Mental Health Position Paper

FEBRUARY 2024

Executive Summary

A priority of EPSA (European Pharmaceutical Students' Association) this year is to advocate for pharmaceutical students' mental health. For this, EPSA initiated the Mental Health survey in November 2023, and 720 responses were recorded. This position paper has been created with the data gathered from this survey and the EPSA Survey on Mental Health from 2021. The survey from 2021 had 2223 responses.

Through its several departments, EPSA strives to raise Students' awareness about mental health issues and to gather proposals for what to improve in their universities, curricula, or etc.

Introduction

According to WHO (World Health Organization), mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships, and shape the world we live in. Mental health is a fundamental human right and it is essential for personal well-being, societal, and socio-economic development [(1)]. That being said, mental health is one of the top priorities of EPSA, and with the support from its members, EPSA strives to advocate for Pharmaceutical Students' mental health. By prioritising mental health advocacy, EPSA strives to foster a supportive environment for Students to thrive personally, academically, and professionally. In this position paper, these aspects and new trending areas are investigated to help better understand the Students' needs. Hence, this paper will be used as a tool in EPSA's advocacy efforts.

Pharmaceutical Students' Mental Health

Evidence of mental health distress [2]

According to the WHO, "...determinants of mental health and mental disorders include not only individual attributes but also social, cultural, economic, political and environmental factors such as policies, social protection, standards of living, working conditions and community support".[3] Therefore, stress caused by disruptions in the attributes stated before is one of the main contributing factors to mental health disorders and one most identified by pharmaceutical respondents in the survey we conducted previously. According to the survey conducted in 2021, the majority of respondents (98.7%) experienced stress during their pharmaceutical studies. On a scale from 1 (mild) to 5 (extreme), almost 65% of respondents rated the perceived stress above 4. The most often mentioned reasons for the stress of pharmaceutical respondents were exams (95.68%), followed by too much pressure from professors (49.45%) and hectic schedules (48.43%). Competition between respondents, living away from home, and working part-time was common to all respondents and contributed to their rising stress levels.

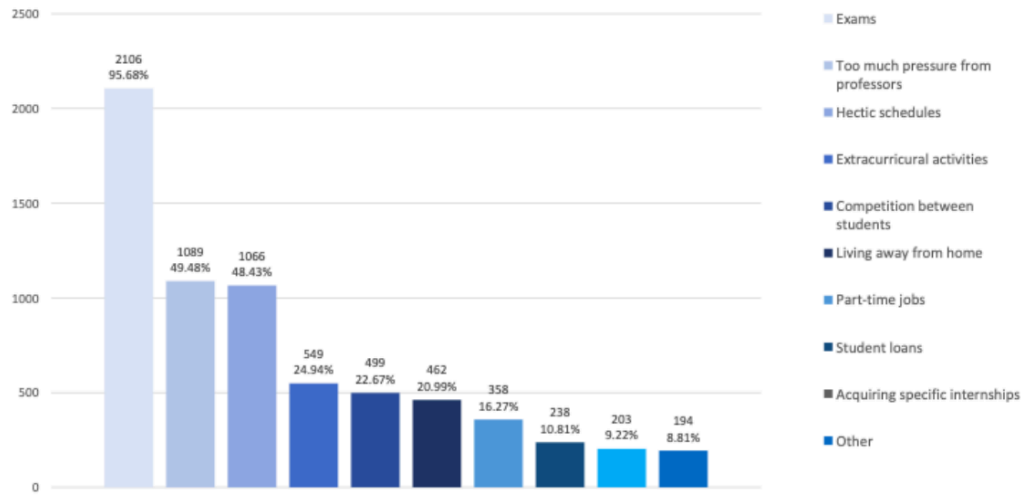

Figure 1 - Reasons why pharmaceutical students experienced stress during the pharmaceutical degree [2]

Elevated stress levels, as well as their impact on mental health, are worrying, especially when looking at the consequences experienced by respondents. According to the survey conducted

in 2021, over 80% of respondents experienced constant worry/anxiety during stressful periods. Anger/irritability (65.75%), inability to focus (65.57%) and fatigue (61.10%) were also frequently mentioned as stress consequences. Around half of the respondents experienced insomnia, frequent headaches, and digestive problems. Some respondents also suffered from loss of appetite, palpitations, chest pains, and other aches. Among other consequences of stress, frequent answers were depression, skin problems, overeating, and panic attacks.

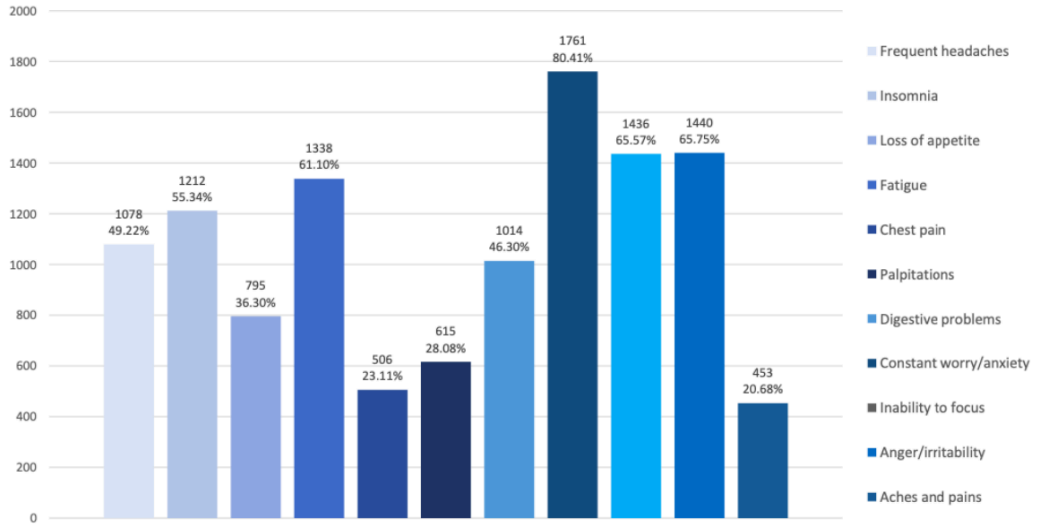

Figure 2 - Potential consequences of stress experienced by pharmaceutical students [2]

According to the survey conducted in 2021, almost half of the respondents have experienced depression and 23,50% eating disorders. 10,21% mentioned personality disorder, which is particularly serious for respondents working in healthcare. Finally, 12,28% of respondents have experienced suicidal tendencies.

