

# Why reducing stigma and managing mental health in medical school improves physician well-being [Podcast]



AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, medical education, advocacy issues, burnout, vaccines and more.

## Featured topic and speakers

What are the biggest challenges of medical school? Do medical students struggle with mental health? What are the signs and symptoms of burnout?

Brianna Engelson, MD, chief resident of psychiatry at the University of Minnesota, joins us to discuss how when two of her colleagues in medical school died by suicide, she successfully advocated to remove barriers to mental health care in her state. AMA Chief Experience Officer Todd Unger hosts.

- Are you a medical resident with questions about physician licensing and types of credentialing in health care? Check out this resource.
- Wondering what does AMA do for medical school students? Learn more.
- Dr. Lorna Breen Heroes' Foundation aims to reduce burnout of healthcare professionals and safeguard physician well-being. Learn more about physician mental health services.
- Call or text 9-8-8 if you or anyone you know needs help. The National Suicide Prevention Lifeline is now: 988 Suicide and Crisis Lifeline. It provides free 24/7 confidential support for people in distress, crisis resources for you or your loved ones, and best practices for professionals in the U.S.
- The AMA is your powerful ally in patient care. Join now.

## Speaker

- Brianna Engelson, MD, chief resident of psychiatry, University of Minnesota

## Transcript

**Unger:** Hello and welcome to the AMA Update video and podcast. Today we're talking about how a tragic incident in a medical school inspired med students in Minnesota to help improve physician well-being in their state. I'm joined today by Dr. Brianna Engelson, chief psychiatry resident at the University of Minnesota Medical Center in Minneapolis, who was one of those students. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Engelson, thanks so much for joining us today.

**Dr. Engelson:** Thank you for having me.

**Unger:** Well, let's start at the beginning. We're eager to hear the story. Take us back to your time in medical school and share about that experience that motivated you and your peers to take action.

**Dr. Engelson:** Yeah, absolutely. So when I was a third year medical student, unfortunately, we lost two classmates to suicide. And in the wake of that tragedy, we—I ended up hearing from a lot of my classmates that they were struggling as well—symptoms of depression, anxiety, burnout, suicide thoughts.

And unfortunately, the majority of them were also really reluctant to seek help, which I found to be really concerning. And getting to the bottom of that, I learned that stigma and concerns about their future careers and repercussions of seeking treatment were keeping them from that.

**Unger:** We've talked a lot about this particular issue in regard to physicians. And maybe people don't think about it in regard also to medical students and physicians, but there are a lot of systemic issues that affect the being of med students, residents and physicians. You fixed one of them, which was this issue around stigmatizing. And that has to do with questions on the application for the Minnesota Board of Medical Practice.

Talk to us a little bit about this arena of credentialing, gaining a lot more recognition of the trouble there. Why did you decide to focus your efforts there?

**Dr. Engelson:** Yeah, absolutely. You're right, there are multiple factors that can contribute to the emotional well-being or lack thereof of a medical trainee. And I do think that we should be addressing them. At the point we were at, though, folks were already sick. They were already struggling. And I felt like focusing on barriers to treatment and barriers to seeking care was far higher yields.

Frankly, when I read the questions in Minnesota for licensing, I was pretty shocked at how overtly discriminatory and stigmatizing they really were. And in addition to the anecdotal evidence that I had from my peers, we had data at the time that showed that physicians in states where they asked sweeping questions about mental health on licensing were less likely to seek care. And to me, it was just so obvious that we needed to address that.

**Unger:** Now this issue around stigmatizing questions on credentialing applications, obviously, as you pointed out, can have a significant impact on physician well-being. That's why the AMA has been working so hard to change—change these rules. Tell us a little bit more about the steps that you took to make this change in Minnesota.

**Dr. Engelson:** Sure, yeah. So as a med student, I really wasn't sure what the steps would be. I started off by writing op eds, being active on social media. I joined forces with a couple of my classmates for this. And eventually, we found some great mentors who recommended that we write resolutions for the Minnesota Medical Association and then the Minnesota Association of Family Physicians.

Both of those resolutions passed, which was a huge step for us that we had these organized medicine groups backing us. And then at that point, we felt prepared to approach the board and have a meeting with first the president of the board and then a meeting with the board itself to present our case. Initially, we were met with some resistance, which was to be expected. But ultimately, the board saw the case we were trying to make and changed the wording.

**Unger:** Dr. Engelson, you're, of course, a resident now. And we know that residency can be particularly challenging. Are you seeing similar issues around burnout, some of the other things you saw in med school with your resident peers now?

**Dr. Engelson:** Unfortunately, yes, I do continue to see some of the similar issues. And you alluded earlier to the fact that there are so many factors that contribute to the emotional well-being of a physician, a trainee, et cetera. I will say, though, and this could be the field that I went into, psychiatry or it could be the culture of the program where I am, or it could be the change in the licensing questions, I am noticing less reluctance to talk about the symptoms and to seek help. And so that feels like a big one.

**Unger:** Absolutely. And that probably has something to do with my next question, which is, what advice do you have for medical students or residents who want to make a change at their institution to improve their well-being?

**Dr. Engelson:** Yeah, certainly. Well, first, I would say don't underestimate your power. You can do a lot. You can lead from any seat at the table. Find a great mentor and see what you can do. Honestly, I didn't, like I said before, know what I was doing as a med student necessarily. I just knew that I cared a lot. The topic was incredibly important. And I was willing to be vocal and speak up for what I thought was right.

**Unger:** Well, Dr. Engelson, thank you so much for joining us and sharing your story. Hopefully, that'll inspire others to do the same thing. This issue about eliminating stigmatizing questions from the credentialing process is an important part of the AMA's work to improve physician well-being. We hope you'll support this work by becoming an AMA member at [ama-assn.org/join](https://www.ama-assn.org/join).



That wraps up today's episode, and we'll be back soon with another AMA Update. Be sure to subscribe for new episodes and find all our videos and podcasts at [ama-assn.org/podcasts](https://ama-assn.org/podcasts). Thanks for joining us today. Please take care.

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