

Medical Student Mental Health Proposal

Academic Cabinet
December 15th 2020



Our team

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Workgroup Members:

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Aliya Moreira, MD MPH Candidate, 2022

Ally Grossman, MSW, MD Candidate, 2024

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Cayla Pichan, MD Candidate, 2022

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Haley Talbot-Stetsko, MD Candidate, 2022

Matthew Friedland, MD Candidate, 2023

Kasey Cox, MS, MD Candidate, 2024





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Timeline

Prior to July - ongoing efforts to reform & study medical student wellness by students, OMSE, and the Wellness Office

July 15th - Noah Cutler's Death by Suicide

August 10th - Student powerpoint presentation to Dean Bradford

August 25th - Workgroup Commenced - weekly meetings

November - Draft proposal circulated to key stakeholders

The Why

- Distinct risk for mental health concerns compared to non-medical peers
- High-risk profession for depression and suicide
- Delay of treatment contributes to worse outcomes and greater costs
- The future payoff to individuals, institutions, and society are residents and faculty physicians who are more productive and less likely to suffer from burnout, depression, job turnover, or suicide
- In the class of 2020, **22% of UMMS students** matched into residencies at Michigan Medicine



**We must weigh the cost of investment
with the long-term benefits of a thriving
and productive workforce**



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Existing MM Learner Mental Health Services

Medical Students: No institutionally funded mental health services. Access to psychiatrist designated as med student provider (*not* funded by OMSE but time protected via Dept), no therapists, all visits billed to insurance or self pay, limited hours and locations.

Residents: Recognized HOMHP with administrative support and awareness through HOA. 0.4 FTE *funded* psychiatrist with no-charge initial eval documented outside of MiChart. Ongoing treatment with \$25 copay (most HOs have Premier Care as benefit of employment). OCWR access. Opt-out checks being piloted.

Graduate Students: 1.6 FTE therapists to provide 3-6 counseling session per student per year at no charge to student.

Diagnosed or Perceived Mental Health Concern

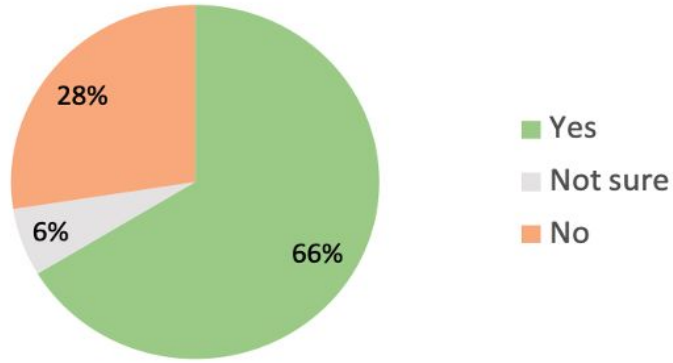


Figure 2. Student answers in response to “Have you had concerns about your mental health during medical school, either diagnosed or perceived? This includes both new and previously diagnosed mental health concerns.”

