An Innovative Solution to Medical Student Burnout

Record numbers of college and graduate students are seeking treatment for depression and anxiety, but are schools capable of keeping up with demand, and are they equipped to take on the unique needs of medical students?

According to a 2016 Journal of the American Medical Association (JAMA) study about a

Addressing COVID-19's Mental Health Impact

The COVID-19 pandemic has greatly impacted healthcare systems and service delivery for medical providers across the nation. And although UI Health staff and frontline workers are well trained to address the most crucial issues related to the COVID-19 pandemic, the psychological toll of the pandemic affects all.

Recognizing the importance of mental health support, UI Health has established the COVID Emotional Support Line, a new resource to help staff manage stress, anxiety or depression related to work during the pandemic, providing free and confidential assistance to staff needing emotional support or resource information.

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A quarter of medical students report signs of depression. During their graduate studies, internship, and residency training, medical students are uniquely vulnerable to both everyday stressors and severe pressures associated with the high-demand nature of training and rigorous academic schedules. The highly competitive nature of medical school can make it an incredibly arduous experience that can take a toll on medical students' mental health, affecting their cognitive function, daily life, and patient care.

Untreated, the depression and anxiety experienced during medical school subsequently can lead to medical school burnout. Medical school burnout is generally recognized as a condition of mental, emotional and physical exhaustion that leaves the student incapable of meeting the constant demands and unrelenting pressures they face.

The consequences of burnout and psychological distress for medical school students cannot be overstated, as medical students are more than three times more likely to die by suicide than similarly aged people in the general population.

The Resiliency Center at the University of Illinois at Chicago is meeting this challenge head on. Opened in March 2020, the Resiliency Center provides a safe and supportive healing environment for medical and graduate students. The Resiliency Center represents a novel concept and approach to providing mental health support to medical students, through digital/technology based treatments and in-person counseling designed to promote healing and integrative wellness.

“We know what we’ve established is something special, that fills a void and meets a critical need, strengthening students’ ability to empower themselves, create meaningful change in their lives and to allow them to experience increased vitality,” says Dr. Jenna Duffecy, the Resiliency Clinic Director.

“We envisioned the center as stigma-free, state-of-the-art facility, offering comprehensive care and advanced technology in a modernized environment. Anyone seeking support from us should expect a sense of safety, caring, and trust,” says Dr. Duffecy.

Shifting the narrative
First and foremost, we must dispel generational notions that all medical students are super resilient; capable of handling any overwhelming pressures of balancing medical school and daily life without support; and since they are medical students they couldn’t possibly have issues with a stigma being attached to seeking mental health support. Medical students are no different than their collegiate counterparts, or the general public. Anyone is susceptible to depression and anxiety, and associating a stigma to mental health support.

For those struggling with mental health, it’s important to realize you’re not alone in your pain. Seeking help isn’t a sign of weakness. This strikes right to the heart of destigmatizing mental health. No one should feel ashamed of their condition; on the contrary seeking help is a sign of strength.

“It’s necessary for us to open up about acknowledging and seeking treatment for mental health, it gives the discussion of mental health a sense of “normalcy” and not a taboo subject,” says Dr. Duffecy.

Innovative Mental Health Treatment & Services
Innovation lies at the heart of the Resiliency Center’s novel treatment and approach. Many of the treatments and services are grounded in feedback from students, which focus on resiliency and wellness versus psychopathology, and tailor services to manage the stressors all medical students’ experience thus further normalizing treatment-seeking. Students can have various means of getting treatment, whether in person or through technology-based treatments, such as internet-delivered cognitive behavioral therapy and artificial intelligence approaches. The variety of treatments offers students more schedule flexibility and

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finding time to seek treatment, thus removing a major barrier to getting support. Resiliency Center services available include:

Psychotherapy: Resiliency clinic practitioners will provide up to six sessions of talk therapy lasting between 45 and 60 minutes each. Appointments can be scheduled in advance or on an as-needed basis with the patient’s assigned provider, which will be determined after the intake evaluation. Patients will be triaged to either supportive psychotherapy with social or cognitive behavioral therapy (CBT) with a psychologist.

