RESOLUTION 53-20

Title: Mental Health First Aid Training

Introduced by: Nabiha Hashmi for the Medical Student Section

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Referred To: Reference Committee D

House Action:

Whereas, the American Medical Association endorses that all licensed physicians should become proficient in cardiopulmonary resuscitation for medical emergencies, yet there is no such equivalent policy for mental health crisis or substance use emergencies, and

Whereas, Mental Health First Aid (MHFA) is a course that teaches the identification, understanding, and appropriate response to signs of mental illnesses and substance use disorders, providing the skills needed to reach out and provide initial help and support persons who may be developing a mental health or substance use problem or experiencing a crisis, and

Whereas, there are an estimated 46.6 million adults (about 1 in 5 Americans aged 18 or older) with a mental illness, and more than 20 percent (about 1 in 5) of children have had a seriously debilitating mental disorder, and

Whereas, suicide is the tenth leading cause of death overall in the U.S. and the second leading cause of death among people aged 15-34, and

Whereas, mood disorders are the third most common cause of hospitalization in the U.S. for youth and adults aged 18-44, and

Whereas, there are 65.9 million physician office visits with mental disorders as the primary diagnosis annually, and

Whereas, United Kingdom medical students who underwent the eLearning course of MHFA showcased the potential to improve students' mental health first aid skills and confidence in helping others, and

Whereas, 27.2 percent of medical students show signs and symptoms of depression and of them, 11.1 percent are suicidal, yet only 16 percent of those screening positive for depression seek psychiatric treatment, and

Whereas, online and face-to-face versions of MHFA have shown to improve outcomes for medical and nursing students with mental health problems such as preventing high failure rates and discontinuation of study, and the knowledge from the training was shown to potentially help them with their future careers, and

Whereas, in a survey of 2,000 U.S. physicians, approximately 50 percent believed they at one point met criteria for a mental health disorder but did not seek treatment, and

Whereas, MHFA training programs in the U.S. have been shown to increase knowledge of prevalence rates, cardinal signs and symptoms of common mental health diagnoses, and confidence in being able to apply interventional skills, and

Whereas, in a MHFA pre-survey, health care providers reported the same level of confidence when dealing with mental health as compared to the general public, and

Whereas, current performance in the management of mental illness in primary care settings is described by the rule of diminishing halves: "only half the patients with a threshold disorder are recognized; only half of those recognized are treated; and only half of those treated are effectively treated," and

Whereas, a meta-analysis of 90 independent reports demonstrated that mental health intervention programs amongst higher education students showed significant improvement of social-emotional skills, self-perception, and academic and behavior performance, especially when combined with supervised skills practice, and

Whereas, the number of behavior and mental health-related visits in the Emergency Department (ED) has seen a 44.1 percent increase over the last decade and has now reached an estimated one in every six ED visits; and despite this increase, there still remains a lack of compensatory mental health education to meet the new demand, and

Whereas, Emergency Medicine (EM) residents care for 1-2 patients per day with psychiatric or behavioral health complaints, yet more than half (55 percent) of them report their perception of involvement to be minimal-to-none in the management and care of these patients (beyond medical clearance), and 84 percent of them report they are more comfortable with treating a patient's physical illness than their mental illness, and

Whereas, fifty-nine percent of surveyed EM residents across the U.S. believed that their program should have offered more psychiatric education in order to better equip them with tools about how to handle psychiatric emergencies of all kinds, as only 13 percent reported "well prepared" to do so, and

Whereas, rates of mental health disorders are rising, and in many cases, the need far exceeds the resources available, and

Whereas, the national shortage of psychiatrists is linked to a lack of exposure to clinical psychiatry in medical school curricula, and

Whereas, psychiatry enrichment activities in medical school are shown to increase student interest in and understanding of the specialty, and

Whereas, MHFA has shown to decrease negative attitudes and stigma, and increase supportive behaviors towards people struggling with mental health, and

Whereas, mental health education programs for health professionals: general practitioners, psychiatrists, junior medical staff, psychologists, nurses, and social workers, led to an increase in perceived knowledge of mental illness and improvements in attitude toward mental illness, and

Whereas, many treatments are available to reduce the symptoms and disabilities of mental illness, yet stigma discourages patients to pursue care as a means to avoid potential discrimination, and

Whereas, primary care providers who endorsed stigmatizing ideas surrounding mental illness were found to be less likely to refer patients to needed follow-up services for comorbid physical conditions, and

Whereas, first year medical students who received additional mental health education revealed favorable attitudinal changes in terms of psychiatric services, human rights of the mentally ill, patients' independence in social life, and causes and characteristics of mental illness, and

Whereas, after four years of medical education medical students associated mental illness with stigma, stereotypes, and stress, in contrast to their initial interest in psychiatry before beginning their clinical curriculum, and

