

Medical Student Mental Health and Suicide Awareness

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Objectives

1. Discuss mental illness and suicide in the medical profession with their peers
2. Describe the stigma surrounding mental illness and help-seeking in medical students
3. Identify strategies to reach out to colleagues who you think might be struggling or who might be suicidal

A story

“...from my earliest memories, I experienced symptoms of disabling anxiety and social phobia. My problems were greatly exacerbated when I also experienced childhood abuse by a ‘trusted’ adult in my life. Nevertheless, while suffering from significant psychiatric symptoms as a child and adolescent, I was fortunate to find some degree of refuge as a high functioning student.

...I experienced another major trauma during college. One summer, ...I was the first on the scene of a fiery crash of a chartered passenger aircraft that hit a mountain...Thirty-one people died, and some [colleagues] and I carried their badly burned bodies down the mountainside.”

Physician Mental Health: My Personal Journey and Professional Plea.
Acad Med. 2021;96(5):618-620.

A story

“I learned that the trauma of that plane crash had not left me; it returned with a vengeance during my first year of medical school while I was working with a cadaver in the gross anatomy lab. I experienced the onset of severe panic disorder that made me seriously consider abandoning the idea of a career in medicine. What kept me in medical school was the thoughtful support of an attentive student affairs dean. He encouraged me to remain in school...[I was] referred to a psychiatrist who, for the first time, recognized and appropriately medicated my intense anxiety and the comorbid depression that had developed.”

Physician Mental Health: My Personal Journey and Professional Plea.
Acad Med. 2021;96(5):618-620.

A story

“To this day, more than 4 decades later, I continue treatment for my chronic anxiety disorder, depressive episodes, and related psychological challenges. That treatment has allowed me to have a long and productive career in academic medicine”

Physician Mental Health: My Personal Journey and Professional Plea.
Acad Med. 2021;96(5):618-620.

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Darrel Kirch, MD



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Debrief the story

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Mental health in the general population

<https://www.nimh.nih.gov/health/statistics/mental-illness>

- One in five adults live with a mental illness in the U.S.
 - Females (24.5%) > males (16.3%)
 - Adults age 18-25 (29.4%) > adults age 26-49 (25%) .adults older than 50 (16.3%)
- Less than ½ (44.8%) of those with a mental health diagnosis received mental health services

Mental health in the general population

<https://www.nami.org/mhstats>

Annual prevalence among U.S. adults, by condition (estimated number of people with condition)

- Major Depressive Episode: 7.8% (19.4 million)
- Schizophrenia: <1% (1.5 million)
- Bipolar Disorder: 2.8% (7 million)
- Anxiety Disorders: 19.1% (48 million)
- Posttraumatic Stress Disorder: 3.6% (9 million)
- Obsessive Compulsive Disorder: 1.2% (3 million)
- Borderline Personality Disorder: 1.4% (3.5 million)

Suicide in the general population

<https://www.nami.org/mhstats>

- 10th leading cause of death in the U.S.
- Suicide rate in the U.S. has increased by 35% since 1999
- 4.8% of all US adults have serious thoughts of suicide

Mental health in medical students

2016 Systematic Review and Meta-Analysis:

- Overall prevalence of depression or depressive symptoms among medical students was 27.2%
- Suicidal ideation 11.1%

Rotenstein LS et al. JAMA 2016;316(21):2214-2236

Distress in our profession

	Medical Student	Resident or Fellow	Early Career <5y
Depression	56%	60 %	40%
Burnout	58%	51%	40%
Suicidal ideation	9,4%	8.1%	6.3%

Dyrbye, Acad Med. 2014;89(3):443

Suicide in our profession

- Older data:
 - 300-400 physician suicides/year¹
 - Male physicians are 1.41 times more likely than the general male population to take their own lives, and female physicians 2.27 times.²
- Newer data in MS, house staff, faculty:
 - Strong epidemiologic data is hard to come by due to significant differences in data collection, analysis, and likely underreporting³
 - Do not have accurate estimate

Suicide in our profession

What we do know:

- Medical students are 3x more likely to die of suicide than age-matched controls in the general population¹
- Leading cause of death for male residents and second leading cause of death for female residents²
- 2019 systematic review and meta-analysis calculating an overall standardized mortality rate (SMR) of 1.44 for suicides among physicians.³
- 2020 meta-analysis reporting female physicians had a suicide rate that was significantly higher than women in the general population.⁴
- Prevalence of physician suicide increased over the 2003-2017 time frame with over a third of deaths occurring from 2015-2017⁵

