

COVID Statement on Student Mental Health
from AAMC COSA Working Group on Medical Student Wellbeing

In response to concerns that medical students may be at greater risk for suicide completion and other mental health difficulties during the COVID-19 pandemic, the COSA Working Group on Medical Student Wellbeing has developed a 1:1 outreach approach that schools can utilize if feasible and appropriate for a school's infrastructure. Less labor-intensive alternatives are offered, depending on the level of resources available at individual schools.

We recognize that reaching out to every student individually takes a significant amount of time and resources. We also recognize that screening all students for anxiety, depression, suicidal ideation and other mental health concerns is not without risk, particularly if callers are not properly trained or if students do not have access to all the services they need.

However, the deleterious mental health effects of COVID-19 are likely to be substantial, and there is concern that suicide rates will rise. Preventing suicide needs special consideration. The response must extend beyond general mental health policies and practices as opportunities to monitor patient needs are curtailed in the large-scale home confinement.^{1,2} We were asked to move quickly to develop a plan that had the potential to reduce further mental health impacts of the pandemic and physical distancing.

In consultation with the American Foundation for Suicide Prevention, we believe that direct screening students for suicide is of critical importance. In general, asking about suicide does not appear to increase risk of suicide and may even decrease risk.³ Medical students are known to have higher risks of suicidal ideation even under normal circumstances,⁴ therefore given the COVID-19 situation, we believe the risks of *not* asking about suicide outweigh the risks of asking. Reaching out to students 1:1 may give them a stronger sense that they are cared for and provide personalized help to identify their needs. If this approach is not feasible, we recommend several alternatives that may be more feasible.

It is important that callers be adequately trained, and we recommend that a local mental health expert be involved in this outreach effort. This individual can also create a local protocol for how to access crisis resources, so callers feel empowered, serve as a point person for students of concern, and provide callers with at least a brief training (often known as bystander training) on how to identify at-risk students and respond effectively and compassionately. If you have no in-house bystander training available, national models such as QPR or Step Up can be considered. If callers feel uncomfortable asking about suicide risk or other direct questions about mental health, it is likely they have not received adequate training. In this case they can refrain from asking and instead have a mental health clinician follow up with any students who indicate warning signs. Trained callers should be people that students already know, trust, and perceive as supportive, when possible.

Apart from COVID-19, we hope that this conversation sparks a fresh look at the current comfort level around suicide and suicide prevention in your local culture. Perhaps this is an opportunity to develop a more direct approach to addressing student suicide risk and prepare faculty and staff to respond effectively. The Working Group is here to support you. Please do not hesitate to reach out with ideas about how we can help.

Recommended Approach

This Working Group is recommending that schools perform individual 1:1 student check-ins with the entire student body individually via phone or video.

***It is recommended that a licensed mental health clinician lead this outreach effort and serve as the point person.

Before launching check-ins, schools must:

1. Be in communication with local mental health services (such as student health counseling and/or the wellness office) about how check-ins and referrals will function.
2. Be knowledgeable about how to access emergency and 24/7 mental health crisis services in case a student is at risk for suicide.
3. Be prepared with a list of resources to respond to the following student concerns:
 - a. student health counseling / mental health services
 - b. mental health and crisis services for out-of-state students
 - c. grief/bereavement services
 - d. student health/primary care services
 - e. procedure to follow if student suspects they are COVID-positive
 - f. plan for financial relief and/or providing food/supplies to needy students
 - g. academic questions and academic concerns
 - h. domestic violence and sexual assault services

Factors to consider

1. Because it is a challenge to identify which students are at risk, the most thorough recommended action is to **reach out to all students individually** via phone or video while students remain isolated.
2. Serious efforts should be made to prioritize this recommendation. Schools should activate various constituencies to assist including counseling, wellness office, other available licensed mental health clinicians, academic support advisors, career advisors, student affairs faculty and staff, learning community faculty, faculty coaches and mentors, or other faculty who may be currently underutilized such as adjunct faculty.
3. Schools should reach out to local mental health services (such as student health counseling and/or wellness office) to discuss and coordinate how check-ins will operate. Topics should include:
 - a. Determine working hours for the calls. Normal working hours are recommended so that student health is immediately available in case of emergency, e.g., if students are at imminent risk for suicide. If no local help is available, the National Suicide Prevention Lifeline is available 24/7 at 1-800-275-TALK and the Crisis Text Line is available 24/7 by texting TALK to 741-741.
 - b. Determine the exact process for how at-risk students will be followed up with, including students imminently at risk for suicide.
 - c. Assess capacity for warm handoffs to mental health and counseling services.
 - d. Be aware of state licensing regulations and limitations on interactions with students who are currently out-of-state.
 - e. Local counseling or wellness offices can consider providing callers with training (or guidance) on basic supportive listening skills, a more extensive list of risk factors for suicide and mental illness, or any further relevant tips.
4. Ideally, check-ins should occur with some frequency (such as every other week) for the duration while students remain in remote learning. For students at risk for suicide, this is

especially important as multiple reach-outs may disrupt the internal narrative of “I am alone and nobody cares about me.” If multiple reach-outs are not feasible, at a minimum, callers can follow up on all students who raise any mental health concerns. If nobody follows up on even small levels of concern, this could be perceived by students as not being cared for.

