This project contains discussions of mental illness, suicide **(21:56-24:07 ; 27:27-28:18 ; 34:27-35:11),** suicide attempts **(17:09-17:49 ; 27:27-28:18 ; 32:33-32:48)**, and suicidal ideation **(17:55-18:21 ; 21:56-24:07 ; 27:27-28:18; 29:46-32:05)**

***Mental health resources and links to the articles, interviews, and other media sources mentioned in this project can be found at the bottom of this document*

I. Introduction (0:00-5:20)

My dad likes to say that everything is a story.

He's right, I suppose: everything does have a story if you bother to look for it. But, for a while, I didn't quite understand what that meant. Why is it important to consider the story in everything? What even is a story? And how does your perspective change when you start viewing things as stories rather than something else?

Truthfully, I still don't know how to answer these questions. I'm not sure they're even meant to be answered. But I have spent a lot of time thinking about what this "everything is a story" mentality means for me, and how I live my day-to-day life, and this is what I've come up with.

Viewing things as stories is a way to avoid the temptation to view a situation or a challenge or an experience as black and white. It challenges you to view the world with a lens that demands you pay attention to history, to intention, to conflict, to motivations. You have to consider who the narrator is, who the audience is, and how your own perspective might affect your ability to sort out what the story is and who's trying to tell it. In doing so, you must also contend with the fact that a change in perspective might shift the storyline entirely, and that this new narrative, with a host of new characters and lessons and meanings, is no less true than the last one.

With this perspective, considering where information comes from and how information is communicated is crucial. As a student interested in healthcare, I am particularly fascinated by how this focus on stories can improve human health by enabling doctors to better understand the complaints of their patients. Indeed, this is the focus of Narrative Medicine, a field that Dr. Rita Charon (who is widely considered its creators) describes as "infused with respect for the narrative dimensions of illness and caregiving", a way to improve care by "bridging the divides that separate the physician from the patient, the self, colleagues, and society" by "help[ing] physicians offer accurate, engaged, authentic, and effective care of the sick" (1).

The idea for this project is built upon these concepts. It is based on the conviction that medical care improves when healthcare providers appreciate the stories of those who are ill, and the

assumption that if we wish to improve someone's health, our account of what that condition is or feels like should come directly from the person who is experiencing it.

However, unlike the conception of Narrative Medicine that Dr. Charon outlines, this project focuses on a topic in which the physician becomes the patient, a scenario in which the healer is ill: narratives of mental health and wellness among healthcare workers.

The facts are this: physicians experience higher rates of depression, anxiety, burnout, suicidal ideation, and global psychological distress than the general population. Moreover, numerous studies have indicated that the majority of physicians do not seek treatment for these symptoms (2-4).

The obvious question is "why", and as a 21-year-old undergraduate, I am wholly unequipped to even begin to sort out an answer. But this project is my attempt at getting just a little bit closer. It is intended as a vehicle to share the experiences of healthcare workers and their considerations of mental health, through the presentation of stories directly from those in the field.

Over the past few months, I have gathered narratives from members of healthcare communities in which individuals discuss their experiences and perspectives regarding mental health and wellness. Some statements are taken from publications, some from Tweets, some from previous interviews, and some from interviews I have conducted myself. While these narratives are intended to speak for themselves, the following piece is broadly divided into three parts that I believe emerge naturally from the narratives I collected.

Part 1: The Culture of Medicine: Experiences unique to medicine that affect how mental health and wellness is interpreted

Part 2: Personal Narratives: Stories, both short and long, from members of healthcare communities about their own experiences with health and wellness

And, Part 3: Moving forwards: Perspectives on the benefits that come from individuals' experiences and how to move towards a healthier workforce in the future

It is my hope that these stories will inspire further conversation about the complex and important topic of wellness among healthcare providers.

II. The Culture of Medicine (5:20-16:07)

Dr. Colleen Farrell (5):

> “As physicians and physicians-to-be, we are constantly witness to the suffering of others. Our patients tell us of their excruciating physical pain and their fears of death. We review the scans of bodies riddled with metastatic cancer and interpret laboratory values that signal multiorgan failure. We hug our patients’ family members before they leave the hospital for the last time. And then in administrative offices, we sign sterile death certificates. Amidst all of this, it’s easy to feel like we have no claim on difficulty. As a fourth-year medical student, I remember thinking that I had so much—my physical health, a promising career, a fiancé whom I loved and who loved me. What right did I have to complain? What did I possibly know of heartache or pain?”

