

## Video Transcript for Innovative Ideas: Medical Student Mental Health

- Gaurava Agarwal: Hi, I am Gaurava Agarwal. I'm a psychiatrist and a member of the Center for Workplace Mental Health. I serve as the Chief Wellness Executive for Northwestern Medicine, and the Director of Faculty Wellness for Northwestern University. Dean Runge, would you like to introduce yourself please?
- Marschall Runge: Greetings, I'm Marschall Runge. I'm Dean of the University of Michigan Medical School. I'm a cardiologist by training, and I'm also head of our health system, Michigan Medicine.
- Claire Collins: Great. And I'm Claire Collins. I'm a first-year resident at the University of Kentucky. I went to medical school at University of Michigan, and that's actually my hometown.
- Gaurava Agarwal: Thank you all for joining us today, and in the interest of friendship, I will go with first names moving forward here. We're excited to have you here today and learn a little bit about the program you both helped to usher in at the University of Michigan. Claire, I was wondering if you would tell us a little bit about the medical student mental health program at Michigan that you worked with your colleagues to create as a medical student.
- Claire Collins: Sure, yeah. So, it's definitely a dream come true, and like you and Marschall said, it definitely wasn't just one person effort. But it's something that I've been thinking about for a long time throughout my medical school career. The beginning of thinking about this program was the thought that a lot of medical students and residents and physicians have mental health needs, and a lot of the time we don't have the time or space to meet those needs through therapy or psychiatric services. And so, we wanted to take a look at what our true needs were at the University of Michigan and come up with some novel ways of meeting those needs. And it ended up being that we saw an opportunity to actually hire specialized and dedicated therapists and psychiatrists to serve the medical students at Michigan.
- Gaurava Agarwal: That's fantastic. That's fantastic. And so, you had dedicated mental health providers that were able to meet the students where they're at, provide no-cost treatment, is that right? That's great.
- Claire Collins: Yes.
- Gaurava Agarwal: And was there also an opt-out program aspect to this that you created?
- Claire Collins: Yeah. So, that was one of the unique things we actually talked to some of our colleagues at other medical schools about. So, within the mental health program, I think of them as having, there's two tiers, or two sides of it. One is the side where you can request services like therapy and psychiatric services for yourself, as you said, at no cost to the students. And then, the second part is

something we are calling M-Checks, which is actually an opt-out screening program. So, anytime anyone gets enrolled in the school, you essentially get automatically enrolled in this M-Check, and you have to deliberately opt out of it in order not to participate. And in the research we did, it showed that participation went up to almost 90% in other programs.

Gaurava Agarwal: That's fantastic. So, when we look at the research of barriers, you addressed cost, you addressed ease of appointment, and it sounds like you're also, through your M-Check program, addressing this barrier of stigma.

Claire Collins: Yeah.

Gaurava Agarwal: So, really, the three core barriers that people have identified in the literature. That's brilliant. Marschall, can you tell us a little bit about your role during this pitch by Claire and her med student colleagues?

Marschall Runge: Well, I agree with you when you characterize it as a brilliant approach, because I think it combined all those factors that you mentioned, but most importantly addressed what we knew and is the case at many medical schools and most of higher education, that we had insufficient resources for our students who had mental health issues. And we faced the same challenges, those three big challenges that you noted. And although the university and the medical school had programs, they were insufficient.

And we'd done a lot of talking about it over several years, and I think it was Claire and her leadership in that group that said that they could take, and I'll use this term with regard, an evidence-based approach to, what are the problems, how can those be addressed, and what would really work for the students? And that needs to come from the students. It's not from people like me or administration. And so, pulling that all together, what made the day for me was they said, "Here's a program we think would work. Here's why. Here's what it addresses, and can you help us make this happen?" And it was and it is a very compelling program and it suits a major issue for our medical students. So, that was, I have to say, both one of the most enjoyable and also easiest decisions I've had to make during my tenure here over the last eight years.