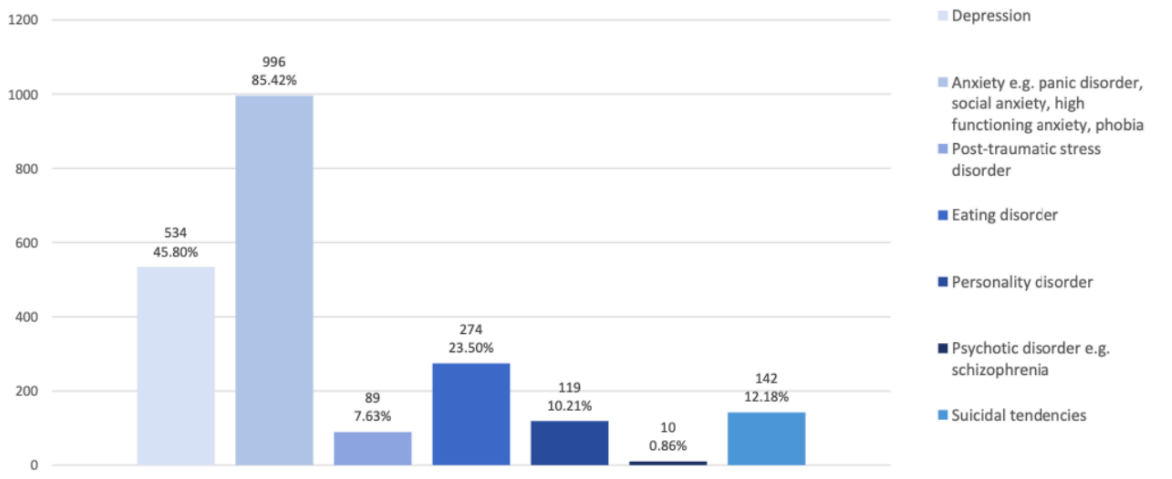

Figure 3 - Mental health issues experienced by pharmaceutical students [2]

Mental health in the pharmaceutical curricula, universities and internships [4]

From 1 (strongly agree) to 5 (strongly disagree), most respondents do not think there are enough mental health resources and services in faculties. 20.6% of respondents strongly disagree that the available resources are enough. This result indicates a significant gap between the needs of respondents and the support provided by the faculties. Further investigation is needed to be made by faculties/academic staff.

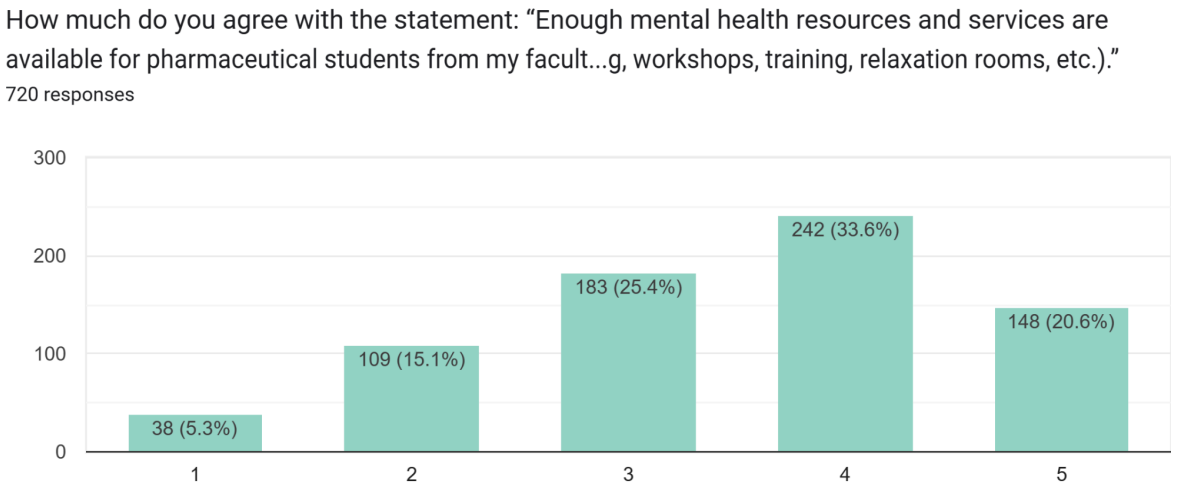

Figure 4 - Mental health resources and services available for pharmaceutical students from faculties [4]

The majority of respondents (64.3%) do not use the aforementioned resources.

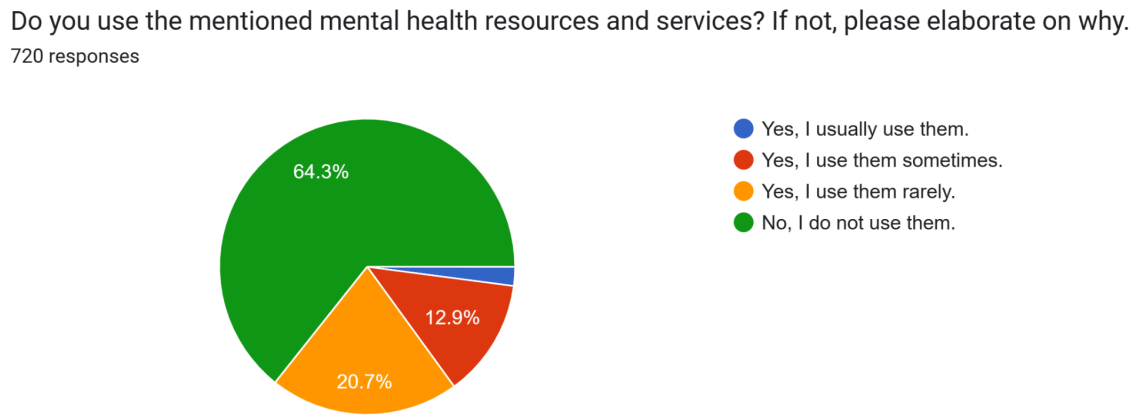

Figure 5 - The usage of mental health resources and services by students [4]