Whereas, a study of fourth year medical students showed that exposure to patients with mental illnesses during psychiatric clerkship did not improve their attitudes towards mental illness and psychiatric conditions as compared to before the clerkship, suggesting more educational training is needed, and

Whereas, fourth year medical students who successfully completed their psychiatry clerkship and showed interest in pursuing psychiatry, endorsed that stigma, stereotypes, and stress adversely affected their attitude toward mental illness and willingness to care for patients with mental illness, and

Whereas, a meta-analysis of randomized controlled trials concerning the incorporation of mental health interventions into higher education showed evidence of long-term sustainability, and

Whereas, the International Association of Medical Colleges and World Federation for Medical Education require that medical schools incorporate into the curriculum contributions of medical psychology that would enable effective communication, clinical decision-making and ethical practice, and

Whereas, in the “Mental Health Competencies for Pediatric Practice” Policy Statement, the American Academy of Pediatrics recommends that “pediatricians pursue quality improvement and maintenance of certification activities that enhance their mental health practice, prioritizing suicide prevention” and “advocate for innovations in medical school education, residency and fellowship training, and continuing medical education activities to increase the knowledge base and skill level for future pediatricians in accordance with mental health competencies,” and

Whereas, the 114th U.S. Congress HR 1877/S711 bill proposes authorization of $20 million for Mental Health First Aid Training programs to primary care professionals, students, emergency services personnel, police officers, and others with the goal of improving Americans' mental health, reducing stigma around mental illness, and helping people who may be at risk for suicide or self-harm and referring them to appropriate treatment; therefore be it

RESOLVED: That MSMS encourage physician acquisition of Mental Health First Aid skills by offering education courses for physicians, fellows, residents, and medical students; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to encourage physician acquisition of Mental Health First Aid skills by offering education courses for physicians, fellows, residents, and medical students.

WAYS AND MEANS COMMITTEE FISCAL NOTE: $2,000-$4,000 for physician outreach efforts.

Relevant MSMS Policy:

Suicide Awareness and Intervention Training Programs
MSMS supports training programs in the use of integrated multidisciplinary approaches to suicide awareness and intervention for health care professionals including physicians, advanced practice nurses, physician assistants, registered nurses, and mental health professionals.

Suicide Awareness Training
MSMS supports the implementation of evidence-based suicide awareness and training programs in health care systems and communities throughout Michigan.

Suicide Prevention Awareness and Education
MSMS supports efforts to raise awareness about the rising rate and devastating toll of suicide; to increase suicide prevention education for all physicians, residents, medical students, and allied health professionals; to encourage active engagement in suicide prevention awareness with their patients and colleagues; to increase research associated with suicides; and to reduce liability for those who provide suicide prevention care.

Relevant AMA Policy:

Increasing Detection of Mental Illness and Encouraging Education (D-345.994)
Our AMA will work with: (A) mental health organizations, state, specialty, and local medical societies and public health groups to encourage patients to discuss mental health concerns with their physicians; and (B) the Department of Education and state education boards and encourage them to adopt basic mental health education designed specifically for preschool through high school students, as well as for their parents, caregivers and teachers. Our AMA will encourage the National Institute of Mental Health and local health departments to examine national and regional variations in psychiatric illnesses among immigrant, minority, and refugee populations in order to increase access to care and appropriate treatment.

Awareness, Diagnosis, and Treatment of Depression and other Mental Illnesses (H-345.984)
Our AMA encourages: (a) medical schools, primary care residencies, and other training programs as appropriate to include the appropriate knowledge and skills to enable graduates to recognize, diagnose, and treat depression and other mental illnesses, either as the chief complaint or with another general medical condition; (b) all physicians providing clinical care to acquire the same knowledge and skills; and (c) additional research into the course and outcomes of patients with depression and other mental illnesses who are seen in general medical settings and into the development of clinical and systems approaches designed to improve patient outcomes. Furthermore, any approaches designed to manage care by reduction in the demand for services should be based on scientifically sound outcomes research findings. Our AMA will work with the National Institute on Mental Health and appropriate medical specialty and mental health advocacy groups to increase public awareness about depression and other mental illnesses, to reduce the stigma associated with depression and other mental illnesses, and to increase patient access to quality care for depression and other mental illnesses. Our AMA: (a) will advocate for the incorporation of integrated services for general medical care, mental health care, and substance use disorder care into existing psychiatry, addiction medicine and primary care training programs' clinical settings; (b) encourages graduate medical education programs in primary care, psychiatry, and addiction medicine to create and expand opportunities for residents and fellows to obtain clinical experience working in an integrated behavioral health and primary care model, such as the collaborative care model; and (c) will advocate for appropriate reimbursement to support the practice of integrated physical and mental health care in clinical care settings. Our AMA recognizes the impact of violence and social determinants on women’s mental health.