Dr. Jessi Gold (6):

> “We think just because we went to school in this that we should be able to identify signs and symptoms and warning signs in ourselves, but we're not very good at that because we don't want to identify them in ourselves. And because we normalize not sleeping and eating and functioning, so those are just life symptoms. So I think it makes it really hard.”

Dr. Justin Bullock (6):

> “In medicine, we're so often taught that we have to be completely sort of perfect and have no flaws. And that, for some reason, we, as physicians wouldn't suffer from the same conditions that our patients suffer from."

Dr. Darrell Kirch (7):

> “There are likely multiple social and cultural factors, including art and literature, that contribute to an indelible image of the 'idealized' physician that many individuals bring to their career in medicine, even before their first day in medical school. In the simplest terms, this physician is one who confidently and unfailingly gives care, not one who needs care”

Dr. Arghavan Salles (8):

> “As physicians, we see really challenging, tough situations every day and some hit us harder than others. But nowhere is there a regular place to process that and you're expected to just move on. Like if you just coded someone who passed away in the ICU, you just gotta keep going. I think that's really toxic. We are all human and we all have emotions and it is hard to watch somebody die.”

Anonymous Twitter User:

> “My first year of med school, none of us wanted to go to the counselor bc he told a classmate ‘if you struggle with anxiety so early on maybe this [medicine] isn’t a good fit’”

Dr. Jessi Gold (6):

> “We don't stop and think about ourselves very often. I think this happens, especially right now with everything that's going on. But I do think, we're caregivers, why would we think about where we fit into the equation? I have a lot of conversations with people about how just because we take care of people does not mean we aren't human and we're not people ourselves. We don't often stop and think about how we see hard things. And we, you know, as therapists, hear some of the hardest darkest things that people have ever experienced in their life and can't just hear that over and over and not have a reaction. And you have to take care of yourself to be a good caregiver, and it is not good medicine to think that you can just go on adrenaline purely forever and it's just not possible.”

Dr. Arghavan Salles (8):

> “I don't think we should be proud of not having slept. I don't think we should be proud of having worked 21 of the last 23 days or having taken whatever, however many calls or having seen so many consults in such a short period of time. I mean, all these things that you hear people talk about, I think we should, when we hear those things say, ‘Oh wow, we need to change your schedule. We need to back things up.’ And that's for all levels. That's not just for trainees. The big difference is that trainees don't have any control over what they're asked to do, but faculty still face a lot of those same pressures. That culture permeates, and I don't think that it's healthy.”

Dr. Erene Stergiopoulos (6):

> “I think that the thing that's so unique about psychological disability is that institutions question someone and their ability to make decisions and their ability to provide ‘quality or unsafe care’. The second that there's any kind of psychological disability, whether that's depression or addictions or trauma or personality disorders and it's fundamental to the way that our culture, our society frames, mental illness, the way they view, what happens to you, to your judgment, to your insight. That's so tragic to me because the second someone has a diagnostic label, those labels are chronic and they stick onto someone's file for a really long time and so the second someone discloses, they know that they're entering into that realm where they can't take that label off and they will always be looked at with that eye of ‘Oh, well, we have to keep an eye on that person to make sure

that they're okay to practice.' And so, it's so understandable when people decide not to disclose for that reason."

Dr. Justin Bullock (6):

"And I don't believe that having emotions makes one a bad doctor. Um, I will never believe that because it's not true."

Dr. Darrell Kirch:

"I think historically, the image of the physician was that they were caregivers, not that they would need care, and that everybody aspires to that. There are dozens and hundreds of students entering medicine and I think they're very fixed on that image of becoming the caregiver: a strong, helpful figure. So that runs counter to the fact that we're all human, we're all vulnerable, and at times we all need care."