Students Seeking Treatment

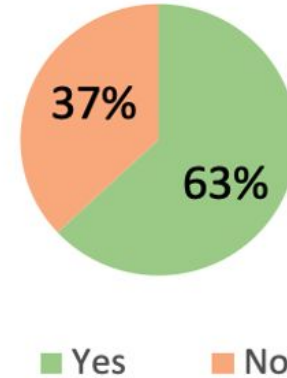
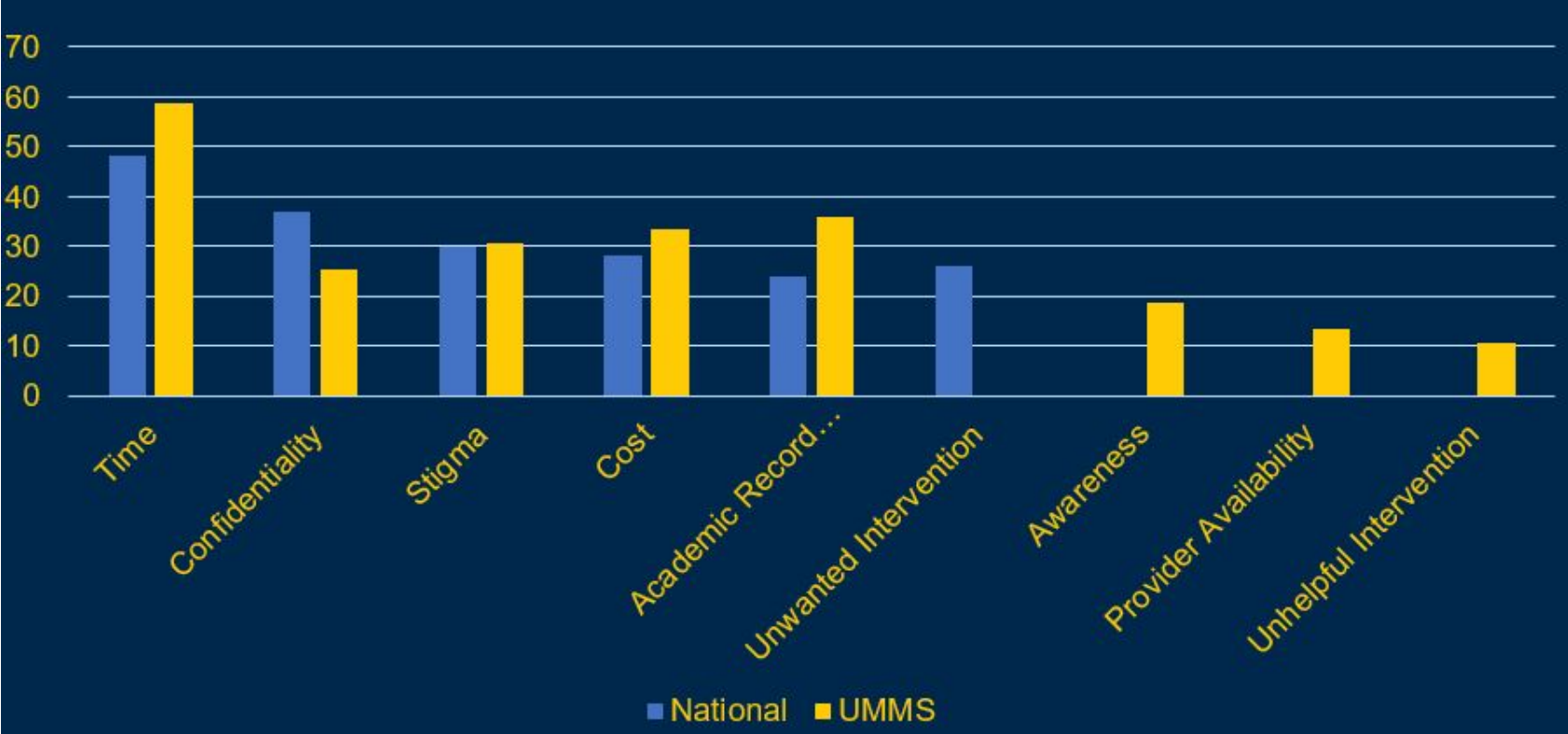
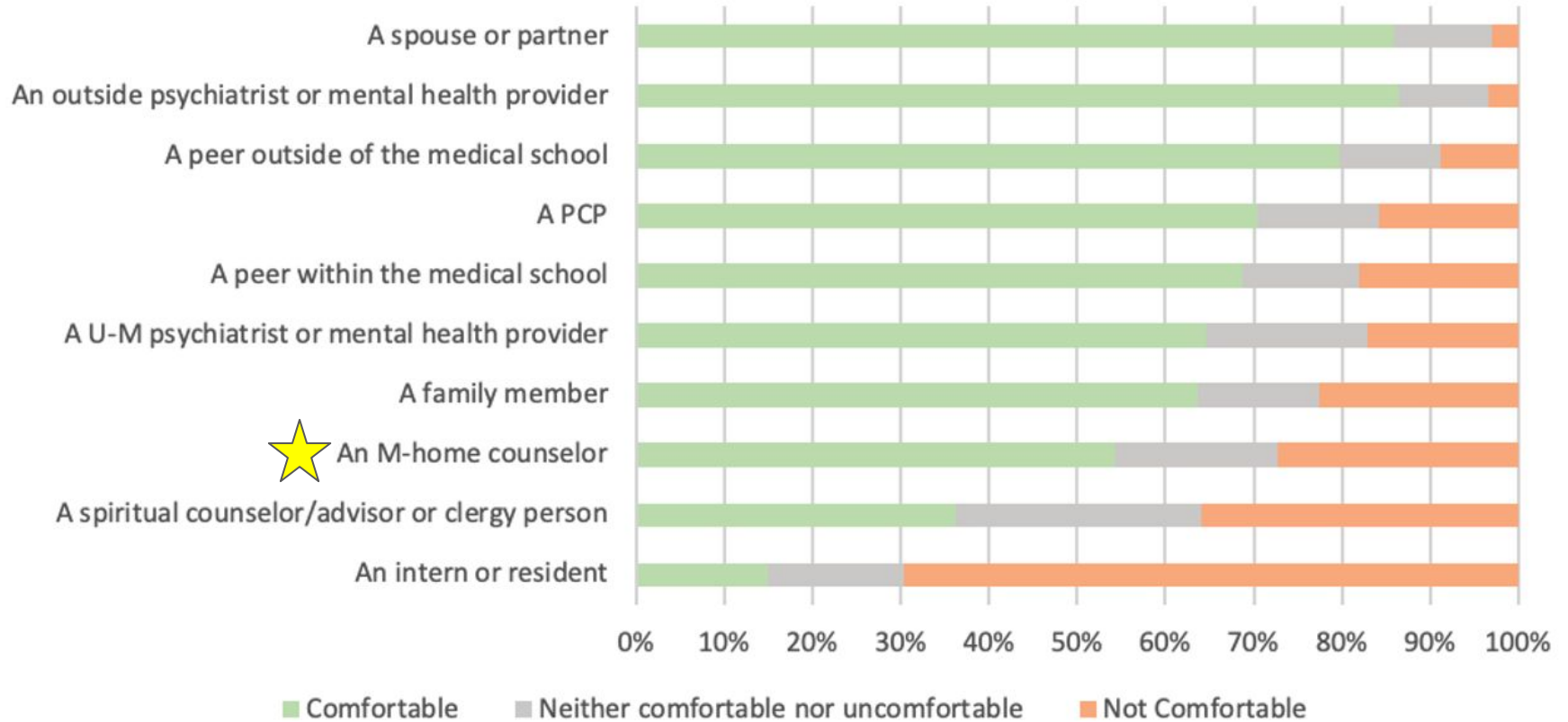