Gaurava Agarwal: That's great context. I've had the privilege of giving lots of wellness talks across the country through my work, and the most common question I usually do get asked after these talks is, how does someone on the front lines, how does someone who's a medical student, make a pitch to make some of the changes that, to your point, Marschall, people, know what they need, but it's not clear to a lot of people how they can get the attention of folks like you. So, when you tell that story, Marschall, I'm just envisioning, how does Claire get a meeting with Marschall at that time, to even get that pitch? And so, I think our audience would really benefit from understanding a little bit of the change management process, the process of, how do you get buy-in? How do you get the attention of leadership when you're on the front lines or a medical student? Claire, any tips

that you can give our audience there of the process you took or the allies you built to be able to secure that meeting with Marschall and really have a listening ear?

Claire Collins:

Yeah, absolutely. So, it definitely wasn't overnight. Like you said, we had to gain allies to really make a compelling story. And so, I think the first thing actually I think of is our stories, and that's actually how we started our written proposal was with stories, including my own. And I like to share my own, because no one is exempt from mental health. We never think of these things, but I struggled with depression and anxiety in medical school, and that actually is one of the things that fueled me to do all of this. So, I found peers who were also struggling with this, and we were there for each other and really helped to advocate for each other. So, really, just starting small, so just with yourself and then finding just the people you work with, honestly, to see, what other things are they struggling with? Is it similar or do they know other people at the institution that are also sharing in these struggles?

And from there, we actually went to the broader medical student community and did the same thing. We shared our story and said, "Is anyone else either interested in this for themselves, or want to work on this because they think it's an important thing?" And so, we started to convene a student group, and from there, we actually worked with Marschall and one of his executive deans to come up with a proposal for an official work group. And that work group included both students, faculty staff, and then some of the dean leadership in the medical school. And then, we also had Dr. Brower, who was the chief wellness officer at the time at Michigan Medicine, also helped with that work group. And so, through that we were able to have a broad range of people and experience actually sitting at the same virtual table to have weekly meetings and start to talk about the real issues at hand.

Gaurava Agarwal:

That's fantastic. And I think some of the things I'd love to amplify that you said was the power of storytelling. I think so often I hear people get obsessed with the business case and the money part of it, and all that is incredibly important, but you can't lose the story. You can't lose the moral case and how powerful those things can be, so I think that's great. Marschall, you gave a great point earlier about how the end user's voice has to be a part of these solutions, and that it can't be people just at the C suite level telling people what they need. Getting that voice and having this, what you describe as a working group, that's mixed with lots of people that are going to be the users of the innovation, sounds like it was very effective for you. All in, from when you first started to when it got done, what's the timeline where we're talking? Are we talking a year, two years, four years?

Claire Collins:

Miraculously, it was about 18 months to implementation and funding. So, it was pretty quick turnaround, especially in corporate world.

Gaurava Agarwal: Oh, absolutely. That's very, very fast. Great. And I think it is important to remember that is fast, actually. And I think sometimes people get frustrated and think something can happen in a month, but your perseverance here over 18 months is really a good reminder. Marschall, was there anything you can share about, you highlighted, this is not a conversation, it was the first time you'd ever heard this, is my guess. Was there a context that allowed this idea to really take hold at that time? Besides, obviously, Claire's group sharing their stories. Was there anything else at U of M that made the timing right to have an intervention occur like this?

Marschall Runge: Several things. I also want to underscore the importance of stories. It makes it real. And so, I think that's a foundational aspect. But I would say that Claire and the group were very good, not usually in person even, but keeping me abreast of what they were thinking, what they were doing. And there was a time or two that I would talk to Kirk Brower and say, "Well, is there something else that I can do to be helpful at this point?" And usually it was just listening. And so, I think that's good.

I think another couple of comments I'd make about how to be successful. I don't have to tell Claire, they figured this out on their own, but it's to start small, to build a constituency, to then think about, well, what is that next level? And Claire mentioned that she and the group worked with some of the educational deans. One that I'd call out for sure is Erin McKean who is assistant dean, I think that's her title, for student services at the medical school. Because, with each of those steps, and Claire can say about much more about this than I can, but you get some refinements, some input, some thought about how to make that presentation. We often get, at the university level, I have involvement at the university level, often get people who are passionate but they don't have a plan. And 18 months is a very rapid time to really come up with a plan, and I think that makes all the difference in convincing somebody like myself that it's a good idea.

