Be sure to write your plan on your to-do list.

Avoid long study sessions. Several two hour study sessions will be much more productive than an all day one. When you feel yourself struggling to concentrate or become easily distracted- stop. Take a break and come back later.

Study the most during your best time of day. Do not force yourself to do the majority of your studying in the evening if you are a morning person. Get to bed early and get up early to study.

Learn to use “found time.” Found time occurs when you are waiting for a class to begin, or for a friend to show up. Use found time to create or study flashcards, or to review structures or systems. A few intense minutes each day can really add up.

Get enough sleep. Students who are sleep deprived work much less efficiently. A good night’s rest leads to clear thinking and more rapid learning.

EXAM BOOT CAMP

Effective studying
and managing
exam stress

Dr Jim Silcox

Professor Emeritus
Schulich School of
Medicine & Dentistry
Western University
London, Canada

Medicine isn't a piece of cake - everyone has already developed survival tactics to ensure good grades while maintaining at least a modicum of sanity. Most will tell you however that the program can be more difficult for unanticipated reasons. Here are a few survival tips I have gleaned counselling medical students for many years.

The “study zone” - the lead-up to exams

Be open to changing your old study habits. Even though it may have worked for you in the past, don't try to learn everything. You will only become discouraged, depressed, even deranged, as the steamroller of medical information runs over you. The trick, of course, is to have a better strategy. Why not consider the following:

Pay Attention to Course Objectives

Med Schools are getting better at aligning exam questions to course objectives. Unfortunately those who give the lectures aren't always so good at this. When you revise your notes, have a list of the lecture objectives beside you as well. If the lecturer wandered off on a tangent to talk about their recent research, you can set that material aside as “nice to know” - but not right now.



Consider linking your brain to that of someone else

Sure, studying in splendid solitude may have worked in the past, but it becomes too easy to fool yourself that you have learned everything when all that has happened is that you have read everything. Reading is not knowing. Remember the old proverb “two heads are better than one”? Well, it works when you’re studying for exams. Even if you have never tried it before, get together with a group of compatible peers and form a study group. Three to five persons is about the right number for this. Set out a plan for working together. What follows is just a suggestion.

- What’s the ‘big take home point’? Collectively decide what the essence of the lecture is.
- Create patterns and relationships. How does this relate to topics that you already know about? You are much more likely to remember patterns, relationships and variation in those patterns.
- Work with a ‘lump of information’. The more you work with a “lump” of information, the more likely you are to remember it. You are fashioning that “lump” into a veritable Michelangelo piece. Sure you can do this by yourself, but not as effectively and when you work it out with others so that it becomes a “masterpiece.”

Older students and teachers function best as traffic police

- They can help you if you don’t know how to prioritise and telling you which direction to go, not necessarily how to get there. They are not nearly as helpful as having your own study group that gets in the “car” and rides with you.

Seek to make sense of new information

- Don’t succumb to rote learning or rhyming off a mnemonic to incorporate something into your little grey cells. If you construct something that makes sense (to you at least), it’s kind of like constructing a building. If it falls apart during an earthquake (i.e. you go into a mind freeze during an exam) you can rebuild it almost from the ground up with your blueprint (the sense you built into your learning).



The “cram zone” - right before exams

When studying, always remember that you are a mere mortal, not a “studybot” and that you must take care of yourself first when you are settling into the run-up before an exam. That means:

Avoid cramming as much as possible

It is an extremely stressful way to incorporate knowledge because you are combining agony with learning and the two are not compatible. It is much better to learn at least the concepts as you go along in a course. Take ten minutes each night to read over a set of notes, and write down three to five big points from the lecture just at the end of your notes. Then when you go to study, take those big points and build on some of the detail to go with each of them.

Break it down

When you must put the pressure on yourself, break down your periods of study into bite-size time slots. Fifty minutes of study and ten minutes of break is a good ratio. (Psychiatrists know people can't focus for longer than 50 minutes at a time, hence they generally see patients for no more than 50 minutes. Take a tip from them. They know how brains work). In your ten-minute break, do something nice for yourself. Even mice and chickens learn best with a reward system; why not try it? A quick shower, or a glass of milk (go easy on the caffeine) will work wonders.

Reward yourself

Never study more than three of these 50-minute-hours without a significant break of roughly an hour. Take a walk, take a nap, eat a meal, play a video game, phone a friend. You are fooling yourself if you think you can effectively study and retain when you try to study more than three hours in a row.

Sleep

Do keep a regular sleep schedule. All-nighters interfere with retention. Sleeping after a period of study has been proven to layer in and root the information that you went over just before you lay your head on the pillow. Check it out when you wake up after a night of studying. You'll be surprised how much detail you remember from the time just before your head hit the pillow.



The “exam writing” zone - on the day

Get in your zone

Build a little serenity and clear your mind of flotsam and jetsam. Avoid the anxiety-generating crammers. A good rule of thumb is don't socialise beyond a friendly greeting. Ear buds trailing out of your ears send the message that you want to be alone. Try to time your arrival so that you can more or less walk straight into the exam room and sit down.

Go with your gut

During an exam, there is an old adage that first thoughts are best. Don't bog down on a multiple choice question, it doesn't always pan out but more often than not, it will.

.....

The “Post-mortem zone” - afterwards

Post-exam celebrations often come with dreaded post-mortems. If you're ok with that ecstasy/agonny combination, go for it. If finding out what you did wrong tears you up, avoid the whole process; get together with peers the next day when the topic is not so likely to be “the answer to that awful question 16”.

A better post-mortem is one you hold all by yourself. Ask yourself, “What did I learn about preparing on this exam? What worked? What didn't work? How can I study smarter?” Medicine is about fashioning yourself into a life-long learner and there is no better time than the present to put your life lessons to work.

Don't be too hard on yourself.

Learning about the learning process is a pathway of trial and error. One size definitely does not fit all and, yes, there's good luck and bad karma built into all of life's experiences, including exams. The trick is to slowly but surely become less affected by those ungovernable factors that afflict us all.

Welcome, new medical students!

A/Prof Sivalal Sadasivan

Jeffrey Cheah School of Medicine and Health Sciences,
Monash University Malaysia

Change is often difficult for most of us, especially if it involves not only the external environment, but also requires self-reorganisation. The transition into medical school is often a drastic change for many.

While some adjust to these changes quickly for others it can range from prolonged agony to being downright traumatic for a few.

Possibly, the most important fact that students need to appreciate is that the playing field has changed! As someone put it rather aptly to a batch of new medical students – “Ninety percent of you will no longer be in the top ten percent bracket of your class!”

What are some of the differences between pre-med and medical school? Perhaps we can compare and contrast the two in different aspects.

	MEDICAL SCHOOL	PRIOR LEARNING	DEALING WITH DIFFERENCES
Type of education	Collaborative education	Competitive education	Study in groups – when you teach someone or another student teaches you, you tend to remember things better
Aim of learning	To be able to practice as a good doctor	To pass exams	Focus on reasoning and understanding mechanisms rather than just memorising. Try to ensure studying is comprehensive as opposed to just focused on ‘important’ areas or exam assessment material

	MEDICAL SCHOOL	PRIOR LEARNING	DEALING WITH DIFFERENCES
Volume of learning	Huge volume	Limited volume	Start studying from Day 1, and try to ensure that you do not fall behind.
Content of learning	New educational experiences – anatomy practicals, dealing with patients in clinical skill sessions, new vocabulary (almost like learning a new language)	Different subjects with fixed content	Use an integrated approach to studying as well – if in a group study for a particular topic, one person can focus on anatomy, another on physiology, the third on pathology/microbiology, next on pharmacology, then on clinical skills etc.
Examination Grades	Competency based	Comparison based	Focus on giving your best. Never compare with how others are studying.

Some other general strategies that can also help you cope with these differences:

- Ensure that you have good nutrition, adequate exercise, sufficient sleep and optimum social interactions
- Recognise when you are stressed and develop coping strategies that work for you – sharing with someone you trust, exercise, social interaction, reading, music, practicing mindfulness, progressive muscle relaxation
- Seek help early when you are struggling either academically or personally – help could be from peers, academic staff, or student support personnel

Managing the Transitions of Medical School

Dr Minh Nguyen

Dr Minh Nguyen graduated from Flinders Medical School in 2012 and is now working as a junior doctor at Flinders Medical Centre, Adelaide. Previously, he initiated a series of seminars in 2010 to raise awareness and reduce stigma around mental health issues for students and is currently developing a peer-mentoring program for junior hospital doctors. He currently chairs the South Australian JMO Forum and is a member of the Expert Reference Group for beyondblue's Doctors' Mental Health Program.

"Depression occurs at times of great change, that's when you are at the most risk" states Professor Michael Kidd, President of the World Organisation of Family Doctors. He was speaking of his battle with mental illness at an event to reduce stigma around mental health issues for medical students.

The problem with change and transition is that it is inherently and instinctively stressful, and an inevitable part of medical school. Here are a few crucial things you can do to remain resilient throughout medicine's hurdles, whether you are starting your first day of medical school or writing your first script as an intern.

Build a strong peer network around you

Each of medical school's transitions brings anxiety and stress due to the unknown. Having a strong peer network is a great resource during these times. Don't reinvent the wheel; find peers in the years above you or interns on your rotations who have been through it before, or interns on your rotations. Make the effort to socialise outside of your own peer groups including going for coffee with your clinical team (hopefully they are buying!).

Build these relationships beyond that block or rotation, because down the track, this support network will be invaluable in what can sometimes be an isolating profession. You'll be surprised by how responsive people are to a random email and how willing they are to offer resources, tips, and advice, and even to catch up for coffee to share their own experiences.

Be mindful of what is causing you stress

Sometimes in medicine, we can be so caught up in the work that we just push on rather than try to reduce our stress and workload. Internship was overwhelming to me at times, with its factory-long hours and huge clerical workload. What helped me to adjust was to step back and think about what was actually causing stress in my day-to-day life.

I realised that stress is just your perception of how much control you have over a situation; anxiety and stress comes when it seems like you're not on top of everything you should be, whether it's studying for exams, or knowing all of your patients. But once you understand that some of these stressors are outside your control, it lets you focus on those that you can address rather than wasting negative energy on those you can't. Writing these reflections down can be quite therapeutic – I have kept a journal since the start of medical school where I jot down various challenges, thoughts and inspirations that come my way.

Tell your stories

An article in the Lancet in 2009 stated that “to avoid burnout among physicians, we must respect physicians’ stories, which in turn requires that physicians tell their stories”.¹

Debriefing is important in medicine and something that we are never really taught to do properly. All of us will face challenging situations in our careers at some stage, whether it's a prescribing error, an unexpected patient death, or unfair criticism. The way we interpret and react to these experiences can often be amplified and hypercritical, and incapacitate us if we ruminate on them.

Debriefing and talking about these experiences helps us to process them, gain closure, and learn from what has happened. Use other people as a sounding board and you'll find this helps to not only get things off your chest, but also gives you a more balanced perspective. So tell your story; it doesn't have to be a formal process, but can simply be a casual conversation with a colleague, a friend, or even the nursing staff.

References:

1. Cole T, Carlin N. *The suffering of physicians*. Lancet 2009; 374: 1414-15.





SO - YOU'RE GOING ON A RURAL ROTATION?

Rural Wellbeing

Dr Peter Vine

Head of Campus, University of New South Wales Albury-Wodonga Rural Clinical School
Adjunct Associate Professor, School of Community Health, Charles Sturt University
Regional Advisory Board of La Trobe University, Albury Wodonga Campus

All Australian medical students do a rural rotation, whether for 4 weeks or a few years. The advice below has been extracted from various articles offering advice for students on how to make the most of their rural rotation. Although the applicability of this advice will depend on the length of your rotation, much of this advice is relevant no matter how long your term is.

THE BENEFITS OF A RURAL PLACEMENT

1 DIVERSITY

You'll witness some of the differences between rural and metropolitan health care. E.g.: Rural health care workers may have limited access to some equipment and resources. This fosters a more innovative and flexible approach to the provision of patient care. Also, the wider variety of tasks performed by rural health professionals demonstrates to students the importance of teamwork, flexibility and an increased range of skills.

2 AWARENESS

You'll gain a deeper awareness of some of the sociocultural issues present in rural communities. E.g.: Working in an Indigenous health care setting demonstrates first-hand the disparity between Indigenous and non-Indigenous patient health outcomes.

3 SELF DEVELOPMENT

Students often report an increased sense of confidence in clinical skills and knowledge following a rural rotation. This is in part because students are often given greater responsibilities and autonomy.

4 NETWORKING

Rural towns often have smaller, close-knit medical communities, and so students develop a stronger professional network with other staffs. Many students report that they become known as a name, rather than a student number when they do a rural placement.

5 POSITIVES

Living costs in rural areas are usually cheaper, and the commute to hospital and class is often a lot shorter!

THE DIFFICULTIES ASSOCIATED WITH A RURAL PLACEMENT

Social isolation

As a result of moving away from family, friends, partner, and other regular support structures.

Geographical isolation

It may be too difficult or costly to travel home to see friends and family as regularly as you'd like.

Professional isolation

Many rural hospitals do not have the highly specialised areas that large tertiary hospitals do, so if your area of interest is neonatal brain surgery, you probably won't be able to do it during your rural placement.



HOW TO MAKE THE
MOST OF THE PLACEMENT

AND MAINTAIN A LIFE-WORK BALANCE



1 COMMUNITY

Learn about the community: Contact the Tourist Information Centre (they often have free maps and community information brochures) or search the Internet. Find out about the size of the population, climate, the demographics of the town, and what other health services are available.

2 ACTIVITIES & EVENTS

Some of the greatest benefits of doing a rural placement are not found in the hospital - get involved in the community! Go out and join in community events and meetings, sporting activities, markets, clubs while you are there. Accept social invitations from colleagues and people that you meet outside of work. Take time to explore the local area.

3 CULTURE

When doing a rural placement in a very small, isolated town, or where there is a significant difference in population demographic to what you are used to, it may be beneficial to prepare by learning some of the differences in cultural values, customs and language.

4 CONTACTS

Seek out Indigenous Health Workers and Aboriginal Liaison Officers if appropriate and ask for their advice if you have any questions regarding Indigenous customs in your area.

HOW TO ENSURE YOU DON'T BECOME ISOLATED

1

Keep in contact with your friends and family.

2

Many phone service providers offer deals such as free phone calls after 6pm to other phones with the same provider.

3

Skype is cheap! Many libraries offer free or cheap internet. Ask your hospital/ health service whether they have internet available to you.

4

Book flights well in advance to find cheap flights, or car-pool with people to reduce the cost of petrol when driving to see family/friends.

5

Keep to a similar routine that you usually would. If you normally go for walks in the mornings or have a lazy Sunday brunch dates, maintain these activities!

6

Exercise, eat healthily and sleep well.

7

Limit your alcohol and caffeine intake.

8

Keep a journal of your experiences.

