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Mental Health for Medical Students, what do we know today?

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Abstract

Mental health illnesses are rampant among university students. Symptoms of depression, anxiety, stress, and burnout are experienced in undergraduate and graduate levels especially among medical students. This systematic review explores the effectiveness of online mindfulness intervention on medical students. The review provide evidence that online mindfulness has the potential to be effective to address stress but not enough evidence to address depression and anxiety among medical students. The existing research designs are exploratory pilot studies, more robust research approaches such as randomized control trials interventions are needed.

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1. Introduction

Several surveys provided evidence that mental health of university students and college students are not at its best. Undergraduate and graduate students are facing important mental health challenges (e.g., depression, anxiety) [1-4]; particularly, medical students are under tremendous pressure and re subject to psychological distress and a decline in life satisfaction [2]. At the same time, many types of interventions [5-8] and ehealth [9, 10] and virtual communities applications [11-15] have been developing during the last decade to address mental health challenges

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particularly among medical students. In addition, with the recent developments in analytics and machine learning [16-21], researchers attempted to measure adherence and its impact on health outcomes. However, little has been done towards addressing mental health for medical students. Thus, it is important to collect and analyse the available evidence regarding the use of online mindfulness interventions targeting medical students. Our current paper presents the results of a systematic review to answer such need.

2. Methods

We have conducted a systematic review using the following online databases: ProQuest, Medline, PubMed, PsycINFO, Web of Science, IEEE Explore, Cochrane, and CINAHL. We included studies targeting medical students only, in the last 10 years, using online mindfulness or Cognitive Behavioural Therapy (CBT) or Acceptance and Commitment Therapy (ACT). We excluded studies written in a language different than English or did not have a full text available. The most recent search took place on 28 October 2020.

3. Results

The search resulted in 6 articles, three of which were duplicates. Only 3 articles were kept for analysis [22-24]. The result of the search is displayed in Table 1.

Table 1. An example of a table.

Article	Intervention	Outcomes
Sarah Moore, Rita Barbou, Hanh Ngo, Craig Sinclair, Richard Chambers, Kirsten Auret, Craig Hassed & Denese Playford (2020)	Single-arm prospective mixed method cohort study	-No immediate post-training impact on stress levels
Lattie, E. G., Kashima, K., Duffecy, J. L., (2019)	Prospective pilot cohort design	-No significant changes in depression, Anxiety or Stress. -Increase in cognitive coping.
Danilewitz M., Koszycki D., Maclean H., Sanchez-Campos M., Gonsalves C., Archibald D., and Bradwejn J. (2018)	Prospective pilot cohort design	-Significant increase for self-compassion - no significant change in burnout levels

The existing 3 project consider a population of medical student whose mean age is that ranges between 23.76 [23], 23.8 [22] and 26.7 [1]. Most of the participants were female in all 3 studies; the percentage of females varied between 66.04% [23], 69.2% [22] and 80.85% [1]. The length and type of intervention varied between 8 weeks [1], 16 weeks [23], seven weeks to four months [22].

In terms of mental health outcomes, Moore et al. demonstrated statistically significant changes in stress [1] and while they did not measure anxiety and depression. Lattie et al. reported [23] no significant changes in the depression, anxiety, and stress. Finally, Danilewitz et al. measured burnout and mindfulness, they reported no statistically significant changes in burnout measurements and only statistically significant impact on the “describe” and “observe” facets of the Five Facet Mindfulness Questionnaire [22].

Moore et al. [1] and Lattie et al. [23] reported high use of their intervention (50% and 66% respectively); Danilewitz et al. did not report on usage [22].

4. Discussion

The evidence provided the three studies is not clear as each of the three studies was designed as either one arm or as pilot study. There is a need for a more robust interventions that include randomized control trials to make any final robust conclusions; there seem overall an impact on stress in some instance. Given the nature of medical students work an App that provide access to online mindfulness might be more appropriate as it allows access to tools when needed and where needed.

The intervention use was not properly measure and was self-reported; there was mid to low program usage. There is a need to have objectives measurement of usage and that it would be reported in each study, absence of usage measurement would not allow us to understand the impact of the intervention vs. placebo.

A proper user experience testing for any online-based intervention would be recommended to ensure adoption, retention, and use; such assessment was not done in any of the studies.

eHealth has proven to be effective in many domains [10, 25], mHealth was also effective in intervening in the domain of chronic disease management [26], both approaches can be used to provide a supportive environment for medical students' mental health. The current covid-19 pandemic supports the need for virtual care to provide health services.

In the context of mental health machine learning can play an important role [9], particularly it might allow detecting trends in mental health events and allow early intervention [17]. Such approaches are emerging and promising [27-32].

5. Conclusion

While online mindfulness proved to be effective for students in universities and colleges, currently, we lack conclusive evidence about the effectiveness of online mindfulness for medical students. There is a vital need to address mental health for medical students using a gold standard randomized control trials to generate solid evidence about the effectiveness of online mindfulness for this part if the population. Some information systems best practices should be taken into consideration in future interventions, including user experience testing to ensure adoption and background analytics to measure adherence.

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