



Navigating Student Mental Health Issues

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Trouble Shooting Your Clerkship 103
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Disclosures

- None.

Case presentation

- 25 y/o male, third year medical student begins his surgery clerkship (trauma/ACS service) in September (having completed Pediatrics and Ob/Gyn to start the academic year)
- Mid-clerkship feedback session (second attempt to schedule) notable for an extremely anxious student with poor personal hygiene
- Evaluations to date note tardiness, disorganization, and numerous comments about forgetting to complete post-rounds assigned research topics
- Student referred to dedicated psychologist

Case presentation – cont. (2)

- PMH significant for treated OCD (SSRI, CBT)
- Student referred to psychiatry clinic
- Sxs worsened, including ***hypertalkativeness***, ***decreased need for sleep*** (1 hr per night); ***increased energy, poor insight/elated mood*** incongruent with his poor academic performance because he had an unimplemented system for how to ace medical school

Case presentation – cont. (3)

- Diagnosed with first break, manic episode
- Student admitted he was pretty sure he was in fact Anakin Skywalker.
- Admitted to inpatient psychiatric unit for 3-4 weeks with diagnosis of psychosis and bipolar disorder

Learning objectives

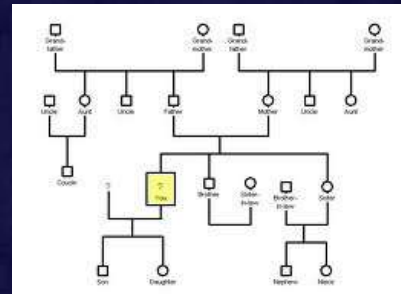
- Examine the burden of psychiatric illness as it relates to the undergraduate medical student population
- Describe the sources of assistance to both student and clerkship director in dealing with a student in crisis

Epidemiology – Depression in America

- National Comorbidity Survey (N=8098) and NCS-Replication (N=9090)
- Lifetime Prevalence - ~ 16%
 - Female – 21%
 - Male – 13%
- Point Prevalence – 5%
 - Female – 6%
 - Male – 4%
- Bipolar disorder – 1%, equally prevalent males and females