9

Find out who the other students doing your rural placement are. It's a great idea to connect with other people who are going through the same experience of moving to a new place. Arrange to meet up and discuss what you've found enjoyable, easy or difficult. This way you can help each other to settle into the new environment.



We encourage you to have a look at the full articles listed below for further excellent advice

NRHSN When the Cowpat Hits the Windmill
www.nrhsn.org.au/site/index.cfm?display=40504

NRHSN Rural Placements Guide:
How to make the most of your rural placement
www.nrhsn.org.au/site/index.cfm?display=78080





MANAGING PROFESSIONAL BULLYING

Evelyn M Field OAM

Many medical students leave their school days behind with gratitude, believing that the stressors caused by school bullying have gone. Sadly, this is far from reality. According to research, not only are medical students bullied in very high numbers, but even specialist doctors can also face bullying at work.

Bullying is unacceptable
and should not be tolerated.

CAUSES

Bullying can come from all directions, senior doctors, colleagues, management, human resources, nurses or even patients. However, basically, it is caused by poor, often authoritarian or laissez-faire management. It is a sign that leadership is dodgy and inadequate. It is often the case that highly qualified doctors are well-paid to manage others, without any management training or accountability for these skills. Since human resource departments are generally responsible to their employer and not employees, they often fail to help bullied targets.

What does this mean? Competent professionals threaten those who feel incompetent and as a consequence, bully back to protect their power.

WHAT IS IT?

Bullying can be inflammatory, such as like yelling or demeaning a student in front of other doctors, students or patients, or subtle, involving exclusion, ostracism and sabotaging work requirements.

IMPACTS

Bullying injures people, causing many symptoms - physical, psychological, social, cognitive and personality-changing.

Ultimately, it can alter the brain.



Resolving a bullying-related issue requires an understanding of:

- all the facts - this means obtaining the evidence from everyone involved including target, bully, bystanders
- an awareness of whether or not the hospital will resolve the bullying by
- A) reconciling differences between staff with respect and in a collaborative manner, or
B) retaliating with further bullying using an adversarial approach
- the personal and social resilience of those involved
- any other career or legal options

ACTION PLAN

- If you feel safe, you can use assertive but non-inflammatory language to share your thoughts and feelings with the bully and take action based upon their feedback.
- If you feel that you are being bullied, record the behaviours, ask colleagues for support and consult a psychologist.
- If you do this early on, you can develop strategies to block the bully. If you wait until it is too late, then you may have already been impacted. This is much harder to treat and may affect your work.
- You will need to investigate whether reporting the bullying behaviours will lead to a fair and peaceful resolution, or an escalation of bullying behaviours by the bully, HR and management.
- Talk to your course coordinator or other faculty member.
- Weigh up the options: make a formal report if safe to do so.



Remember, your health and well-being always come first. Taking appropriate action early will almost always lead to a positive outcome for all.

Check out bullying.com.au

Refer to "Bully Blocking at work" (2010) and "Surviving Bullying at Work" (2011) for more strategies.

COMPASSION FATIGUE AND BURNOUT

Dr Jill Benson

Compassion is one of the prime characteristics essential for anyone who wants to be a good doctor. We spend a lot of time being 'compassionate' and know that this is important - not only for our relationship with our patients, but also for whether they take the medication we prescribe, manage their lifestyle as we suggest and even have the investigations we would like. As with any sort of fatigue, overstretching our compassion can leave us feeling depleted. Really, it's just a fancy definition of a very bad day.

However if we don't address compassion fatigue it can lead to burnout – physical, emotional and mental exhaustion. This is serious and can affect our relationships with patients, family and friends and our view of ourselves, our world, and our future. All of us try to cope with compassion fatigue and burnout in different ways. Some of these coping mechanisms might be useful but some might not. We might push ourselves even harder, drink more alcohol, eat more chocolate, become irritable, play too many computer games, isolate ourselves, or party too much. These activities will not necessarily add to our compassion fatigue or burnout, but are unlikely to renew us and are likely to set us up with other problems.

So, what's to be done? It's difficult when there is a huge 'pressure cooker' of family pressure, peer pressure, time pressure, financial pressure, government pressure and all that evidence-based medicine to learn. Are we doing all of this out of our emptiness, or out of our overflowing with compassion and hope?



Saakvitne and Pearlman have developed a model that looks at **Awareness, Balance and Connection** in our Personal, Professional and Organisational lives.

AWARENESS

‘An unconscious doctor is a dangerous doctor’ – and this certainly applies to medical students as well. This is not just if you’ve collapsed on the floor from fatigue, but also if you are not ‘conscious’ of what is happening in your inner life. Self-reflection is about listening to the voices that drive us to keep going when we’re exhausted, that lead us into unhealthy ways of trying to cope or that isolate us from our colleagues, family and friends. It’s about joining peer support groups such as Balint Groups where it’s safe to talk about how you’re feeling. And it’s also about ensuring that our institutions are aware of the amount of out-of-hours work they expect us to do and whether they are giving us time for holidays and weekends.

BALANCE

Medicine is addictive. If we allow it to, it will take over our lives. We need to ensure that we have time for relationships, for laughing and for play. We need hobbies – those activities we enjoy doing but which also give us a ‘success experience’ when sometimes such achievements are difficult in a medical environment. Constant time pressure all day every day should be balanced with enough time to do paperwork and easier jobs, sometimes different jobs. Making sure we don’t take work home every night but have a definite ‘cut-off time’. Again our workplaces and institutions need to ensure that they are allowing the flexibility needed to keep balance in our professional lives.



CONNECTION

Our social relationships are one of the main protections we have from compassion fatigue and burnout. Making sure we have time and energy for our family and friends should be a priority. We may also need to find colleagues we can debrief with or just ‘unashamedly talk shop’. Organisational hierarchies should be supportive and flexible, acknowledging the stress and complexity of being a doctor or medical student and having appropriate counsellors in place if needed.

Hope and passion are infectious, as are hopelessness and despair. We need to look after each other and ensure that we are building each other up and not adding to the compassion fatigue and burnout. We usually start medicine believing in justice and good-will and our ability to make a difference. It’s important to keep this alive and not let it become eroded by pressures and difficulties.

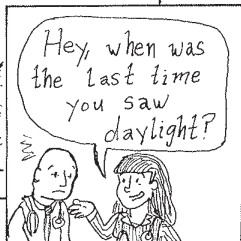
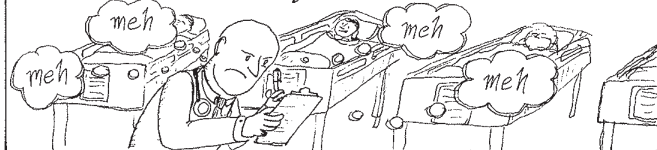
	PERSONAL	PROFESSIONAL	ORGANISATIONAL
AWARENESS	<ul style="list-style-type: none">- Self-reflection as part of every-day practice of signs of compassion fatigue and burnout- Give from your ‘fullness’ and not your ‘emptiness’	<ul style="list-style-type: none">- Peer group support where your own feelings are discussed e.g. Balint Group	<ul style="list-style-type: none">- Audits of overtime worked- Physically, emotionally and culturally safe working environment
BALANCE	<ul style="list-style-type: none">- Physical, mental, emotional and spiritual balance- Hobbies- Enough exercise, laughter, sleep and healthy food	<ul style="list-style-type: none">- Alternating between tasks- Adequate ‘time-out’ from complex work- Clear boundaries	<ul style="list-style-type: none">- Ensure that appropriate time for paper-work- Encourage professional development
CONNECTION	<ul style="list-style-type: none">- Time and energy for friends and family	<ul style="list-style-type: none">- Time for ‘talking shop’ and debriefing	<ul style="list-style-type: none">- Conferences and networking- Working in productive teams



DX: Compassion Fatigue



because the patients never stop coming and there is always something to care about...

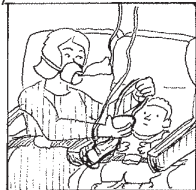
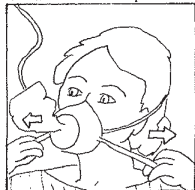


RX: O₂ (at least) QID



You have to put on your own mask first.

You need a steady supply of positive energy in order to help others.



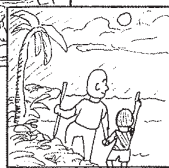
do what you love

exercise



see your friends OUTSIDE of work

get outside



volunteer family + friends



LOOK OUT FOR EACH OTHER!



Although the bag may not appear to inflate, oxygen is flowing



KEEPING YOUR HEAD ABOVE WATER

Maintaining Your Wellbeing

*Mindfulness
and Mental Resilience*

Reasons to Have Your Own GP

How to Find Your Own GP

*Physical Health for
Emotional Wealth*

Healthy Eating on a Budget

*Aim to thrive,
not just survive!*

Drugs and Your Wellbeing


*A Beginner's Guide to
Financial Management*

How to Cope Comic

MAINTAINING YOUR WELLBEING

Therese Forbes

Registered Psychologist



Maintaining your wellbeing usually includes elements of the following:

PERSONAL AND PROFESSIONAL HEALTH

SET REALISTIC GOALS

There is no surer path to burnout than either unclear goals or those that are too high.

MANAGE YOUR TIME

Invest time and energy selectively and strategically in ways that further your goals.

EXERCISE

Burn off that stress producing 'physical energy' pent up in the body. Use exercise to put a buffer between your studies and personal life.

SOCIAL WELLBEING

ESTABLISH AND MAINTAIN FRIENDSHIPS

Having a good social network around you is probably the best investment you can make towards your long term wellbeing.

Finding a balance between maintaining your own wellbeing and meeting the demands of studies can be a juggling act. Undoubtedly there will be times when you may need to work harder for a short time to meet deadlines and the stress response provides extra energy to do so. This is a healthy process. However, if your stress response is constantly on overload you will lose the ability to set realistic goals, prioritise and establish essential boundaries.

Avoiding this is about putting boundaries and structures in place that allow you to sustain yourself over time.

PHYSICAL WELLBEING

REST & RELAXATION

The mind and body are one. If you can calm your body your mind will follow and vice versa, therefore relieving symptoms. Laughter, pleasurable activities or 10 deep breaths are some suggestions.

MEDITATION OR MINDFULNESS

Bringing yourself into the present moment – tuning in to the sounds and the environment around you is a really helpful way to bring yourself to a state of calmness.

MAINTAIN NON-WORK ASPECTS OF YOUR LIFE

Work out what the really important aspects to your life are and make time for them.

MENTAL WELLBEING

ACCESS PROFESSIONAL SUPPORT IF THINGS GET A BIT TOO HARD

Contact your university counselling services or make an appointment with your GP.

MINDFULNESS AND MENTAL RESILIENCE

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A simple way of defining mindfulness is 'a mental discipline aimed at training attention'. Mindfulness-based practices:

- Utilise the senses in order to train the attention on the present moment.
- Foster self-control through non-attachment to transitory experiences like thoughts, feelings and sensations.
- Encourage an attitude of being open, curious, accepting and non-judgemental.
- Cultivate equanimity and stillness through being unmoved by, or less reactive to, moment-to-moment experience.

What are the benefits of mindfulness?

Many people assume that we can easily 'blank out' our mind to get rid of unpleasant thoughts, feelings and sensations - but this is not so. When we become reactive to a thought or feeling that we dislike, we increase its intrusiveness and fixate the attention on it.

Through mindfulness we can learn to be impartially aware of thoughts, feelings and sensations without being involved in them. This doesn't mean ignoring them, but rather cultivating an ability to assess their merits more impartially and objectively, and to choose whether or not to engage with them. In this way, unhelpful and distracting states of mind dominate our attention less, leaving us able to engage more fully with work, study or leisure time. Ultimately, this makes us more resilient.



Studies suggest that doctors who develop mindfulness-based skills benefit from:

- Better mental health and resilience
- Greater emotional intelligence
- Improved clinical performance
- Better ability to empathise and communicate
- Enhanced physical health

These benefits are seen after just a short period of mindfulness practice, so why not give it a go!

[Sounds great, how do I get started?](#)

To help get you started, here's a beginner's guide to incorporating mindfulness into your day-to-day life:

Formal practice of Mindfulness Meditation: 'full stops' and 'commas'

The formal practices of mindfulness meditation of 5 minutes or more can be compared to 'full stops' punctuating our day. These are great to do before and after our working day as well as being when we go to bed at night. Be flexible and practice when and where you can, whether it's when you're at home or on the bus.

Supplementing these 'full stops' with regular short mindful pauses of anywhere between 15 seconds to 2 minutes might be compared to 'commas'. Like a book, a day that's not punctuated makes no sense. 'Commas' during the day can help to reinforce our ability to be mindful for the whole of our day, including when we're not meditating. Even pausing only for long enough to take a couple of deep breaths can help us break our mindless build-up of tension and mental activity and help us to focus on what is important in that moment.

Now we can move on to the formal practice of mindfulness by using the sense of touch, focused on the body and/or breath. The important thing about the body and the senses is that they are always in the present moment, so they help to bring our mind into the present moment.

The object of this practice is to let the attention rest with each body part (feet, legs, stomach, chest, hands, arms, shoulders, neck and head) simply noticing what's happening there, what sensations are taking place, moment-by-moment. In the process we naturally practice cultivating an attitude of impartial awareness, that is, not having to judge experiences as good or bad, right or wrong. Nor do we need to cling to the bits we like and push away the bits we don't like. Our mental and physical state will change from moment to moment without us having to do anything - we just flow with it by watching those states come and go without having to get involved.



The breath tends to be the next form of mindfulness meditation to be learned and practiced. Just as the attention can be rested on the sense of touch through the body, one particular aspect of what the body does is a particularly useful one for mindfulness practice - the attention can be rested with the breath as it passes in and out of the body. The point of focus could be right where the air enters and leaves through the nose, or it could be where the stomach rises and falls with the breath.

Informal Practice of Mindfulness

Being mindful in daily life is much about being present and connected to the senses as we go about doing things. Any of our senses can be used for mindfulness – touch, taste, hearing, sight or smell. For example, if we are studying then try to maintain your attention on the study, and gently bring it back when it wanders. When playing sport or running, try to focus and be in the moment. If we're in an OSCE then listen to the patient or the examiner when they speak. It's rather simple really. Any of these senses can help the mind to come into the present moment or, as the saying goes, 'come to our senses.'



Mindfulness has long been a core element of the Monash University medical curriculum and is increasingly being integrated into other medical schools in Australia and overseas. To learn more about mindfulness and how to practice it you might find the following resources useful.

1. Mindfulness for Life (Exisle Publishing):
exislepublishing.com.au/Mindfulness-for-Life.html
2. Smiling Mind:
<http://smilingmind.com.au/?gclid=COHUyN-Bob8CFdh8vQodm2gAQw>
3. A guided 5-minute practice link and other mindfulness resources:
monash.edu.au/counselling/mindfulness.html



REASONS TO HAVE YOUR OWN GP

Dr Kym Jenkins

Medical Director and Senior Clinician,
Victorian Doctors' Health Program

Dr Stewart Morrison

Board Member, Victorian Doctors'
Health Program

None of us in the medical profession should ever be our own doctor - we all need and deserve good, independent and objective medical advice.