Risk factors for physician and trainee suicide:

- Prior diagnosis of mental health diagnosis
- Prior suicide attempt
- Family history of mental illness, suicide
- Civil/legal issues or regulatory complaints
- Asian or Pacific Islander
- Ease of access to lethal means
- Alcohol or other substance use
- Single
- Childhood trauma
- Increased stress

Protective factors

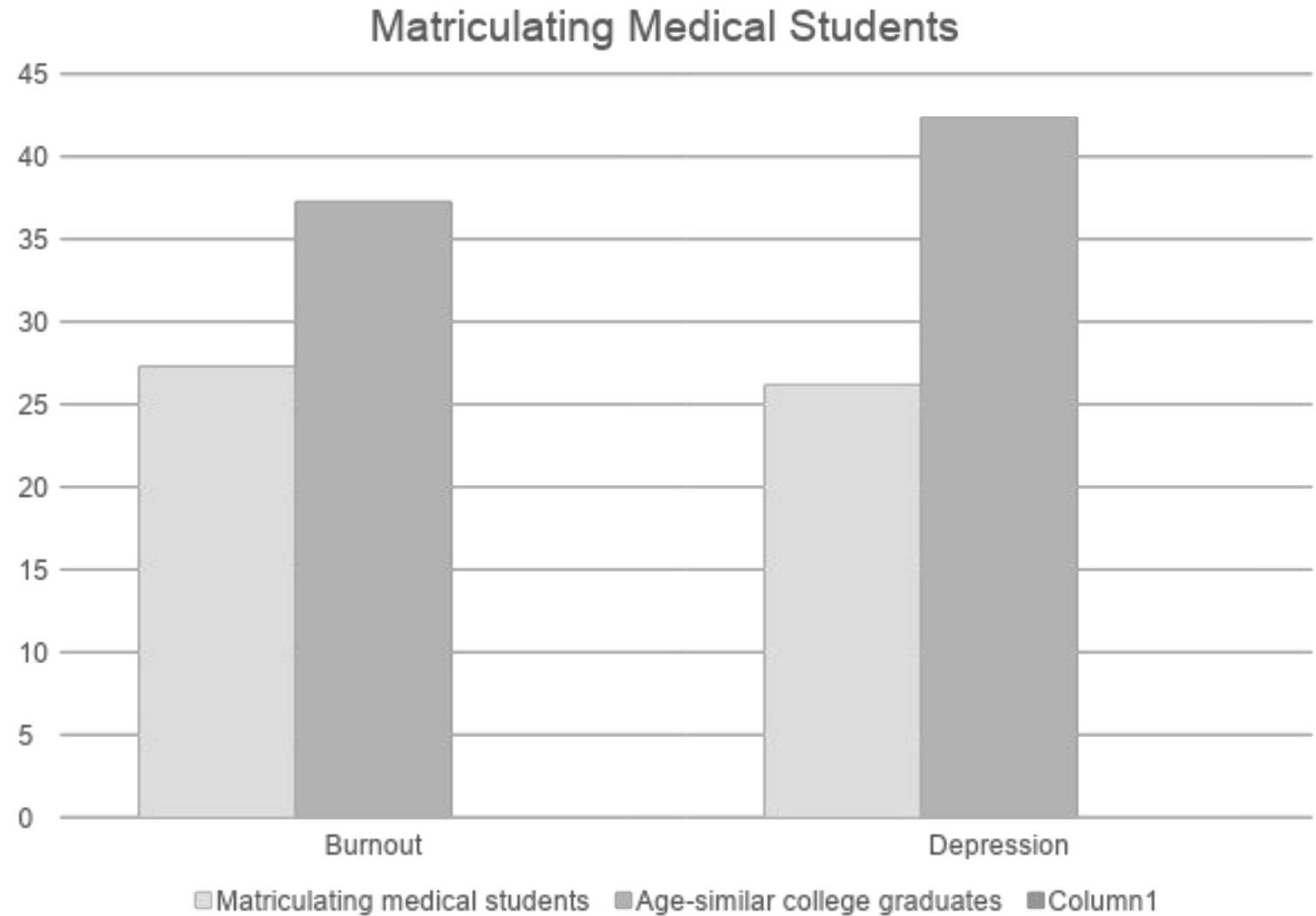
- Effective and sufficient mental health care
- Connection to individuals, family, community, and social institutions
- Life skills
- A sense of purpose or meaning, self-esteem
- Cultural or personal beliefs that discourage suicide