Supportive psychotherapy: Supportive psychotherapy aims to relieve symptoms of psychological distress (e.g., stress/overwhelm, low mood, difficulty adjusting to new situations) and increase self-efficacy through interventions such as reflective listening, empathic validation, and development of adaptive coping skills (e.g., relaxation, deep breathing). Supportive psychotherapy often integrates techniques from multiple therapeutic modalities and is best suited for individuals experiencing difficulties with stress management, burnout, grief and loss, and life transitions.

CBT: Cognitive behavioral therapy is a short-term, goal-oriented form of psychotherapy that has extensive research support for an assortment of mental health conditions including depression and anxiety. The general premise of CBT is that thoughts, emotions, and behaviors all influence one another in a bidirectional fashion, such that intervening on any one of these will in turn influence the others. The patient and therapist collaborate closely in service of setting concrete goals and developing a treatment plan aimed at achieving them. CBT targets dysfunctional thinking patterns and maladaptive behaviors through interventions including psychoeducation, self-monitoring, and skills training (e.g., challenging one’s thoughts, entering previously-avoided situations). Between-session assignments will also be assigned to facilitate learning and generalization.

Medication management: Also known as pharmacotherapy, medication management focuses on using safe and effective medications (e.g., selective serotonin reuptake inhibitors, or SSRIs) to alleviate symptoms of conditions including major depressive disorder, anxiety disorders, posttraumatic stress disorder, and obsessive-compulsive disorder. Pharmacotherapy can be used as a standalone intervention or in combination with forms of psychotherapy, depending on the results of the initial intake evaluation as well as patient preferences.

We hope that by giving students a variety of ways to seek mental health support, from face to face care to teletherapy options, they will be more likely to get help that they may need.

For more information about the Resiliency Center and its services go to: https://chicago.medicine.uic.edu/education/md-student-services-and-support/resiliency-center/

IN THE NEWS

UIC Receives $5.9M To Study Mood Disorders, Cognition

WBBM Newsradio featured a story on the University of Illinois at Chicago receiving a $5.9 million grant from the National Institute of Mental Health (NIMH) for two studies that will use cognition data to predict relapses in mood disorders.

https://wbbm780.radio.com/articles/uic-receives-59m-to-study-mood-disorders-cognition
Dr. Subhash Pandey receives the University Scholar Award

UICDR member Dr. Subhash Pandey has been awarded the prestigious University Scholar Award from the University of Illinois at Chicago’s Office of Faculty Affairs.

The University Scholars Award is awarded to outstanding faculty members who have demonstrated superior performance in scholarly activities in both research and teaching and who show great promise for future achievements.

Dr. Pandey is the Director, Center for Alcohol Research in Epigenetics and Professor of Biochemistry in Psychiatry at the University of Illinois at Chicago’s College of Medicine. Additionally, he is a nationally and internationally recognized leading neuroscientist in the alcohol addiction field and has contributed significantly towards a better understanding of the neurobiology of alcoholism. His research has uncovered several epigenetic mechanisms activated by alcohol that can modify gene expression and leave lasting effects on the developing adolescent brain.

The goal of Dr. Pandey’s research program is to better understand the molecular and epigenetic mechanisms of alcohol addiction and comorbid psychiatric disorders such as anxiety.

Ghanshyam Pandey chosen as UIC Distinguished Professor

Professor Ghanshyam Pandey has been chosen as UIC Distinguished Professor, 2020-2021.

The title of UIC Distinguished Professor is one of the highest academic honors for faculty at the University of Illinois at Chicago. The appointment was created to recognize faculty members who have made a significant impact on their field through scholarship, creativity and leadership.

Dr. Pandey has been a Professor of Pharmacology in the Department of Psychiatry since 1981 and is Director of Mood Disorders and Suicide Research Program. His research focuses on neurobiology of mood disorders (bipolar illness and depression), schizophrenia and suicide. Dr. Pandey is nationally and internationally renowned expert on biochemical abnormalities associated with mood disorders and suicide.

Throughout his distinguished career he has produced a broad array of pioneering studies that have had a direct impact on the understanding and treatment of mood disorders.

UIC Receives $5.9M to Study Mood Disorders

The University of Illinois at Chicago has received $5.9 million from the National Institute of Mental Health (NIMH) for two studies that will use cognition data to predict relapses in mood disorders.