The General Practitioner is the best person to provide this. A good GP will get to know you as a person and be able to take a holistic approach to your health needs, however few or many they may be. It's not only important to have your own GP, it is also important to have a GP with whom you feel comfortable enough to share some of your innermost thoughts and anxieties. Sometimes this means moving on from the family GP that you've grown up with.

Choosing your GP can be a very personal decision and we all tend to look for different qualities or have a preference for a certain style. However there are some essential commonalities to seek:

It's important to find someone who is comfortable in treating other members of the medical profession and who appreciates that it's hard making the transition from caregiver to care-receiver. This means they may be able to allocate you additional consultation time when necessary, and knows to treat you like a patient, not a colleague - i.e. explains things to you as if you had no knowledge, doesn't leave you to arrange your own follow-up or expect you to know what to do just because you're in the profession.

Finding your GP can be a bit of a challenge particularly if you've moved region or state. A personal recommendation is always good, however many organisations (see resources at the end of the publication) have databases of doctors good at treating other doctors and those happy to take on medical students - some GPs may have participated in "doctors-for doctors" type courses run by various doctors' health programs.

The confidentiality of consultations with your GP is a given. Nothing you say or do should be disclosed to a third party unless a) you want it to be or b) the doctor is obliged to report under mandatory reporting laws which are set out on the AHPRA website. Feeling stressed, depressed or having a mental illness are certainly not in themselves grounds for mandatory reporting.

As a medical student your funds may be tight and a conversation regarding costs of consultations needs to be had. Expecting to be bulk-billed or going to a "bulk-billing clinic" may be easier on your pocket, but it can make it difficult to see your doctor each time, and can consequently jeopardise the benefits of having a continuous relationship with your GP. The most important thing is to get the best medical care. If you're concerned about the cost of your health care, discuss this with your doctor. You may be eligible for a particular healthcare pathway which can help cover the costs of referrals, consultations, and medication. Many doctors will also reduce fees or make sure there are no out of pocket expenses for medical students.



HOW TO FIND YOUR OWN GP

Dr Karen Sumner

Chair, Board of Directors, Doctors' Health SA
and Medical Director at the Rural Doctors
Workforce Agency in South Australia

What are some of the barriers and worries that stop us from taking that step?

- Perceived lack of confidentiality
- Seen as a hypochondriac or a non-coper
- Perceived negative impact on our career aspirations
- Lack of choice or accessibility in rural and remote areas
- Cost

What can a good GP offer?

- A confidential, non-judgmental listener
- Empathy / Rapport
- Up to date evidence-based care
- Appropriate referral if needed
- Cultural understanding
- Interpreter if needed
- Preventative care advice

Doctors and medical students get sick like everybody else in the community. However, statistics demonstrate that less than 40% of medical practitioners have their own GP. It has been shown that the health behaviours of doctors can influence the health behaviours of their patients. Exhibiting good personal lifestyle choices, accessing formal healthcare options (including having your own GP) and engaging in preventive healthcare activities are therefore not only positive behaviours for yourself, but also for your patients.

There are many reasons why students and doctors do not seek out their own GP. Some fall in to the trap of self-diagnosis, self-prescribing and self-referral. Some groups are at even greater risk of this, such as rural and remote students and practitioners. We need to change these statistics and establish good patterns of care for our own health. The first step is to find your own GP, someone you can trust, who can provide objective support and care for you and your family.

Finding a GP that suits you is the same for medical practitioners and medical students as it is for the general community. It is a personal choice and you may need to try several GPs before you find the one that suits you the best. There are growing numbers of GPs who have a keen interest in helping their colleagues and who have undergone specific training to be GPs for medical students and medical practitioners. It is vital that the GP you choose treats you like any other patient. Doctor's Health organisations in each state can refer you to GPs who have a specific interest in this area.

Can I be sure that what I talk about is confidential?

This is probably the greatest concern to all students and practitioners. GPs are health professionals and this is an essential part of patient care. You can have confidence that when you see a GP your privacy will be respected. To minimise your concern it would be preferable to try and choose a GP that is not a friend, colleague, supervisor or teacher. However in some circumstances, such as rural communities, this can be more difficult. Having a discussion with your GP regarding confidentiality may help diminish your concerns. Personal information will only be disclosed if your safety or the safety of others that you are responsible for is at evident risk, and in this instance the GP is required by law to inform the necessary agencies.

How to find a good GP:

There are many pathways to a good GP. If cost is a factor enquire whether the GP bulk bills. Some helpful advice can be found through:

- University health services. If there is no service on your campus, enquire through the University clinical school for a list of local GPs. This group of GPs will definitely have expertise with student related issues.
- Doctor's Health Services in each state e.g. Doctor's Health SA, the Victorian Doctors Health Program. This group of GPs have expertise treating medical students and doctors
- The Australian Medical Association (AMA) or the Royal Australian College of GPs (RACGP). Their databases may help you find a doctor in your area and with particular skillsets, e.g. other languages spoken
- Migrant support organisations

Word of mouth is often how GPs become known so you can ask friends and colleagues who they would recommend, but ultimately you need to connect with a GP that meets your needs.

Always remember if you need to speak to someone urgently, there is always someone to listen to you through the crisis support phone lines listed in the 'Resource' section on page 79.

PHYSICAL HEALTH FOR EMOTIONAL WEALTH

Toby Morrison

Director

www.cfshealth.com

www.tobymorrisonhealth.com

FB: facebook.com/tobymorrisoncfs

IG: [@tobymorrisonhealth](https://instagram.com/tobymorrisonhealth)

Your degree and future career is one of the most important in the world, and one that carries with it the enormous responsibility of holding people's lives and health in your hands.

The question is...do you practice healthy habits to ensure you function optimally for the present and future challenges of this demanding career?

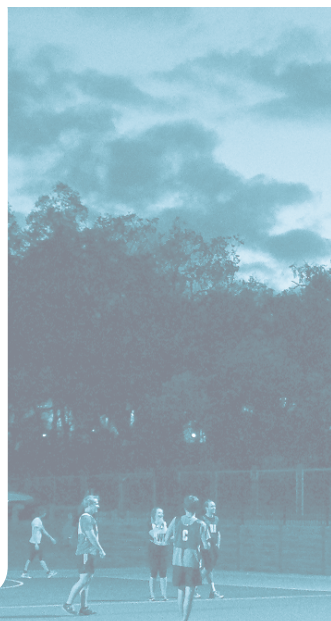
Here are 5 ways to improve your physical and mental wellbeing.

1 STRUCTURE AND ROUTINE

Your body needs this to perform consistently over time. Get out of the repetitive push/crash cycle, where you push yourself beyond your capabilities only to crash, before having to do it all over again. Set yourself achievable goals for your work in addition to setting specific times for bed-time and wake time. Make them realistic and stick to it. Give it a week and see the change in energy levels and focus.

2 SLEEP IS THE MUSE OF HEALTH

Get 7-9 hours of sleep per night. This is easier said than done. Prioritise before bed, Write up a 'to-do' list for tomorrow so you can let it go and not lay there thinking about the next day. Any worries or thoughts that are keeping you up. Write them down. They can wait until tomorrow. Turn off electronics around you, especially light filled screens 30 minutes prior to bed. Make sure your room is dark. You can achieve this by wearing an eye mask. Try it. It works a treat.



A background image of a basketball court with several players. The image is tinted with a light blue color. The players are in various positions on the court, some standing and some in motion. The court lines are visible, and there are trees in the background.

3 FOOD IS FUEL

Get off the sugar highs and energy drinks and eat consistently every single day. Eat a well-balanced nutritious range of foods which should consist of mainly low GI foods throughout the day. Make sure you are constantly fuelling your body every 2-3 hours. Smaller meals are the key. It will improve blood glucose levels, give you more energy and increase your concentration levels. Forget the yoyo diets and detox fads. They don't work long term.

4 EXERCISE

Exercise is good but it has to be the right amount for you. Too much or too little of one thing can be detrimental to your health. Consistency over intensity is the key. Not only will you physically feel better, mentally you will be more alert and reap the rewards of functional HEALTH. You don't need to train for 1-2 hours a day to get results. Training for 30 minutes a day at a higher intensity can be great for your fitness and also save you a lot more time. Things like yoga, swimming, functional resistance training, boxing and running are great stress relievers. Team sport or exercising with other people is a fantastic way to start exercising and keep exercising, while also building friendships and keeping it fun! Remember, you don't have to work out like a crazy person to get the benefits. Something is better than nothing. Start with something you can manage. Don't set the bar too high.

5 CHILL - take a break outside

Get outside more, whether it's a study break or doing a workout outdoors, fresh air and sunlight can be great to wake the body up and recharge the batteries. You probably spend way too much time inside or in front of the computer. Your productivity levels drop after an hour of focus. Take rest breaks even if it's for 5 minutes. Your body and mind will thank you for it. Just remember energy creates energy.

Remember, this is not a quick fix. Short term pain = long term gain, but it doesn't have to be painful! Set goals, be realistic, and begin by doing the little things. You'll be amazed by how easy is it to get started and hooked on a healthier, more active lifestyle.

HEALTHY EATING ON A BUDGET

Feed your brain without flash cash

Chloe McLeod

Accredited Practicing Dietitian

Accredited Sports Dietitian

Twitter: @chloe_mcleod

You're a student. You know you have \$15 to last until pay day, which is at the end of the week, and you need to buy food ... and hopefully also a beer at the uni bar on Wednesday night. But how can you do this, make healthy food choices, and still fit it into your budget? Here are some easy strategies to help get the nutrients you need while still being able to enjoy that beer with your mates.



- When it comes to fruit and vegetables, prices often go up and down according to seasonal and environmental factors. When you go to buy your produce, choose what is on special, or in season, as it is usually cheaper and fresher.
- Cook in bulk, and freeze extra portions, as this often costs less per meal, and is a great time saver.
- Don't be afraid of buying frozen fruit or vegetables, canned tomatoes or fruit, as these won't go off if you don't make it home for dinner, thus can be used whenever you need them.
- Meat can also be expensive, so mixing meat dishes with legumes, such as kidney beans and chickpeas (which can be bought for just 80c per can), can make your meals go further, plus fill you up.
- Eating at home can also be a great cost saver, especially if you pool your food with your flat mates.
- Research shows that consuming adequate amounts of omega 3's can improve cognition in healthy people. With a high study load, this is essential. Fish doesn't have to be pricey, as it is OK to buy canned options, which you can get for as little as 90c per can.

Is fresh really more expensive? When looking at 'per kilogram', consider:

- Bananas are often approximately \$3/kg, whereas that slice of banana bread comes in at \$12/kg.
- Baked beans with toast totals just under \$6/kg, while your pasty is more than \$10/kg.
- Plain popcorn is only \$3/kg, but potato crisps are nearly \$20/kg!

Yes, healthy eating on a budget can be tough when you are studying. Yet through making smart, informed choices it is possible to get in the nutrients you need to ensure you are performing at your best.

For individual advice about your diet and healthy eating plans contact an Accredited Practising Dietitian.



AIM TO THRIVE, NOT JUST SURVIVE!

Dr Susan O'Brien


CAN THERE BE LIFE OUTSIDE MEDICINE?

Like the Tardis in Doctor Who, medical knowledge is humongous and invites the kind of response that can draw the unwary student into an isolating vortex.

As you gradually morph into a doctor, you need to keep your balance and to grow as a person and community member. Your family, friends and colleagues are your ready-made support cast who keep you in touch with the real world and also quickly notice when you are below par. Clinical experiences can be overwhelming, so gain perspective by discussing events with your study group, mentor or counsellor.

Even if you were to succeed in studying full-time, the brain gets bored and resentful in overload and brain fog sets in. Fortunately, the brain focuses and remembers best in conditions of contrast, so cutting loose and varying your activities promotes interest and learning as well as widening your social perspective.

An ideal approach is to extend an existing talent (such as music, drama or sport) – it is double value if it results in making new friends. A smaller project, which can cope with interruption, (such as art, writing, or learning a language) is excellent on the side.

A collection of stylized, hand-drawn leaves in various colors (pink, orange, green, blue) scattered in the top right corner of the page.

Exercise powerfully lifts mood. To get maximum value for time, the exercise can be bundled in with an outdoor community project such as revegetation or a half-day family walk and picnic. Actively plan events to look forward to – both small daily treats and larger, new experiences.

Of course it is possible to take on too much, in which case you may feel that you are scattered, falling behind and unable to enjoy daily events. Don't be tough on yourself if you need to fine-tune your arrangements.

Over the last 20 years, as graduate entry students with loads of life experience join the ranks, there has been a steady growth of student initiatives to promote self care (such as this publication!) At Mental Health in Medicine events, students have challenged social stigma by speaking of their own experiences. A striking spirit of generosity has also been evident in medical student organisations which send self funded volunteers to remote Australian and third world international destinations.

I reckon the medical care of my generation is in good hands.





DRUGS AND YOUR WELLBEING

Substance Use in Medical Students

Dr Rob Fry

Specialist Anaesthetist, Member of ANZCA Welfare Special Interest Group and specialist in substance abuse in anaesthetists

Like in the general population, some medical students are likely to abuse drugs and alcohol. It is estimated that as many as 10-15%¹ of all healthcare professionals will misuse drugs or alcohol at some time during their career. They may start in medical school and you might recognise this in yourself or your friends.

Individuals with alcohol or drug abuse disorders may pose a danger to themselves or others, and may be considered to be an 'impaired practitioner'.

What does the 'impaired practitioner' mean?

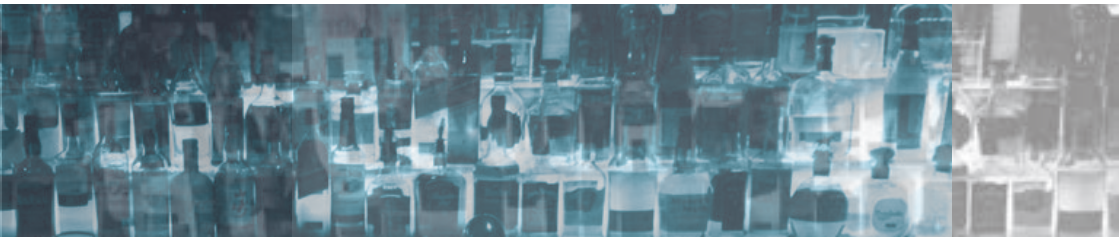
A medical practitioner is impaired if they have a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect their capacity to practise medicine, or for a student, the student's capacity to undertake clinical training. Illness does not necessarily equate to impairment.

How does substance abuse start in young adults?

Adolescent substance abuse starts with so called "gateway" drugs which are commercially available, such as alcohol and tobacco. It may progress to marijuana, or other drugs or combinations.

