

Welcome to the first issue of volume 2 of *The British Student Doctor*. This is our second year of publishing this biannual, diamond open access, peer-reviewed journal for medical students. Whilst our first year involved many challenges, establishing the brand and mission statement of the journal, meeting with designers, solicitors and other professionals, our second year has also been a challenge in other ways. As co-editors of this journal, but also as new junior doctors within the NHS, we have had to learn to balance the stresses of modern clinical practice within an understaffed healthcare system, whilst remaining diligent to our academic commitments. An important part of this transition from medical student to junior doctor has been about protecting our own mental health – striving to remain mindful of the pressures that we face and the need to look after ourselves before we can care for others.

## Editorial

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**Dr James M. Kilgour**

Co-Founder & Editor-in-Chief  
The British Student Doctor  
Wexham Park Hospital  
United Kingdom

ORCID: 0000-0001-8067-2306

**Dr Shivali Fulchand**

Co-Founder & Editor-in-Chief  
The British Student Doctor  
Kettering General Hospital  
United Kingdom

ORCID: 0000-0003-2918-3931

*Address for Correspondence:*

Editors-in-Chief  
The British Student Doctor Journal  
PO Box 430  
1st Floor, 30-36 Newport Road  
Cardiff, CF24 0DE

Email: editorinchief@bsdj.org.uk

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It is known that rates of anxiety, depression, burnout and suicidal ideation are significantly higher in medical students than the general population. (1) 1 in 10 medical students experience suicidal thoughts (2) and a recent systematic literature review found that psychiatric morbidity among UK doctors can be as high as 52%, whereas the prevalence of common mental disorders in private UK households is only 21%. (3)

If mental health issues are not handled appropriately at earlier stages of a student's career, this inevitably holds a poor trajectory for the psychological wellbeing of doctors in the future. Numerous hypotheses explain the high incidence of mental health issues in medical students and doctors. Medicine is known to be one of the most intensive career paths, with a high workload and frequent assessments, which further contributes to an over-competitive environment. (4) Medical students and doctors are also known to have high levels of neuroticism and conscientiousness, which often results in greater levels of stress. (5) From an early stage, students are exposed to stressful and emotionally driven environments, requiring a professional approach. The increasingly litigious, bureaucratic and rapidly evolving nature of the profession also contributes to the high levels of perceived stress. (6)

Various avenues have been explored to manage medical student mental health issues. Earlier methods include increasing access to mental health services, whereas more recent approaches also include developing wellbeing programmes, as well as the introduction of mindfulness practice. (1) Mindfulness is a process to become more conscious of the present moment to manage thoughts, feelings and strong emotions. If an individual becomes more self-aware, they are less likely to experience compassion fatigue and burnout. (7)

Mindfulness practice is growing in popularity throughout medical schools worldwide. A literature review in 2013 found that 14 medical schools taught mindfulness practice. Since then, the number has been steadily increasing. The first '*Mindfulness in Health and Higher Education*' conference was held in 2016 at the University of Leicester (UK) and, since then, first-year students at the medical school have also received mindfulness training. (8) We are thus pleased to publish a letter by Dr Jonathan Hales, Lead for Mindfulness and Resilience at University of Leicester, in response to '*Why Mindfulness matters in Medical Education*'.

A landmark trial by Galante et al. found a positive result, in that the provision of mindfulness, as part of a wellbeing service, improves outcomes in mental illness in students aged 18 years or older. (9) Therefore, to tackle the ever-increasing prevalence of mental illness, could practice-based techniques such as mindfulness be the solution to increasing resilience within medical schools and thus, clinical environments?

In this issue of *The British Student Doctor*, we publish a piece of original research by medical students from Cardiff University which explores medical student attitudes to mental health and psychiatry, through the use of short films. In their well-executed study, they find that stigmatising attitudes can be reduced by the use of patient stories – these films act as triggers for our ability to empathise. Interestingly, the students in the study were found to be more likely to discuss their own mental health with a friend or colleague after the intervention. However, 31% of medical students would still not admit their own mental health conditions to their peers. Perhaps it is not just our patients who we may stigmatise, but also our fellow colleagues. In the ever-stressful environment of modern clinical practice, we need to create a culture where mental health is accepted, embraced and valued. If not, how can the medical profession be ready to care?

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