Some respondents reasoned why they did not use the resources. Some examples are:

- I do not need them
- I do not have time
- They are not 1 to 1
- The quality is bad
- My studies are very time consuming and I'm putting my studies before my mental health
- I go to therapy on my own/I deal with stuff on my own
- Long waiting time to get an appointment
- I don't know how to start/apply
- I was not aware they exist

These include a lack of perceived necessity, lack of time, dissatisfaction with available services, prioritisation of academic obligations over mental well-being, relying on personal coping methods, difficulty accessing services due to long wait times and not knowing how to

start, and an overall lack of awareness about available resources. All these reasons indicate the challenges that people face in getting mental health help, highlighting the need for personalised interventions to overcome these problems and promote more use of support services.

Half of the respondents (50.3%) do not think early prevention and intervention measures are implemented enough at early stages in respondents' everyday lives. Followed by 35.4% who think it is enough, and the rest stated they do not know. The result shows that more work needs to be done in this area.

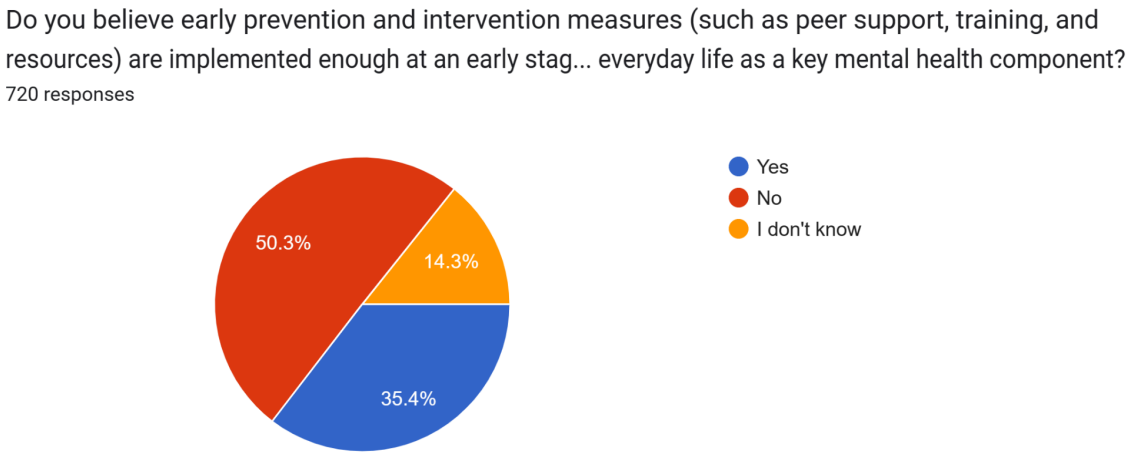

Figure 6 - Implementation of early prevention and intervention measures [4]

Most of the respondents (52.8%) do not use these measures.

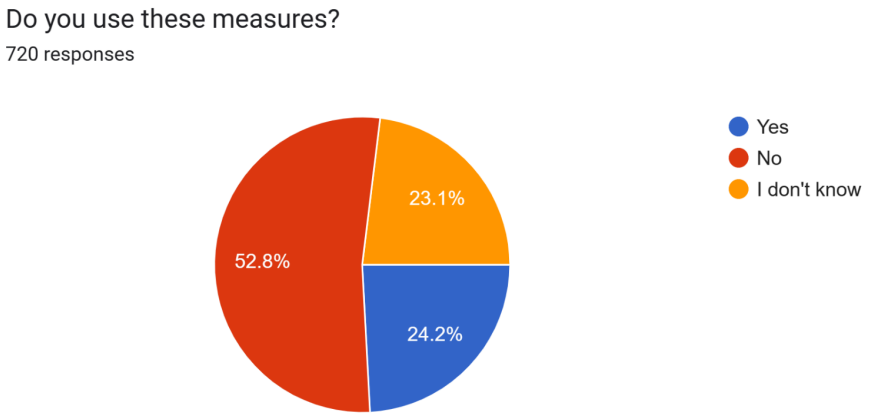

Figure 7 - Usage of early prevention and intervention measures [4]

Some prevention and intervention measures for mental health are given below. Respondents stated they have access to mostly counsellors or psychologists, online resources, webinars, workshops, seminars, awareness campaigns, mentoring projects, and training. Some individual answers were podcasts, meditation, and mindfulness training.

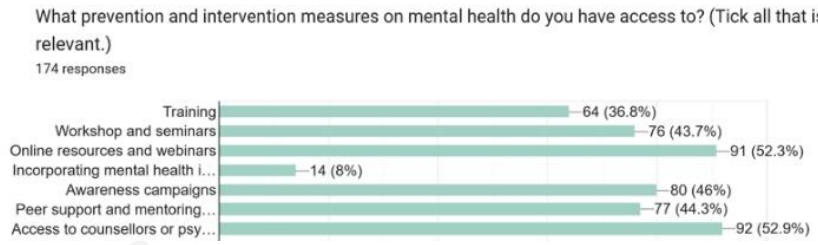

Figure 8 - Prevention and intervention measures which students have access to [4]

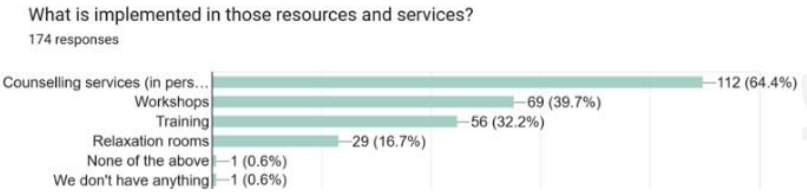

Figure 9 - The context of prevention and intervention measures [4]

1 being "strongly agree" and 5 "fully disagree", most (53.2%) respondents strongly agree that more funding should be allocated to support the mental health of respondents. Considering

the other findings from this survey, areas for improvement can be identified and funding can be allocated.