What are we using?

Substance abuse amongst students is likely similar to that of the general population, commonly involving alcohol or recreational substances, the most common being cannabis (used at some time by more than 34% of the population. Patterns amongst health practitioners often involve restricted access drugs, such as opiates (e.g. Pethidine and Morphine) or benzodiazepines, which only make up about three percent of substances used in the community.



What are the symptoms and signs?

Health practitioners are pretty poor at recognising substance abuse in themselves and others. It's usually due to denial by both parties.

What you might see:

THE SUBTLE EARLY SIGNS

MOOD AND BEHAVIOUR

- Physical Signs
- Nothing - students are astute and hide signs & symptoms well
- Financial problems
- Withdrawal from friends and family
- Elusiveness
- Mood swings
- Anger and frustration
- Personality changes

PHYSICAL SIGNS

- Reduced physical health
- Poor hygiene
- Weight loss
- Temperature sensitivity
- Inappropriate conduct
- Absenteeism
- Long sleeves

WHEN ALCOHOL USE BECOMES ALCOHOL ABUSE:

- Inappropriate alcohol on the breath
- Consumption when dangerous (such as driving)
- Repeated binge drinking, loss of control when drinking, frequent excessive amounts of alcohol
- Related legal problems

THE OBVIOUS LATE SIGNS

As the student becomes less vigilant:

- Direct observation of self administration
- Drugs found at home
- Injection marks
- Signs of intoxication or withdrawal



What are the consequences?

Not all substance use is harmful, but psychoactive substances have the potential to cause physical, psychological, social, financial, and legal problems. It can precipitate psychotic symptoms and schizophrenia. Any substance misuse is a major risk factor for the relapse of all mental disorders and is four times more common in people with a mental illness. Remember - the young brain is still developing until 25 years of age.

The Trouble With Alcohol

Alcohol abuse can be especially hard to detect, especially within a drinking culture often found in universities or amongst students. Alcohol abuse in particular may take up to 20 years to “discover” compared to opioid abuse which is more commonly detected within six months.

The NHMRC has established two drinks per day for men and women and no more than four in any one occasion as the limits of safe drinking.

What do I do if I recognise substance abuse in others?

The earlier the problem is recognised the more likely the student is to rehabilitate and the danger of patient or self harm is reduced. Once recognised or suspected extreme care is required assisting your colleague to seek help. Suicide after confrontation is not uncommon and immediate professional help should be available. Involvement of a suitable practitioner, appropriate faculty member and support person is strongly advised.

References:

1. Baldisseries MR. *Impaired healthcare professional*. Crit Care Med. 2007 Feb;35(2 Suppl):S106-16. PubMed PMID: 17242598.



A Beginner's Guide to Financial Management

Sean O'Neill, Consultant, Doquile
Perret Meade

To minimise stress when dealing with your finances it helps to understand them. This article will provide you with some basic tips to make financial management easier.

Don't spend more than you have (cash flows and budgeting)

A cash flow analysis is a great tool to help you understand what's happening with your money as it details what you are earning and what you are spending.

Your cash flows will show if you have money left over after you've paid your expenses (a surplus), or if you are spending beyond your means (a deficit).

A deficit requires you to look at your expenses and reduce non-essential costs to ensure you can afford to live. A surplus gives you options. For example you could spend it on a holiday, save to buy a new car, pay down a personal loan or invest it.

Your cash flows will help you devise a budget and plan. Doing a budget will help you develop a safe spending amount and a plan for when your expenses are due

Know what expenses you can claim as tax deductions

A tax return is a reconciliation of how much tax you should have paid in a financial year and is divided into two main parts, income and deductions. In simple terms you pay tax on your income less your deductions (known as your taxable income).

Income is any inflow you receive from working or investing, while a deduction is an expense that directly relates to your job, professional development or investments.

Knowing what deductions are available to you is important as this will reduce your taxable income. This will either increase your refund or decrease your payable amount.

As a doctor you will have numerous expenses that are deductible including registrations, training programs, conferences, equipment and reference materials.

Set yourself up right before starting your internship

It is recommended you seek professional advice from someone who understands the medical profession and the journey you are on. Specifically, advice on your tax obligations, setting up your super, appropriate insurances and most of all salary packaging.

Salary packaging allows doctors in the public health system to earn a portion of their income tax free, by allowing them to package certain expenses. With the way the intern year is structured, a doctor could potentially package over \$27,000 and increase their take home pay by over \$8000.

It is important to set salary packaging up before starting work and make sure you have a plan structured around your rotations.



If you would like any advice or further information please visit www.dpmfs.com.au, email grad@dpmfs.com.au or phone (03) 9621 7000.

This article is of a general nature and is not a substitute for professional or individually tailored advice.

-How to cope???-

There are lots of ways to cope with stress, anxiety, burnout and depression, but some coping strategies only add stress!

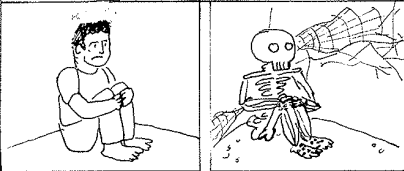
SECRET WORK AFFAIRS → BAD COPING



ALCOHOL! --- → BAD COPING



SITTING ALONE IN THE DARK → BAD COPING



STEALING DRUGS FROM WORK → BAD COPING



★ GOOD COPING STRATEGIES HAVE LONG TERM BENEFITS! ★

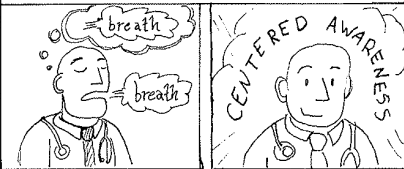
SPORTS & EXERCISE



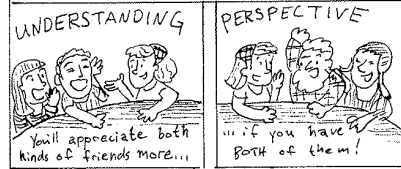
HAVE A HOBBY YOU ENJOY!



PRACTICE MINDFULNESS



HAVE MED FRIENDS & NON-MED FRIENDS



This profession is very rewarding, but it can also be challenging. We are committed to look after others, but to do that well, we MUST also commit to looking after OURSELVES. Theoretically, doctors should be some of the healthiest people in our communities, but this is often not the case. Change starts with you!

→ MAKE SURE YOU HAVE THE FOLLOWING ←

- ☐ A GOOD GP YOU TRUST ☐ HOBBIES YOU LOVE ☐ A SUPPORT NETWORK AT HOME ☐ SUPPORT AT WORK

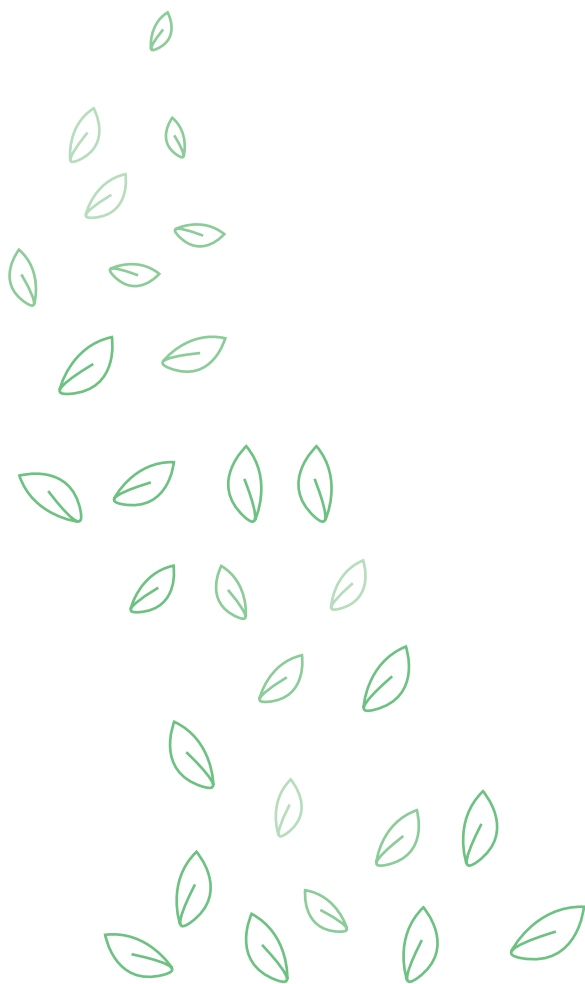


HELPING THE HELPERS

How to Know If You're Feeling Down

How to Know If a Friend is Struggling

Mental Health First Aid Action Plan



HOW TO KNOW IF YOU'RE FEELING DOWN

Orygen Youth Health
Research Centre



Anyone who is studying knows that it can be hard work focusing on your education while also managing all the other aspects of your life. At times of stress, it is even more important to look after yourself by eating well, getting enough sleep, getting away from the books and doing some physical activity, and keeping up with activities you enjoy (although perhaps for briefer periods or less frequently than usual).

While everyone at times feels down, stressed or anxious, it is important to recognise in yourself and in your friends when these feelings could be signs of a more serious problem.

Here are some signs to look out for in yourself and your peers:

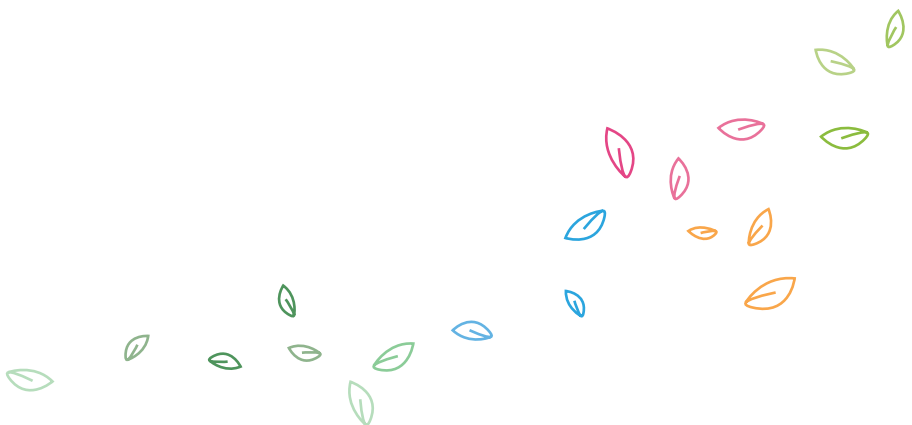
- Persistent trouble falling or staying asleep
- Feeling unhappy, irritable or moody most of the time
- Loss of interest in things usually enjoyed
- Loss of appetite and losing or gaining weight quickly
- Having a lot of negative and self-critical thoughts
- Difficulty concentrating or paying attention
- Persistent worrying and excessive fears
- Withdrawing from family, friends and social gatherings
- Lowered performance at uni/in other activities

If you recognise any of these symptoms in yourself or a friend, a good first step is to talk about it with someone you trust. This may be a family member or a close friend. Many people find it scary to start a conversation about these feelings, but it can be as simple as telling someone 'I've been feeling a bit down', or 'I've been worrying a lot lately'.

If you or a friend need some help, GPs or a youth mental health service such as headspace/eheadspace are a great place to start. There are some great online resources on the [beyondblue](#) and [headspace](#) websites which can help you think through the way you are feeling and get some practical tips. Online or telephone services such as those offered by eheadspace may also be a good option.

There may also be services available at your university campus. The people who provide these services will know what to ask and how to support you once you let them know that you have concerns about how you are feeling.

Don't hesitate to tell someone if you're worried about what has been going on in your life. No problem is too big or too small to ask for help. Spotting these signs of distress and getting on top of them as early as possible is the best way to keep yourself productive and happy while studying!



HOW TO KNOW IF A FRIEND IS STRUGGLING

Dr Eleanor Flynn

MBBS, B Ed, B Theol,
FRACGP, FRACMA

Senior Lecturer
in Medical Education

Melbourne Medical School

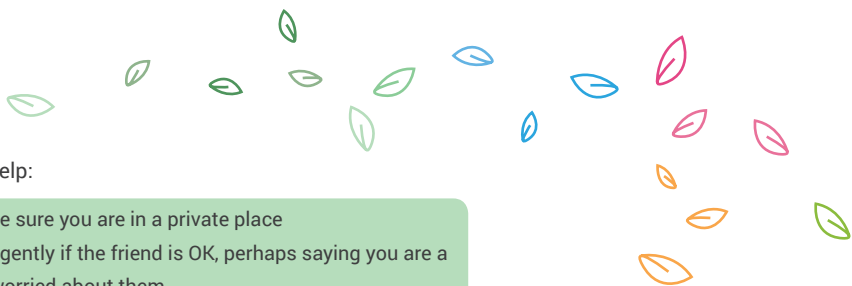
Once you become a medical student your non-medical family and friends often ask you about health problems but your medical student friends rarely ask for help, partly because medical students think they should be able to cope without help.

Recent Australian evidence shows medical students are more likely to suffer from stress and mental health problems, particularly at transition points, for example, into the course and from campus teaching to clinical experiences. Students who are moving from another country or state may also be more vulnerable when they first arrive at medical school. You can help friends or classmates with psychological problems if you know the signs that suggest there is a problem, and if you know what services are available in your medical school, medical board, university and general community, and how to access these services.

The common signs that a student needs help are:

- Poor attendance and lack of involvement in university studies
- Lack of interest or involvement in other activities
- Increased irritability
- Increased alcohol intake
- Major weight change
- Believing that everyone is against them





How to help:

- Make sure you are in a private place
- Ask gently if the friend is OK, perhaps saying you are a bit worried about them
- Suggest they might get help from their GP or the medical school or campus health services and give them the web link, phone number or address
- Do not gossip about another student's health problems
- Provide practical support

If you are really worried and the person seems unwilling to accept that there is a problem then you should discuss the issue with a trusted member of the medical school or campus health service. This is extremely important if the person is suggesting that they might commit suicide or is behaving in a very unusual manner. It is also very important that you try and make sure that you don't leave such a student alone while you get help for them.



Mental Health First Aid Action Plan

by Mental Health First Aid Australia
www.mhfa.com.au

Mental Health First Aid ACTION PLAN

Mental Health First Aid is the help provided to a person developing a mental health problem or in a mental health crisis, until appropriate professional treatment is received or until the crisis resolves. The role of a first aider is time limited and ends when professional help has been received or the crisis resolves.

Approach, assess and assist with any crisis

- If you are worried about someone and want to talk to them about it, carefully consider the time and place that you will **APPROACH** them about it.
- **ASSESS** for signs of crisis, and **ASSIST** the person if they are in crisis.

Listen non-judgementally

- A person experiencing a mental health problem needs to be able to talk without feeling judged. **LISTEN** non-judgementally & show the person that you care.

Give support and information

- Give the person whatever **SUPPORT** you are able to, whether emotional or practical.
- Give the person **INFORMATION** that can help them understand what they are experiencing. Good websites and brochures are available.

