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A Wellness Initiative for Undergraduates Applying to Medical School

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A Wellness Initiative for Undergraduates Applying to Medical School: A Conceptual Model

Medical schools recognize the vulnerability their students, especially females and Hispanics, have toward depression. Medical and premedical students often avoid seeking help. An undergraduate counseling conceptual model that incorporates confidential career and mental health counseling with personality testing, depression screening, and wellness education for future medical students will be presented. Early intervention is imperative for students and for their future patients.

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There is no health without mental health.
Model’s Focus

- United States
- Students pursuing any undergraduate collegiate-level degree who are interested in pursuing medicine as a career
- Individuals may or may not continue on to apply to medical school, but their experiences and reasons for changing their career paths are still important.
Why Address Wellness Issues in the Undergraduate Level?

The premedical years are critical for physicians, according to a literature review covering 34 years. Evaluating what happens in those undergraduate years is suggested.
Why Focus on Undergraduate Medical Students?

• Improved mental QOL, coping skills, and help-seeking behaviors for premedical students and beyond that could trickle down to future patients
• Improved future patient care
• Many medical schools are recognizing the need to assist their students with their mental health.
• Mental health stigma reduction
• Studies are showing mental difficulties of medical students begin in premedical years.
• They could be your future physicians.
How The General Population Could Be Affected

- Allergy and Immunology
- Anesthesiology
- Colon and Rectal surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Clinical Biochemical Genetics, Clinical Cytogenetics, Clinical Cytogenetics (MD), Clinical Molecular Genetics
- Neurological Surgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Opthamology
- Orthopaedic Surgery
- Otolaryngology
- Pathology-Anatomic/Pathology-Clinical, Pathology-Anatomic, Pathology-Clinical
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Aerospace Medicine, Occupational Medicine, Public Health and General Preventative Medicine
- Psychiatry, Neurology, Neurology with Special Qualification in Child Neurology
- Diagnostic Radiology, Interventional Radiology and Diagnostic Radiology, Radiation Oncology, Medical Physics
- Surgery and Vascular Surgery
- Thoracic and Cardiac Surgery
- Urology

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Fast Facts

- Women have comprised almost half of the medical school student body for more than a decade.
- High expectations - MCAT studying and test taking, community service, high undergraduate GPA, extra class prerequisites, physician shadowing, letters of recommendation, high competition.
- Potentially primed for mental wellness difficulties.
• “Many of the issues for (medical) students truly struggling academically are psychiatric...Depression and anxiety are quite common...”

• Due to mental health stigma, students avoid seeking help.
Premedical Stress?

- Undergraduate students wishing to enter medical school can regularly be stressed out.

- Female medical students report more distress than male medical students (34% vs 20%, P=.005).
Psychological Distress

Over 2,000 medical students in a multi-institutional study. Stress domains studied: burnout, QOL (mental/physical), depressive symptoms, sleepiness, perceived high stress

• 82% had one form of distress
• 58% had > 3 forms
• Increased distress was related to pondering dropping out or recent suicidal ideation.
• 40% of the students had mean mental QOL scores below non-medical students of their same age and gender with a clinically significant effect size.
• 7 U.S. medical school study results: students had substantially lower QOL than those of similar age in the general population, and burnout affected up to 50% of the students studied.
Stresses in Medical Students (Jefferson Medical College, Pennsylvania)

- Stress as a career-long necessity
- Academic stressors
- Confronting death
- Social stressors of transforming into physicians
- Reduced time for friends or family
- Financial debt
- May face sexual harassment/racism/professional abuse
- Immersed in human suffering
- Can lead to: “...depression and suicide, anxiety, substance abuse and other pathological coping styles, damaged interpersonal relationships, ethical erosion, deidealization, and destabilized concepts of self and world.”
Depression

• **Average** % of depressed adults in the United States?

• **Lowest, Average, Highest** % of medical students being assessed as depressed or depressive symptoms in U.S. medical schools?

• What % of responding doctors in one study suffered an episode of depression?
MDD Biological/Intra- and Interpersonal Effects of Depression

- Impaired declarative/explicit memory (verbal statements such as facts/figures) and potential reduction in implicit, short term, long term, and working memory.