Dr. Arghavan Salles (8):

"I do think that the number of hours residents and physicians broadly are required to work is not appropriate, but I also think that our focus on hours is misplaced. People can work for a lot of hours a week and still be pretty happy. But when you're working in a system that doesn't allow you to express any human emotion, doesn't allow you time to go take care of yourself, doesn't allow you to eat properly, doesn't allow you to exercise. People are not valued for their intelligence and their dedication and all the insight that they bring to the job. It's about doing more RVU's or getting that consult done quickly. That to me is much more toxic than the sheer number of hours that people are asked to work.

Dr. Erene Steriopolous (6):

"The problem is that the way that wellness actually gets actualized or operationalized at institutions is that it's, it's sort of this extra add on activity. We all know about the meditation hour or the mandatory seminar on how to manage your burnout. That makes you come in at 6:30 in the morning, instead of actually giving you time to sleep, which would probably be way more beneficial to everyone's wellness. So, the way they define wellness is actually not necessarily a very universal way of defining it and what activities actually help people be well."

Dr. Jessi Gold (6):

> “This is a culture where you don't complain and this is the way that it is. I even remember that when I was on my surgery rotation, somebody made fun of me for, um, my dad being a psychiatrist. They were like, what, what are you going to do? Like go into the same field as your dad and be a psychiatrist? And I think we in, you know, making fun of mental health as an option of a career and belittling psychiatry as a field, and saying things about patients that have mental health issues or saying “that's just another mental health patient” or “that person's got a personality thing” or whatever we do that perpetuates that within our own culture, it makes it additionally hard to then say, well, I fit that, that's me.”

Dr. Christopher Veal (9):

> “In medical school, students are constantly evaluated on our professionalism and behavior. After countless conversations with my peers, I have come to understand that students fear that if we seek help or if we show even the slightest hint of vulnerability or imperfection, it will be used against us in an advancement committee, a course evaluation, or our dean’s letter for our residency applications”
>
> “The immense internal pressure we feel does not leave room for outside stress. As a result, we burn out, we break, we die.”

III. Personal Narratives (16:07-33:02)

Anonymous Twitter User:

> “I'm a neurosurgeon and I have seen a therapist and I take medication for anxiety. It's what we would recommend for our patients, and we should normalize it for our peers.”

Dr. Darrell Kirch (7):

> “I think I actually believed that becoming a physician would somehow “protect” me from further mental distress. Even when that image was shattered by a surge of panic attacks and then depression during my first year of medical school, and even when I was able to remain in school only with the help of a capable psychiatrist, I kept my struggles scrupulously private"

Dr. Justin Bullock (6):

> “So recently, I had kind of a mental health meltdown. Basically, I ingested a large number of pills and I called 911 and they came, they asked me where I wanted to go. I told them

to take me to my institution and actually ended up causing a lot of problems for me with a fitness for duty evaluation, um, before that information was later kind of disproven. So, I mean, exactly what you're saying, Jessi. It's really like what I'd rather die or protect my confidentiality was really the decision that I was trying to make in my head in that moment. And that's really sad. Um, and I think it's because I knew that once that information was in the wrong hands, it would be used against me."

Dr. Colleen Farrell (5):

"Over time, my image of this fatal jump became more vivid. With 1 week left in my subinternship, I couldn't bear the constant thoughts of killing myself anymore. I went to my primary care physician and cried in her office. She sent me to a psychiatrist, who started me on medication and found me a therapist who I saw up until I graduated from medical school and left Boston for New York."

"When I look back to my subinternship, I wish I hadn't waited so long to get the help I clearly needed. But I also understand why I was so resistant. Many of the reasons I delayed getting care are likely familiar to anyone who has dealt with mental illness, from the logistical and financial challenges of finding a clinician to feelings of shame surrounding a still-stigmatized disease. But in other ways, my resistance to seeking care was deeply intertwined with my role as a medical student."

Twitter use @usycool1 (10):

"About a year ago, I went for a mental health appointment. As I walked in, a fellow med student was there on placement. He went: 'are you on placement too here? Aren't the patients crazy?' He was shocked when I said 'actually, I'm going in as a patient'"

Dr. Justin Bullock (6):

"Definitely my biggest obstacle to leaving the hospital is putting more work on other people. Cause everyone's so close to breaking that you're just like, I cannot put one of my sticks onto someone else's basket cause their basket is about to pop."