Figure 3. Although 63% of students responded that they are seeking treatment for mental health concerns, 37% are trying to manage their issues without treatment.

Barriers to Access



Comfort Discussing Mental Health Concerns



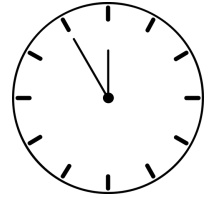
Fear of Negative Consequence

*“The waitlist to see a counselor/therapist through UHS is months. The service **might as well not exist** for most people, especially when they are experiencing a crisis – and in such cases it is taken as a given that **seeking help** through PES is **tantamount to torpedoing your education and career.**”*



Scheduling Difficulties/Time

*“When I reached out to the therapists, it was **difficult to find times** and a few didn’t have any availability at all. It was a **very long tedious process...** Not getting mental health services until October was **traumatic** to be honest.”*



Cost

*“It would be great if psychiatric services were available to med students at little or no cost. When I saw Dr. Votta, **even though I have insurance** from a large national insurance agency, I **had to pay \$400 out of pocket**, making this service **virtually inaccessible** to me. I **don’t want to have to choose between a mental health crisis and financial crisis.**”*



M-Checks: Innovative Opt-Out Screening

- Opt-Out
- Web-Based and In-Person components
- Automatically scheduled for students with protected time within the curriculum



Phase 1: M-Checks and Stop-Gap Services

- **2.5 FTE Therapists:** allows limited M-Checks opt-out program (1/y for M1s, M2s); up to 6 therapy visits* for each acute short term need for all students
- **0.6 FTE Psychiatrist:** one initial and one follow up no-cost to student visit; referral to community physician willing to accept their specific insurance or use of private insurance to continue visits
- **1.0 FTE Staff:** clinical support and support navigating mental health resources in the community, coordinating insurance coverage

Phase 2: Full Medical Student Mental Health Program

- **4.0 FTE Therapists total,** exclusively for medical student: therapy sessions at no-cost with no set limit for all students; if a student wishes to receive follow up care outside of this program, a staff person will help facilitate finding a provider
- **1.0 FTE Psychiatrist** exclusively for medical students: access to the psychiatrist for medication management; if the student wishes to seek care outside of the program, support staff will help
- **2.0 FTE Staff:** clinical support (scheduling, call/email management, coordination) and support navigating mental health resources in the community, coordinating insurance coverage

Reviewed by

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Dr. Mark Prince, Charles J. Krause, MD Collegiate Professor and Chair, Department of
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John Copeland, Senior Director of Development, Medical Education and Alumni Relations

Budget

Phased Expansion of Medical Student Mental Health Program

Staffing	Year 1		Year 2		Year 3		Year 4		Year 5	
	Salary	Fringe	Salary	Fringe	Salary	Fringe	Salary	Fringe	Salary	Fringe
.60 Psychiatrist	132,000	28,657	135,300	29,373	138,683	30,108	142,150	30,860	145,703	31,632
.40 Psychiatrist Y2			88,000	19,105	90,200	19,583	92,455	20,072	94,766	20,574
1.0 Counselor	80,000	26,136	82,000	26,789	84,050	27,459	86,151	28,146	88,305	28,849
.60 Counselor Y1/1.0 Y2	43,200	14,921	72,000	24,868	73,800	25,490	75,645	26,127	77,536	26,780
.50 Counselor Y2			38,000	13,125	38,950	13,453	39,924	13,789	40,922	14,134
1.0 Counselor Y3					68,000	23,487	69,700	24,074	71,443	24,676
1.0 Counselor Y3					72,000	24,868	73,800	25,490	75,645	26,127
1.0 Admin Coord	50,000	20,650	51,250	21,166	52,531	21,695	53,845	22,238	55,191	22,794
1.0 Admin Coord Y3					50,000	20,650	51,250	21,166	52,531	21,695
Subtotal	305,200	90,364	466,550	134,427	668,214	206,793	684,919	211,963	702,042	217,262
Non-Salary	Expense		Expense		Expense		Expense		Expense	
Program Supplies	5,000		5,000		5,150		5,150		5,300	
- Copies/Paper, Office Supplies, Toner, Kitchen Supplies, Pagery										
Travel/Prof Development	12,000		12,000		12,240		12,240		12,500	
*3,000/staff counselor for 1 conf										
Subtotal	17,000		17,000		17,390		17,390		17,800	
Total	412,564		617,977		892,397		914,272		937,104	