Encourage appropriate professional help

- Mental health problems can be effectively treated with both medical and psychological therapies.
- **ENCOURAGE** the person to speak to their doctor or a mental health professional about what they have been experiencing.

Encourage other supports

- **ENCOURAGE** the person to use self-help strategies and to avoid using alcohol or other drugs to cope.
- **ENCOURAGE** the person to seek the support of family, friends and others.

VISIT www.mhfa.com.au FOR INFORMATION ON COURSES





OUR STORIES

It's always a challenge as a medical student to make sure you're getting a nutritious meal.

Living at a college particularly (and no doubt out of home!), I find that it's hard to eat healthy and nutritiously. Mindlessly eating at college is so easy, particularly when it seems like everyone is eating junk and drinking alcohol (empty calories)! I try to reduce midnight snacking and find healthier snack options - dried or fresh fruits, carrots (or other veggies) are great with some dip, rice-crackers, vita-wheats or lightly salted air popped popcorn. Meal times are good for socialising but eat until you are full and not according to others, otherwise you'll definitely overeat.

When eating out, generally there are healthy menu options and you can always ask for certain parts of a meal to be altered or replaced with something else! If you're ordering something "unhealthy" - just enjoy it! You paid for it! In general I try to find a meal with as many vegetables, wholegrains and lean meat as possible, and that can be equally, if not more satisfying than a YOLO "unhealthy" meal. Don't be afraid to ask for healthy options and make the most of your dining out experience by just enjoying the food. It's all about balance; if you're eating something deep-fried now, eat more vegetables for your next meal. If you're feeling bloated and overloaded, don't go for dessert or that bubble tea. Listen to your body, it's the best communicator of your health!

Jo

2nd Year Medical Student, Monash University

It's not always easy to keep up the training and the dieting. But it's not meant to be easy - med school isn't easy. Nothing worth doing is easy. So that's all there is to it, if you decide within yourself that you want to make this commitment to yourself, then you will. And if you can honour your fitness commitments, you can honour your others too. So everyone should be involved in some kind of physical training.

"No man has the right to be an amateur in the matter of physical training. It is a shame for a man to grow old without seeing the beauty and strength of which his body is capable." - Socrates

Abraham Rizkalla

1st Year Medical Student (post-grad), University of Sydney

I found second year medicine really difficult. At Monash University in undergraduate medicine (my course) this is the year that all pre-clinical learning is completed and tested. There were a number of factors that cumulated and lead me to need professional help by August.

- Increased workload: I felt guilty when I wasn't studying and spent my time constantly studying to keep up-to-date. I took almost no time out to do things that I enjoyed!
- New romantic relationship - yes, a joyous thing! But also a big change. There were suddenly new things I cared about that I never had before.
- Insufficient sleep - this was my second year living on-campus so the increased contact hours and the central location of my bedroom meant that even when I did try to catch up on sleep it was regularly interrupted.
- Poor diet - I had gained weight in first year and was conscious of keeping this off in second year so I ate smaller portions than I needed. I required supplements to keep my iron levels up.
- Repeatedly sick - which came first the chicken or the egg? Either way, this made everything much more complicated.

It was during a two-week rural placement that exam results came out for our mid-semester 2 examinations. I was below the pass mark for the third time for the year (!!) despite undeniably long hours I had spent at my desk and in library, and with the one-on-one tutoring I was getting from a faculty-approved tutor. Something had to give. Luckily for me one of my friends recognised the signs and considered it serious enough to take me to a doctor. I was suffering from sub-clinical to clinical anxiety and depression. My friend made sure I told the doctor about everything going through my head, and probed symptoms out of me that she wasn't yet aware of. Despite initially not thinking that I was unwell, it soon became clear that I did need help.

From here, I organised a mental health plan with my GP and saw a psychologist. I talked to an academic support worker from the faculty who worked with me on techniques to keep stress levels down during exams and in exam periods. With all this support I not only managed to pass the year but with marks that were high enough to allow me to do honours two years later!

By far the biggest learning curve for me through all this was just how much support is available and how little it is advertised! Stories and memories of other students going through similar mental health difficulties to differing extents have shown how important it is to be aware of what is out there. Hopefully you won't be the one who needs it, but will be able to point someone else in the right direction. The sooner contact is made with support services the better - whether you're better or worse than I was.

Ruth



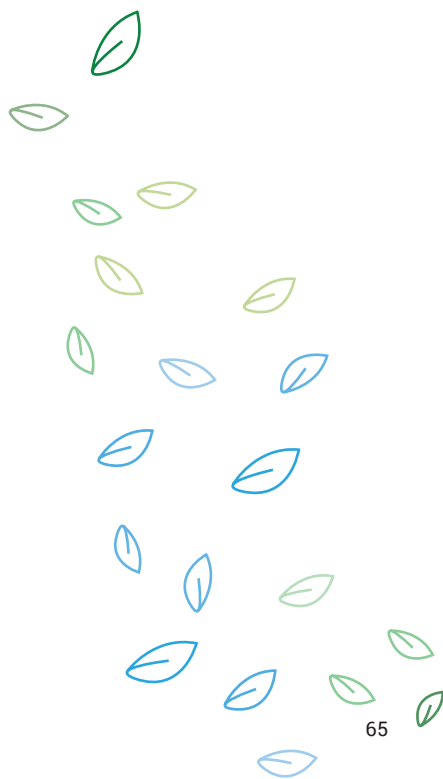
I started seeing a psychologist during my 3rd year of Medicine to help with the anxiety I had been experiencing. I remember my psychologist described the intrusiveness of negative thoughts by demonstrating that if I simply tried to blank out a particular thought, this actually gave it more power and allowed it to sneak into my thoughts. She demonstrated this to me with a simple activity: She asked me to close my eyes and listen to her read a book, but she said that while listening to her I was not to think about a polar bear on a tricycle. Sure enough, as soon as she started reading, and no matter how hard I tried to 'blank-out' the polar bear, it repeatedly crept into my thoughts. My psychologist used this as a basis from which to describe the principle of mindfulness. She used a metaphor of being a spectator on a train station, where your thoughts are like the trains that come past the station. It is very easy to get on the train, and let it take you to its destination. However, practicing mindfulness allows you to remain on the station (remain in the present) and observe the train come and then go past you, without having to jump onboard and react to it / follow its train of thought. In this way, you can remain in the present and not get caught up in the "what-ifs" of where the train of thought might take you.

Dan, UNSW

An important part of the Australian identity are it's rural and regional areas, which face a number of difficult healthcare challenges. My three year rural placement has been an integral part of my learning. Along with the incredible benefits, I struggled with feelings of isolation when I first moved. I found it important to chat to other students also on placements and was surprised to find that they shared a lot of my thoughts. I think together we were able to support each other through this initial transition and I now have a bigger support network then before I arrived!

John Coombs

6th Year Medical Student, UNSW



Recovery

Medical students are enthusiastic about doing it right for ourselves and for our patients, even from the first time. When the nice patient offers us their arm so we can practice cannulation, it's only natural that we don't want to cause any pain or bleeding. When the upset patient shares with us their very personal concerns about their prognosis, it's only human to want to comfort them. High expectations for ourselves make every day a learning opportunity, a fun challenge, a reason to jump out of bed in the morning...until we have that horrible experience of 'failing'.

One of my most vivid ward-round memories involved a patient (some details changed for confidentiality) who was having chemotherapy for an aggressive cancer. The doctors suggested it was a good opportunity for me as their medical student to practice my lower limb neurological examination. Since one of the side-effects was neuropathy, he was expected to have signs to be elicited. I introduced myself and asked if I could examine his legs. He agreed and reported that he had no pain. The legs looked wasted. There was no muscle tone. He couldn't move at all. I couldn't elicit any reflexes. By the time I got to sensation and realised that that he was completely numb from the thigh down, I couldn't keep my tears in. "You think it's bad, I can see you crying. You don't know if I'll recover". I had just upset the patient, who I was supposed to be looking after. What do I say now? 'Good' doctors don't let their patient down. Am I going to be that useless as a doctor? I string together something about needing to document my findings in his file and escape his room as fast as I can without actually running.

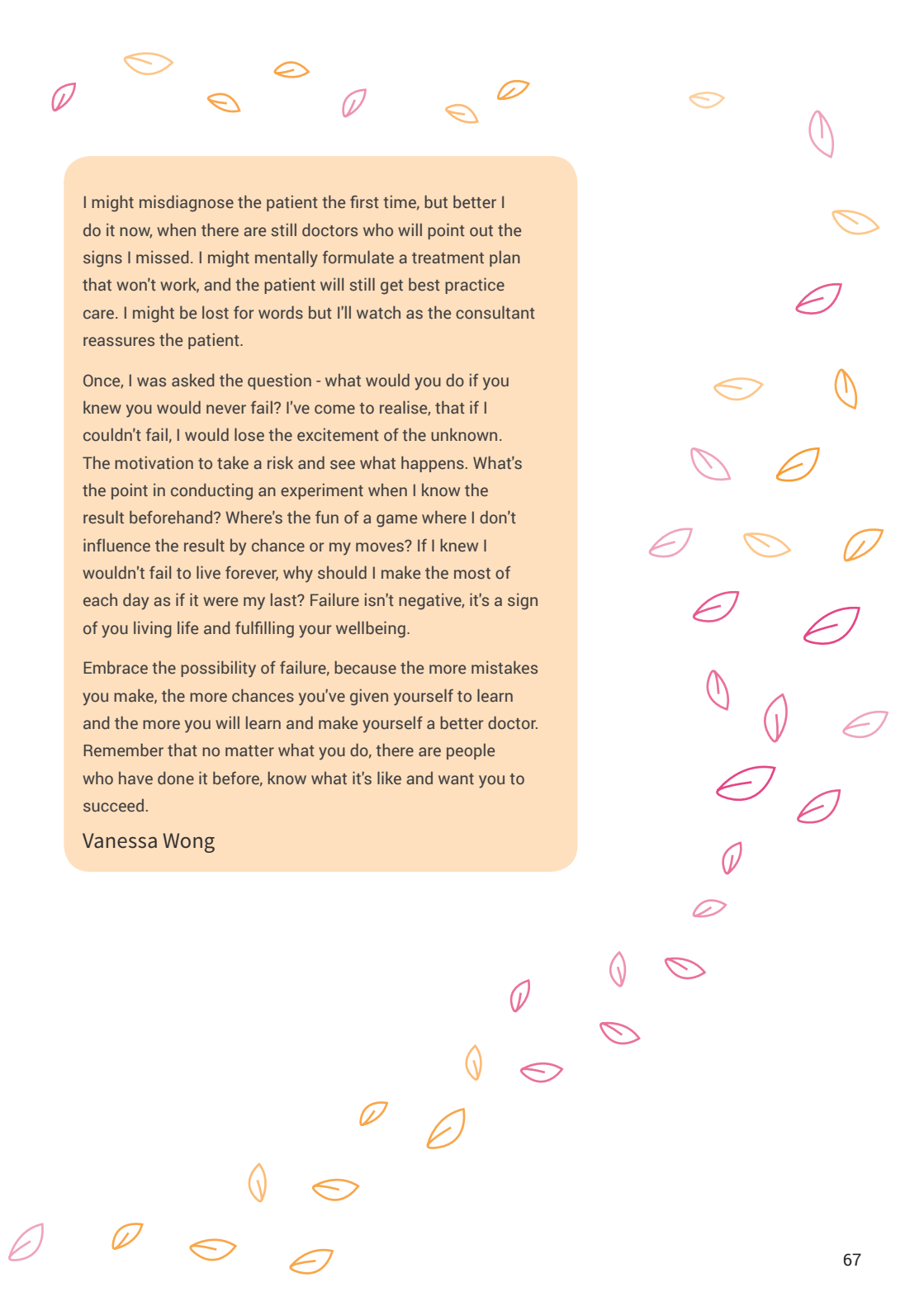
The always wonderful unit registrar stops me at the doctor's workstation. She reminds me that it's normal for empathetic people to feel for their patients and

what a rewarding experience it is to be involved (as a doctor) in providing care and comfort to people when they need it most. My PBL group ask me if I'm okay when they see me. I share my story and that I'm feeling a bit better already. It's clear that everyone has recently had a similar experience, I'm not alone. When I get home and tell my parents that I had a discouraging day, they reaffirm that regardless of what mistakes I might make, they always support me.

It could have been easy to avoid the possibility of situations like this ever arising by avoiding patients and ward rounds. There's always the fear of causing pain while I'm focussing on eliciting the rare examination sign. The helplessness of not knowing the right treatment. The awkwardness of being in the way of the doctors' lifesaving work and wanting to avoid being a nuisance to those who you respect. I could have made an unrealistic goal as an excuse: "I'm not 'fit' to see a patient until I've memorised all of Harrison's...and the Therapeutic Guidelines". It's easier to sit in the library and know that I've turned 20 pages (even if I don't retain a page after a week) than face the unknowns of the real world of the future doctor.

Instead, the next morning I turn up to ward round at the usual time. I follow the team to every patient, including the one I described before. When asked if I'd like to practice my abdominal examination (on another patient), I say yes.

The reason is simple. It's fine that I don't have the 'right' answer. I know I'll have a better answer the next time. I just ask myself, 'how should I do it next time'?



I might misdiagnose the patient the first time, but better I do it now, when there are still doctors who will point out the signs I missed. I might mentally formulate a treatment plan that won't work, and the patient will still get best practice care. I might be lost for words but I'll watch as the consultant reassures the patient.

Once, I was asked the question - what would you do if you knew you would never fail? I've come to realise, that if I couldn't fail, I would lose the excitement of the unknown. The motivation to take a risk and see what happens. What's the point in conducting an experiment when I know the result beforehand? Where's the fun of a game where I don't influence the result by chance or my moves? If I knew I wouldn't fail to live forever, why should I make the most of each day as if it were my last? Failure isn't negative, it's a sign of you living life and fulfilling your wellbeing.

Embrace the possibility of failure, because the more mistakes you make, the more chances you've given yourself to learn and the more you will learn and make yourself a better doctor. Remember that no matter what you do, there are people who have done it before, know what it's like and want you to succeed.

Vanessa Wong

Remember Newton, the mathematician and physicist? He observed that everything continues in a state of rest or uniform motion unless disturbed by an external force. Don Berwick, an eminent American physician with a passionate interest in patient safety quotes physician Pail Batelden to put it this way. 'Every health system' he says, 'is perfectly designed to get the result it does. Put differently, we don't seek change. But if health systems, and indeed ourselves, are to grow and improve, we need to see change as a friend.

When our environment and work are changing, we should tell ourselves "Hey, you are going through a life event so be gentle! Ensure you value rest and physical activity. Cut your work schedule to include music, art, drama, religion or whatever nourishes your spirit. Move on and don't look back.' Read up about culture shock. Forgive yourself for anger, tears and anxiety.