- Decreased volume in hippocampus (specifically long-term memory and spatial learning) and cerebral gray matter volume (includes brain regions controlling for senses, decision making, muscle control, self-control)

- Potential psychosis, somatic complaints, impaired relationships
- Reduced verbal fluency
- Reduced attention, concentration, job functioning
- Some MDD investigators found cognitive functioning returns to normal once episode ends (naturally or with treatment), but average episode recovery time is 12 months, median 7 months with a 67% recurrence rate.
At least 50% of people having one episode of major depression will have another. After several episodes, another occurring is over 90%.

- Early intervention of depressive symptom can lead to better illness outcome.
- MDD has a high rate of recurrence and many people don’t want to take antidepressants for the longer periods of time to prevent a recurrent episode.
- Addressing stigma has been shown to be an important factor in illness improvement.
U.S. Depression Disability

• The National Institute of Mental Health listed major depressive disorder as the leading cause of disability in the U.S. for ages 15-44. *(Note this doesn’t include other mental wellness difficulties such as bipolar disorder or anxiety, or other forms of depression.)*

• One of the top 5 global public health problems, according to the World Health Organization.

• Worldwide it is the 4th leading cause of disability.
Average Percentage of Depressed Adults in the United States

• **Answer:** ??% according to the Center for Disease Control. All people met the criteria for a depressive disorder.

• Who in the general population tends to be most depressed that affect our model?
  
  • Women - MDD diagnosis ratio of 2:1 with men
  
  • Hispanics

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How Close Were You?
Lowest, Average, Highest %

LOWEST: APPROX. ??%

HIGHEST: ??%

AVERAGE: ??%*

Number of Doctors Suffering an Episode of Depression: ??%
University of Michigan Medical School Study

- Moderate to severe depression (msd): 14.3% (18% women, 9% men)
- 3rd and 4th year students (msd): suicidal ideation 7.9%
- 56% thought peers would respect opinion less (msd)
- 83 thought faculty would think they were unable to handle responsibilities (msd)
- Men (36%) and women (20%) thought depressed students could endanger patients (overall)
- 1st and 2nd year students (34%) and third and fourth year students (23%) thought help-seeking would make them feel less intelligent.
• 2 student suicides in 11-month span
• “The mental health of medical students is a public health issue of great concern, given the high rates of burnout, depression, and suicidal ideation.”
• 24% of the students with symptoms of depression went to counseling at least once; students found counseling helpful.
• 56% with depressive symptoms did not seek counseling.
• Reasons for not seeking help: Felt unable to confide in classmates, stigma, time, fear of academic record documentation, confidentiality fears.
• Suggested: Improving counseling-seeking behaviors, teaching coping strategies, mental health education, and providing a well-being handbook.
Depression Facts

• Depression rates are higher for females than those of male medical students.
• Depressive tendencies can start in the undergraduate years of a student desiring entry into medical school.
Medical Community Recognizes Depression

DOCTORS ARE ENCOURAGED TO RECOGNIZE AND GET HELP FOR THEIR OWN DEPRESSION

MEDICAL STUDENT SPEAKS OUT ON DEPRESSION AND THERAPY
Suicide

Question 1: How much (in %) higher is the suicide rate among male physicians than the general population?

Question 2: How much (in %) higher is the suicide rate among female physicians than the general population?

Question 3: Approximately how many combined medical students and physicians take their lives each year in the United States?
Suicide Answers

Question 1: ??% higher suicide rate among male physicians than the general population.

Question 2: ??% higher suicide rate among female physicians than the general population.

Question 3: Approximately ?? combined medical students and physicians take their lives each year in the United States.
“Why didn’t you ask for help? Why did you hide your depression. Did I, as your colleague and friend, fail you?...I have no doubt, however, that we cannot continue to neglect the issue of physician suicide.”