Future
physicians
have
excellent
mental health

2012 study

- Matriculating medical students at 6 schools vs. matched population sample (age, education)
- MMS start off as healthy or healthier than matched cohort

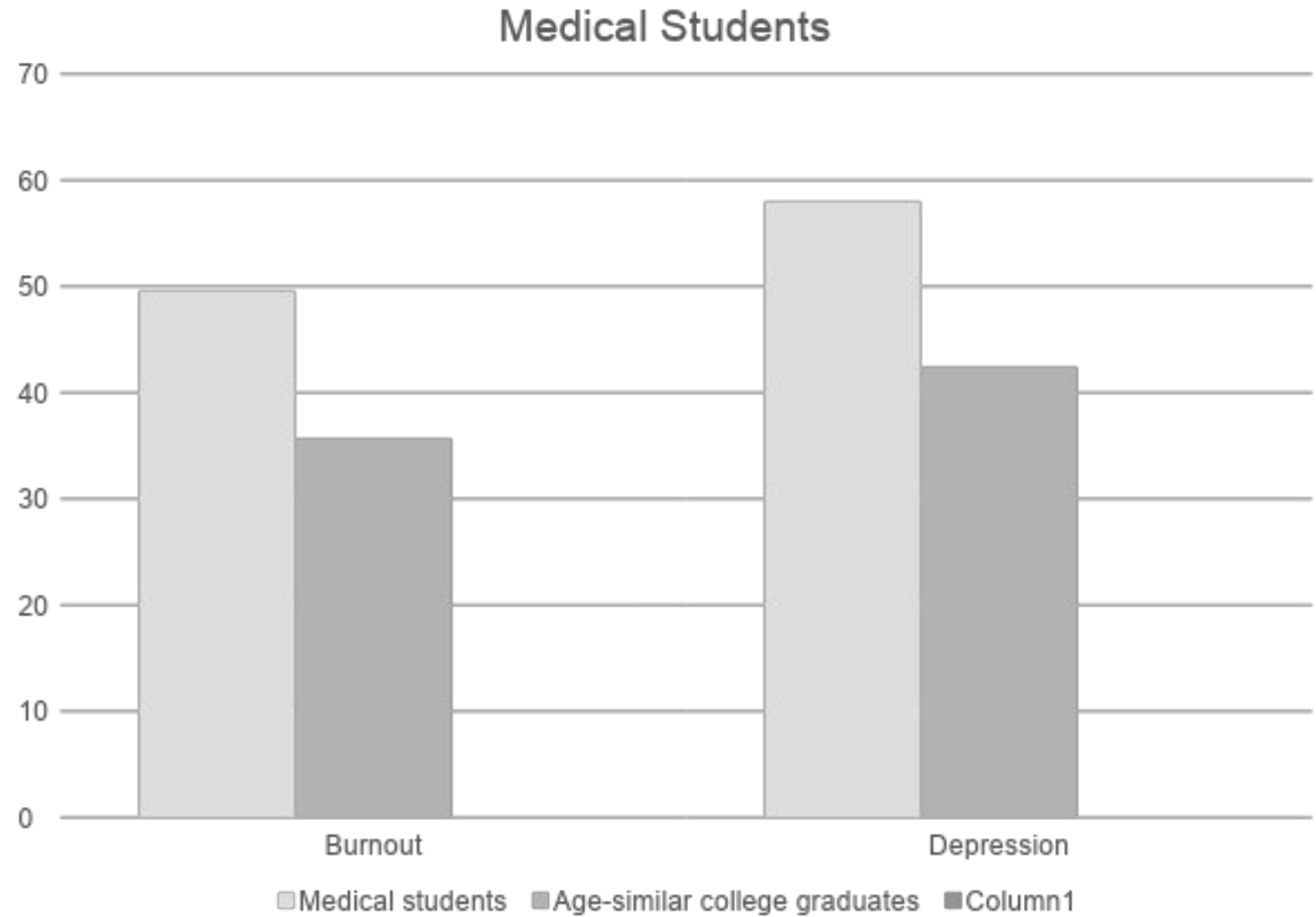
We start off healthy...