I have made many transitions – from Sydney to Papua New Guinea to London to Canada to Newcastle to Sydney to New York to Sydney, from respiratory medicine to clinical epidemiology to medical education to public health to health policy and now to the Medical Journal of Australia! Every time I have made a transition I have depended on support from family and friends. There are counterparts in my personal life (lover to husband to father to orphan) that have signalled a moment of growth.

Newton was describing planets. For humans a state of perfect rest is achieved only in death. Nassim Taleb, a brilliant Lebanese American philosopher, writer and mathematician of probability, has coined a word 'antifragility' to describe the strong attribute that we accumulate by repeated exposure to small challenges and changes. American ethicist William F. May argues that a feature of the good life is what he calls an openness to the unbidden - a willingness to embrace life with all its surprises and twists and turns. The road does not always take us to a happy, unbidden place and we need to be critical and choosy. But often the unbidden presents us with a great opportunity. If you have built up your store of antifragility, you will grow and enjoy transitions.

Stephen Leeder

Stephen Leeder is a professor emeritus in public health and community medicine in the Menzies Centre for Health Policy at the University of Sydney. He is editor-in-chief of the Medical Journal of Australia and chairs the board of the Western Sydney Local Health District.





The Fulfilment in Giving

How Volunteering Can Improve Your Wellbeing

There's no such thing as a free lunch. That's why when you actually give someone a free lunch, you will get something in return. This isn't something I understood when I began volunteering in remote Australian communities, in Melbourne, and most recently in Cambodian where I am offering managerial support to a non-profit educational organisation. Initially I volunteered following my role models and because I liked the sound of the experience, now however I find it is a fundamental and rewarding aspect of my life.

I have found that whether it is through mentoring, volunteering, teaching, or donating money, those who give to others become socially valuable. As they become an asset to their community, these socially valuable people become treasured by their community. By rejecting material rewards for a donation of time or energy, people are offered repayment for their donations in non-material currency. For an honest or selfless gesture they receive their beneficiary's respect, their gratitude, and an opportunity to connect with them in a unique and meaningful way. If the donor is then able to receive and embrace these non-material offerings, they will subconsciously convert them into self-respect and self-gratitude, and they will connect with themselves in a meaningful way.

In my experience, giving to others and the validation that you receive through volunteering makes you more comfortable with the person you are. Enriching other people's lives enriches your own life, enables you to gain a balanced understanding of the world, and highlights your own position of privilege within it. This is not a new idea. Psychiatrists refer to altruism as a 'mature defence'; capable of psychological protection by instilling within us a deep sense of worth, purpose and fulfilment.

If you have any free time throughout the semester, I sincerely encourage you to try volunteering in your local town or city, even if you are unsure of what you stand to gain from the experience. Volunteer at a soup kitchen, teach refugees in the city, or become a 'big brother' or 'big sister' to an adolescent who is experiencing hardship in a low socioeconomic pocket of your city. Seek nothing in return for your donation other than a connection to others. Be warm, be friendly, and enjoy the work you do. In my experience, the rewards will be unlimited.

Robbie, Medical Student

To discuss any of this, or to talk about ways in which you can volunteer in your local city or abroad, send me an email. Rdgil2@student.monash.edu.au



As a medical student, I was mostly interested in wellbeing as an abstract concept. Burnout. Compassion fatigue. Depression. Anxiety. These were all things I heard about, talked about and advocated about. But it was something that I thought would only affect others. I mean, there I was getting reasonable marks, loving my increasing clinical responsibilities, and surrounded by a supportive, dynamic group of medical school mates. I couldn't wait to get on with being an intern!

But being an intern was actually really tough. I started on a gruelling surgical term, working 55 hours a week. However, the other junior doctors and I got through it, as a team. We helped each other as best we could. Sometimes a simple common kindness from a colleague really does help to get you through a busy day! We reminded one another to eat and drink, we forced each other to take those ever elusive (but rostered) half-days, and we debriefed at length on all the new happenings that surrounded us.


The worst was to come though. I'd vividly remembered reading that the mid-point of the internship is supposedly the peak of risk for burnout and psychiatric disease.* At that point in time I was in my first term in the Emergency Department. And I was really struggling. There was a seemingly endless queue of sick patients coming through the door. I was regularly treating diseases I'd never before encountered. There was forever a clock running on how long it took you find the right disposition for your patients. The pressure was on and I was not enjoying it. I was emotionally exhausted and had detached from work. The erratic shift work was isolating me from friends.

It seemed like a perfect storm was hammering at my wellbeing. Luckily I had an escape – I'd booked a holiday in towards the end of that ED term some months before. Since starting work it had been nose to the grindstone without really coming up for air. While taking a holiday isn't always going to be an option, it does emphasise the need to find a balance between work and the other things in life that are important. Make time for friends and family. Ensure you've adequate time away to decompress from the extremes of medicine. Keep up with your hobbies.

I still shudder to think how it might have gone if I'd had to continue like that for too much longer. If the pressure is building up, please know you aren't the only one to whom that's happened and talk to someone about it!

FR, Junior Doctor





Writing this is more difficult than I expected. I have been on that last sentence for a solid ten minutes now. I think what is most difficult is that by writing this I am acknowledging my own fear of mental illness. My mum has struggled with bipolar disorder for years and generations of our family have combated alcoholism and depression. I am at an increased risk of developing a mental illness and I find that frightening.

In addition to my family background, in my role in my medical society I am often the first port of call for other students when they are struggling. At those times I do not hesitate in dispensing the well-known advice to go see a GP. We, by the nature of our chosen profession, are more likely to try and help someone else than keep an eye on our own well-being. This, sadly, is even more likely in mental illness. While we get skin checks to keep an eye out for skin cancer, we frequently neglect to check up on our mental health.

I implore you to take those steps toward helping your own mental health. While it's important to keep an eye out for your friends, family and colleagues and encourage them to seek help, make sure you follow your own advice and make that GP appointment. Mental illness is scary, but let's work to make it less so. Don't let it be the suspicious looking mole in your life.


Rhys, Medical Student

The busyness involved with being a medical student is something we are all familiar with. In addition to the time spent studying often there are other things which take up our time. Living out of home, I work part-time each week to support myself financially, and am involved in various personal and university projects. With all of this, my time was precious and I was getting increasingly stressed without being able to fully admit it to myself.

The realisation came to me when I was visiting home one evening and bumped into my neighbour talking to my brother. Happy smiles turned tight lipped as a few minutes chatting turned into ten minutes and then half an hour. In my mind, I didn't have this time to waste. In my annoyed and stressed state, when I finally walked back into the house I got frustrated at my brother who I hadn't seen for a couple weeks.

The incident made me realise not only how much I was overcommitting myself, but the amount of time I was spending on things that had become a chore and did not make me happy. In contrast, I was spending less time with family and friends and more importantly, having less down time for myself, meaning I never gave myself a chance to relax and unwind from everything I was doing both at uni and then outside of it. 'You make time for the things that matter' - trite though it may be, it is a saying that we need to constantly remind ourselves of. This re-evaluation has forced me to consider my priorities and make time - to read, write and reflect, and to see the people who matter to me (yes, even if it means cutting something else from your life!). Personally, having that quiet time is so important, but equally so is being surrounded by supportive people who can help me wind down and ultimately keep me sane.

Milly, Medical Student



In February of last year, I packed my life into a suitcase, got on a flight from Auckland to Australia, moved into a room on campus and found myself suddenly alone.

Months of cereal for dinner, putting off my laundry until I ran out of clean socks and the odd late-night nervous breakdown have taught me some very valuable things, the most significant of which I will try to convey here.

One of my greatest challenges was learning to take care of myself. In the first few months of moving out, I was homesick a lot. I missed coming home to loving parents, home-cooked meals and clean linen. I missed having someone to remind me to bring a scarf and tell me I had jam on my nose. As great as it was to be able to Skype and call home, I realised that in my day to day life, my health and happiness were my responsibility alone.

In the middle of exams and assignments and sick patients it seemed unimportant, even selfish, to go to bed early and take relaxing walks and talk about my troubles. But I always found that neglecting my health in favour of extra study never gave me any advantage. It took me a while to figure out loving myself was not a waste of time, but a beautiful and very important thing. The physically, mentally and spiritually well version of me was the very best I could offer the world, and there was no reason I couldn't be that person all the time.

The next step was learning how exactly to go about caring for my health. When I'm feeling especially stuck or unmotivated, I imagine I'm responsible for looking after a small child or dear friend. This sometimes results in going to bed at 9:30pm and fun-shaped sandwiches for lunch, but that's okay (and actually kind of awesome). I confess that I've even left encouraging post-it notes for myself on the door for mornings when I have to leave especially early!

But sometimes, even the most optimistic resolve can crumble and life just gets too much. In times like these, when I'm halfway through my second packet of Tim Tams, crying into Clinically Oriented Anatomy, I need to stop and remind myself who I am and why I'm here.

I got on that flight one and a half years ago because medicine was part of the dream I had for my life, a dream I loved and believed in. When I thought about the incredible things I would be blessed to see, the many people who would inspire me and the person I would one day grow into, suddenly, learning all the branches of the axillary artery no longer seemed like the most important thing in the world. Perspective is a powerful thing. That OSCE blunder or disappointing exam mark is only a small piece of the incredible big picture that is being made.

Find that one thing that anchors you, a dream, a purpose, a person, whatever it may be, and hold onto it when the craziness of medicine threatens to sweep you away.

Cecilia Xu

2nd Year Medical Student

I arrived day one of my new rotation as an intern in Gen Med. It was rotation number three, having just completed my other core rotations in ED and General Surgery. I was not nervous. In fact I was confident I would sail through this rotation as I had the other two. I was wrong.

I met my new Registrar, who from the look on her face evidently did not like me. But, not one to be easily rattled, I saw this as a challenge to step up and earn her like or at least respect.

My first Gen Med ward round wasn't amazing, nor was it a disaster. Clearly I had become accustomed to the succinct ward round notes of a surgical ward round and had much to learn about Gen Med ward rounds. But I knew that this was what an internship was about, learning things for the first time. Although everything I did was wrong I was not upset initially, I accepted the challenge.

What I did find surprising was that at the end of the first ward round my Registrar took me aside and said she had multiple concerns about me which would deal with one-by-one. She also said that the other Med Regs had also made complaints about me. The complaint she decided to deal with Day 1 was my 'attitude problem.'

By the end of Day 3 I had had enough. I discovered she was making up stories about me and lying to me about what other doctors had said about me. She even kept me back on my half day, knowing full well I had a flight to catch. I missed the flight.

I had transformed from a confident, smiling, fun-loving intern to a nervous wreck on the verge of tears after just 3 days. I was so changed that my fellow interns and the other Gen Med Regs repeatedly asking if I was ok. I was concerned my mental state was not safe for patient care.

At my hospital we had a doctor in charge of the interns. I shall call him Z. I approached Z to tell him about my concerns. He acted within hours with a clear plan. He suggested I contact the Unit's Consultant and plan a time to see him. In the interim Z would contact the Medical Work Force Unit to see how long I was rostered with the problematic Gen Med Reg. Luckily I was only rostered with that Reg for 2 weeks. I stuck it out knowing I had the rest of the hospital on my side and only 1 week to go with her.

I look back at that experience and realise how important it was that I acted on the problem within three days. I had the benefit of previous intern rotations to have an expectation of what an intern rotation should be like. What if that had been my first rotation as an intern? Would I have had done anything or just presumed my negative Gen Med experience was normal intern experience? But, what continues to shock me is how much 3 days with a bully affected my mental health.

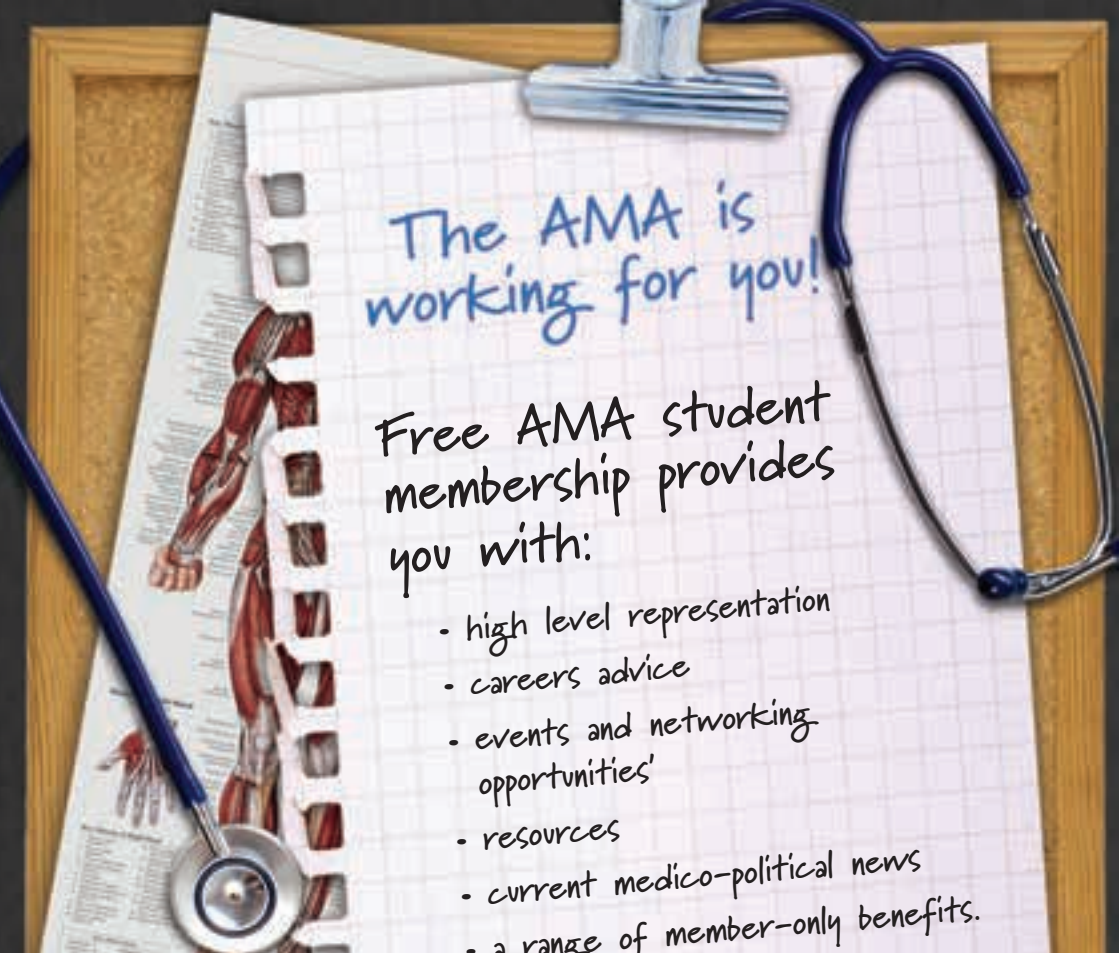

Bernadette, Doctor

Going to another country to study medicine was at once exciting and worrying. I was excited about starting university and was really looking forward to university life, studying medicine and experimenting with living independently. At the same time though, I was worried because there was a whole lot that would be new – new classmates, new friends and new environments both physically (in terms of climate and location) and culturally. Even the academic aspect was slightly daunting in that I didn't know what to expect. Fortunately, after settling down for a while, many of these “challenges” have become a normal part of my new life. Living on campus means that it has been quite easy to be involved in university life, college or halls events whilst still finding time to study. Keeping a good work-life balance helps to ensure that I don't get burnt out, and being surrounded by friends and even some fellow med students who all go through similar experiences has helped me adjust a lot.