5. If possible, check-ins should be performed by faculty and staff that students already know and trust.

Alternate approaches

If reaching out to all students individually is not feasible then schools can consider:

1. Individualized, personalized email check-ins for all students as an initial step, followed by phone or video check-ins with students who indicate risk factors or do not respond. For high risk patient populations, suicide science indicates that simple caring messages (4-10 messages over 12-18 months) cuts the rate of subsequent suicide attempt down by as much as 40-70% in over 12 studies.⁵
2. Targeted phone or video check-ins performed for students previously known to be at risk (risk can include but is not limited to previous mental health or substance use concerns, academic struggles, professionalism concerns, or students who have experienced recent transitions or family events). Wellness directors, deans, career advisors, academic support advisors, and other members of Student Affairs should put together this list of at-risk students. To preserve confidentiality, faculty or staff who have previously been in communication with the student about the concern should be the one to reach out.
3. Targeted phone or video check-ins for all students who have previously been in mental health care but are not currently connected (this would need to be performed confidentially by counseling/wellness offices).

Sample script

A script can be created for the caller to follow. Below are some questions schools may want to consider and adapt as needed based on local resources and in consultation with a licensed mental health professional. Routine calls are expected to take 10 minutes, whereas up to 30 minutes may be needed if concerns arise.

***This is a skeleton script. Each school should carefully review each item and prepare local resources and procedures for callers. This script is not a replacement for close oversight by a mental health expert.

1. *Hi, this is X from the Office of X. We here at the school are reaching out to all students during this difficult time just to see how things are going.*
2. *I am eager to hear from you, but before we get started, we want to be sure we know the address at which you are currently staying, as we know many students have changed locations. What is the address where are you currently located?* (This information will be needed in case of mental health emergency.)
3. *And can I please get an updated emergency contact's name and phone number?* (This information will be needed in case of mental health emergency.)
4. *How have things been going in general?* Listen for themes and ask follow-up questions as necessary.

5. *Have any of your loved ones been affected by COVID?* Students may have experienced illness or death of a loved one to COVID. Schools should have ready a list of local grief and bereavement resources.
6. *How is your physical health?* Students may be symptomatic with a cough or fever and unsure how to proceed. Schools should develop a procedure for students to follow. Students may also be immunocompromised or have other health issues.
7. *Do you have enough food and supplies?* If students are at imminent risk of running low on essential needs, are too afraid to go out for food or supplies, or are under imminent financial strain, schools can consider developing a plan for temporary food assistance and financial relief.
8. *Do you have any academic concerns?* Students are adjusting to the virtual learning environment and may have concerns and questions about how their academic progress will be affected by COVID.
9. *This big change in routine can be tough. How have you been spending your time?* Callers can get a general sense of any concerning themes with this exploratory question.
10. *This situation is causing a lot of social isolation or even feelings of loneliness for many of us. Do you feel connected to enough people right now?* Social isolation is a major risk factor for mental illness and suicide. Callers should respond to any loneliness with a response of care, concern, and nonjudgmental curiosity (wanting to hear more).
11. *Do you feel physically and emotionally safe at home?* Some students may be forced into toxic family or relationship situations due to quarantine which are also risk factors.
12. *We are really concerned about your mental health needs at this time. Medical students are prone to stress and anxiety just like everyone else. And the current pandemic is a significant additional stressor for many. Is it okay if I ask you a couple questions about mental health?... How are you doing emotionally? Or: how is your mental health?* Callers should listen for at-risk factors.
13. Students should be asked the below questions plainly and directly. Callers should not avoid asking.
 - a. *Are you feeling anxious or depressed?*
 - b. *Have you noticed yourself drinking more or using more drugs?*
 - c. *Have you had any thoughts about life not being worth living? Or: Have you been feeling so ___ [use their words] that you have thought of ending your life? Or: Have you been thinking about death or suicide?*
 - d. *****Counseling and/or wellness office should assist with guidelines regarding red flags and emergency 24/7 support for students in crisis. Caller should not hesitate to call campus police or 911 for a safety check if student is at-risk and non-compliant.**
14. If a referral to mental health is indicated: *I am so glad you told me how you are doing. I'm here for you. Let's figure this out together. I'm going to help ensure you have everything you need to be safe/feel like yourself again/get your sleep back on track/feel okay again. I'd like to have a member of our counseling staff/wellness office/Student Affairs reach out to you right now/later today/in the next day or two. Would that be okay?... Now that we have a plan in place, can I give you a call in the next day or two/by next week just to check in and see how you are doing? You can also contact me directly via email any time at X@X.edu.*
15. If no referral is indicated: *I'm happy we got to connect today. Do you have any other concerns or questions at this time? Please know that the school is here for you should any other concerns come up. You can contact me directly via email any time at X@X.edu.*

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