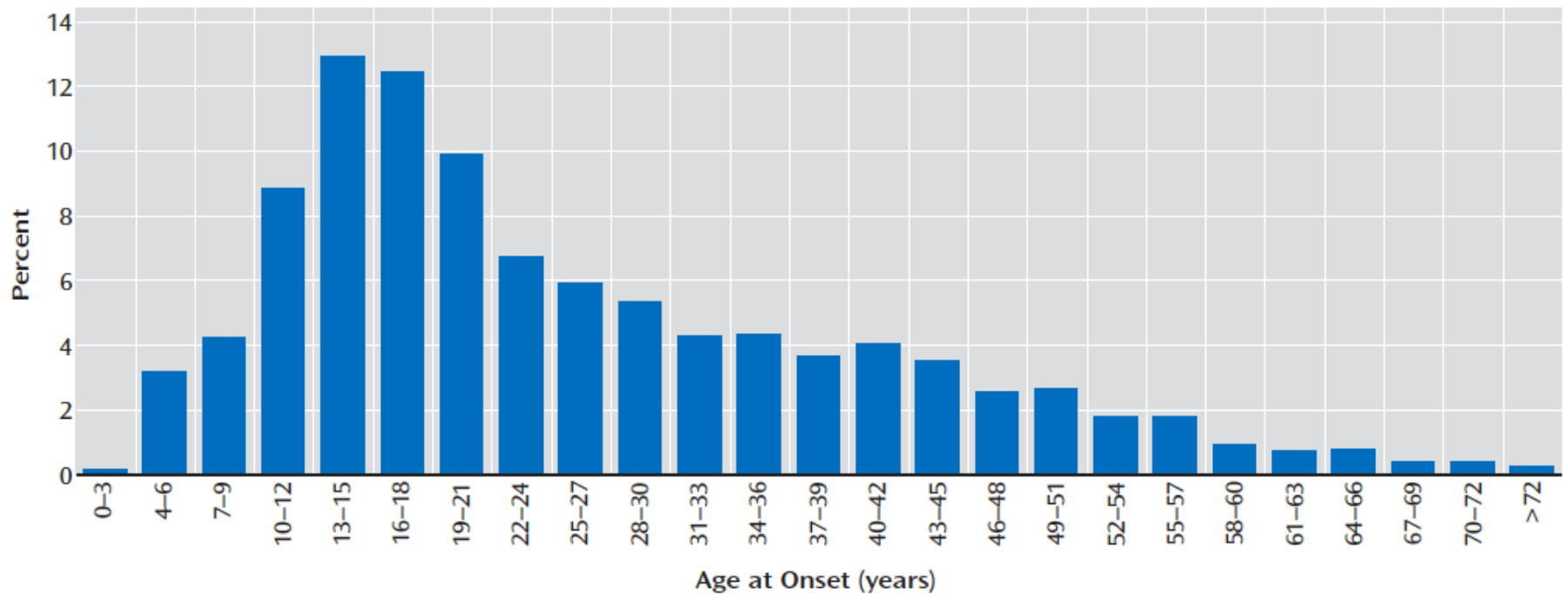
Risk factors for psychiatric illness

- Family history
- Early life stress
- Stressful life events
- Personality traits
 - Neuroticism
- Drug or alcohol misuse
- Medical illness



Depression – age at onset

FIGURE 1. Distribution of Age at Onset of First Major Depressive Episode



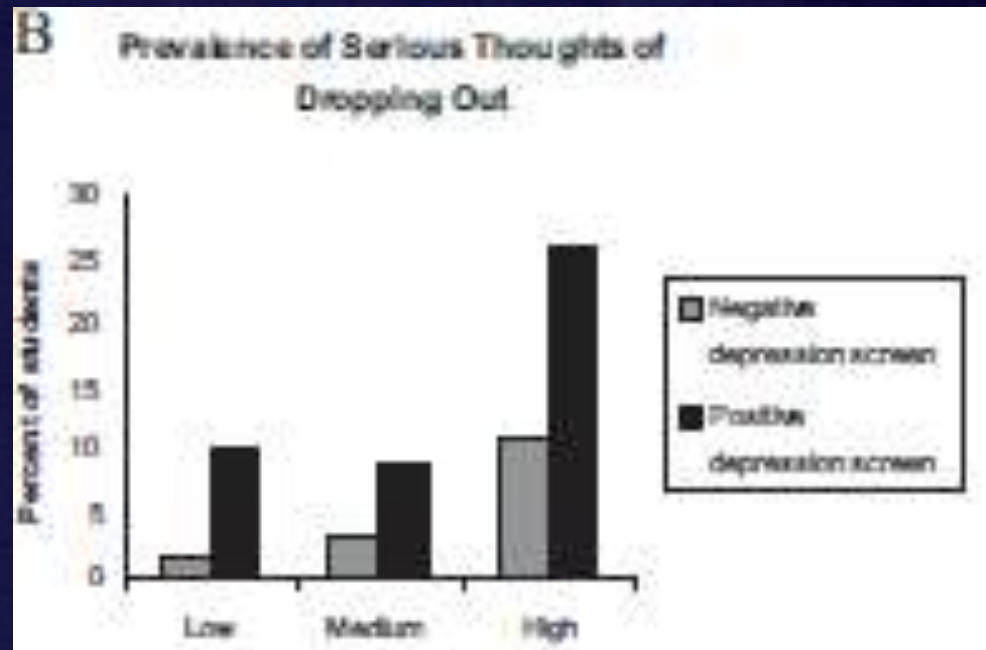
Effect of depression on medical education

Burnout and Serious Thoughts of Dropping Out of Medical School: A Multi-Institutional Study