For me, the hardest part about coming to study in Australia has been being away from my family. Coming back to an empty and quiet room is strange – I miss the chattering and nagging of my parents punctuated by the staccato sounds of my brothers' computer games. There are days that are hard, when I get into really deep slumps. On those days, I question my decision to study abroad. Sometimes I question whether being able to study medicine is worth missing out on family time. It is at points like these that I need to take some time off to Skype with my family and hear about what is going on in their lives. Going through old photos makes me feel connected with them, and receiving new photos or messages from my family also makes me happy.

The important thing for me is coming to the realisation that I'm not alone in any of this. Though I might live apart from my family, they are still very much a force in my life. The investment they have made towards my education and in supporting my dreams of becoming a doctor is something I am incredibly grateful for. Family aside, living on campus with me are many friends, some of whom have also left their home country or city to study. Many are probably going through similar experiences and feelings of loneliness and homesickness. Being able to open up to someone else about how you're feeling can help you feel so much better. Discussing any worrying thoughts or concerns (regardless of what they are about) with friends and family not only helps to get issues out in the open, it helps having a second opinion and then more heads to figure out the small steps that you can take. If needed, don't be embarrassed to seek professional help! Even though medicine coupled with living overseas is not easy, I feel extremely privileged to be here. I strive to take on any challenges and to keep a positive mindset. There will be setbacks – so be open to change and don't forget to be gentle on yourself if and when things don't work out.

SHW, Medical Student





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memberservices](http://ama.com.au/memberservices)

What is AMSA doing for student wellbeing?

Jessica Dean (President)

Being a medical student isn't easy. The hours are long, the stressors are many, and the content, expansive.



When many of us made the life-changing decisions to enter medical school, most of us expected that medicine would be difficult, but were not adequately aware of the additional mental health risks associated with studying medicine.

The recent beyondblue survey found that medical students experience worse mental health prospects compared to the general public and their peers. 1 in 5 medical students have experienced suicidal ideation just in the last 12 months, and stigma associated with mental illness is still rife within the medical community.

But unfortunately we are not alone. In Australia, it is a devastating reality that young people carry the highest burden of mental illness out of any age bracket. Despite this, young people are less likely to seek help, with only 23 per cent of young people with a mental illness accessing health services.

Whilst these statistics are hard to digest, it is our shared responsibility to work together to overcome this adversity. In October 2013, following the beyondblue report, AMSA Council passed a Wellbeing Policy and voted 'tertiary student mental health' as one of the top advocacy priorities for medical students in Australia. Thus, the Mental Health Campaign emerged. The first six months of the campaign included an inquiry into tertiary student mental health, a review of relevant literature, and identification of obstacles threatening student wellbeing.

4 key aims emerged:

1. To decrease stigma and increase awareness regarding mental illness
2. To increase student mental health literacy
3. Preventative measures – improving coping strategies and resilience
4. To facilitate improved access to mental health services

The AMSA Mental Health Campaign is the largest campaign ever run by AMSA. It is a two-tiered initiative with the creation of numerous resources and projects coordinated through Australia's 20 medical schools, through 5 countries overseas, and many other partnered organisations. The campaign provides a unique opportunity for us to widen the lens; to utilise medical students as peer advocates to not only help ourselves, but to try and impact necessary change in the broader tertiary student community.

The Mental Health Campaign isn't just about avoiding mental illness, it's about striving to enable all students to achieve a state of optimum mental wellbeing throughout both their student years and for the future, and we, as medical students are in the best possible place to make this happen.

What is NZMSA doing for student wellbeing?

NZMSA – New Zealand Medical Students' Association

Whāia te mātauranga hei oranga mō koutou
Ahakoa nga ueue
Kia kaha, kia toa, kia manawanui

Seek after learning for the sake of your wellbeing
When you find things that are difficult in life
Stand strong, stand tall and be of great heart



At the New Zealand Medical Students' Association (NZMSA) we recognise the challenges of medical school – we're medical students ourselves. When balancing study and other commitments it is too easy to let our own wellbeing be bumped down the priority list. We have all heard about life-long learning in medicine but must also learn to find balance and to be kind to ourselves.

Promoting student wellbeing is an important part of what the NZMSA aspires to do. Each year the wellbeing panel at the NZMSA conference provides a platform for students to share their stories and for experts to answer your questions. We celebrate sport and get endorphins flowing at our Sports Exchange and we also work closely with Regional Medical Student's Associations (RMSAs) to support student wellbeing.

We aim to facilitate access to the support services available to students and to encourage students to look out for their own wellbeing, as well as the wellbeing of their colleagues. It is important to recognise how we balance our personal and professional lives, what behaviours are healthy and what are unhealthy and what we can do to support each other.

Get in touch with your local NZMSA representative if you have any ideas about how we can better promote wellbeing in your area.

New Zealand Medical Student's Association 2014



headspace

National Youth Mental Health Foundation

headspace offers information, advice and support for young people aged 12-25 on:

- mental health
- physical health
- alcohol and other drugs
- education and employment

headspace.org.au



headspace centres

located in metropolitan, regional and rural areas across Australia



eheadspace

telephone and online support for young people and their families



headspace School Support

for secondary schools affected by suicide



RESOURCES

For a more comprehensive list of resources, see mentalhealth.amsa.org.au

1. MENTAL WELLBEING AND SUPPORT

AUSTRALIA

beyondblue**

Information on depression, anxiety and how to help yourself or a friend.

T: 1300 22 4636 (available 24/7)

E: infoline@beyondblue.org.au

beyondblue.org.au or
youthbeyondblue.com

Lifeline**

Crisis support with a key focus on suicide prevention in Australia.

T: 13 11 14 (available 24/7)

lifeline.org.au

Kids Helpline (up to 25 years)**

Free, private and confidential telephone and online counselling service for young people aged 5 – 25.

T: 1800 55 1800

kidshelpline.com.au

Suicide Call Back Service **

Free nationwide telephone and online counselling for anyone affected by suicide, or suicidal thoughts.

T: 1300 659 467 (available 24/7)

suicidecallbackservice.org.au

****provides crisis support service**

Headspace

The National Youth Mental Health Foundation, aimed at providing free help to young people (aged 12 – 25) who are going through a tough time.

T: 1800 650 890

headspace.org.au

eheadspace

A confidential, secure space where young people can chat, email or call a youth mental health professional.

eheadspace.org.au

Black Dog Institute

A research and community-oriented institute with information on diagnosis, treatment and prevention of mood disorders.

T: (02) 9382 4530

E: blackdog@blackdog.org.au
blackdoginstitute.org

Doctor's Health Advisory Service (all states and New Zealand)

Helplines providing advice to students and practitioners facing difficulty.

dhas.org.au

dhas.org.au/contact/contact-dhas-in-other-states-territories-and-new-zealand.html

AMA Doctors' Health

Resources, tools and information on doctors' health and wellbeing.

ama.com.au/doctorshealth

MensLine Australia

A phone, online support and referral service for men with family, relationship and wellbeing concerns.

T: 1300 78 99 78

E: talkitover@mensline.org.au
mensline.org.au

Young and Well CRC

Research organisation with online features including an Online Wellbeing Centre and e-Mental Health Clinic.

T: (03) 9937 1333

E: info@yawcrc.org.au
youngandwellcrc.org.au

SANE Australia

A support, training and education service with information about mental illness, treatments and carer support.

T: 1800 18 SANE (1800 18 7263,
available 9am – 5pm weekdays)

E: helpline@sane.org
sane.org

Reachout.com

Online youth mental health service with information, stories and forums to help youth cope through tough times.

au.reachout.com

MindSpot Clinic

Online and telephone clinic providing assessment and treatment for adults with anxiety or depression.

T: 1800 614 434
mindspot.org.au

The Butterfly Foundation

Supporting adults with eating disorders and negative body image issues.

T: 1800 ED HOPE (1800 33 4673,
available 8am – 9pm weekdays)
thebutterflyfoundation.org.au

Relationships Australia

Provides phone relationship support counselling services for individuals, families and communities.

T: 1300 364 277
relationships.org.au

Blue Pages

Research centre providing information on depression based on systematic reviews. Also offers screening tests for depression and anxiety.

E: bluepages@anu.edu.au
bluepages.anu.edu.au

healthdirect

Free expert telephone health advice around the clock, from a registered nurse or after hours GP.

T: 1800 022 222
healthdirect.gov.au

MHFA

An evidence-based online course teaching how to identify and help people with mental health problems.

E: mhfa@mhfa.com.au
mhfa.com.au

mindhealthconnect

Online access to mental health care services, programs and resources.

mindhealthconnect.org.au

Mental Health Council

A network of organisations and individuals committed to achieving quality mental health in Australia.

T: (02) 6285 3100
mhca.org.au

Centre for Corporate Health

Working with organisations to assess, treat and prevent incidences of workplace stress.

T: (02) 8243 1500
cfch.com.au

1800RESPECT

National sexual assault, domestic and family violence counselling service.

T: 1800RESPECT (1800 737 732,
available 24/7)
1800respect.org.au

Q Life

Counselling and referral service for people of diverse sex, genders and sexualities, and of all ages.

T: 1800 184 527 (5.30pm-10.30pm
weekdays)
E: ask@qlife.org.au
qlife.org.au

Griefline

Dedicated grief helpline service providing counselling and support following bereavement, hardship or loss.

T: 1300 854 745
Griefline.org.au

NEW ZEALAND

Lifeline NZ**

Offers crisis support helpline services as well as face-to-face counselling.

T: 0800 543 354 (available 24/7)
lifeline.org.nz

Suicide Prevention Helpline**

Telephone crisis support service.

T: 0508 TAUTOKO (0508 828 865,
available 12pm – 12am everyday)

Auckland Sexual Abuse HELP

Support for sexual abuse survivors.

T: +64 9 623 1700 (available 24/7)
sexualabusehelp.org.nz

Depression Helpline

Talk to a trained counsellor who can help you find the right support.

T: 0800 111 757
depression.org.nz

Eating Disorders Association of NZ

Supporting families that have a member with an eating disorder.

T: 0800 2 EDANZ (33 269)
ed.org.nz

OUTLine

Confidential service for the LGBTIQ community and family and friends.

T: 0800 OUTLINE (688 5463)
outline.org.nz

Youthline

T: 0800 376 633 (available 24/7)
Free text: 234
youthline.co.nz

Women's Refuge

T: 0800 REFUGE (733 843)
womensrefuge.org.nz

2. DRUG, ALCOHOL AND GAMBLING SUPPORT SERVICES

Drug and Alcohol Counselling Online

Free online counselling.
T: 1800 888 236 (available 24/7)
counsellingonline.org.au

Gambling Help Online

Offering counselling, information and support online (email and live chat) and by phone.

T: 1800 858 858
gamblinghelponline.org.au

Australian Drug Foundation

Australia's leading body committed to the prevention of alcohol and other drug problems in the community. Provides alcohol and drug support services in each state, as well as information on alcohol and drugs.

T: 300 85 85 84
druginfo.adf.org.au or adf.org.au

NEW ZEALAND

Alcohol and Drug Helpline

Helpline supporting those affected by alcohol and drug taking.

T: 0800 787 797 (Daily 10am-10pm)
Text: 234 (free, to start, text "adh")
alcoholdrughelp.org.nz

Gambling Helpline

Free telephone or text helpline. Also offers specialist services for Māori, Pasifika, debt and youth.

T: 0800 654 655
Text: 8006
gamblinghelpline.co.nz

NEW SOUTH WALES

G-Line

Free, confidential helpline offering counselling for people affected by gambling problems.

T: 1800 633 635

VICTORIA

Direct Line

Free, anonymous and confidential drugs and alcohol counselling, as well as information and referral services.

T: 1800 888 236 (available 24/7)
health.vic.gov.au/aod/directline.htm

Turning Point

Eastern Health service dedicated to improving the health and wellbeing of individuals and communities affected by alcohol and other drug-related problems.

T: (03) 8413 8413
turningpoint.org.au

3. FINANCIAL SERVICES AND SUPPORT

AUSTRALIA

DPM Student Hub

Specialist financial advisors to the medical industry. Provides services specifically for medical students, including fact sheets, free student tax returns and graduate packages.

T: (03) 9621 7000
dpmfs.com.au

NEW ZEALAND

Sorted

Free, impartial information on budgeting, saving and debt management.

T: 0508 SORT IT (0508 767 848)
sorted.org.nz/

Medical Assurance Society

Membership-based society for health professionals, offering loans, insurance and financial advice

T: 0800 800 627
mas.co.nz

NSW and ACT

Medical Benevolent Association of NSW (also supports the ACT)

Free and confidential service providing financial assistance and counselling support to all registered medical practitioners and medical students.

T: (02) 9987 0504
mbansw.org.au

QUEENSLAND

Medical Benevolent Association of Queensland

Provides financial assistance to medical practitioners and their families to help through .

T: (07) 3872 2222
mbaq.org.au

SOUTH AUSTRALIA

Medical Benevolent Association of South Australia

Provides assistance to medical practitioners and their families in need of assistance due to financial hardship.

T: (08) 8267 4355

GENERAL SERVICES

ACT

ACT Health "Find a Health Service"

An online directory of all health services in the ACT.

health.act.gov.au/health-services/find-a-health-service

Crisis Assessment and Treatment Team (CATT)**

Accessible and responsive acute mental health assessment and treatment service, in the most appropriate setting

T: 1800 629 354 (available 24/7)

Australian National University



Student Life

Provides links to all university services, including 'Health and Wellbeing' and 'Academic Development'.

students.anu.edu.au/studentlife/



University Health Services

health.anu.edu.au



University Counselling Centre

T: (02) 6125 2442
E: counselling.centre@anu.edu.au
counselling.anu.edu.au

NEW SOUTH WALES

Doctors' Health Advisory Service (NSW)

T: (02) 9437 6552
dhas.org.au

NSW Rural Doctors Network

Provides support for the rural health workforce in NSW

T: (02) 4924 8000
nswrdn.com.au

UNIVERSITY SERVICES

University of NSW



Current Students - Support & Development

Provides links to all university services, including 'Wellbeing', 'Academic Skills' and 'Disability Services'.

student.unsw.edu.au/support



University Health Service

healthservices.unsw.edu.au



Counselling Service

T: (02) 9385 5418
E: counselling@unsw.edu.au
counselling.unsw.edu.au

University of New England



Student Central

Provides links to all university services, including 'Student Support', 'On-Campus Services' and 'Academic Skills'

une.edu.au/current-students/support/student-central



Student Support Team

Confidential and free to all students.

