

# **Mental Health of Physicians: Challenges and Opportunities**

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# **Disclosures**

**I have no financial disclosures to make.**

# **The Health Care Setting**

## **A somewhat grim picture**

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**Burnout rates- 60-75% and higher**

# **The Health Care Setting**

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### **Medical students**

**Depression rate 27%**

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### **Residents**

**Burnout rates- 60-75% and higher**

### **Practicing Physicians**

**Depression and suicide**

**Burnout**

**Would not recommend the field to their kids- 60-90%**

**So what's being done  
to address this?**

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to address this?**

**Not enough.**



# **Saint Louis University Medical Student Mental Health**

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**Moderate- Severe Depression Symptoms (Percent of  
Class) at end of year**

|                        | <b>MS1</b> | <b>MS2</b> |
|------------------------|------------|------------|
| <b>2008 Pre-change</b> | <b>27%</b> | <b>28%</b> |
| <b>2009 Pre-change</b> | <b>27%</b> | <b>35%</b> |

# **Saint Louis University Medical Student Mental Health**

**Moderate- Severe Anxiety Symptoms (Percent of Class)  
at end of year**

|                        | <b>MS1</b> | <b>MS2</b> |
|------------------------|------------|------------|
| <b>2008 Pre-change</b> | <b>56%</b> | <b>58%</b> |
| <b>2009 Pre-change</b> | <b>54%</b> | <b>61%</b> |

# **The SLU SOM Medical Student Mental Health Initiative**

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**Designed to reduce unnecessary stressors, help students find meaning in their work, and increase students' ability to deal with stress**

**Interventions implemented over the past seven years- were guided by students' perceptions of stressors and were evidence-based whenever possible**

# **The SLU SOM Medical Student Mental Health Initiative**

**Designed to reduce unnecessary stressors, help students find meaning in their work, and increase students' ability to deal with stress**

**Interventions implemented over the past seven years**

**2009- Pass/Fail grading in the first two years, cut curriculum by 10%, instituted longitudinal electives and theme-based learning communities**

**2010- Resilience and Mindfulness curriculum for first-year students**

**2011- Changes to the Human Anatomy course**

**2012- Change to “true” pass/ fail in first two years**

**2013- Restructured 4-year curriculum, included shortened pre-clinical curriculum**

**2014- Confidential tracking of depression and anxiety**

**2015- Focused support of 2nd year students in the run-up to Step 1**

# **Impact of Curricular Changes in Years 1 and 2**

**Moderate- Severe Depression Symptoms (Percent of  
Class) at end of year**

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| <b>2009 Pre-change</b>  | <b>27%</b> | <b>35%</b> |
| <b>2010 Post-change</b> | <b>19%</b> | <b>17%</b> |
| <b>2011 Post-change</b> | <b>18%</b> | <b>18%</b> |
| <b>2012 Post-change</b> | <b>11%</b> | <b>16%</b> |
| <b>2013 Post-change</b> | <b>14%</b> | <b>17%</b> |
| <b>2014 Post-change</b> | <b>8%</b>  | <b>21%</b> |
| <b>2015 Post-change</b> | <b>4%</b>  | <b>20%</b> |
| <b>2016 Post-change</b> | <b>6%</b>  | <b>6%</b>  |

# Impact of Curricular Changes in Years 1 and 2

## Moderate- Severe Anxiety Symptoms (Percent of Class) at end of year

|                  | MS1 | MS2       |
|------------------|-----|-----------|
| 2008 Pre-change  | 56% | 58%       |
| 2009 Pre-change  | 54% | 61%       |
| 2010 Post-change | 44% | 61%       |
| 2011 Post-change | 30% | 39%       |
| 2012 Post-change | 31% | 46%       |
| 2013 Post-change | 43% | 44%       |
| 2014 Post-change | 23% | 47%       |
| 2015 Post-change | 14% | 47%       |
| 2016 Post-change | 14% | 32% (20%) |



**External Bench-marking  
Association of American Medical Colleges  
Year 2 Questionnaire**

## AAMC Year 2 Questionnaire Results

|                          | National | SLU  |
|--------------------------|----------|------|
| Emotional Climate        | 9.2      | 10.7 |
| Student-fac. Interaction | 14.8     | 15.6 |
| Quality of life          | 40.6     | 44.8 |
| Perceived stress         | 5.7      | 4.8  |
| Disengagement            | 9.7      | 8.1  |
| Exhaustion               | 11.7     | 9.1  |