Full Medical Student Mental Health Program Expansion

Staffing	Year 1		Year 2		Year 3		Year 4		Year 5	
	Salary	Fringe	Salary	Fringe	Salary	Fringe	Salary	Fringe	Salary	Fringe
.50 Psychiatrist	110,000	23,881	112,750	24,478	115,569	25,090	118,458	25,717	121,419	26,360
.50 Psychiatrist	110,000	23,881	112,750	24,478	115,569	25,090	118,458	25,717	121,419	26,360
1.0 Counselor	68,000	23,487	69,700	24,074	71,443	24,676	73,229	25,293	75,059	25,925
1.0 Counselor	72,000	24,868	73,800	25,490	75,645	26,127	77,536	26,780	79,475	27,450
1.0 Counselor	76,000	26,250	77,900	26,906	79,848	27,579	81,844	28,268	83,890	28,975
1.0 Counselor	80,000	26,136	82,000	26,789	84,050	27,459	86,151	28,146	88,305	28,849
1.0 Admin Coord	50,000	20,650	51,250	21,166	52,531	21,695	53,845	22,238	55,191	22,794
1.0 Admin Coord	50,000	20,650	51,250	21,166	52,531	21,695	53,845	22,238	55,191	22,794
Subtotal	616,000	189,803	631,400	194,548	647,185	199,412	663,365	204,397	679,949	209,507
Non-Salary	Expense		Expense		Expense		Expense		Expense	
Program Supplies	5,000		5,000		5,150		5,150		5,300	
- Copies/Paper, Office Supplies, Toner, Kitchen Supplies, Pagets, etc.										
Travel/Prof Development	12,000		12,000		12,240		12,240		12,500	
*3,000/staff counselor for 1 conf										
Subtotal	17,000		17,000		17,390		17,390		17,800	
Total	822,803		842,948		863,987		885,152		907,256	

Innovation and a culture of caring:

- M-Checks
 - opt-out
 - scheduled for student
 - both web-based and in-person components
 - time 'off'
- Coordinating with all OMSE leadership regarding time for checks



Removing barriers, increasing inclusivity:

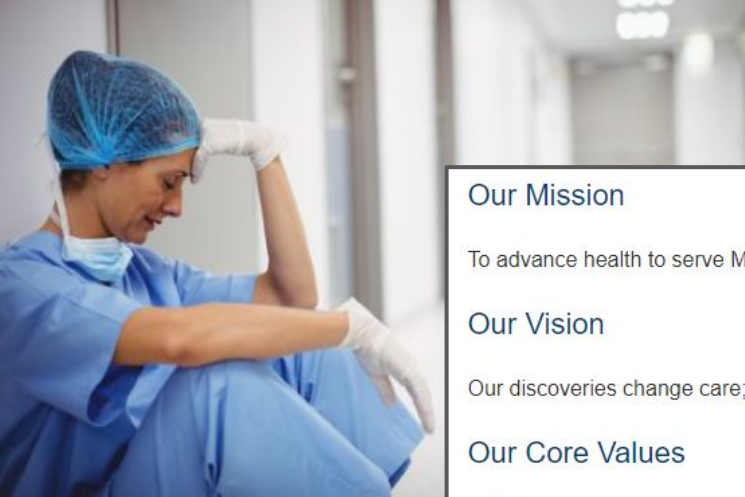
- Ongoing, accessible care (FTE for psychiatrist, therapists)
- Connection within MM (shared resources with OCWR)
- Connected resources in the community with staff coordinator



In summary: the elements



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Our Mission

To advance health to serve Michigan and the world.

Our Vision

Our discoveries change care; our care changes lives.

Our Core Values

- **Caring:** I will treat everyone with dignity, kindness and respect, promoting the well-being of self and others.
- **Innovation:** I will promote a culture of creativity, flexibility and curiosity that inspires new ideas and ways of thinking, behaving and improving the world.
- **Inclusion:** I will foster an environment where every individual has a sense of belonging, a voice that is heard, and the opportunity to achieve and thrive.
- **Integrity:** I will adhere to the highest ethical standards, demonstrating courage, truth and transparency in my words and actions.
- **Teamwork:** We will work together with a shared purpose rooted in equity and fairness where diversity is celebrated, respected and valued.



Discussion

<p>Clarity of mental health resource availability</p>	<p>Improving access to and dispelling confusion regarding mental health resources for medical students by creating a web-based platform of resources.</p>	<p>The author proposed a few options for addressing this:</p> <ul style="list-style-type: none"> ● Website/flowchart/pictogram to delineate available psychiatric and counseling options, costs, insurances + co-pays, sliding-scale services, service hours ● Surveys to address what students need/want resource-wise ● Potentially hire a med student-specific counselor, like at other professional schools ● Educate counselors, advisors, and anyone else who would need to be aware of the resources available to medical students
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Figure 1. Winning idea in a wellness proposal competition, submitted by Cayla Pichan.