Liselotte N. Dyrbye, MD, MHPE, Matthew R. Thomas, MD, David V. Power, MD, MPH, Steven Durning, MD, Christine Moutier, MD, F. Stanford Massie, Jr, MD, William Harper, MD, Anne Eacker, MD, Daniel W. Szydlo, Jeff A. Sloan, PhD, and Tait D. Shanafelt, MD

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Medical students with depression have 5.7x higher risk of thoughts of dropping out of medical school



Depression and suicidal ideation in medical students

Table 1
Prevalence Rates for Probable Mild/Moderate Depression, Probable Major Depression, and Suicidal Ideation by Trainee Type, Gender, Ethnicity, and Total Sample; From a 2003–2004 Multiinstitutional Study of Medical Students and Residents

Demographic characteristic	CES-D sample size*	% Prevalence of probable minor / moderate depression (95% CI)	% Prevalence of probable major depression (95% CI)	Suicidal ideation sample size	% Prevalence of suicidal ideation (95% CI)
Trainee type	1,716			1,780	
Medical student	1,184	8.1 (6.6–9.8)	13.6 (11.7–15.7)	1,215	6.6 (5.1–8.0)
First year	406	8.6 (5.9–11.3)	14.8 (11.3–18.3)	412	6.6 (4.2–9.0)
Second year	417	9.4 (6.6–12.2)	15.1 (11.7–18.5)	412	6.6 (4.2–9.0)
Third year	282	7.1 (4.1–10.1)	12.8 (8.9–16.7)	295	5.8 (3.1–8.5)
Fourth year	79	2.5 (0.9–5.9)	2.5 (0.9–5.9)	96	9.4 (3.6–15.2)
Resident	532	4.7 (2.9–6.5)	7.2 (5.4–10.0)	565	3.9 (2.3–5.5)
PGY I	220	3.6 (1.1–6.1)	7.3 (3.9–10.7)	262	4.2 (1.8–6.6)
PGY II	84	4.8 (2.3–9.4)	9.5 (3.2–15.8)	76	3.9 (0.5–8.3)
PGY III	96	6.3 (1.4–11.1)	8.3 (2.8–13.8)	89	5.6 (0.8–10.4)
PGY IV	62	6.5 (0.4–12.6)	11.3 (3.4–19.2)	62	1.6 (1.5–4.7)
> PGY IV	70	4.3 (0.5–9.1)	2.9 (0, 9.1)	76	2.6 (1.0–6.2)
Gender	1,723			1,786	
Male	808	7.7 (5.9–9.5)	7.9 (6.0–9.8)	847	5.3 (3.3–6.8)
Female	915	6.4 (4.8–8.0)	15.2 (12.9–17.5)	939	6.1 (4.5–7.6)
Ethnicity	1,089			1,668	
Caucasian	808	8.9 (6.9–10.9)	13.0 (10.8–15.3)	1,066	4.5 (3.3–5.7)
Asian	445	9.2 (6.5–11.9)	13.9 (10.7–17.2)	493	6.3 (4.1–8.4)
Black / African American	47	19.1 (7.9–30.7)	12.8 (3.2–22.3)	61	13.0 (4.6–21.6)
Hispanic	74	12.2 (4.7–19.6)	9.5 (2.8–16.1)	118	7.6 (2.8–12.4)
Indigenous (Alaska Native, Native American, Pacific Islander)	34	13.9 (6.8–34.5)	9.5 (0.7–19.7)	31	16.1 (5.5–33.7)
Total sample	1,883	9.2 (7.9, 10.4)	12.0 (10.6, 13.4)	1,800	5.7 (4.6–6.8)

* CES-D, Center for Epidemiologic Studies–Depression scale.