Anonymous Twitter User:

"I'm a therapist and I've been in therapy myself (and I tell my own patients that!). If we don't participate in the system we tout for "others" we perpetuate the stigma attached to it. Therapy rocks and everyone should do it! Normalize mental health care!"

Dr. Darrel Kirch:

> "I was on the verge of leaving medical school my first year because I was struggling, especially with anxiety and depression. It started with burnout, as often mental health struggles do. Burnout is when you're simply emotionally exhausted from your work. But it changed and became full-blown anxiety. A very, very helpful faculty member told me that I shouldn't drop out but instead should get treatment. In a way, the rest is history. I stayed in medical school, and I've enjoyed a very rich and productive career."

Dr. Justin Bullock (6):

> "For me, it's like, if you could find someone who doesn't cry at this and like, they're not to me, a human. Like my first code, my first bad code as an intern, we were basically coding someone for like 30 minutes. And eventually we asked the family to come in and the families like crying over the body of their father. I was one of those ones where like, I mean, first I have to be in here because, you know, we still need to give this person medical care, but like there's an emotion and everyone in this room is experiencing it. And I think it was normal."

Dr. Colleen Farrell (5):

> "I so desperately wanted the residents and attending physicians to see me as smart and capable. I wanted to be squarely on the side of the competent caretakers. To admit that I was hurting, to ask for help, would mean being on the other side of the physician-patient divide. It would turn my world inside out."

Dr. Christopher Veal (11):

> "After marginally passing for a year and a half, I eventually failed a class, and so now I had to go in front of the Advancement Committee to plead my case. The way I was raised, asking for help was a sign of weakness, so I didn't ask for help. But unfortunately that stubbornness did not serve me well in Med School. At this time, I was horribly, horribly depressed. More depressed than I think I've ever been in my whole entire life. You know, transiently suicidal. Still grieving over the loss of my best friend who had unfortunately committed suicide just four months before I started med school. I just felt so defeated. And so, you know, I wasn't seeing a therapist, I wasn't getting any mental health help at all. No one was helping me with my depression."
>
> "I had this idea in my head that, you know, I couldn't fail. Like, I can't fail. You just need to work harder because you're not working hard enough. You know, waking up at 4 am

everyday and going to sleep at midnight. That's not working hard enough; you need to work harder than that. So, I started working harder. I started getting less and less sleep. I stayed in Vermont through that winter break, and I remember spending Christmas in the Given building studying for both Step 1 and this exam that I was gonna retake. And I came back, I took the exam, and I failed it again. And so—I'll never forget this—I was sitting across the table from this dean, and this ringing sound started in my ear. It was like a tinnitus type of thing; I've never had this ever happen to me before. And it became louder and louder and louder, so loud that I thought it was literally happening in the building because it was so loud. All I heard was this person ask me: "Am I sure I want to be a doctor?"

Twitter user @MissBethanEJohn (12):

"I personally found training/the environment rather toxic. This is not to put anyone off - it's about honesty. This was my experience. I'm ashamed to admit that I let some of the things that were said to me, be said. Ultimately I felt like I didn't have a choice, but no more. My mental health has taken a real knock the past couple of years, and there is this part of me that is overwhelmed with depression and anxiety that I just don't recognise as me. Whilst work/training was in no way the whole cause of that, it certainly did contribute in a way. A big part of therapy has been that of culturing some self-compassion."

Dr. Darrell Kirch (7):

"To this day, more than 4 decades later, I continue treatment for my chronic anxiety disorder, depressive episodes, and related psychological challenges. That treatment has allowed me to have a long and productive career in academic medicine. But it is only now that I am publicly sharing my lifelong struggle with mental disorders with the same openness with which I have routinely discussed my professional work"

Dr. Justin Bullock (13):

"And one other reason why I try really hard to speak out about my mental illness is I 100% see the ways in which it has benefited my life. When I'm very productive, I can sleep a little bit less. I did all the classic like, you know, slightly elevated things. Um, and sometimes people sort of mistake my like super productivity for like being a super person, but it's actually just pathology. Um, and so it's something that I actually want to like, I want to openly say that, yes, I realize that I like submitting papers during intern year, but that's maybe not necessarily a great thing. I always feel very self conscious

about creating negative like pressure environments for other people. And in some ways I view my disclosure as my attempt to like help with that."

