



EDITORIAL

How to best address the challenges of mental health in medical education?

Cómo enfrentar de la mejor manera los desafíos de la salud mental en la educación médica?

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Situations affecting the mental health of undergraduate and graduate health sciences students are a global concern, not just a local one (1-3). When unfortunate outcomes at the individual and societal level arise due to mental health issues in educational or workplace contexts, they are widely reported by mass media (4), and nowadays, further amplified by social networks. This often triggers a search for those responsible and assigning blame. However, after some time, the initial outrage and concern subside, pushing these issues behind the scene. Only rarely do institutional transformations occur to prevent similar outcomes in the future. This often happens because problems are not tackled with a holistic approach, one that addresses the real root causes rather than focusing solely on individual factors (5).

The prevalence of mental illness and its unfortunate consequences, which have repeatedly impacted

health sciences students (6), calls for a deep, calm, and just reflection on the magnitude of this issue in our educational environments, its root causes, and the triggering failures (7) to design strategies either from the perspective of the pedagogical model perspective (8), from the standpoint of occupational or organizational psychology (9), or through the lens of ethics in education (10), to prevent future adverse outcomes.

A crucial point of discussion is how to achieve a balance between the need to prepare individuals for high-stress situations – which health professionals face daily – and the necessary training to acquire the competencies that ensure adequate performance in such situations. At the same time, we must foster self-esteem and resilience in the face of adverse outcomes, an unavoidable reality in the daily work of healthcare providers. Additionally, tools are needed to identify individuals prone to engage in physical or psychological abuse and to activate organizational processes aimed at improving their social performance in personal, social, and professional contexts. Abusers are present in all types of organizations, but our institutions may be more susceptible to harboring them (11). These individuals have a highly detrimental effect on those who suffer their actions, particularly in environments where errors can have significant consequences for all involved, such as healthcare settings (12). We must also acknowledge the role that traditional hierarchies and

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teaching through intimidation may be playing in our institutions (13).

The Colombian Journal of Obstetrics and Gynecology (RCOG) highlights in its editorials important events for society in general, healthcare users, and the scientific community. Moreover, it serves as a platform for analyzing these situations, particularly in terms of the challenges posed by providing effective and safe education to health professionals across various levels of training. Therefore, the editorial team invites members of the academic community, education experts, especially in healthcare education, and all health professionals to contribute their insights and reflections on the design, adoption, and implementation of strategies that prevent situations of bullying, mobbing or harassment and preserve the mental health of trainees in high-demand personal, professional, and labor environments. The goal is to avoid circumstances that could leave psychological scars, resulting in behavioral or affective disorders in individuals who share work and training spaces in service to the community.

REFERENCES

1. Pinzón A, Guerrero S, Moreno K, Landínez C, Pinzón J. Ideación suicida en estudiantes de medicina: prevalencia y factores asociados. *Rev Colomb Psiquiatr.* 2013;43(Suppl 1):47-55. <https://doi.org/10.1016/j.rcp.2013.11.005>
2. Zeng W, Chen R, Wang X, Zhang Q, Deng W. Prevalence of mental health problems among medical students in China: A meta-analysis. *Medicine (Baltimore).* 2019;98(18):e15337. <https://doi.org/10.1097/MD.00000000000015337>
3. Lucas V, Pascua M, Ramos J, Trinidad A, González C, Jover J, et al. Burnout in general surgery residents. Survey from the Spanish Association of Surgeons. *Cir Esp.* 2020;98(8):442-9. <https://doi.org/10.1016/j.ciresp.2020.04.013>
4. Medew J. Surgeon Caroline Tan breaks silence over sexual harassment in hospitals. *The Age.* 2015. [Internet]. [citado 5 oct 2024]. Disponible en: <http://www.theage.com.au/victoria/surgeon-caroline-tan-breaks-silence-over-sexual-harassment-in-hospitals-20150312-141hfi.html>
5. Institute of Medicine (US) Committee on Quality of Health Care in America. *To Err is Human: Building a Safer Health System.* Kohn LT, Corrigan JM, Donaldson MS, editors. Washington (DC): National Academies Press (US); 2000.
6. Rotenstein LS, Ramos MA, Torre M, Segal JB, Peluso MJ, et al. Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students: A Systematic Review and Meta-Analysis. *JAMA.* 2016;316(21):2214-2236. <https://doi.org/10.1001/jama.2016.17324>.
7. Lageborn CT, Ljung R, Vaez M, Dahlin M. Ongoing university studies and the risk of suicide: a register-based nationwide cohort study of 5 million young and middle-aged individuals in Sweden, 1993-2011. *BMJ Open.* 2017;7(3):e014264. .
8. Leisy HB, Ahmad M. Altering workplace attitudes for resident education (AWARE): Discovering solutions for medical resident bullying through literature review. *BMC Med Educ.* 2016;16:127.
9. Milner A, Witt K, Maheen H, LaMontagne AD. Access to means of suicide, occupation and the risk of suicide: a national study over 12 years of coronial data. *BMC Psychiatry.* 2017;17(1):125. <https://doi.org/10.1186/s12888-017-1288-0>
10. Botina Morales L, Rosero Zambrano M, Arciniegas Paz I, Benavides Constain L. La ética en relación a la educación. *Huellas Revista.* Universidad de Nariño. 2022.15:31-36. [Internet]. [citado 5 oct 2024]. Disponible en: <https://revistas.udenar.edu.co/index.php/rhuellas/issue/view/PDF/146>
11. Wood DF. Bullying and harassment in medical schools. Still rife and must be tackled. *BMJ.* 2006;333:664-5
12. Rink LC, Oyesanya TO, Adair KC, Humphreys JC, Silva SG, Sexton JB. Stressors Among Healthcare Workers: A Summative Content Analysis. *Glob Qual Nurs Res.* 2023;10:23333936231161127. <https://doi.org/10.1177/23333936231161127>.
13. Mistry M, Latoo J. Bullying a growing workplace menace. *BJMP.* 2009;2:23-6.

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