Depressive Symptoms in Medical Students and Residents: A Multischool Study

Deborah Goebert, DPH, Diane Thompson, MD, Junji Takeshita, MD, Cheryl Beach, PhD, Philip Bryson, LCSW, Kimberly Ephgrave, MD, Alan Kent, PhD, Monique Kunkel, MD, Joel Schechter, PhD, and Jodi Tate, MD

Prevalence of depression in students is HIGH:

- minor depression = 8.1%
- major depression = 13.6%
- suicidal ideation = 6.6%

Risk of depression and suicidal ideation higher in female students:

- major depression=7.9:15.2
- suicidal ideation=5.3:6.1

Suicide and depression

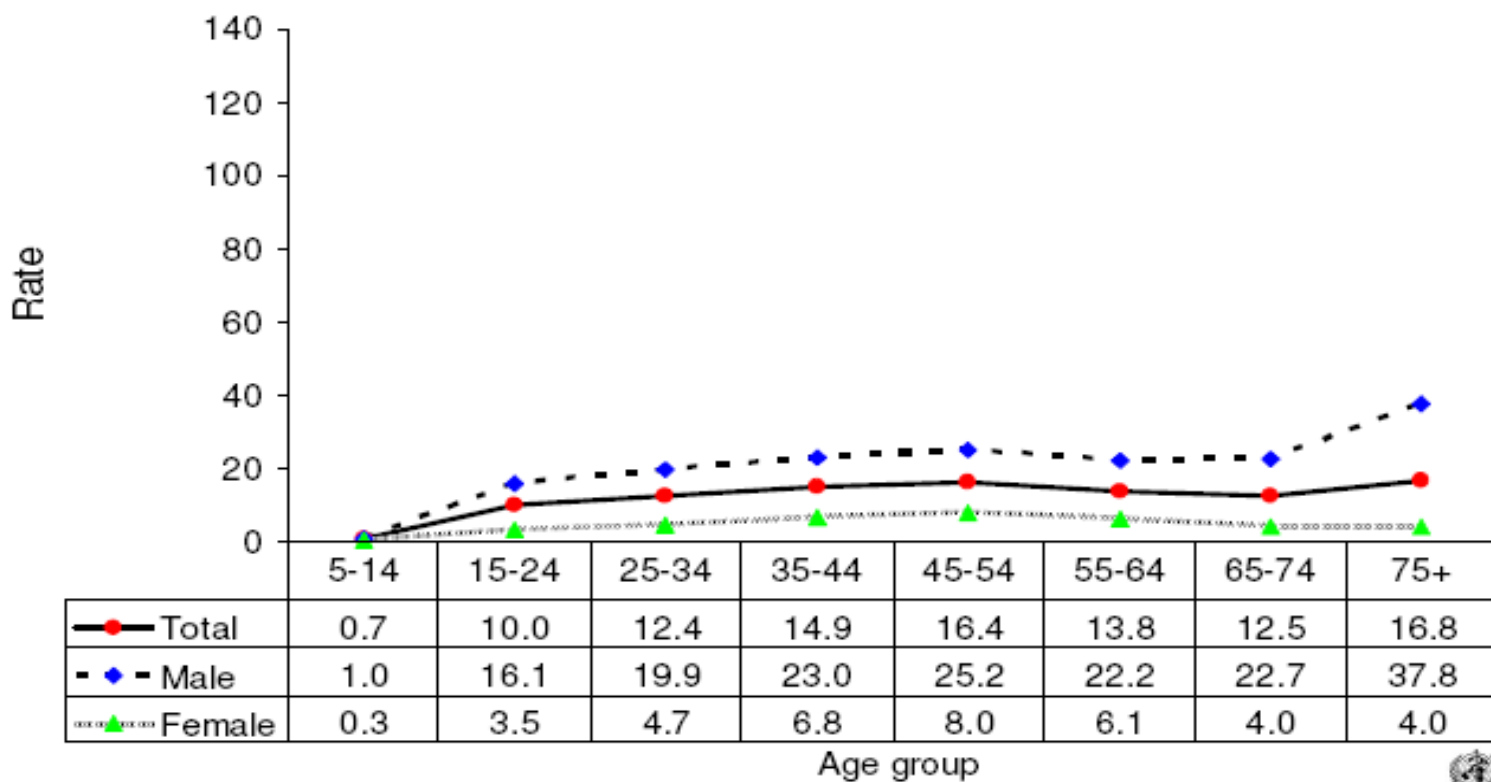
- Risk of suicide 10-15% in depression
- Preventable with treatment
- Increased risk in adolescence, late in life
- Women attempt suicide 4x as often as men, but men complete suicide 4x as often as women
- Equal rates by gender in physicians
- Most people who commit suicide reach out in some way