Brazeau C, Academic Medicine, Vol. 89:1520-1525

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Sometime in
medical
school...



Dyrbye LN et al. Acad Med. 2014;89(3):443-451



©Stanford Medicine 2016

Culture of Wellness:

- Learning Communities
- Peer Support
- Opt out wellness checks
- Destigmatize help seeking
- Available/accessible support resources
- Inclusive learning environment
- Respect for diversity

Efficiency of Practice:

- Orientation
- Setting expectations
- Clear assignments
- Teaching study strategies
- Asynchronous learning/lecture capture
- P/F grading



Personal Resiliency:

- Sleep hygiene
- Nutrition
- Exercise
- Mindfulness and meditation
- Knowing your resources
- Building community
- Staying connected to loved ones
- Finding time to follow your passion

Medical student stressors

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Medical student stressors

- Amount of material to be learned
- Fear of failing
- Adjustment to medical school & culture
- Time compression
- Financial debt/loans
- Exposure to suffering and death
- Personal life events
- High stakes exams
- Match day, transition to residency

Barriers to seeking help

A low percentage of medical students seek help for emotional distress or mental health diagnoses. Why?

Barriers to seeking help

As few as 1 in 5 medical students sought help for mental health diagnoses in one study. Why?

- lack of time (48%)
- concerns about confidentiality (37%)
- cost (28%)
- fear of documentation on academic records (24%)

Acad Med. 2002; 77(9): 918-921.

Barriers to seeking help

- According to one study of depressed medical students:
 - 56% percent suspect they would lose the respect of their colleagues if their depression became public
 - 83% suspect that faculty would view them as unfit for their responsibilities

JAMA. 2010; 304(11):1181-90

What can we do?

- Recognize that we have a system/cultural problem – these high rates of mental health diagnoses do not reflect personal failings
- Work to change the system/culture in which we are trained and practice – including destigmatizing mental health diagnoses
- Educate yourself about mental health, suicide and suicide prevention
- Reach out to peers who appear to be in distress
- Know available resources
- Seek help when needed

How do you identify a colleague in distress?

Look for changes in:

- Appearance - dress, hygiene, weight, hair
- Behavior – punctuality, attendance, consistency, isolation, sleep
- Conversation
 - Quantity – more or less than usual
 - Quality – slurred, slow and halting
 - Content – hopelessness, helplessness, loneliness, low self-esteem
- Mood – depression, anxiety, aggression, irritability, sadness, shame

Some signs of pending suicide :

- Giving away prized possessions, pets, money
- Acquiring a gun, stockpiling pills, researching suicide methods online
- Visiting or calling people to say goodbye
- Putting affairs in order such as creating a will

Reaching out to a colleague in distress

Ways to start a conversation:

- I have been feeling concerned about you lately.
- Recently, I have noticed you seem different. How are you doing?
- I wanted to check in with you because you haven't seemed yourself lately.

Reaching out to a colleague in distress

Questions you can ask:

- When did you begin feeling like this?
- Did something happen that made you start feeling this way?
- How can I best support you right now?
- Have you thought about getting help?

Reaching out to a colleague in distress

What you can say that helps:

- You are not alone in this. I'm here for you.
- You may not believe it now, but the way you're feeling will change.
- I may not be able to understand exactly how you feel, but I care about you and want to help.
- May I give you the names of some resources?

Suicidal ideation begins when...

- ...stressors exceed current coping abilities
- ...there is untreated or undertreated mental illness
- ...there is a perceived lack of hope and options
- ...there is a desire to escape unbearable emotional pain

**Remember:
Talking about it helps**

Talking to a person about suicide

- Same way to start a conversation as with someone who is distressed
- Same questions to ask
- Same comments to say
- Add
 - Are you thinking of killing yourself?
 - Are you hurting yourself?

Instill hope

- “I am so glad you told me the truth. I care about you.”
- “I want you to live.”
- “I’m on your side.”
- “We’ll get through this together. Let’s figure this out.”

What NOT to say

- “It can’t be all that bad.”
- “You’re not really going to do it.”
- “You know, suicide is morally wrong”
- “You would really hurt people.”
- “My advice is...”
- “What you really should do is...”
- “Things will get better.”