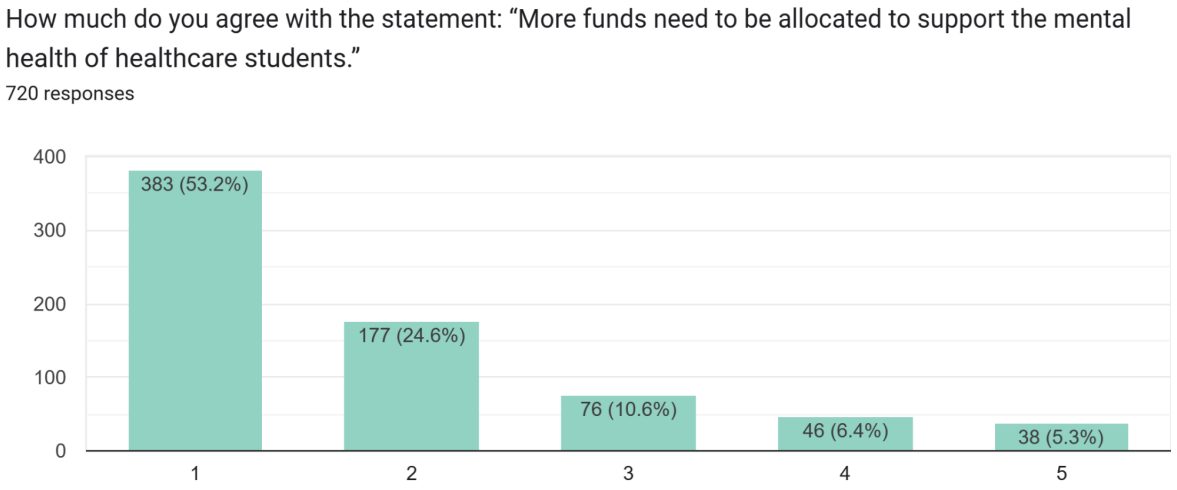

Figure 10 - Allocation of funds for healthcare student mental health support (4)

1 being "strongly agree" and 5 "fully disagree"; there was a lack of clear results of responses for this question. However, it can be seen that respondents are usually not comfortable discussing mental health within the pharmaceutical academic environment. So, it shows that awareness campaigns can be beneficial to make respondents more aware and comfortable with sharing their thoughts/feelings.

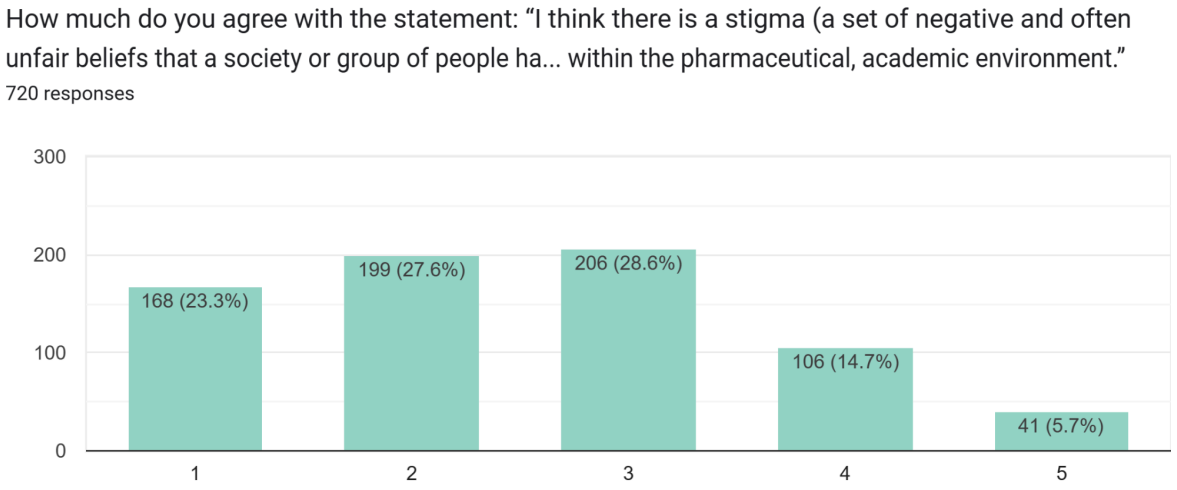

Figure 11 - Stigma associated with discussing mental health within the pharmaceutical, academic environment [4]

1 being "strongly agree" and 5 "fully disagree", most of the respondents do not think their education prepares them to tackle mental health issues in their future profession.

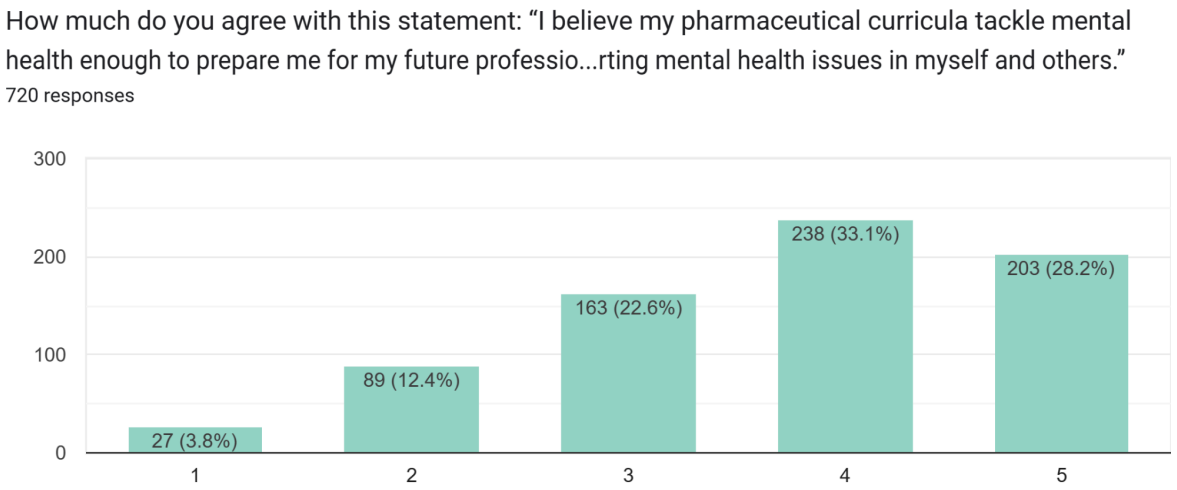

Figure 12 - Ability to tackle mental health as a pharmacist [4]

1 being "very positively" and 5 "very negatively", it is seen that most respondents were not really affected, neither positive nor negative. However, it should be noted that there are 26 answers (5.5%) to very negatively, and it should be taken into consideration. It is crucial to acknowledge and investigate the reasons behind these responses, and to take proactive measures to address any issues in mental health support within the pharmacy profession.

