

Mental Health Month Is for Us, Too

Meaghan P. Ruddy, PhD, MA

AUTHOR AFFILIATION:

Wright Center for Graduate Medical Education, Scranton, PA

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You see a student in the hall on a Tuesday afternoon. You are pretty certain they should be in clerkship, but you could be wrong. They amble past, not looking up, not saying hello. That is unusual but you are late for a meeting. Maybe they were deep in thought. Something about their carriage sticks with you, sticks to your insides.

You see a resident you have known for a while now on service Wednesday morning. The bright but usually reticent young physician is full of an almost disconcerting level of energy. They are assertive and clear and recall facts with a lively quickness. Maybe their individualized learning plan is really paying off, or maybe it was their recent FMLA leave; there is definitely something different happening. Your full schedule calls you away but something about their energy hovers around the edges of your day.

You see a longtime colleague. They smile warmly but their eyes do not wrinkle. They are soft in voice, maybe getting a cold, maybe just tired, they say. They are taking off early and have some things to do. You offer to walk them to the elevator but they say no thanks. You say you will see them tomorrow. They do not return the sentiment.

You see yourself in a mirror in the foyer of a funeral home. How could you have missed it? You have taken the courses, read the books, and been certified in the tools.

Oh wait. No, you have not. Despite the climbing suicide rate,^{1,2} the need for trained clinicians, and the persistence of health care as one of the top industries for suicide incidence,³ medical education continues to avoid content and crucial conversations about mental health and suicide.^{4,5}

As someone who is personally working on active recovery and who has been suicidal (with a plan) on more than one occasion, I ask you to take a moment to reflect on what you really know about mental health, and how much of that was informed by the voice of people with lived experience.

May is Mental Health Awareness Month.^{6,7} The Substance Abuse and Mental Health Services Administration, National Alliance on Mental Illness, and many other organizations have an abundance of free, evidence-based tools for education,

screening, and information. It is available, vital, and free to access, so why does medical education struggle so much?

If a system is fortunate enough to have mental and behavioral health professions on staff, and luckier still to have them teaching, we should ensure that some of that teaching includes intentional faculty development about topics like suicide prevention and postvention. There should also be consistent check-in on trainee buy-in about topics that are vital to caring for health but might not be in the traditional purview of medicine nor appear on the big exams. At an STFM conference in 2017 or so, during a plenary, a woman who was, like me, a nonphysician educator, came to a microphone and choking back tears spoke about the incredible disrespect she experienced from medical trainees and asked for advice. I will be honest; I do not recall precisely what she had said but her delivery and challenge resonated deeply with me. After several years of teaching at the undergraduate level, having learned a lot about how to teach, and eventually receiving consistently glowing student evaluations, I found myself on the receiving end of truly hateful and personal medical student evaluations. Commenting on everything from my *mere* master's degree to my clothing, I found that I suddenly did not even want to enter the building.

The experience was bigger than my internal resources and external supports. I was basically a broke single mom (long story), with a history of undiagnosed, untreated mental illness, and was in active, ongoing trauma.

Now, if you find yourself dismissing me, sneering, or in some sort of trauma struggle with me as you read this, guess what: you are experiencing trauma, too.

I now know that the cohort of students who had been so mean were in fact transferring what had been a trauma of theirs on to me. There had just been some truly paternalistic and oppressive nonsense about a dress code and after the stresses of the Medical College Admission Test and tuition, I was an easy and available target for big emotions that had nowhere else to go. I learned a lot in that experience, enough to go on what is now a 15-year journey to understand how medical education

and health care culture make physicians by unmaking their humanity.

People who have known me for a while have heard me talk about the trauma-organized nature of health and medical professions education (nursing does this, too). “Thick skin,” “toughen up,” “eat our own” (I am looking at you, nursing), even going so far as to have enough military envy to call things boot camps and survivor series. Things have improved in the past few years but there are plenty of faculty remaining who were trained in, and fight to maintain, tradition.

“Well, that is how we learned,” they often say, and it is true. But might it also be possible that writing scripts and labs while being days into no-sleep was wrong then, too? Isn’t the educative enterprise inherently progressive: to learn, and then do better?

Progress is happening. Residents no longer truly reside in the hospital. Equity, social determinants, and mental health are increasingly common topics, at least in terms of patient care. Where the gap seems to remain wide is in the acknowledgement and incorporation of the impact of these issues—particularly mental health and suicide—on those within the systems, especially faculty and trainees.

Part of doing better is normalizing. At the Accreditation Council for Graduate Medical Education conference plenary in 2020, some of the biggest names in academic medicine talked openly about mental health, including their own. I remember wishing everyone could hear them, that it was being recorded, that it would become part of curriculum. In the space left by the panic of COVID-19, in the ripple effects of social media-fueled hyperpartisanship, between economic injustice and equity witch hunts, there is a student walking a hall, a

resident suddenly behaving oddly, a withdrawn colleague, and there is each of us.

May is Mental Health Awareness month. For you, for everyone you know, take the moment and check in with those around you. It just might save a life.

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