



Kern Connection Café Preview

Student and Resident Behavioral Health at MCW: A Personal Perspective

by David Cipriano, PhD

I became Director of Student and Resident Behavioral Health about four years ago and I've always had a knack for being in the right place at the right time. At that time, the institution as a whole was really beginning to sit up and take notice of learner mental health and well-being in a comprehensive way. Now, MCW has always taken care of its students and residents with mental health services and available wellness activities. But, four years ago, MCW tackled the issues in a really planful and big picture way – looking at curriculum, community, and culture. Since then, I have been riding a wave of enthusiasm and support for this mission – the mission to increase protective factors for our learners – such as access to care and a supportive community – and to decrease risk factors such as stigma and shame and isolation. I've never had a job where I had so many people coming to offer ideas, suggestions, and resources.

Results of the 2017 survey

Being a data guy, I wanted to “take the pulse” of our students’ behavioral health (if you haven’t been able to tell already, I am using “mental health” and “behavioral health” interchangeably). In 2017, we conducted our first Mental Health Climate Survey of our medical students (shame on me for not including our graduate students at the time – and I’m a product of graduate school!). We found high levels of depressive symptoms among our students (higher than the general population, but actually a little lower than estimates of medical students nationally). We also found a certain number of our students dealing with suicidal thoughts daily or weekly; not out of line with general prevalence

numbers, but still frightening. Almost 20% of our respondents said that they didn't know if they had a mental health diagnosis, telling me that I needed to work on mental health literacy with this group. Finally, it turned out that despite high visibility of our services, a large proportion of students who said they needed help did not seek it. Barriers to getting help included time, cost, and fear of stigma or – worse – negative implications for licensure.

What we did next

Since then, we've worked hard to break down stigma by having faculty and students share stories of their own struggles. We've tried to address the time issue by setting up special student clinics on Thursday afternoons when they have the most flexibility and a resident clinic on Tuesday evenings. We're giving students and residents more opportunities to self-assess, trying to increase that self-awareness and literacy piece. A new online, self-help, cognitive behavioral therapy program called SilverCloud was brought onboard last year – talk about accessibility – it's available 24/7! We re-booted our website (www.mcw.edu/thrive) and rolled out support groups that are drop-in and usually include lunch (when we're all back together!). And, new this year we have added a student assistance program with a range of services, including an expanded network of providers (of course our learners can still choose our own MCW providers). And, perhaps most importantly, the school expanded the benefit for students to ten no-cost sessions per academic year.

Personally, I have never felt so energized and rewarded by a position. Our learners are an at-risk population. Healthcare trainees, including those in pharmacy, health sciences, and medicine, have higher levels of depression, anxiety and burnout than their age- and education-matched peers. With an already stressed healthcare workforce, it benefits us all to see that we turn out the next generation of healthcare workers and scientists primed to be resilient and healthy.

We re-did the Mental Health Climate Survey in early 2020 (actually before COVID-19 struck) and I'll be sharing the results of that at the upcoming Kern Connection Café on September 17th. We've seen some improvements and some

stubborn findings that simply tell us that we have to keep working at it. I hope you'll join us to share in the discussion.

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