What is the scope of the problem?

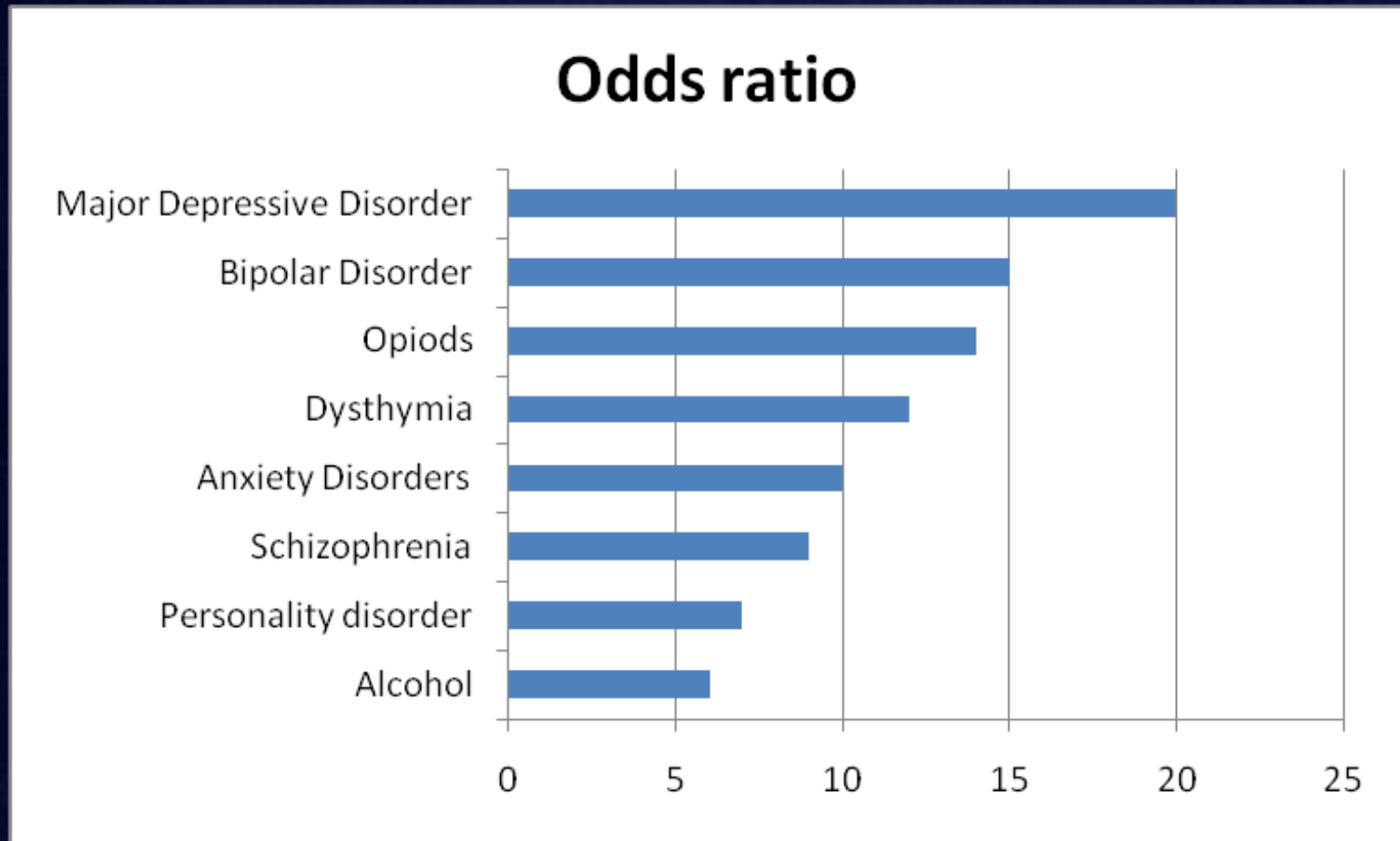
- Suicide:
 - Rate in the general U.S. population: 10.99 per 100,000
 - 7th leading cause of death for males and the 16th leading cause of death for females in 2006
- 12 to 25 attempted suicides occur per suicide death

