A Student Collaboration to Address Mental Health Wellness in Medical School

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We know that medical students have high rates of depression, are more likely to commit suicide and are at higher risk of substance abuse. At the Student Health Council (SHC) of Alpert Medical School, we seek to address these statistics and promote well-being. Our first step is to normalize the impact that medical school can have on one’s mental health.

A few times a year, we hand out blank postcards to all medical students and collect their anonymous “secrets” via a locked mailbox to display at “Our Med School Confession” events. One particular sentiment — isolation from others — is repeatedly expressed in the over 80 secrets we have gathered thus far. Students articulate that despite being surrounded by caring people, they often feel alone.

Medical school is indeed full of caring people – those who give up sleep, sacrifice connections with friends, and neglect their own bodily needs while running around on the wards – all in order to care for patients. But how successful are we at caring for each other? We are told to be heroes, and heroes show no signs of weakness. We are taught not to have needs, or at the very least to dismiss them as unimportant. So if we deny ourselves our own needs, perhaps we also fail to recognize and support those of our peers, and the result is a group of people in which many members feel lonely.

Struggling with a sense of isolation is difficult enough, and the demands of medical school only exacerbate these feelings. In our first two preclinical years, we must master enormous amounts of information without much context. A monthly cycle of exams descends upon us, and our evaluations and grades depend on little else but our ability to memorize material and tackle complicated test questions. For most of us, it is the first time we are no longer at the top of our classes, the first time we confront failure, the first time we lose sight of our passions and interests outside of medicine.

In the latter two years, we are whisked away rather uncannily to the hospitals, where we occupy the very lowest position in medicine’s hierarchy. Our short white coats mark us as experts to patients but as clumsy learners to our residents and attendings, who expect us to know things we have never learned, and to understand how to function in the established culture of each hospital. As we begin to navigate these unfamiliar spaces, we are confronted with diseases, procedures, blood, tissue and sometimes death. Yet the perfect medical student remains unaffected by the long hours, the sometimes disparaging comments of our superiors, and the heart-rending stories of our patients. Rather, we are expected to exhibit enthusiastic smiles and project an unadulterated eagerness. The daily exhaustion and self-doubt is enough to cause depression or anxiety for those who have never experienced them, as well as to exacerbate any mental health problems a student may already endure.

In its conception, the SHC followed the model of the Physician Health Committee, a Rhode Island Medical Society group that offers confidential assistance to doctors affected by substance abuse or psychiatric issues, with the goal of preventing negative impacts on patient care and on the physician’s licensing status and career. Building upon this model, we have since grown, and now have various components to our programs. One major goal of the SHC is to provide confidential peer counseling services. So much of what keeps medical students from seeking help is stigma — the fear that others might find out that we are not strong enough to survive medical school without help. The SHC works both with undergraduate students in the Program in Liberal Medical Education (PLME) and our fellow medical students by offering support, referring students to counseling resources, and most importantly lending the ear of someone who knows what the experience of medical school is like. By advertising ourselves as peers who are willing to listen to fellow students’ struggles, we hope to dispower the stigma associated with isolation and vulnerability.

Throughout the year, we create safe spaces to foster discussion about the various issues faced by physicians-in-training. We hold a Depression Panel annually, an event closed to administrators and faculty, in which a number of third- and fourth-year medical students who have struggled with depression speak openly about their experiences. For the yearly Physicians in Recovery talk, the SHC hosts a physician speaker who has a personal history with substance abuse. We have also hosted community support groups in the aftermath of events such as the death of a fellow student, the Boston marathon bombing and the no indictment verdicts of Eric Garner and Michael Brown.

In addition, we work with our administration and course leaders to advocate for student wellness in our community. We have partnered with the Doctoring program to hold students-only drop-in sessions on days that address difficult topics, such as depression and interpersonal violence. We talk to first year students during their orientation, lead empathy and wellness workshops for doctoring students, and address rising third years about issues of mistreatment and self-care.
before they enter the hospital.

We also recognize that high-achieving underrepresented minorities may face additional challenges, often in the form of alienating commonplace exchanges or in confronting stereotyped based expectations.\textsuperscript{3,4} We are working to improve collaboration with the Office of Diversity and Multicultural Affairs to foster open discussion and activism regarding minority mental health in both medical school and in our future practice as clinicians.

Our model is piecemeal and experimental, and continues to change as new members from each successive class bring their diverse life experiences, perspectives, and goals. While the SHC may not be able to change the culture of medicine, we normalize its effects by acknowledging its existence. We believe that our presence tells our community it is okay to grieve in medical school, okay to be affected by our surroundings and okay to take the time to care for ourselves and each other.

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References