Mood disorders are one of the highest contributors of disability in the world. According to the NIMH, 9.5 percent of adults in the U.S. experience a mood disorder each year, and 45 percent of those individuals will experience severe symptoms of the disorder. “Despite successful treatment of mood disorder in patients, cognitive disturbances can persist and are highly associated with relapses,” said Olusola Ajilore, MD, PhD member of the UICDR and Associate Professor in UIC’s Department of Psychiatry.

The first study — called REMBRANDT, for Recurrence Markers, Cognitive Burden, and Neurobiological Homeostasis in Late-Life Depression — will focus on adults who have late-life depression, a mood disorder characterized by major depressive episodes that occur for the first time after the age of 60.

“Regardless of treatment success, studies show that 60% of older adults with late-life depression will have a relapse within four years,” Ajilore said.

To understand how late-life depression relapses develop, the study will monitor older adults in remission for two years. During the study period,

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the participants will undergo two-week cycles of data collection every eight months. Through clinical appointments, the researchers will assess participants for mood, psychological states and cognition. Participants’ brain connectivity also will be tracked using structural and functional neuroimaging, via MRI. In the home setting, participants’ cognition, movement and sleep patterns also will be tracked through smartphone apps and activity tracking devices.

Ajilore said that the data collected will help determine if continuous monitoring of mood and activity are effective ways to predict and prevent relapses.

The REMBRANDT study received $2.8 million over five years.

The second study — called UnMASCK, for Unobtrusive Monitoring of Affective Symptoms and Cognition using Keyboard Dynamics — will focus on younger adults with depression, bipolar disorder or dysthymia.

“One problem in the diagnosis and treatment for mood disorders is that we rely on subjective data from patients, which may not always be accurate,” Ajilore said. “This grant could help us develop a method to create measurable objective data to assess how a patient is doing, and perhaps predict relapses before they occur.”

The study, which is co-led by Dr. Alex Leow, associate professor of psychiatry and bioengineering at UIC, will follow people with mood disorders between 21 and 45 years of age. Participants in the study will use a smartphone app called BiAffect for one month, and the researchers will analyze their use patterns to determine changes in cognitive function.

The BiAffect app, which was developed at UIC, uses a virtual keyboard on a smartphone that will passively monitor smartphone usage, typing rhythm and accuracy, and spell checking, which previous studies have shown can correlate with manic or depressive episodes. The data collected from BiAffect will be combined with clinical assessment, such as brain imaging and psychological tests, to determine whether cognitive dysfunction is reflected by typing behavior and can be used to predict episodes before symptoms manifest.

“By examining cognitive dysfunction patterns within an individual, we can develop better risk assessment tools that will allow quick therapeutic interventions before relapses occur,” Ajilore said. “Ultimately, this will help the psychiatry field in personalizing treatments, leading to better patient outcomes.”

The UnMASCK study was awarded $3.1 million over five years.

Credit: Natasha Wadlington

COVID-19

Since its launch in early April, the support line has been an invaluable resource for front line clinicians as well as all hospital staff. “Any staff member can be impacted, and feel stressed and exhausted while working in the COVID-19 response,” said Erin Tobin, Supervisor of Psychiatric Social Work in UIC’s Psychiatry College, and coordinator of the support line.

“In addition to being on the front lines of the crisis, UI Health staff is dealing with personal stress issues such as being distanced from friends and family, childcare, and balancing home and work commitments, all in the middle of a crisis seemingly of no end,” said Tobin.

The dedicated staff of the support line consists of volunteer personnel from UI Health including social workers, psychologists and medical residents. Each volunteer is trained in psychological first aid. The support line provides a full gamut of services, including individual and group counseling, grief counseling sessions, as well as referral services for staff in need of additional resources and support going beyond the support line’s services.

“Throughout the COVID-19 pandemic, the entire UI Health staff has been an inspiration, working tirelessly to provide the highest quality of care to patients from the most vulnerable communities. The support line serves as a safety net, for the safety net. You can’t take care of others, if you do not take care of yourself. Key to our continuing our phenomenal response to the pandemic is maintaining your own health, safety and well-being in these challenging times,” said Tobin.

The COVID Emotional Support Line is available 7 a.m.-8 p.m., Monday-Friday, at 312-996-4432. In addition, the support team is able to provide therapy via Zoom. The support team includes a Spanish speaking therapist who is able to work with UI Health staff who may be more comfortable conversing in Spanish.