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) : www.cdc.gov/ncipc/wisqars

Suicide rates (per 100,000), by gender and age, USA, 2005.



Suicide risk by disorder



When should you be worried?

- Recognizing when an emotion becomes pathologic
 - Spectrum of emotion
- Recognize the stigma that surrounds mental illness
- Impact on professional life is a marker of severity



Functional impairment

- Loss of productivity
- Loss of relationships
- Impaired psychological development
- Increased mortality

- Psychiatric illness is projected to reach the 2nd leading contributor to the global burden of disease by 2020 (WHO)

Psychiatric illness



Professionalism
violation

Psychiatric illness Is not . . .

Something that you can just
“snap out of” without
effective treatment

Just in your head

Just normal
sadness or
disappointment

**A character flaw
or a sign of
weakness**

*Just a normal part of
aging*

Only in women

How to get help . . .

- College/School of Medicine Psychologist
- College administrative structure
 - Vice Dean for Educational Affairs
 - Associate Deans for Clinical education,
Assistant Dean for Student Affairs
- Department of Psychiatry liaison



Initial interventions

- Time away from stressful situation
 - The earlier, the more compassionate: shorten and decrease the severity of the episode

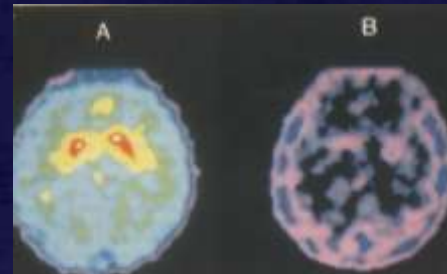


Compliance

- Potential to dismiss is a powerful motivator
- Compliance to therapy amongst medical students and physicians is better than the general public