T: (02) 6773 4430
E: studentsupport@une.edu.au



Student Counselling Service

T: (02) 6772 2987
une.edu.au/current-students/support/student-support/counselling

University of Newcastle



Current Students

Provides links to all university services, including 'Health, counselling and wellbeing', 'Study skills and 'Disability support'.

newcastle.edu.au/current-students



Counselling Service

T: (02) 4921 5801

E: counselling@newcastle.edu.au

newcastle.edu.au/current-students/support/health-counselling-and-wellbeing/your-mental-health

University of Notre Dame Sydney



Student Services

nd.edu.au/nav-current-students/student-services



Counselling Services

T: (02) 8204 4220

E: sydney.counselling@nd.edu.au

nd.edu.au/sydney/current-students/counselling



Academic Enabling and Support Centre

nd.edu.au/nav-current-students/academic-enabling-and-support-centre

University of Sydney



Faculty Support

sydney.edu.au/medicine/current-students/student-support/supportnetwork.php



Student Support Services

sydney.edu.au/current-students/student_services/



Finding a GP

Information on maintaining your health as a medical student, and dealing with medical professionals as a patient.

sydney.edu.au/medicine/current-students/student-support/healthstayingwell.php



Counselling and Psychological Services

T: (02) 8627 8433

E: caps.admin@sydney.edu.au
sydney.edu.au/current-students/counselling/

University of Western Sydney



Student Services and Facilities

uws.edu.au/currentstudents/current_students/services_and_facilities



Counselling Service

Online eCounselling service, regular workshops and face-to-face counselling service

T: (02) 9852 5199

E: counselling@uws.edu.au
uws.edu.au/currentstudents/current_students/services_and_facilities/counselling_services



Mental Health and Wellbeing

uws.edu.au/wellbeing_mentalhealth/wbmh

University of Wollongong



Student Support Services

uow.edu.au/student/services/index.html



Counselling Services

T: (02) 4221 3445
uow.edu.au/student/services/cs/index.html

NORTHERN TERRITORY

Headspace Top End

T: 1800 659 388
E: headspacetopend@anglicare-nt.org.au

Northern Territory Crisis Assessment Telephone Triage and Liaison Service**

A free and confidential hotline for mental health inquiries, providing both crisis support services and general wellbeing advice.

T: 1800 NTCATT (1800 682 288, available 24/7)

Doctors' Health Advisory Service

T: (02) 9437 6552
dhas.org.au

QUEENSLAND

13 HEALTH

Telephone service providing qualified health advice.

T: 13 43 25 84 (available 24/7)
health.qld.gov.au/13health/

Womensline

DVConnect Womensline is a state-wide telephone service offering support to women who are experiencing sexual assault, domestic or family violence.

T: 1800 811 81 (available 24/7)
dvconnect.org

UNIVERSITY SERVICES

Bond University



Student Support

bond.edu.au/student-resources/student-support/index



Student Counselling Service

T: (07) 5595 4002
E: studentcounselling@bond.edu.au
bond.edu.au/student-resources/student-support/personal-support

Griffith University



Student Support Services

Provides links to all university services, including 'Personal Support', 'Academic and Careers' and 'Financial and Welfare'
griffith.edu.au/students/support



Counselling Service

T: (07) 5552 8732
E: counsellor@griffith.edu.au
griffith.edu.au/community-welfare-recreation/cou

James Cook University



Student Support Services

jcu.edu.au/student/support



Counselling Service

T: (07) 4781 4711 (Townsville)
or (07) 4232 1150 (Cairns)

E: wellbeingtsv@jcu.edu.au or
wellbeingcns@jcu.edu.au
jcu.edu.au/counselling



Cairns Adult Mental Health

T: (07) 4050 3100



Townsville Adult Mental Health

T: (07) 4796 3000 or 1300 MH
CALL (1300 64 2255)

University of Queensland



Student Support Services

Support, information and
workshops on all aspects of
student life.

E: ss@uq.edu.au
uq.edu.au/student-services



Counselling Services

T: 3365 1704
[uq.edu.au/student-services/
counselling](http://uq.edu.au/student-services/counselling)

SOUTH AUSTRALIA

Rural Doctors Workforce Australia Dr DOC (Duty of Care) Program

Supporting rural doctors to help take
care of themselves, their family and
colleagues.

T: (08) 8234 8277

E: drdoc@ruraldoc.com.au
[ruraldoc.com.au/services/support-for-
doctors/health-and-wellbeing/](http://ruraldoc.com.au/services/support-for-doctors/health-and-wellbeing/)

Mental health Assessment and Crisis Intervention Service**

T: 13 14 65

UNIVERSITY SERVICES

Flinders University



Personal Support Services

[flinders.edu.au/future-
students/support](http://flinders.edu.au/future-students/support) or
[flinders.edu.au/
current-students/
healthandcounselling](http://flinders.edu.au/current-students/healthandcounselling)

Griffith University



Student Support Services

Provides links to all university
services, including 'Personal
Support', 'Academic and
Careers' and 'Financial and
Welfare'
[griffith.edu.au/students/
support](http://griffith.edu.au/students/support)



Counselling Service

T: (07) 5552 8732
E: counsellor@griffith.edu.au
[griffith.edu.au/community-
welfare-recreation/cou](http://griffith.edu.au/community-welfare-recreation/cou)

James Cook University



Student Support Services

jcu.edu.au/student/support



Counselling Service

T: (07) 4781 4711 (Townsville)
or (07) 4232 1150 (Cairns)
E: wellbeingtsv@jcu.edu.au or
wellbeingcns@jcu.edu.au
jcu.edu.au/counselling

Cairns Adult Mental Health
T: (07) 4050 3100

Townsville Adult
Mental Health
T: (07) 4796 3000 or 1300 MH
CALL (1300 64 2255)

University of Queensland



Student Support Services

Support, information and
workshops on all aspects of
student life.

E: ss@uq.edu.au
uq.edu.au/student-services



Counselling Services

T: 3365 1704
[uq.edu.au/student-services/
counselling](http://uq.edu.au/student-services/counselling)

SOUTH AUSTRALIA

Rural Doctors Workforce Australia
Dr DOC (Duty of Care) Program
Supporting rural doctors to help take
care of themselves, their family and
colleagues.

T: (08) 8234 8277
E: drdoc@ruraldoc.com.au
[ruraldoc.com.au/services/support-for-
doctors/health-and-wellbeing/](http://ruraldoc.com.au/services/support-for-doctors/health-and-wellbeing/)

Mental health Assessment and
Crisis Intervention Service**
T: 13 14 65

UNIVERSITY SERVICES

Flinders University



Personal Support Services

[flinders.edu.au/future-
students/support](http://flinders.edu.au/future-students/support) or
[flinders.edu.au/
current-students/
healthandcounselling](http://flinders.edu.au/current-students/healthandcounselling)



Counselling Services

Free confidential counselling
for medical students on
Tuesday afternoons, 1 – 5pm
T: (08) 8201 2118
[flinders.edu.au/
current-students/
healthandcounselling/counsel](http://flinders.edu.au/current-students/healthandcounselling/counsel)

University of Adelaide



Student Support Services

adelaide.edu.au/student



Counselling Service

T: (08) 8313 5663
E: [counselling.centre@
adelaide.edu.au](mailto:counselling.centre@adelaide.edu.au)
[adelaide.edu.au/counselling_
centre](http://adelaide.edu.au/counselling_centre)

TASMANIA

AMA Tasmania Peer Support Service

Confidential and anonymous peer
support for doctors by doctors at the
cost of a local call.

T: 1300 853 338 (available 8am -11pm)
amatas.com.au/peersupport/

University of Tasmania



Student Support and Equity Unit

utas.edu.au/students



Counselling Services

T: (03) 6226 2697 (Hobart) or
(03) 6226 2697 (Launceston)

[utas.edu.au/students/
counselling](https://utas.edu.au/students/counselling)

VICTORIA

Orygen Youth Health

Youth mental health organisation based in Melbourne with a specialised youth mental health clinical service. Online features include Training & Resources, Fact Sheets and Research.

T: 1800 888 320
oyh.org.au

AMA Victoria Peer Support Service

Free anonymous and confidential telephone service, with the opportunity to talk and get support from other doctors.

T: 1300 853 338 (8am to 10pm)
[amavic.com.au/page/Member_
Services/Peer-Support](https://amavic.com.au/page/Member_Services/Peer-Support)

Victorian Doctors Health Program

Confidential and non-judgemental service dedicated to improving the health and wellbeing of doctors and medical students who have problems such as stress, mental health issues, substance use or other health issues.

T: 03 9495 6011
E: vdhp@vdhp.org.au
vdhp.org.au

Mental Illness fellowship

Member-based organisation that works with individuals and families affected by mental illness.

T: (03) 8486 4222

UNIVERSITY SERVICES

Deakin University



Student Life and Support

Provides links to all university services, including 'Health and fitness', 'Study skills, exams and assessment' and 'Support, counselling and welfare'

[deakin.edu.au/life-at-deakin/
study-work-and-play/student-
life-and-support](https://deakin.edu.au/life-at-deakin/study-work-and-play/student-life-and-support)



Counselling Service

[Deakin.edu.au/life-at-deakin/
health-safety-wellbeing/
counselling](https://deakin.edu.au/life-at-deakin/health-safety-wellbeing/counselling)



Doc Geelong

Database of doctors, dentists and pharmacies in the Geelong region.

T: (03) 5229 1922
(available 24/7)
docgeelong.com

University of Melbourne



Faculty Student Advisers

[sc.mdhs.unimelb.edu.au/
meet-student-adviser](http://sc.mdhs.unimelb.edu.au/meet-student-adviser)



Faculty Health and Wellbeing Service

[sc.mdhs.unimelb.edu.au/
health](http://sc.mdhs.unimelb.edu.au/health)



Student Services

services.unimelb.edu.au

Counselling Service

T: (03) 8344 6927
[services.unimelb.edu.au/
counsel](http://services.unimelb.edu.au/counsel)



Monash University



Student Life and Support Services

Provides list of university supports, including financial and accommodation assistance, study techniques, and mindfulness workshops
monash.edu/students/support
Counselling Service
T: (03) 9905 3020
monash.edu.au/counselling



MBBS Student Services Support Unit

T: (03) 9905 2048
E: mbbsstudentservices@med.monash.edu.au
[med.monash.edu.au/medical/
central/current-students.html](http://med.monash.edu.au/medical/central/current-students.html)

WESTERN AUSTRALIA

UNIVERSITY SERVICES

University of Western Australia



Student Services

[Student.uwa.edu.au/contact/
studentservices](http://Student.uwa.edu.au/contact/studentservices)

Counselling Services

Individual counselling, workshops and groups, resources and self-help modules

T: (08) 6488 2423
[Student.uwa.edu.au/life/
health/counselling](http://Student.uwa.edu.au/life/health/counselling)



University of Notre Dame Fremantle



Student Services

[nd.edu.au/fremantle/current-
students/studentservices.
shtml](http://nd.edu.au/fremantle/current-students/studentservices.shtml)



Counselling Services

T: (08) 9433 0580
E: [fremantle.counselling@
nd.edu.au](mailto:fremantle.counselling@nd.edu.au)
[nd.edu.au/fremantle/current-
students/student-services/
counsellingservice.shtml](http://nd.edu.au/fremantle/current-students/student-services/counsellingservice.shtml)

NEW ZEALAND

New Zealand Medical Association

nzma.org.nz

Auckland Women's Refuge Crisis Service

T: +64 9360 7365
womensrefuge.org.nz

Auckland Sexual Abuse HELP

Information and support services for victims of Sexual abuse and assault

T: +64 9623 1700 (available 24/7)
asah.org.nz

Medical Student Self Help Guide

medical-colleges.net/medical-student_wellbeing.htm

UNIVERSITY SERVICES

University of Auckland



Support Services

Comprehensive list of all University of Auckland services relevant to everyday student life.
auckland.ac.nz/en/for/current-students/cs-student-support-and-services.html



Medical Faculty A to Z Facilities and Resources Directory

fmhs.auckland.ac.nz/en/faculty/about/our-faculty/facilities-and-resources.html



Student Health and Counselling

T: +64 9923 7681
auckland.ac.nz/en/for/current-students/cs-student-support-and-services/cs-personal-support/cs-health-services/cs-clinic-contact.html



Support for Specific Groups

Information and support for students from diverse backgrounds, including International student support, LGBTI student support, Māori and Pacific student support, and support for students with disabilities.
auckland.ac.nz/en/for/current-students/cs-student-support-and-services/cs-support-for-specific-groups.html

University of Otago



Faculty Student Support

<http://micn.otago.ac.nz/current-students/student-support-welfare>

Student Support Centre

Free, confidential and friendly service providing a variety of student support and advice, from financial support to Student Pantry, to Queer Support and Education quality support network.
T: +64 3 479 5448
otago.ac.nz/studentservices/otherservices/otago030378.html



Māori Student Support Services

Multiple support structure available, including the Māori Centre, Māori Students' Association and Māori Student Support Officers
www.otago.ac.nz/maoricentre
or www.otago.ac.nz/teroopu



Pacific Islands Centre

T: +64 3 479 8278
E: pacific@otago.ac.nz
otago.ac.nz/pacific

OTHER PUBLICATIONS

Keeping the Doctor Alive

Provides medical practitioners with information and resources on strategies for self care as an essential element of their professional life.

Available to order at:

racgp.org.au/publications/tools

When The Cowpat Hits

The Windmill

Fantastic resource created by the National Rural Health Student Network in conjunction with beyondblue. A guide for staying mentally fit.

nrhsn.org.au/site/index.cfm?display=40504

Journeys into Medicine

Brilliant resource created by the Australian Indigenous Doctors' Association (AIDA), focusing on the profiles of 15 Indigenous medical graduates and 5 students.

aida.org.au/pdf/Journeys/Journeys.pdf

MULTIMEDIA TOOLS

e-couch

Online program for preventing and coping with depression, generalised anxiety disorder, and social anxiety disorder.

ecouch.anu.edu.au

CALM (Computer Assisted Learning for the Mind)

Audio files available for download giving specific techniques to manage three sources of long lasting happiness - mental resilience, healthy relationships and finding meaning in life.

calm.auckland.ac.nz

MoodGYM

This is a free online cognitive behaviour therapy program for preventing and coping with depression provided by the Centre for Mental Health Research.

moodgym.anu.edu.au

Online Anxiety Prevention Program

Self-paced online program to learn techniques to prevent anxiety. Requires registration.

www2.psy.uq.edu.au/~jkweb/register.html

OnTrack

Supporting the journey to health and wellbeing by offering free access to online programs, information, quizzes and advice.

ontrack.org.au

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