Statement of Principles on Mental Health (H-345.999)
Tremendous strides have already been made in improving the care and treatment of patients with psychiatric illness, but much remains to be done. The mental health field is vast and includes a network of factors involving the life of the individual, the community and the nation. Any program designed to combat psychiatric illness and promote mental health must, by the nature of the problems to be solved, be both

ambitious and comprehensive. The AMA recognizes the important stake every physician, regardless of type of practice, has in improving our mental health knowledge and resources. The physician participates in the mental health field on two levels, as an individual of science and as a citizen. The physician has much to gain from a knowledge of modern psychiatric principles and techniques, and much to contribute to the prevention, handling and management of emotional disturbances. Furthermore, as a natural community leader, the physician is in an excellent position to work for and guide effective mental health programs. The AMA will be more active in encouraging physicians to become leaders in community planning for mental health. -The AMA has a deep interest in fostering a general attitude within the profession and among the lay public more conducive to solving the many problems existing in the mental health field.

Access to Confidential Health Services for Medical Students and Physicians H-295.858
Our AMA will ask the Liaison Committee on Medical Education, Commission on Osteopathic College Accreditation, American Osteopathic Association, and Accreditation Council for Graduate Medical Education to encourage medical schools and residency/fellowship programs, respectively, to: -Provide or facilitate the immediate availability of urgent and emergent access to low-cost, confidential health care, including mental health and substance use disorder counseling services, that: (1) include appropriate follow-up; (2) are outside the trainees' grading and evaluation pathways; and (3) are available (based on patient preference and need for assurance of confidentiality) in reasonable proximity to the education/training site, at an external site, or through telemedicine or other virtual, online means; -Ensure that residency/fellowship programs are abiding by all duty hour restrictions, as these regulations exist in part to ensure the mental and physical health of trainees; -Encourage and promote routine health screening among medical students and resident/fellow physicians, and consider designating some segment of already-allocated personal time off (if necessary, during scheduled work hours) specifically for routine health screening and preventive services, including physical, mental, and dental care; and -Remind trainees and practicing physicians to avail themselves of any needed resources, both within and external to their institution, to provide for their mental and physical health and well-being, as a component of their professional obligation to ensure their own fitness for duty and the need to prioritize patient safety and quality of care by ensuring appropriate self-care, not working when sick, and following generally accepted guidelines for a healthy lifestyle. -Our AMA will urge state medical boards to refrain from asking applicants about past history of mental health or substance use disorder diagnosis or treatment, and only focus on current impairment by mental illness or addiction, and to accept "safe haven" non-reporting for physicians seeking licensure or relicensure who are undergoing treatment for mental health or addiction issues, to help ensure confidentiality of such treatment for the individual physician while providing assurance of patient safety. -Our AMA encourages medical schools to create mental health and substance abuse awareness and suicide prevention screening programs that would: be available to all medical students on an opt-out basis; ensure anonymity, confidentiality, and protection from administrative action; provide proactive intervention for identified at-risk students by mental health and addiction professionals; and inform students and faculty about personal mental health, substance use and addiction, and other risk factors that may contribute to suicidal ideation. -Our AMA: (a) encourages state medical boards to consider physical and mental conditions similarly; (b) encourages state medical boards to recognize that the presence of a mental health condition does not necessarily equate with an impaired ability to practice medicine; and (c) encourages state medical societies to advocate that state medical boards not sanction physicians based solely on the presence of a psychiatric disease, irrespective of treatment or behavior. -Our AMA: (a) encourages study of medical student mental health, including but not limited to rates and risk factors of depression and suicide; (b) encourages medical schools to confidentially gather and release information regarding reporting rates of depression/suicide on an opt-out basis from its students; and (c) will work with other interested parties to encourage research into identifying and addressing modifiable risk factors for burnout, depression and suicide across the continuum of medical education. -Our AMA encourages the development of alternative methods for dealing with the problems of student-physician mental health among medical schools, such as: (a) introduction to the concepts of physician impairment at orientation; (b) ongoing support groups, consisting of students and house staff in various stages of their education; (c) journal clubs; (d) fraternities; (e) support of the concepts of physical and mental well-being by heads of departments, as well as other faculty members; and/or (f) the opportunity for interested students and house staff to work with students who are having difficulty. Our AMA supports making these alternatives available to students at the earliest possible point in their medical education. -Our AMA will engage with the

appropriate organizations to facilitate the development of educational resources and training related to suicide risk of patients, medical students, residents/fellows, practicing physicians, and other health care professionals, using an evidence-based multidisciplinary approach.

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