Dr. Imani McElroy (20):

"I am a 31 year-old Black woman who holds a doctorate in medicine and a masters in public health. I have a loving family filled with siblings, aunts, uncles, grandparents, and a mother that are my support. I also have PTSD, depression, and anxiety that left me in the ED this week. I have survived the first three years of a rigorous surgical training program, completed an MPH in one year, and lived through a generational pandemic that completely disrupted our way of life. I write these tweets to normalize the other side of my life that many of us hide from the world. Yes, I am who I say I am on this app but I am also someone who struggles with the trauma I have experienced in life and when I don't acknowledge it, I leave myself vulnerable. Vulnerable to flares that send me crying out in my sleep and pushing away loved ones when I need them most. Flares that fill my brain with images of death and despair.

Twitter User @usycool1 (14):

"Medical School started off with me feeling on top of the world. I was doing my dream course, had the typical 'omg I'm starting uni' feeling and felt like nothing could go wrong. In January of first year, my mood started becoming low. By May, it was dangerously low. One night in London, I was walking around aimlessly in a rather dangerous mood. Before I knew it, I was in the back of an ambulance being taken to an emergency mental health team. I'll remember arriving there because the psychiatrist wasn't...the nicest. 'You're a MEDICAL STUDENT' the psychiatrist said to me. 'I have patients with no homes, no jobs, nothing. Yet, you're here at this time.' I remember looking at the floor feeling very ashamed. I felt like I was being berated. I was wondering if I was cut out to be a Med Student" (June 28, 2020)

Dr. Jessi Gold (6, 19):

"Esther actually tweeted it in regards to Dr. Breen's suicide and said, you know, basically that she was on Lexapro and goes and sees a therapist (18). And honestly as a medicine prescriber, it is very rare that people talk about being on medicine. I can tell you time and time again, that people will talk about going to therapy. Therapy has been co-opted in a lot of ways by the wellness industry and it is trendy to go to therapy. It is okay to go to therapy. A lot of times it is not common for people to just be like, yeah, I mean, I'm on Lexapro when I was on Lexapro, you know? And I think that when I saw that, I was like,

that's amazing. And basically when she did that, I said, I go to therapy and I wouldn't be able to do my job if it weren't for that.

Twitter user @usycool1 (15):

"When I tell people I've suffered from depression, the responses I often get praise me for being so open. When I tell people I've had psychosis, I get messages implying I shouldn't be doing medicine."

Dr. Christopher Veal (11):

"I didn't know what to do to make that pain go away. I just wanted that pain to go away. So I started drying my tears. I got my bag, I got my coat. And as I'm walking to my car, I'm planning how I'm going to do this. I'm thinking that people die in snowstorms all the time. It's Vermont, it's common. My plan was to drive my car into the traffic light pole at the fastest speed I can go. In my mind, I thought that by doing it that way, my family would think it's just an accident. And then something inside of me, some voice, told me to call my best friend's mom: my friend who passed away before he started med school. They were basically the parents that I needed at that time"

Twitter user @totenfetch (16):

"Being a sober person who happens to be a Nurse Practitioner…I also believe in healing, second chances, and miracles. I've seen them…and lived them."

Twitter user @usycool1 (17):

"6 years ago, I tried to end my own life several times. I ended up locked up in a psychiatric unit with people telling me I'd never finish medical school. Today, I found out I passed finals and so...I'M NOW A DOCTOR!!"

IV. Moving Forwards (33:02-40:39)

Twitter user @usycool1 (14):

"The whole experience taught me just how difficult it is to feel vulnerable as a patient. Small things like saying 'hi' really do make a difference. Patronising your patients like the first psychiatrist did is completely unnecessary."

Dr. Christopher Veal (11):

> “This time, you gotta do it differently. You can’t make the same mistakes you did before because what you did before did not work. So, now you have to do something different, and what that means is that you have to keep going to see your therapist—seeing a therapist. You need to get a tutor—you need to get someone to help you. And you take time for yourself and you need to care for yourself. At that point, I had the capacity and ability to be okay with failing it. And I now knew that there was help, that I could get help. And all I had to do was ask.”