-grieved physician writing post-mortem to her physician friend who committed suicide
Suicide in Physicians

- Physicians are as vulnerable to depression as is the general population.
- They seek care at lower rates and commit suicide at higher rates.
- Fears regarding loss of professional stature and respect often prevent depressed physicians from accessing needed mental health services.
- Stigma can compound the mourning process of the colleagues and family of those physicians who complete suicide.
- As a profession, physicians must strengthen existing resources for impaired colleagues and work collaboratively to destigmatize treatment for mental illnesses.
REFLECTIVE COMMENTS ON A DEPRESSED PHYSICIAN COMMITTING SUICIDE

Both males and female medical students have high rates of suicide compared to the general population - this could be correlated with burnout or depression.
Student and Physician Wellness, Stigma, and Help-Seeking Barriers
• Occupational Stresses
• Stigmas: Self, perceived, help-seeking, having a mental difficulty such as depression
• Barriers Endemic to the Medical Field
• Professional Idealization
Occupational Stresses: Expectations

While avoiding malpractice litigation, physicians are expected to:

• Be professional
• Have good bedside manners
• Not make medical mistakes
• Work an average of 50-70 hours/week
Occupational Stresses: Potential Results

- Relationship problems
- Drug use
- Alcohol abuse
- All which further compound problems associated with depression and suicide
Information pertaining to the amount of professional distress in the medical field could be given to premed students and applicants to medical training programs.
Stigmas of Having a Mental Wellness Difficulty Such as Depression

- People who internalize depression’s stigma and avoid disclosing their illness could further aggravate their depression.
- Aside from mental illnesses such as depression, historically in the medical field only tuberculosis or leprosy have had such negative stigmas associated with an illness.
- Some physicians automatically presume a depressed person is lazy or lacking in willpower.
- Medical and health professionals can be some of the most stigmatizing groups toward depression.
Help Seeking Barriers

Note: 46.2% of Responding Doctors Had Suffered an Episode of Depression

Why Doctors Avoided Seeking Help for Depression

- Let Colleagues Down: 73%
- Confidentiality: 53%
- Let Patients Down: 52%
- Career Progression*: 16%

*More salient for women.

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Increased attention to depression may:

- Encourage dialogue among physicians and work together to find solutions to mental wellness difficulties.
- Decrease mental health shame.

*Physicians should have a responsibility of affirming and supporting those with mental wellness difficulties instead of isolating and stigmatizing.*
• 15% (1.5 out of every 10) of medical residents at the Mayo Clinic reported one or more major errors during the preceding 3 months. These residents had higher levels of burnout with a 3.3 odds ratio of having depression in the previous 3 months.

• Mayo Clinic 2014-2015 Fact Sheet: 172 residents. Applying above percentage, approx. 26 will report one or more major error during preceding 3 months.
Overcoming Barriers

• Having personal contact with a recovered depressed individual made physicians more aware of discrimination toward individuals with mental illness.

• Viewing strengths of such individuals would benefit the physicians according to a US report.

• Medical school curriculum should include anti-stigma information, lectures, and seminars.
Overcoming Physician Barriers to Seeking Help and Reducing Stigma

• People that helped inform medical students and recent graduates could be recovered individuals who broadcast their depressive experiences and desire to educate others, thereby acting as activists.

• Better understanding and implementation of psychotherapy or counseling could help improve help-seeking and reduce stigma.
What Does Counseling Offer?

HELLO
I AM...
SOMEONE WHO CAN HELP!

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For chronic or severe MDD, antidepressant therapy in combination with counseling is more effective than either alone. Counseling alone was equally effective as pharmacotherapy in non-severe depression.

184 physicians completing a 3-year follow-up assessment after attending an intensive counseling intervention for burnout reported significantly reduced levels of emotional exhaustion and job stress. Focusing on coping strategies for self-blame or wishful thinking may have reduced emotional exhaustion relapse in the presence of stress.
Psychological health is promoted by individuals having a life purpose and meaning. Work experiences are viewed more positively if the person feels called or purposeful in that work.
Career Counseling

• Career Indecision: More likely to experience distress, anxiety, tension, worry, and depression

• Having a Calling: Greater occupational and life satisfaction, increased professional dedication, reduced stress, higher sense of self-concept, decreased depression

