

EC members present		
Robin Michaels	Nersi Nikakhtar	Katherine Bartz
Kevin Diebel	Scott Slattery	Maggie Flint
Nacide Ercan-Fang	Bob Englander	David Rothenberger
Anne Pereira	Brad Benson	Cyril Appiagyei
David Satin	Heather Thompson Buum	Lora Wichser
Michael Kim	Nathan Stratton	
Andrew Olson	Claudio Violato	
David Power	Dimple Patel	

**Discussion of Strategies Going Forward to Break the Silence of Mental Illness and Suicide**

Dr. Benson turned the time over to Dr. Englander to lead a discussion of the Medical School's strategies toward two goals:

1. Adequate access to mental health care for our students, staff and faculty
2. Breaking the silence around mental illness in general and suicide specifically

Change will depend on how we interact with each other and stigmas attached to mental illness. This is not the beginning of the conversation; there's been conversation for a long time. Matt's death showed that we're not doing well enough; this is a continuing conversation; we need to have some idea where to spend resources around mental health care and next steps to de-stigmatize mental health issues. Important factors are:

- Empowering people to get help
- Having resources available at the time they're needed

Dr. Englander turned the time over to Dr. Kim for a presentation on the Student Affairs perspective based on several student surveys over the past year.

Graduation Questionnaire (GQ)

Given to all medical students across the country. Last year 165 UMN students responded to the questionnaire.

Findings:

- Erosion of empathy over four years of medical schools – UMN is average
- Disengagement – UMN above average
- Exhaustion – UMN about average
- Wellness – UMN below national average

- Mental Health Services – UMN about average, but higher in Satisfied vs. Very Satisfied
- Insurance – UMN rates low on Very Satisfied (about half of students do not use U's student health insurance)
  - Discussion about Boynton health plan; comments that it is accessible.

### Fall 2017 AHC Student Needs Assessment

260 medical students (26% of student body) responded

Shows that most students were not familiar with the range of mental health services available.

Discussion of how to get out in front of mental health crisis "tunnel vision".

- Maybe a triage service could help – if you can't even get out of bed, how do you face seeing a new doctor?
- Med students have trouble distinguishing between routine exhaustion/being a med student vs. depression/exhaustion. Doctors are the worst patients; they want to win the suffering contest and often don't go to the doctor themselves. What if you don't have time to access resources?
- Issue of matching knowledge and ability to access services at the time they need it.
- Issue of culture – this is across the board in the medical profession, not just the academic side of it.
- Stanford model focused on physicians only, but they work in environment with other care providers who are also dealing with these things. Multi-year, over-arching change from first interview to communicate that you don't have to be the one who suffers most.
- Faculty models behavior for students.
- UMP will help doctors free up time, app "connect immediately with a counselor" – could we align with UMP? How do you get people in an acute situation to get the help they need? This requires a culture change.
- One question is how to figure out what people need and get them connected to what they need, especially resources external to School, such as Boynton. Is this something the School can do? At the VA there is a psychologist on staff at all times. Is it possible to have a single person who could be the resource to connect people to resources? University of Colorado has a "wellness coach" – a one-stop shop.
- Screening for well-being? Learn to Live does some screening and connects to resources. Other schools use it and require students to get screened. What about mandated time during the day to be able to access resources such as mental health?

- Relationship culture that gives joy – what if each student had relationships with five peers and five faculty?
- First step is walking the walk – Dean Tolar has hired someone in a new position for wellness.
- Put processes and policies in place that support that and infrastructure to support it, such as a psychologist/psychiatrist.
- At VA, they're trying to do "significant event" debriefing (get together with psychologist and talk about it). One physician who gets together with students talks about her own suicidal ideations.
- Attachment Theory – Dr. Slattery talked about the four qualities that help someone feel comfortable going to someone else for help: Availability, Attunement, Appropriate Responsiveness, and Consistency. A response could be many different things; to find ways to structure a program around this requires flexibility.
- Could Faculty Advisor, i.e. someone the student knows, provide availability?
- Dr. Rothenberger - Wellbeing Alliance is made up of people from different areas. There's a need to deal with acute crises.
- This issue is broad and big and messy. A bad outcome doesn't mean you have to dictate the note, talk to the family, see the next patient – doctors pretend they are some kind of god to be able to do that. Maybe someone should talk to doctors where a mistake is made.
- Medical school is said to be dehumanizing; doctors need a human word from time to time. Crazy in operating room can be changed; it won't cost more – it will save money.
- Make it about physician performance and patient safety.
- It has to include the big picture if we think of this as a student suicide issue; we have to think of it as a student health issue. What are steps to get to ideal state with processes, policies, and infrastructure?
- We are so big with HCMC, Regions, and Fairview that it's hard to say, but Bob thinks so. New dean appointing someone to just pay attention to this is inspiring.
- We went away from grades, cut three weeks from the schedule, and are trying to create relationships with students
- It always comes down to money and productivity; but there's now evidence that there's a human cost that isn't factored in and is unsustainable. It will take years and students pushing, because it's a generational thing. Baby boomers are workaholics.
- You can have wonderful programs, but if it's not role-modeled, people won't take advantage of the programs.
- It is about authenticity, and physicians owning it and leading by example.
- Matt's death permeated the whole Medical School.

- A “never” event is an idea that you create conditions so that it doesn't happen again. We don't have perfect conditions, so it was important to have immediate action and ongoing.
- One of great things about being a doctor is that everyone's job is different; people can find the job within medicine that fits them, even within a specialty.
- Ed Council is one of a limited number of advisory committees to the Dean. Ed Council could craft a letter to the Dean about how this problem crosses silos and needs to be addressed.
- Cognitive and emotional overload of first two years. Ed Council could reduce volume of things that lead students to stress. It takes a year to recover from failing an exam or a lasting mark on record; reduce seriousness of such moments. Building flexibility into preclinical years (such as remedying in next semesters).
- Pass, Not Yet – a TED talk.
- To achieve balance you can increase resources to address stress or reduce the stress. Important to own being the resource “machine.” Philosophically, we need to *be* the solution as opposed to “finding” the solution.
- Can the Well Being taskforce also be the Mental Health taskforce?

### Summary

1. UMN Medical School is below average in student perspectives of their mental health
2. Students have trouble accessing resources due to a variety of factors
3. We rely on lagging indicators
4. We need a longitudinal approach with better attention to leading indicators of the mental state of our students, faculty and staff.

### Further Discussion

Duluth has different resources; it can be hard to find a psychiatrist. The culture in Duluth is different, too; people tend to know what's going on with each other.

There's a need to start somewhere; whether blocking out a piece of time, or going to schools that have been successful in raising their numbers on the GQ survey.

Although important work is being done, students don't know what's going on behind the scenes. Student representatives suggested that some type of message be sent to all medical students about what is being done to address our concerns about mental health and well-being.

More open communication options are needed. For example, what if someone from Mayo 6<sup>th</sup> floor were to go to the sites and sit and talk with students? This would send the message, "For today, this trumps everything else."

Come up with an emergency communications plan. Administration referred to an ACGME publication about how to deal with a suicide which served as a great resource during the response to Matt and Dylan's deaths.

This fall, the Dean's forums and Becoming a Doctor (BADr) intersessions will address mental health. Additionally, David Rothenberger will continue to work as an advisor to the dean on physician wellness and will work with Kaz Nelson (on behalf of GME) and Michael Kim (on behalf of students) to develop a comprehensive approach to reaching our two goals outlined above.

### **Next Meeting**

Tuesday, August 21