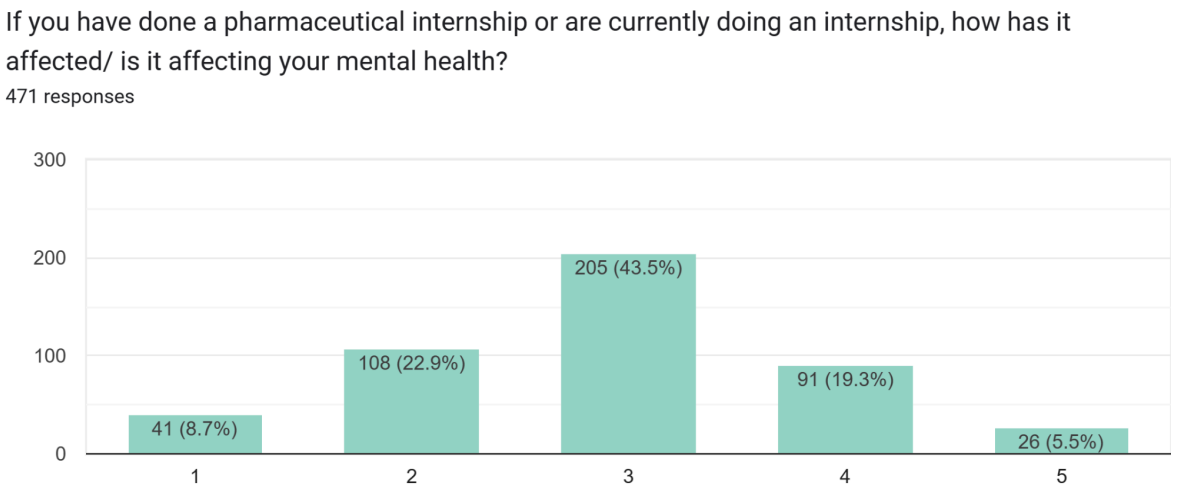

Figure 13 - Internship and its effects on students' mental health [4]

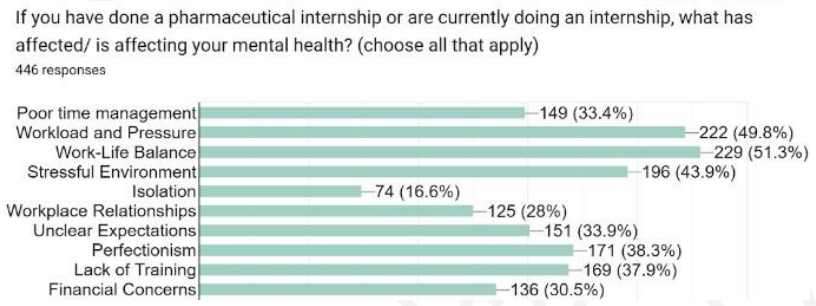

Figure 14 - More detail on internships' effect on students' mental health [4]

It is seen that most respondents are not aware of social prescribing and its effects on well-being and mental health. 1 being "strongly agree" and 5 "fully disagree", there are more

respondents who disagree than agree. As a result, social prescribing is an area of improvement in mental health.

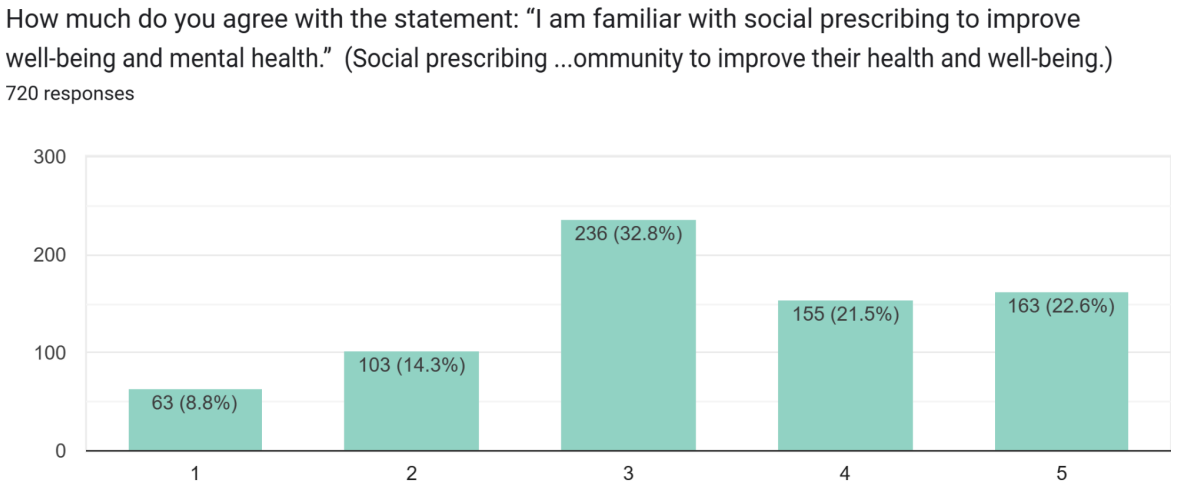

Figure 15 - Social prescribing to improve well-being and mental health [4]

Mental health in students' lives [4]

The problems students face when accessing mental health support are: a lack of awareness about available mental health services, the stigma associated with seeking mental health help, financial constraints, limited availability of mental health services, difficulty finding a mental health professional who understands the individuals' specific needs, unsupportive attitudes from family, friends or peers, concerns about the effectiveness of available treatments and fear of being prescribed medication, respectively. Some individual answers were lack of time/time management, lack of motivation to seek help, fear of lack of confidentiality, unsupportive attitudes from the university and worrying relatives.