Response category	Class of 2023		Class of 2022		Class of 2021		MSTP		LOA		PGY-1	
	N	%	N	%	N	%	N	%	N	%	N	%
Not burned out	27	40.9%	38	45.8%	58	63.7%	10	55.6%	4	40.0%	21	75.0%
Burned out	39	59.1%	55	66.3%	33	36.3%	8	44.4%	6	60.0%	7	25.0%
Answer not provided	0	0.0%	1	1.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	66	--	83	--	91	--	18	--	10	--	28	--

Table 1. Internal Needs Assessment Levels of Burnout by Class.

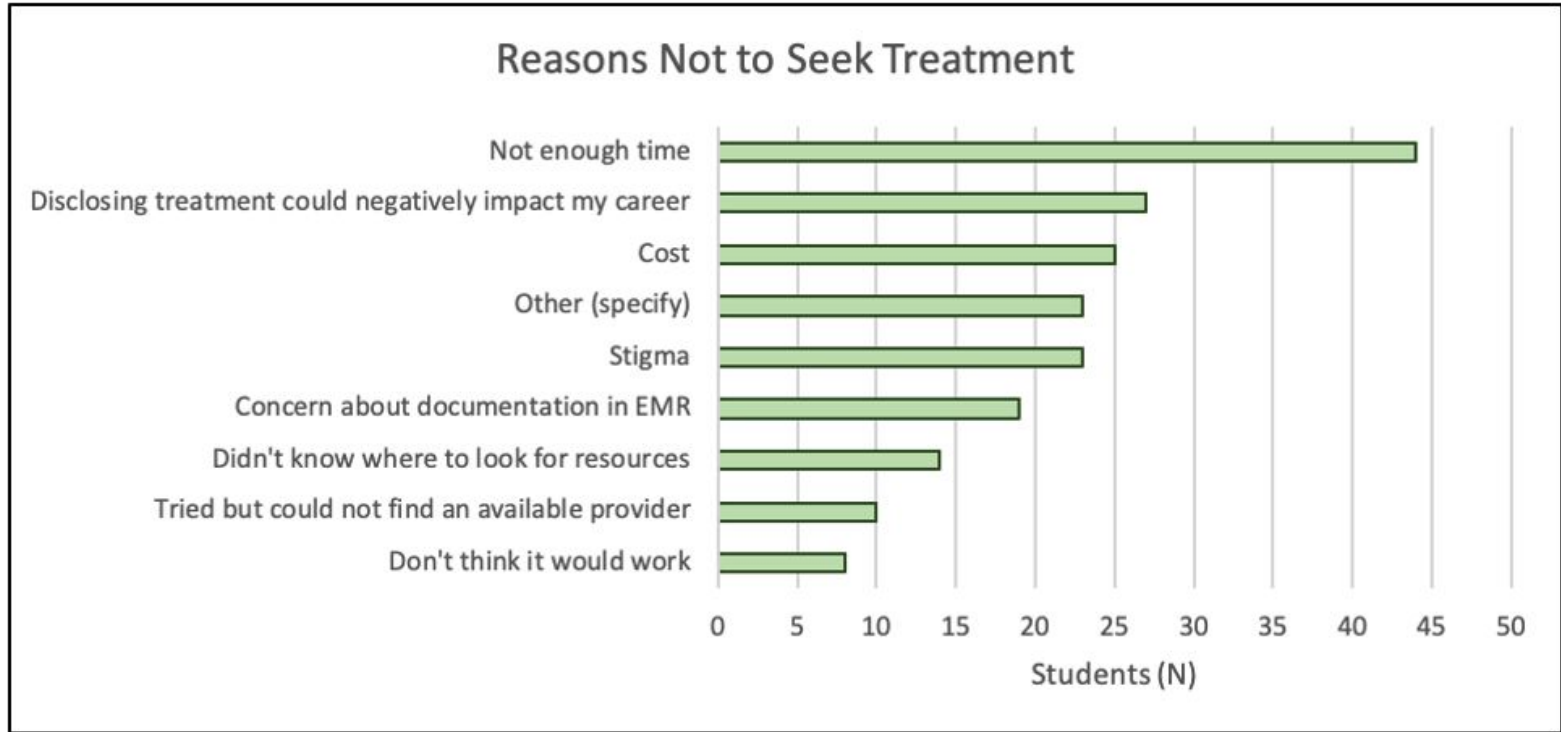


Figure 4. Students who reported they did have concern about their mental health but did not obtain treatment were asked what prevented them from doing so. Respondents could check all statements that applied, with a free response option.

Class of 2024 End of M2 vs End of M1 vs Matriculation

	End of M2 (2022)		End of M1 (2021)		Matriculation (2020)		Change
	Mean	N	Mean	N	Mean	N	
Well-Being Index ¹					0.58	154	
Resiliency ²					8.68	156	
Perceived Stress Scale (PSS) ³					12.48	156	

Class of 2023 End of M2 vs End of M1 vs Matriculation *

	End of M2 (2021)		End of M1 (2020)		Matriculation (2019)		Change
	Mean	N	Mean	N	Mean	N	
Well-Being Index ¹			3.08	59	0.89	108	2.19
Resiliency ²			8.61	60	8.96	109	-0.35
Perceived Stress Scale (PSS) ³			18.08	59	11.56	112	6.52

Class of 2022 End of M2 vs End of M1 vs Matriculation *

	End of M2 (2020)		End of M1 (2019)		Matriculation (2018)		Change
	Mean	N	Mean	N	Mean	N	
Well-Being Index ¹	3.87	67	3.36	73	0.77	133	2.59
Resiliency ²	8.27	67	8.47	73	8.52	135	-0.05