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Design

• Conceptual model for a pilot program: University classroom setting
• Partner with medical schools to provide initial voluntary participation for admission into medical school
• Target 3rd year undergraduates
Structure

• 8-week structured program
• 3 required confidential individual counseling sessions, plus optional referrals for extra confidential individual counseling - these are not documented or reported
• Little course burden on students
• Medical schools know that students attended the course but private student information not shared
• Implement longitudinal study to assess program efficacy
What Is the Focus

• Educational
• Personal Counseling/Mental Health Screening
• Career Counseling
• Personality Testing

_all in a confidential manner focused on bolstering the person as an individual, a potential medical student, and a potential future physician_.

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Why?

• Provide a proactive not reactive approach and potentially fewer medical school dropouts.
• Foster improved help-seeking behaviors in the students and future patients
• Assist in career-choice solidification and move toward calling.
• Help students better understand themselves and their responses in stressful situations; provide stress reduction and management skills.
• Identify any potential mental wellness difficulties and address in a confidential manner.
• Reduce the stigma of mental wellness difficulties for themselves, their colleagues, and their future patients.
• Help provide a supportive network for their future.
## Conceptual Model: Goals and Rationale

<table>
<thead>
<tr>
<th>Goals for Students Are:</th>
<th>The Rationale Behind This Goal Is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved mental health awareness and sympathy among premedical students.</td>
<td>To help reduce the stigma associated with mental health difficulties and to improve help-seeking behaviors.</td>
</tr>
<tr>
<td>For students to understand the prevalence of depression and suicide in the medical field.</td>
<td>To help students understand the importance of seeking help if needed and to be aware of depressive symptoms in themselves and others.</td>
</tr>
<tr>
<td>For the students to have improved help-seeking behaviors.</td>
<td>For students to be more willing to seek out mental health services if needed in the future.</td>
</tr>
<tr>
<td>Determining students needing current mental health counseling.</td>
<td>To send students to counseling so the student may experience fewer depressive symptoms in the future, including during medical school and beyond.</td>
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## Conceptual Model: Goals and Rationale

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<td>For the students to learning coping skills to reduce stress and burnout.</td>
<td>For students to better cope with the rest of their premedical careers and beyond.</td>
</tr>
<tr>
<td>For each student to better understand his or her own personality and how it affects his or her actions and thoughts and interactions with others.</td>
<td>For students to be able to better adapt to the rest of the premedical and medical years and to understand themselves as medical students and future physicians.</td>
</tr>
<tr>
<td>Mental wellness stigma reduction.</td>
<td>To improve help-seeking behaviors in future physicians and the general population and to better understand the impact of mental wellness problems.</td>
</tr>
<tr>
<td>Possible improved future patient care.</td>
<td>To help prevent or better manage depression in future medical students and to help prevent medical errors due to mental health difficulties.</td>
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## Conceptual Model: Objectives

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<tr>
<th>Objectives for Students Are:</th>
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</thead>
<tbody>
<tr>
<td>Personality Assessment and Evaluation</td>
<td>If a student better understands himself or herself, that student could better cope with his or her environment and can learn coping strategies specific to the student’s own personality.</td>
</tr>
<tr>
<td>Depression Assessment and Evaluation</td>
<td>Assessing and evaluating students for depressive symptoms could help prevent future greater depression severity and can help the student recognize any need for mental health treatment.</td>
</tr>
<tr>
<td>Career Counseling</td>
<td>If a student is more confident of entering his or her career, there could be less likelihood of career indecision and emotional difficulties related to that indecision.</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>Personal Reduction of Depression’s Stigma</td>
<td>Addressing stigma could help students be more willing to seek help or encourage others who need help.</td>
</tr>
<tr>
<td>Learning Techniques to Reduce Stress and Burnout</td>
<td>Students could be able to better cope with pressures from school and life.</td>
</tr>
<tr>
<td>Learning Techniques to Improve Positive Thinking</td>
<td>Students could be able to better cope with daily life and current studies. Students may view the path to medical school more positively.</td>
</tr>
</tbody>
</table>
Conclusion and Questions