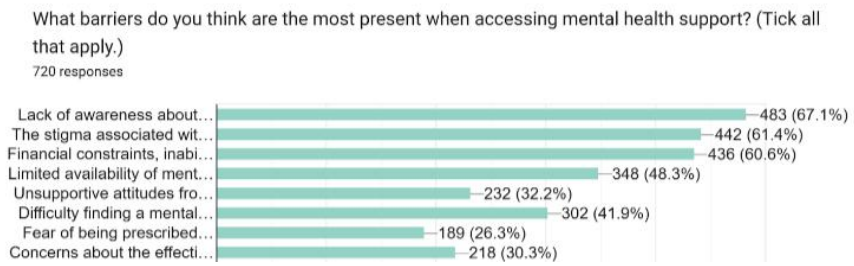

Figure 16 - Barriers students face when accessing mental health support [4]

Almost half of the respondents (48.2%) said they had not used substances to cope with stress or emotional difficulties, followed by those who said yes, but rarely (20.8%), yes, occasionally (15.3%) and yes, frequently (10.8%).

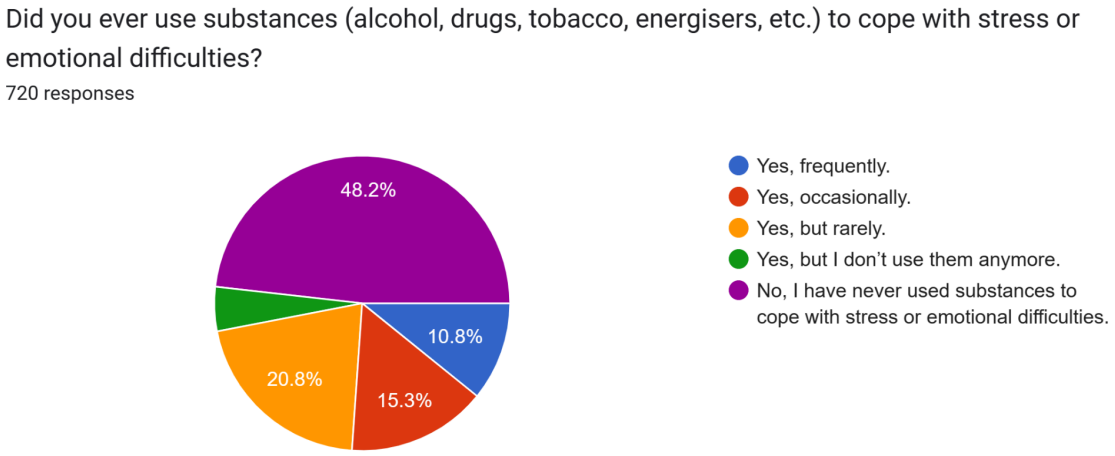

Figure 17 - Use of substances to cope with stress or emotional difficulties [4]

The majority of respondents (78.9%) said they did not experience discrimination or violence based on sexual orientation, gender identity, gender expression, or sex characteristics in their universities, followed by 7.8% who said "yes" and 13.3% who said "I don't know".

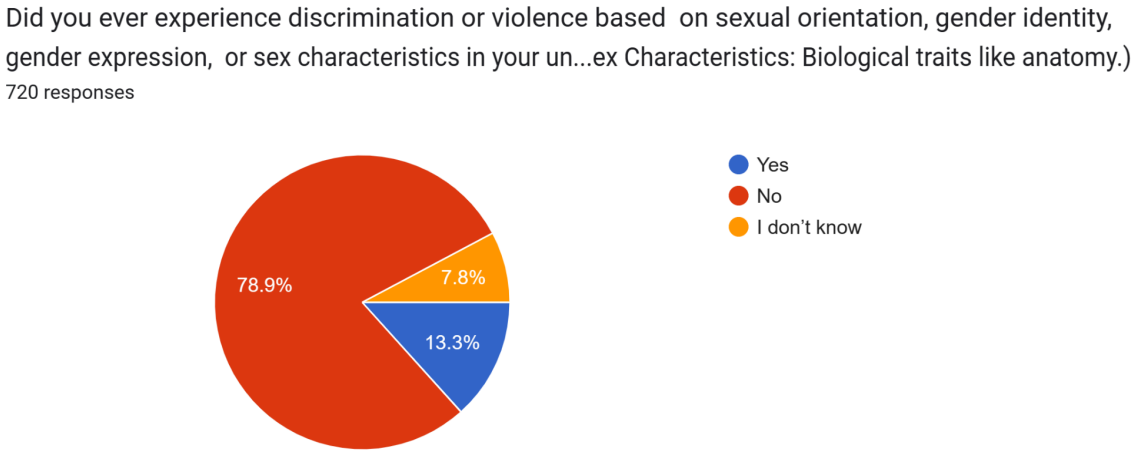

Figure 18 - Experiencing discrimination or violence in universities [4]

The majority of respondents (62.9%) said they did not witness discrimination or violence based on sexual orientation, gender identity, gender expression, or sex characteristics in their universities, followed by 24.9% who said "yes" and 12.2 % who said, "I don't know".