Perceived Stress Scale (PSS) ³	19.05	66	16.41	71	11.40	138	5.01

Class of 2021 End of M2 vs End of M1 vs Matriculation

	End of M2 (2019)		End of M1 (2018)		Matriculation (2017)		Change
	Mean	N	Mean	N	Mean	N	
Well-Being Index ¹	3.67	54	3.01	82	0.77	141	2.24
Resiliency ²	8.51	55	8.62	82	8.86	147	-0.2371
Perceived Stress Scale (PSS) ³	16.55	53	13.93	82	11.43	147	2.5014

Class of 2020 End of M2 vs End of M1 vs Matriculation

	End of M2 (2018)		End of M1 (2017)		Matriculation (2016)		Change
	Mean	N	Mean	N	Mean	N	
Well-Being Index ¹	3.02	59	2.70	133	0.64	145	2.06
Resiliency ²	8.68	59	8.31	133	8.82	148	-0.516
Perceived Stress Scale (PSS) ³	16.39	57	14.61	132	10.82	149	3.7873

1. Well-Being Index: All questions are answered using a simple yes/no format. One point is assigned for each "yes" answer with summary scores on the 7item index ranging from 0(lowest risk) to 7 (highest risk)
2. Resiliency: sum of 2 items. Higher score better adaptability. Scale: 1=not true at all; 2=rarely true; 3=sometimes true; 4=often true; 5=true nearly all of the time
3. Perceived Stress Scale: sum of all 10 items (4, 5, 7 & 8 reverse coded). Higher score more stressful. Scale: 0=never; 1=almost never; 2=sometimes; 3=fairly often; 4=very often.

* Sampling strategy was updated in 2020 to an intention random sample of half the class. In previous years sampling was done by self-selection - open to the full class

Figure 6. MiStep Data for medical students from the past 5 years.