# **Impact of Curricular Changes in Years 1 and 2**

**But what happened to academic performance???**

# **Impact of Curricular Changes in Years 1 and 2**

## **Performance in Years 1 and 2**

**No decrease in mean exam scores. Failure rate in courses has dropped significantly.**

**Mean Step 1 scores have shown significant increase. Failure rate is half the national average.**



# **Mindfulness, Metacognition, and Resilience**

# **Mindfulness**

**Paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.**

# **Mindfulness**

**How to cultivate**

**Formal practice**

**Informal practice**



# Metacognition

# Resilience

# **Resilience**

**Cognitive restructuring**

# Cognitive Restructuring

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**Adverse event = Outcome**

# Cognitive Restructuring

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**Adverse event = Outcome**

**False!!!**

**Adverse event + your cognitive/ emotional  
reaction = outcome**

# Cognitive Restructuring

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## Cognitive behavioral therapy

- **Thoughts trigger emotions and actions**
- **When you're feeling sad or depressed, your thoughts are likely to be distorted and exaggerated**
- **You can change the way you feel by changing the way you think**

# **Dysfunctional (and predictable) cognitive/emotional distortions**

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**Magnifying or catastrophizing**

**All or nothing thinking**

**Overgeneralization**

**Tunnel vision**

**Fortune-telling**

**Personalization and blame**

**Mind reading**

**Perfectionistic thinking**

# **Cognitive Restructuring**

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**Need to notice and label distortions and then try to dispute.**



# **Resilience**

**Cognitive restructuring**

**Negativity bias**

**Optimistic versus pessimistic explanatory styles**

**Positive emotions**

**Emotional self-regulation**

# **Resilience**

**Cognitive restructuring**

**Negativity bias**

**Optimistic versus pessimistic explanatory styles**

**Positive emotions**

**Emotional self-regulation**

**Avoiding learned helplessness**

# **Future Directions**



## **Future Directions**

**Need to focus more on enhancing the clinical learning and work environments.**

# **Improving the Clinical Work Environment**

## **Drivers of burnout (from Maslach and Leiter)**

**Workload**

**Rewards**

**Control**

**Community**

**Fairness**

**Values**

**Clients do not come first. Employees come first. If you take care of your employees, they'll take care of the clients.**

**Richard Branson**

## **What Else Needs to be Done?**

**We need enlightened leadership in our medical schools, residency programs, medical practices, and hospitals.**



# **AAMC Graduation Questionnaire 2017**

**Students were asked to rate their satisfaction with the Dean for Curriculum on accessibility, awareness of student concerns, and responsiveness to student problems.**

**Nationally- 32.8% very satisfied**

**SLU- 76.1% very satisfied**

# **AAMC Graduation Questionnaire 2017**

**Students were asked to rate their satisfaction with the Dean for Curriculum on accessibility, awareness of student concerns, and responsiveness to student problems.**

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# **AAMC Graduation Questionnaire 2017**

**Satisfaction with programs/ activities that promote effective stress management, a balanced lifestyle, and overall well-being**

**Nationally- 33.3% very satisfied**

**SLU- 81.2% very satisfied**

# **AAMC Graduation Questionnaire 2017**

**Agreement with statement “Overall, I am satisfied with the quality of my medical education.”**

**Nationally- 30.4% strongly agree**

**SLU- 54.3% strongly agree**

# AAMC Graduation Questionnaire 2017

**Agreement with statement “My medical school has done a good job of fostering and nurturing my development as a *person*.”**

**Nationally- 33.8% strongly agree**

**SLU- 65.0% strongly agree**

## **What Else Needs to be Done?**

**We need enlightened leadership in our medical schools, residency programs, medical practices, and hospitals.**

**We need to help students, residents, and physicians find meaning in their lives.**

# Viktor Frankl

**“There is nothing in the world, I venture to say, that would so effectively help one to survive even the worst conditions as the knowledge that there is a meaning in one's life. There is much wisdom in the words of Nietzsche: “He who has a why to live for can bear almost any how.”**