Two other comments I'd make are that even if I had thought of exactly the same, exactly the same plan, it's going to be much more well received when it comes from peers rather than it comes from somebody sitting at a distance. And so, I think that bringing together the medical students is extremely important, because if they thought, "Oh, well this is just another one of those things," no one would've benefited from the program, and I think many people have benefited. The last comment I'll make is times and opportunities. The new president of the University of Michigan is Santa Ono who started in October. And if you haven't ever heard of him, he's a top-tier academic leader. Was president at the University of British Columbia before coming to Michigan as president. He himself had significant mental health issues as a younger person, and he talks about it openly. He gave a TED talk about it. And when you have that opportunity, and in fact, Claire, don't be surprised if you hear from the campus, because they struggle with this.

Because these aren't just problems that people have in medical school. In fact, maybe it's even broader on the undergraduate campus. And they struggle with, "Well, how can we do this?" And the approach has generally been, "Well, let's throw some more resources. We'll hire some more counselors or we'll hire hotlines and things like that." All of which are important, but they're not the program. Those are the pillars of the program, the support of the program, but it's not the program. So, put all that together and I think we are fortunate to have ended up with a really top-tier, innovative program to help our students. And that's what's important to us, because if we help our students, they'll help our patients, and at the end of the day, we will have accomplished our mission.

Gaurava Agarwal: That's fantastic, Marschall, thank you for that color on the story there. Claire, when you think about, your passion and your personal story drove you, I think that comes out loud and clear. What I hear from people often, especially, again, to us, we know that 18 months is short, but other people can hear that and go, by the time, let's say you started this journey as a second year, 18 months, you're right in the middle of third year, where, as I remember, third-year med school, there's no time for anything, let alone advocacy, et cetera. What are some tips you might give somebody who's trying to make change on how you make time for this? How do you maintain your wellness while trying to improve the wellness of your peers? Any tips there that you might share with us?

Claire Collins: Yeah, sure. So, I definitely had a few partners in crime in this, other medical students, some of whom are all over the country now, which is so wonderful. But we would actually set up Zoom dates and work on this, face to face, so we couldn't be watching Netflix and other TV shows. And because this was a passion project for us, it's something that actually gave us energy rather than take it away from us, even though it was time. And so, having a time to work on this, even if it was 30 minutes at a single sitting, was really beneficial. And just trying to focus on one thing at a time was really helpful. I would also say I learned very quickly how to run a really good meeting, and I get complimented on it now, and I think it was almost out of necessity and from this.

And so, I think going in with a good agenda about, realistically, what you're going to get accomplished, knowing that some of the big picture thinking should not actually happen at those meetings, because you have people whose time is very valuable. And so, I think being very diligent about what you're actually going to talk about, and having decision-making meetings, is more important. And then, really, before leaving that meeting, making sure everyone has a task. And part of my job leading this was to make sure people were accountable for those tasks. And I think that's how things got done so quickly, because these people are not sitting around lazy all day. They're putting in so much work. And this was really an extra meeting for them each week. But we were successful because we each had bite-sized tasks that we could accomplish. And then, so every week, we just kept moving closer and closer to, really, our big proposal that we were able to give to Marschall and others at the executive level.

Gaurava Agarwal: Those are fantastic tips, and how to run an effective meeting is an incredibly valuable skill and a skill that I tell people is really critical for wellbeing. They don't see it, sometimes, that as a wellbeing thing, but that's a hugely important wellbeing strategy for sure. Marschall, I think everyone here on the call is a mental health advocate. And so, we don't really need any other case besides the moral case, but every time these conversations happen about initiatives, the conversation always eventually turns to money. Obviously to be able to provide free mental health care for your students on an ongoing basis is a cost. How did you think about that, and how would you encourage other leaders who may be on the fence about, "Hey, is this a benefit we can provide?" Any tips you might give to other leaders listening to this on how you did it and how you might help them think about it if they're considering it?

Marschall Runge: That is a great question, and one that's always tough. So, a few comments I'd make. One is, when we think about committing to a long-term project like this, it's not a one-time project, we need to ask a question, what will the benefit be? And we don't look at, I don't look at it as return on investment. We're not trying to say, "Well, we put X amount of dollars into this program and we'll get Y amount of extra work out of people." That that's not the point of this program. But the return is in the health of our students. And just as maybe 50 years ago, students wouldn't have a health plan, how could we imagine in today's world students not having the necessity and the opportunity in a non-stigmatizing way to gain mental health services that are needed? So, it's a little different. If you have a health plan, if you get sick, you go to the emergency room or you see a physician. But I think what has been lacking is an approach that makes sense.