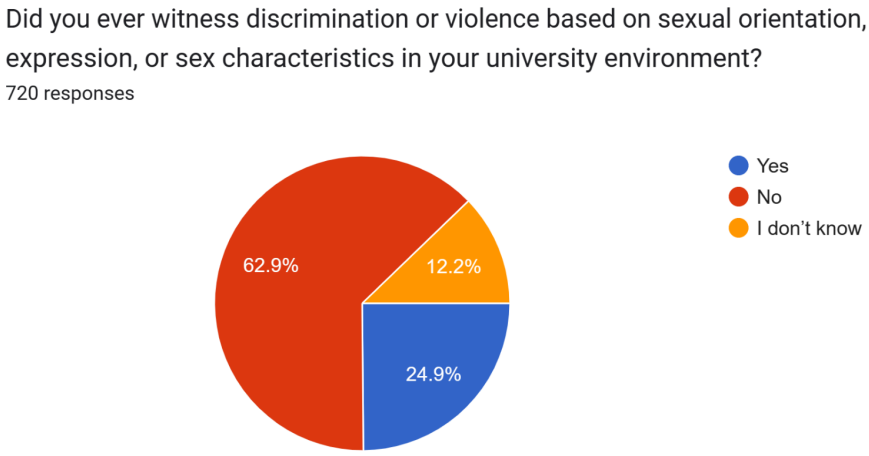

Figure 19 - Witnessing discrimination or violence in universities [4]

Among the respondents who said "Yes" to the previous question, 1 being "extremely" and 5 "not at all", the answers were as follows:

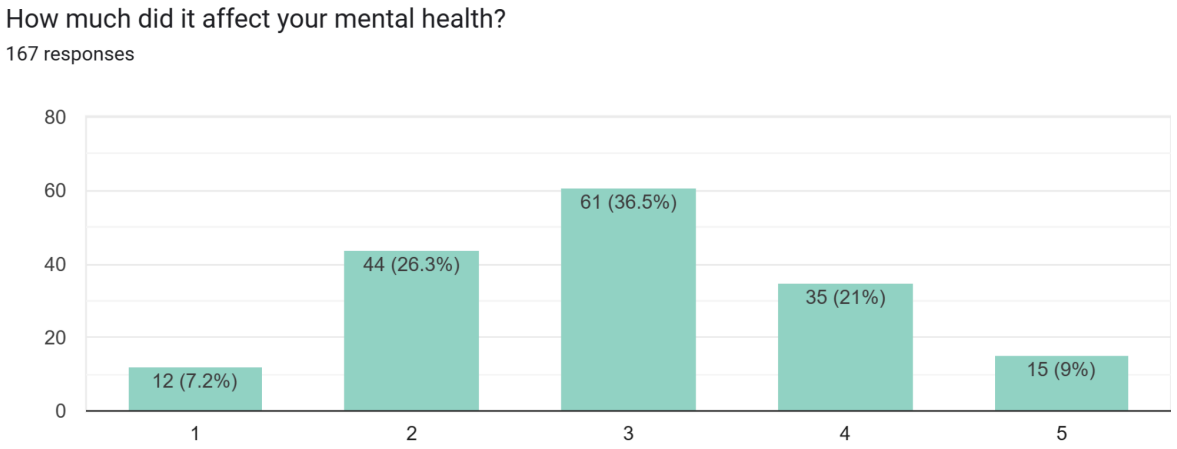

Figure 20 - The effect of the abovementioned circumstances [4]

The Digital Era and Data on Mental Health (4)

1 being "very positively" and 5 "very negatively", it seems that most respondents think digitalisation impacts mental health quite negatively. To ensure that respondents are able to learn effectively, it's important to investigate what causes negative effects and how digital resources can be used for benefit instead of harm to respondents.

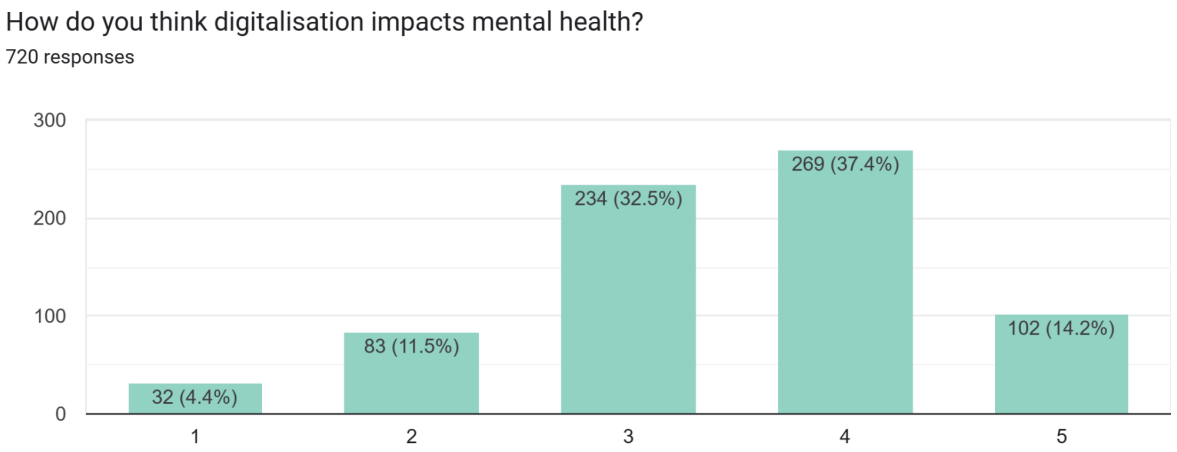

Figure 21 - Effects of digitalisation on mental health [4]

1 being "highly effective" and 5 "very ineffective", the results show most respondents are indecisive on the issue. Respondents should be made aware of the current digital tools and advised to use them more.