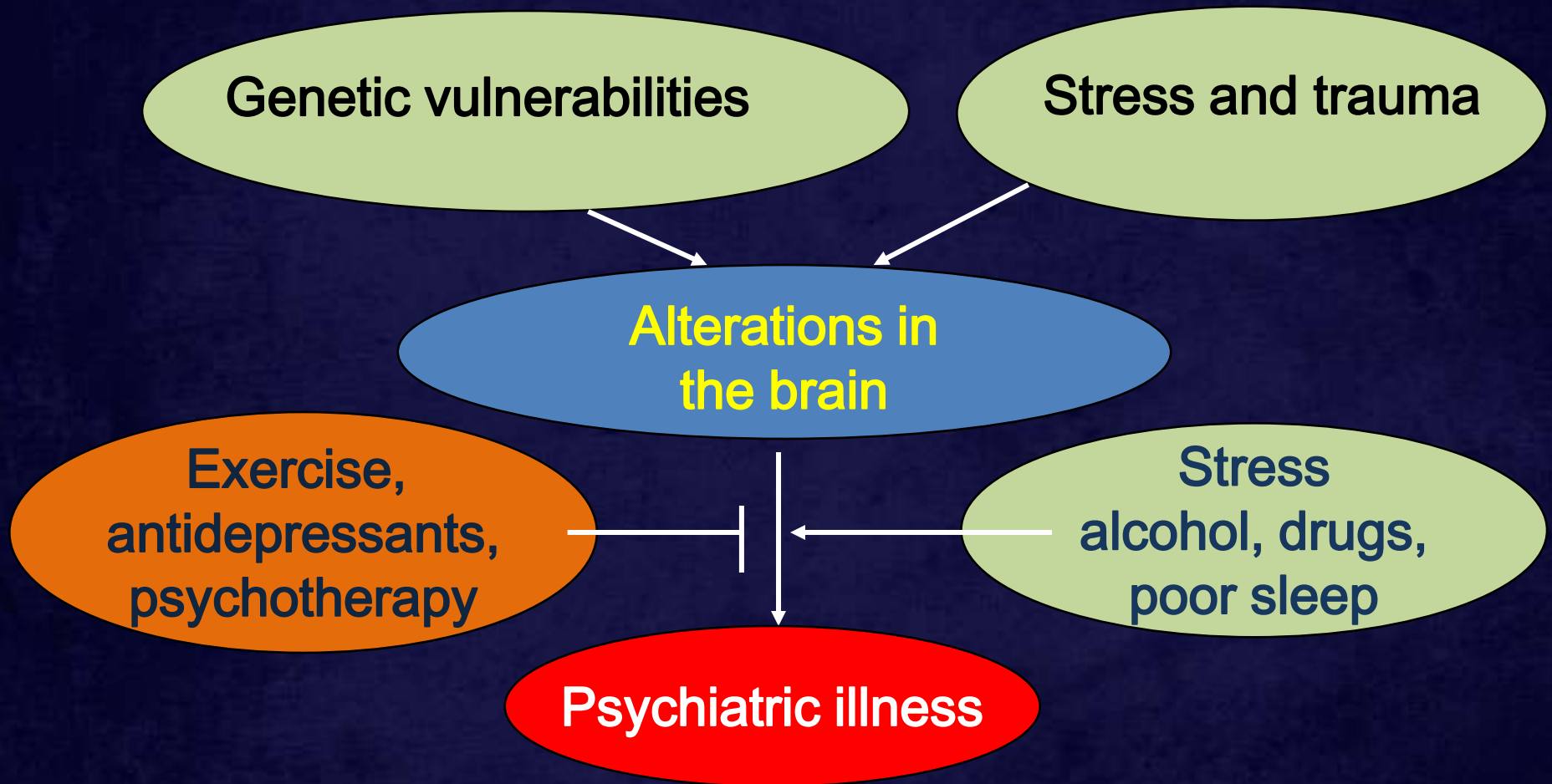
Psychiatric illnesses -- What are they?

- Treatable Brain disorders
- Can now be “visualized;” causes being understood
 - Terrific progress since “Decade of the Brain” launched in 1990



President Bill Clinton signs the "Decade of the Brain" legislation in the Oval Office. From left to right: Sen. Daniel Patrick Moynihan, Secretary of Health and Human Services, Douglas M. Costle, and Sen. Bill Clinton, Governor of Arkansas.

Genes and stress interact on the brain to change brain chemistry



Remember the basics

- Wellness during stressful times:
 - Nutrition
 - Sleep
 - Exercise
 - Relationships
 - Fun!



Opportunities for educators

- Develop strategies for identifying and supporting students experiencing difficulty
- Aid students in making healthy choices
- Work with students to understand the impact of their becoming a role model for patients
- Manage the tension that develops between student self-care and dedication to work.

Case presentation - conclusion

- Post-acute psychiatric admission, the student spent 8 weeks in a partial program.
- LOA for the remainder of the academic year
- Returned to medical school studies
- Compliant with current treatment regimen of lithium and olanzapine



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Thank you



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