Medical Student Wellness Initiative

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Some numbers…

**UK study:**

- **80%** of students felt a lack of support from their medical schools
- **15%** of all the students who took the survey said that they had considered committing suicide at some point during their medical school careers¹
How about the US?

- University of Michigan 2010
  - Prevalence of moderate to severe depression was 14.3%
  - Women were more likely than men to have moderate to severe depression
  - Third- and fourth-year students were more likely than first- and second-year students to report suicidal ideation
Still from Michigan….

- Students with moderate to severe depression, compared with no to minimal depression, more frequently agreed that “if I were depressed, fellow medical students would respect my opinions less” and that faculty members would view them as being “unable to handle their responsibilities”.

- Men agreed more commonly than women that depressed students could endanger patients.

- First- and second-year students more frequently agreed than third- and fourth-year students that seeking help for depression would make them feel less intelligent.
Physicians are more than twice as likely to kill themselves as non-physicians (and female physicians three times more likely than their male counterparts)²
Up to 400 physicians die of suicide every year\textsuperscript{1}
My friend

- How are you?
- How can I help?

The life you live is the lesson you teach.
What does burn out look like?

- Burnout (from Maslach Burnout Inventory) is measured in 3 domains
  - Emotional Exhaustion
  - Depersonalization
  - Low sense of self accomplishment
Physicians with Burn out

**FIGURE.** Prevalence of burnout among middle career physicians compared with early or late career physicians according to sex (A), specialty area (B), and practice setting (C), with differences statistically significant for all variables (all $P \leq 0.01$) except for the veterans’ hospital settings ($P = 0.59$).
Professions and Burn Out

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Types of Practice

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What can we DO as COSGP?

- We can be the CHANGE
Our plan

Goal 1: Assessment Survey

Goal 2: Implementation

Goal 3: Awareness Campaign

Mental health stigma change
Longitudinal Plan

**YEAR 1**
PLANNING and ASSESSMENT
- Survey
- Best practices
- Awareness campaign

**YEAR 3**
IMPLEMENTATION
- Data collection and sharing
- Implementation of best practices
- Education resources and curriculum

**YEAR 5**
PUBLICATION AND POLICY
- Publication of findings
- Policy change
- DO Day of Compassion
Goal 1: Research

- Develop a survey to establish current need in the DO student population
- Study over 4 years
- We need to: Make the commitment to help gather this data from students
Goal 2: Implementation

- Investigate best practices- What resources out there are working?

- Share Resources.
  - Students must know what is available and how to get help.
  - Offer social/financial/academic resources.
  - Develop guidelines: Give students step-by-step instructions, easy to follow—even when at their lowest low—of what to do if students are contemplating killing themselves.
Goal 3: Advocacy

- **Decrease Stigma.**
  - Minimize stigma by addressing mental health throughout the curriculum.
  - Find physician role models who admit to struggling academically and psychologically and are willing to share how they’ve overcome these struggles.
  - Create a culture where it’s not just okay, but ENCOURAGED to seek mental health help.
Advocacy

- Increase Awareness.
  - Establish a suicide-awareness campaign and program for early detection.
  - To be accredited schools must meet a minimum level safety, requiring suicide prevention initiatives- WE NEED TO DO MORE.
We need to begin the conversation.

- Let's make DO students stronger, and more resilient.
Recently on this topic-

- https://www.youtube.com/watch?v=NGY6DqB1HX8 - John Oliver
References

1. Oaklander, Mandy. *Survey: 15% of Med Students in U.K. have considered suicide.* *Time.* September 1<sup>st</sup> 2015.