Now, if the proposal had come in that, "We want to spend a million dollars a year and we're going to do this and that," that would've been a bigger point to consider, but this was really well-balanced. And I think the other thing that I'd have to say to my peers, although I don't think this is a hard sell for most of my peers, is it's not a either/or. You don't have to say, "Okay, well if we do this, we won't be able to do that. If we do this, we're not going to be able to afford to have the adequate but no more than that gym that we have for the students." I don't know if Claire ever used that gym or not, but adequate is what I'd call it.

But as a leader, you have to decide, well, if it's important, we have to find the money to do it somehow, and we shouldn't find that money by taking away from other important programs. And so, we did find the money. One advantage in our system is we are very tightly linked to our health system, so our health system has resources, and in fact, at the end of the day, both of those report to me. So, on the health system scale, this is not a lot of money. And so, we just needed to figure out how do we make that work.

So, what I would encourage, I feel like I'm rambling here, but what I would encourage is that my colleagues who are thinking about this, this program I think has and will continue to be transformational for our students. And there's nothing that is more important to our students than being able to learn during

these critical four years of their lives before they go on to internships and residencies. There is a great deal of data that Claire and her colleagues did present some of, just talking about the stress of being a medical student, the rates of depression as they go up from year one to year two to year three, some of which was done by one of our psychiatrists. Some of these studies were done by one of our psychiatrists. And so, I think bringing data, bringing stories, that's what sells it.

Claire Collins: I would also, if you don't mind adding.

Marschall Runge: Please.

Claire Collins: I wasn't there on the back end, Marschall, when you guys were trying to actually figure out where the finances were coming from, but as you noted, we did actually do part of the research, because at the end of the day, things won't run without money. And so, that's not a motivation for any of us here, but it is a reality. And so, I think thinking about things in those terms is important, because making sure that we've thought through how much this is going to cost and the alternatives to this is very important. And some of what we did do research on was, we know that medical students go on to be residents and attendings and deans, and all these things that have ripple effects. And so, thinking about creating truly well future physicians actually has such a huge impact, not only, of course, financially, but in the kind of bigger world picture. And so, I wouldn't downplay the importance of at least having a section of a proposal saying that you really thought about the finances, and maybe you don't have the solutions, but here's what you kind of figured out.

Marschall Runge: I couldn't possibly say it better than that. That's perfect. I think it's also, this is a long-term research project in a sense, but when it's possible to look at morale and depression before and after such a program. We have too many students who get disillusioned during medical school, some leave medicine altogether. Others think, "Well, I'll use my degree to do something different." Not that that's bad, but when they do it as a result of just having difficulty coping with the many stresses of medical school, that is a loss.

And we, like other places, have had the horrific problem of students and house staff who did take their own lives, and there's no way to put a dollar on that, but that is devastating. It's devastating to the students, it's devastating to the faculty, it's devastating to the families. And thankfully, that's a rare occurrence, but we want it to be a zero occurrence. And particularly with the opt-out program, I think that is one of the best ideas I've ever heard of in terms of people having a no stigma opportunity to see somebody and have a talk and do that before they're at the absolute end of their rope.

Gaurava Agarwal: Well, it's really an inspiring partnership the way you all work together. Marschall, your leadership and your humility to be able to meet with anyone that has a good idea is inspiring, and I think a great lesson for us. And obviously,

Claire, your efforts, your passion, to be able to do this during medical school when I was just trying to keep my head above water is beyond impressive, and we really appreciate you all taking additional time now to talk with us and share your story, and hopefully encourage others around the country to take action and provide access to mental healthcare to our medical students and all our healthcare providers. I really appreciate your time. Thank you so much.

Marschall Runge: Thank you.

Claire Collins: Thank you. Yeah. I do want to encourage anyone to reach out to colleagues like myself or others on the call. This is not something you have to do alone.

Gaurava Agarwal: Thank you so much.