



The Intersection of Well-being: Where Mental and Physical Health Collide

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Introduction

- Mental and physical health must co-exist to ensure overall well-being
 - Explain why it is consequential to include mental health in our curriculum
 - State why it is essential for medical students to be invested in mental health
 - Convey the importance of diversifying medical education to best serve our evolving patient and practitioner demographics



Holistic Healthcare




Patient Lived Experiences
Experience with disease and illness.

Biopsychosocial Model
Whole person perspective - body, mind and spirit.


Therapeutic Alliance
Patient-Physician relationship.

Sharing Power & Responsibility
Establishing common ground.




Why the proposed Illinois College of Osteopathic Medicine is incorporating mental health into our educational curriculum

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Learning Objectives

1. Recognize high rates of physician burnout, depression, and suicide
2. Understand causes and risk factors for mental health issues in physicians
3. Identify stigma as a barrier to physicians seeking help
4. Discuss potential licensing and credentialing consequences of disclosing mental illness



Alarming Rates of Physician Suicide

- Physicians have highest suicide rate of any profession
- 300-400 physicians die by suicide each year in the US
- Suicide rate is 2x general population for male physicians and 2.5x for female physicians
- Depression, burnout, and substance abuse are major risk factors



Burnout and Depression are Common

- Recent studies estimate burnout in 35-54% of physicians
- Depression affects 12-20% of residents and physicians
- Emotional exhaustion, depersonalization, low sense of accomplishment



Risk Factors

- Personality traits like perfectionism and self-reliance
- Work environment stress and lack of control
- Sleep deprivation and work-life balance
- Stigma and barriers to seeking care



Why the Stigma?

- Cultural expectations of infallibility
- Fears about impact on licensure and credentialing
- Concerns about letting colleagues and patients down



Licensing Barriers

- State medical boards aim to facilitate treatment, not punishment
- Safe harbor provisions protect licenses during treatment
- Disciplinary action still possible for unsafe practice



Improving Culture and Reducing Stigma

- Promote treatment seeking behaviors vs self-reliance
- Make mental health resources easily accessible
- Lead by example in healthy behaviors and work-life balance
- Normalize conversations about stress and emotional health




Summary on why the proposed IllinoisCOM is Emphasizing Mental Health

- Manage medical school stressors and build resilience
- Destigmatize mental health treatment
- Model supportive culture around wellbeing
- Teach self-care skills and personal needs priority
- Foster professional identity alignment




**Medical School and Mental Health:
Why Should Medical Students be Concerned about Mental Health**

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Medical School and Mental Health

- Mental health issues are extremely common, with around 1 in 5 adults experiencing a mental illness each year. As future doctors, medical students need training to identify, understand and compassionately treat these conditions.
- Mental health is closely linked to physical health. Many chronic diseases like heart disease, diabetes and cancer have psychological components as well. Doctors need to treat the whole patient.



Medical School and Mental Health

- Mental health care has historically been stigmatized and under-prioritized in medical education and practice.
- Barriers to treatment :
- Impaired recognition of health needs
- Fears of coercive treatments
- High co-pays



Medical School and Mental Health

- Barriers for Students:
 - Fear of communication
 - Lack of training
 - Students fears regarding mental health
 - Stereotypical based mental health characters
 - Perceived threat; boundaries



What should happen?

- Curriculum/Rotation to teach about mental health (not just in psychiatry rotation)
- Be required to take a class on treatment/diagnosis of mental health
- Encourage interview style with speaking with patients
- Educators must therefore focus on basic fund of knowledge about mental illness, nomenclature to provide precise, clinically credible descriptions of psychiatric conditions, and therapeutic expectations.



What should happen?

- Increase in multicultural competence
- Psychological safety; open communication, voicing concerns, asking questions and seeking feedback without fear of judgment
- More time spent with patient



What Would The Results Be?