What if an actively suicidal person refuses help?

- “I am deeply concerned by what you have told me today.”
- “I cannot, in good conscience, leave you alone after this conversation.”
- “Because I care so much you, I am going to need to take steps to keep you safe.”
- “I’m going to call for help now.”
- Remove all lethal means from the environment (including drugs/alcohol and guns)
- If a patient: call supervisor or colleagues for help
- If a loved one: take them to the ER
- If a colleague: take them to the ER
- If the person is a flight risk, do not hesitate to call 911

What if a depressed (but not actively suicidal) person refuses help?

- Accept their decision. Don't be a savior.
- Understand that:
 - The person might already be getting help.
 - The person might not want to burden you.
 - The person may prefer to talk to someone closer to them.
 - The person simply may not be ready to get help.
- Convey your willingness to offer support in the future. Follow up, try again later.
- If this is a partner, close friend, or family member, get your own professional support

Want to know
more?

- National Alliance on Mental Illness (NAMI):
<https://www.nami.org/Home>
- American Foundation for Suicide Prevention:
<https://afsp.org/>
- International Association for Suicide Prevention:
<https://www.iasp.info/wspd2021/>
- Learn psychological first aid:
<https://learn.nctsn.org/login/index.php>
- Mental Health of America provides a clearinghouse of free mental health resources for all frontline providers.
<https://mhanational.org/covid19/frontline-workers>

National Resources

I am in crisis and need help NOW. Where can I get help?

1. [The Trevor Project](#) Providing 24/7 crisis support to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25. 1-866-488-7386.
2. [National Suicide Awareness Hotline](#) 24/7 free and confidential support – 800.273.8255 and crisis text line (text home to 741741).
3. [SAMHSA](#) - Provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters, including the COVID-19 pandemic

National Resources

I just want some resources to check to see how I am doing and get some tips on managing stress

1. [Greater Good Science Center](#) has many articles, resource links, and self-assessments around all aspects of wellbeing.
2. [Mindful USC](#) offers access to many free mindfulness and meditation sessions
3. [Mount Sinai's Well-being Toolkit](#): This website features many tools, including podcasts that bring stories and insights to help our front-line workers, and others, thrive in a challenging world. From fighting burnout and trauma to building resilient families and communities, the podcasts explore what is possible when science meets the human spirit. Powered by the best experts in the world.
4. And some favorite apps, many with discounts for medical students and most available for both iPhones and androids.
 - a. Headspace - <https://www.headspace.com/>
 - b. 10% Happier – <https://www.tenpercent.com/>
 - c. Calm – <https://get.calm.com>
 - d. Coaching for insomnia - <https://myvaapps.com/cbti>

Before we conclude, some FAQ

Am I allowed to practice medicine if I have been treated for a mental health diagnosis or substance use disorder?

Yes. In one study, 27% of medical students have had depressive symptoms and 10-12% of physicians have a substance use disorder. With treatment, countless physicians have had long, productive, and satisfying careers.

Before we conclude, some FAQ

Am I required to report my mental and physical health diagnoses when applying for my medical license?

Physicians with mental and physical health diagnoses can obtain a medical license in every state, but the process for doing so varies between states. States differ in how they ask about current versus historical diagnoses. How this information is handled also differs from state to state as listed on the application. Concerns about getting a medical license should never keep you from seeking treatment for a mental or physical health diagnosis.

Before we conclude, some FAQ

What mental health questions are asked on residency program applications?

There are no specific mental or physical health questions asked on ERAS residency or fellowship applications. The questions that *may* apply to mental or physical health diagnoses include:

Was your medical education/training extended or interrupted? If yes, please provide details [*blank box*].

Are you able to carry out the responsibilities of a resident or a fellow in the specialties and at the specific training programs to which you are applying, including the functional requirements, cognitive requirements, interpersonal and communication requirements with or without reasonable accommodations? If no, please list your limiting aspect(s): [*blank box*]

Conclusions:

Stress, burnout, depression, anxiety, suicide are occupational hazards.

Conclusions:

Together, we can:

- Invest in institutional and system-level innovations
- Destigmatize mental health diagnoses
- Reach out and support each other
- Encourage help-seeking
- Know our resources
- Seek help when needed