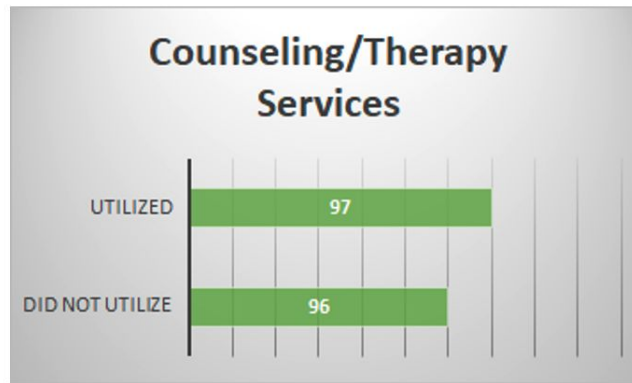


Figure 8. Spring 2020 USC Keck Counseling Utilization

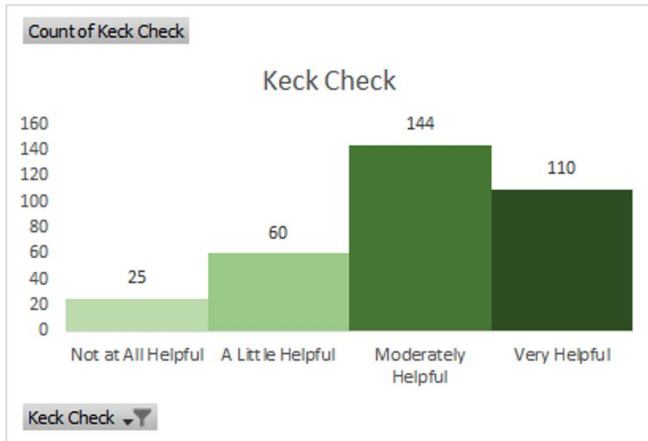


Figure 7. Spring 2020 Keck Check helpfulness rating, $n = 339$

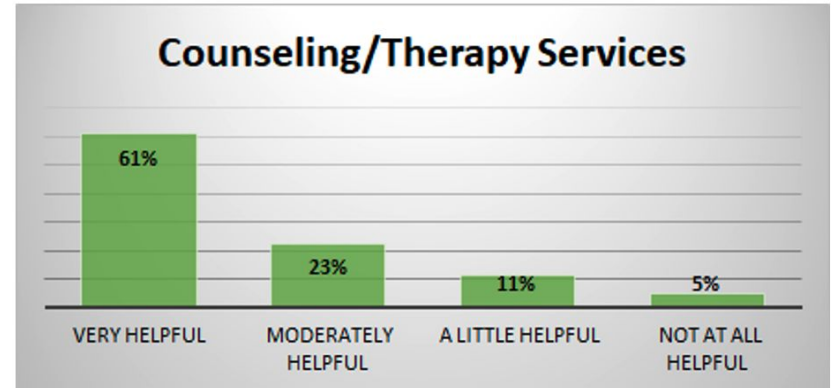


Figure 9. Spring 2020 USC Keck Counseling Usefulness

Lead Nationwide Change

(1) Be the **#1 Medical School** in the nation for reducing student mental health burden through **implementing screening and improving access to mental health services in medical school**

(2) Invest in our people



Care for our Students

(1) Practice and **normalize preventative medicine** for mental health in medical students

(2) **Destigmatize** mental healthcare utilization



Reduce Barriers to Care

(1) Encourage **risk-free, no-cost** pursuit of mental healthcare

(2) Lead the way with **M-Checks**, an **opt-out** mental health screening program

2.0 FTE support staff (providing the support that we would otherwise receive from nursing and care management teams):

- Managing appointment scheduling
- Following up with a student if they no-show for an appointment
- Ensuring students are not lost to follow up if they cancel an appointment
- Fielding medication refill requests
- Doing medication prior authorizations
- Helping students interface with pharmacies for any issues that might arise
- Helping students navigate their prescription insurance coverage
- Managing any form or letter requests
- Obtaining records from prior psychiatric providers
- Coordinating care with other current medical providers
- Health resources in the community, coordinating insurance coverage
- Obtaining records from emergency room visits or hospitalizations if they occur
- Helping students find a new psychiatric provider after graduation
- Sending records to new psychiatric providers