- Reducing stigma - Mental health issues are still highly stigmatized. When doctors are uncomfortable broaching the topic, it can reinforce stigma and prevent patients from opening up. Training helps normalize these discussions.
- Improving outcomes - Patients are more likely to share mental health concerns when doctors show comfort and skill discussing them. This allows for earlier intervention and better management.
- Developing rapport - Asking about mental health demonstrates care for the whole patient and builds trust. This strengthens the doctor-patient relationship.



What Would The Results Be?

- Enhancing diagnosis - Mental health is often linked to physical symptoms. Doctors who are at ease asking about mood, stress, trauma, etc. can better understand the root causes of what patients are experiencing.
- Expanding access - With a shortage of mental health specialists, primary care providers must fill gaps in care. Teaching these skills equips future PCPs to meet needs.
- Avoiding burnout - Unaddressed mental health issues can negatively impact doctor-patient interactions. Training helps prevent provider burnout.



Reflecting Our Communities

Diversifying Medical Education to Improve Patient and Practitioner Outcomes

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Session Objectives

1. Review the current status of healthcare inequity and its effect on patient and community health.
2. Discuss how patient-practitioner concordance affects health outcomes.
3. Compare and contrast strategies to diversify the healthcare workforce and those strategies implemented by IllinoisCOM.



Concordance

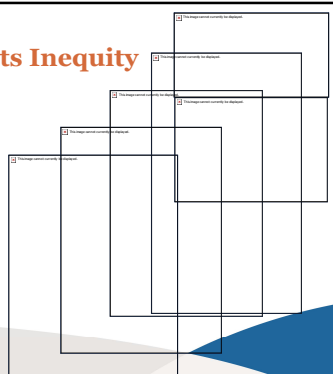
- Many variants
 - Race/ethnicity, gender, sexual orientation, gender identity, immigration status, physical or mental disability, lived experiences, religion, age, socioeconomic level
- Perceived similarities in personal **beliefs, values, and culture**
 - Strengthened patient-practitioner relationship
 - Higher ratings of **trust, satisfaction, and intention to adhere.**

Current Status Reflects Inequity




Challenge


Outcomes reflect large disparities in clinical care efficacy




Current Status Reflects Inequity




Challenge
Outcomes reflect large disparities in clinical care efficacy



Reality
Homogenous care teams affect healthcare outcomes



Goal
Build healthcare teams that bridge cultural and linguistic gaps



Diverse Healthcare Teams

<div style="margin-bottom: 10px;">  <p>Greater Understanding Increased empathy, concordance with culture and lived experiences, exposure reduces bias, strengthens relationships</p> </div> <div style="margin-bottom: 10px;">  <p>Fuels Problem Solving Diverse perspectives and experiences fuel creativity, identifying blind spots, outperform homogenous teams</p> </div> <div>  <p>Increase Morale and Retention Fosters a sense of belonging and inclusiveness, improves workplace culture, increases productivity and retention</p> </div>	<div style="margin-bottom: 10px;">  <p>Reduce Health Disparities Representation amongst healthcare increases empathy and understanding, reducing bias and improving quality of care</p> </div> <div style="margin-bottom: 10px;">  <p>Improve Outcomes and Satisfaction Representation amongst healthcare team enables positive relationships, fosters trust, improves adherence to improve outcomes</p> </div> <div>  <p>Improve Reputation Fostering culture-friendly and welcoming environment allows orgs to connect with communities</p> </div>
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Our Strategy at IllinoisCOM

<p>Recruitment</p> <ul style="list-style-type: none"> Strategic plan Students, faculty and staff Develop partnerships 	<p>Curriculum</p> <ul style="list-style-type: none"> Mind & Medicine courses Interprofessional education Early clinical experiences
<p>Training</p> <ul style="list-style-type: none"> Mental Health First Aid Integrated clinical rotations Resilience training 	<p>Leadership</p> <ul style="list-style-type: none"> Office of DEI COM Champion Mission & Vision



Conclusion

- Questions and/or comments
- Contact the proposed IllinoisCOM, illinoiscom@thechicagoschool.edu