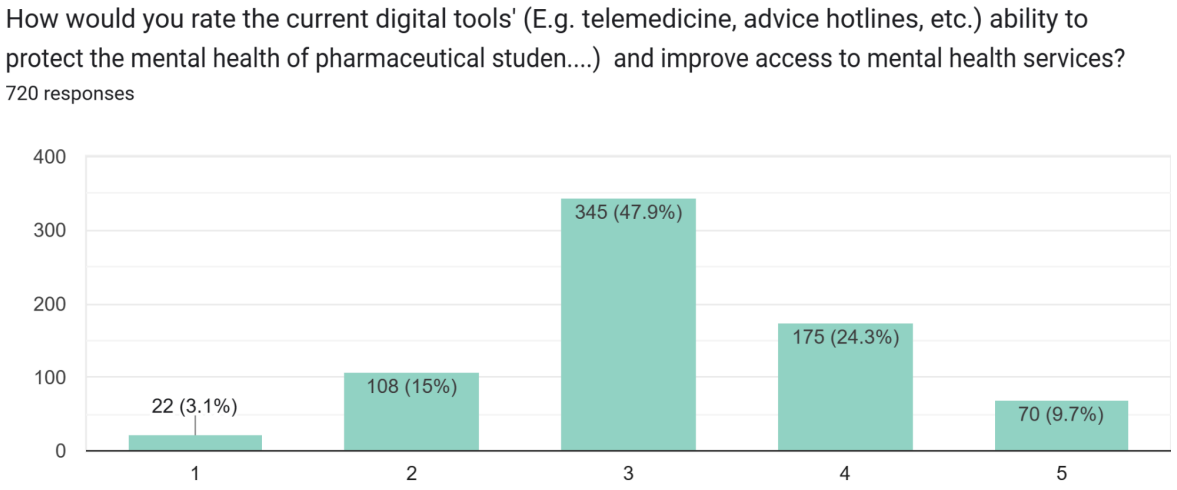

Figure 22 - Digital tools' ability to protect the mental health of pharmaceutical students and improve access to mental health services [4]

1 being "strongly agree" and 5 "fully disagree", most respondents do not think there is enough research and data available on mental health of young people. It calls for an urgency for institutions to take action.

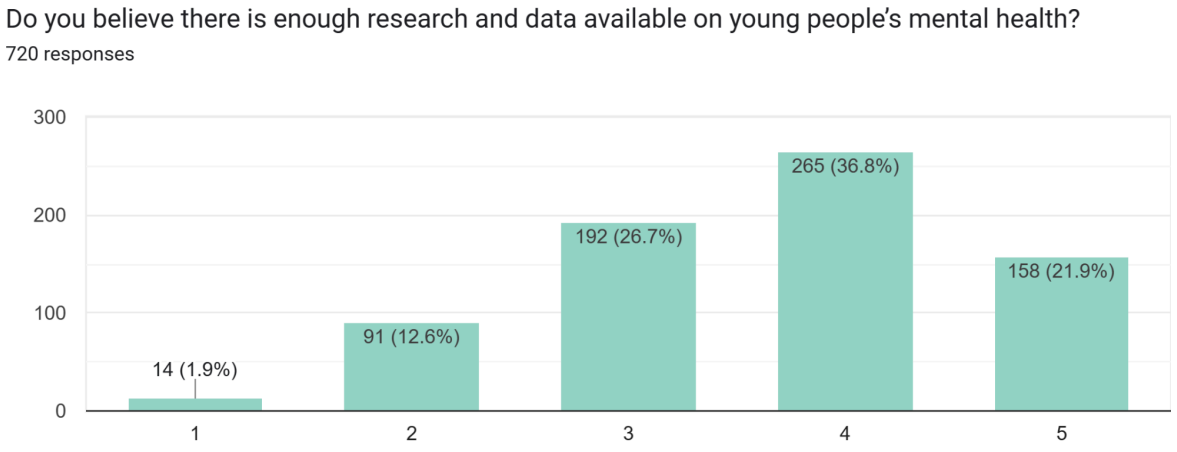

Figure 23 - Research and data on the mental health of young people [4]

Call for Action

Based on this research [2] [4] and following approval from EPSA Member Associations, EPSA believes the following points should be adopted/addressed:

1. It should be ensured that mental health resources and support systems are integrated into pharmaceutical curricula, universities, and internships, fostering a supportive environment for pharmaceutical students' well-being and professional development.

According to the data collected from students from 35 countries, there is room for improvement regarding the pharmaceutical curricula, universities and internships. Most of the respondents do not think there are enough mental health resources and services available. Counselling, workshops, training, relaxation rooms, or etc., can be given as examples of these services.

2. More funds must be allocated to support the mental health of healthcare students.

Increasing funds to support the mental health of students is crucial due to several stressors they face during their education such as; exams, too much pressure from professors, hectic schedules, extracurricular activities, competition between students, living away from home, part-time jobs or internships, student loans and many more[2]. These factors impact students' mental health negatively and if not enough support is provided, it may lead to a decline in overall well-being and academic performance. With the funds provided, better support systems in faculties can be implemented. These investments are essential for promoting student well-being, enhancing academic performance, and cultivating a resilient future generation of healthcare professionals.

3. Early prevention and intervention measures should be implemented in students' lives.

Early prevention methods such as trainings, workshops, seminars, awareness campaigns, counselling, etc. should be implemented in students' daily lives. By doing this, institutions can foster a proactive approach to mental well-being, empowering students to prioritise self-care and seek support when needed.

4. Students should receive enough training or education on recognising and supporting mental health issues.

Pharmaceutical students need to learn about mental health clinically as well in order to implement the knowledge and skills into their profession. Students need to get the training or education to be able to recognise mental health issues in patients and support the patients to get the help they need, to be used during their professional work as pharmacists. The training or education should be through courses like seminaries that are mandatory classes, but do not take space from other classes, since hectic schedules is one of the main reasons which increase the stress levels.

5. Education and awareness programs and support services should be made for students who use substances (alcohol, drugs, tobacco, energisers, etc.) to cope with stress or emotional difficulties.

Substance use might be a way of coping with mental health issues or stress of the students. To prevent substance use and addiction, early prevention and awareness are crucial.

6. Academic staff and students should be educated on discrimination or violence based on sexual orientation, gender identity, gender expression, or sex characteristics.

According to the data gathered, in some cases, some academic staff, educators or students are not aware of this and should be educated.

7. More research and data is needed on the mental health of young people.

With comprehensive research, policymakers, healthcare providers, educators, and faculties can develop targeted interventions and allocate resources effectively to address the needs of students. Additionally, access to reliable data facilitates evidence-based decision-making and enables the implementation of preventive measures to promote mental well-being. Investing in research on young people's mental health is an investment in the future generations' overall health and resilience.

About EPSA

The European Pharmaceutical Students' Association (EPSA) is an umbrella organisation representing over 100,000 pharmacy and pharmaceutical respondents from 35 European countries.

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