Dr. Darrell Kirch:

> I find myself thinking, ‘what if, when every class came in on the first day when I greeted that class (which I always did), what if I had spoken specifically to the story of my needing help during my first year, and how I got through that low point? I experienced the terrible outcome of getting a phone call that one of our medical students had committed suicide. That’s a tragic death, a tragic loss. I just have to wonder, if I had been more forthcoming at an earlier point, if it might have helped them.”

Dr. Colleen Farrell (5):

> “It would be untrue to say I’m glad I became depressed; it was, in fact, the most difficult period of my life. And yet, in being forced to see that I too suffer and need care, I learned one of the most valuable lessons of my time in medical school: that I am not fundamentally different from my patients.”

Dr. Erene Stergiopoulos (6):

> “It has such an incredible impact when a physician role model actually discusses their mental health experiences and their actual like experience getting care because it's one thing to hear it from a peer, but if you're a learner and you actually see one of your mentors or like just someone who's made it, someone who's like in the field practicing, um, and saying, Oh yeah, I'm on an antidepressant. And oh yeah, I see a therapist that just completely takes away that kind of, I don't know, like the mystique of, “Oh God, this isn't allowed, or this isn't supposed to be actually happening when you're a doctor.”

Dr. Imani McElroy (20):

> “My PTSD, anxiety, and depression don’t make me any less qualified to be a doctor nor do they define me. But society’s pressure that tells me to keep that side of me hidden because it makes me ‘less than’ not only smothers my ability to grow and be open to

treatment, it continues to kill bright minds around the world. Mental health is health. While I never want to end up in the Psych ED again I also know that my friends did the right thing and brought me there. I am not ashamed of who I am. I am messy and imperfect but I am me."

Dr. Darrell Kirch:

"When you're in a troubled state—be it depression, be it anxiety, whatever—you feel very isolated. I think the key thing that that faculty member did is emphatically say, "You're not alone. This doesn't say anything about your suitability to be a physician. In fact, it may actually make you more empathic in terms of the struggles others go through. And with treatment, you can do much better."

Dr. Justin Bullock (13):

"One of the questions I often ask myself is if I could go back in time and never have bipolar, would I do it? And it's a question that I don't think I can answer. Um, because in some ways it's obviously made me suffer, but in a lot of ways it's enriched my life so profoundly. And you know, I think what you're talking about is something that I've already begun to see happen is I've had patients who like, we can communicate without words. It's interesting. It's very sad, but it's very beautiful at the same time. And I 100% agree that I think it makes me a better physician and makes me more empathetic and more caring and it makes me more understanding of things that I don't understand."

Dr. Christopher Veal (11):

"I remember being in my room, reading that email on my phone that I had passed, and just having this huge weight lifted off of me. I had finally gotten this thing off of me, and it wasn't the exam—it was the person I was before I took that exam was a completely different person than I was now. That was a day that changed my entire life because I could see that, okay, asking for help worked, getting therapy worked, you know, being truthful with yourself worked. You can be happy. People out there actually do like you. People out there actually are trying to help you. You have to be open to letting them help you"

Dr. Colleen Farrell (5):

"When I was hurting most, my instinct was to bury my feelings. I was afraid of anyone seeing the chaotic darkness inside of me. When, in time, I began to unearth my pain, the

people who helped me heal listened to me without flinching. They showed me how to have compassion for myself. They showed me what it means to be a healer."

Dr. Darrell Kirch:

> "Being a caregiver, being a physician, is a very human activity. We're human beings conducting that activity. We may be bright, smart, and resilient, but we still have vulnerability. And we need to come to terms with that"
>
> "Allow yourself to know that becoming a doctor doesn't mean you have to stop becoming a human being."

V. Conclusion (40:39-45:00)

I believe that these stories are important. They tell us about moments when the medical field fails to support the mental health of its workers. They point us towards opportunities to work towards a culture that is more understanding and accepting. They help us to understand what it's like to be a healthcare provider thinking about these topics and living through these experiences. And they force us to consider that these stories—as moving and impactful and important as they might be—are just a fraction of all of the stories out there that discuss similar experiences.

The topic of health care worker mental health is an immense and complicated topic. I want to be clear in stating that this project is not intended to be a solution to the problems and questions these stories raise. There is no doubt that these narratives are moving, that they contain powerful lessons and insights about the mental health of healthcare providers, but more than anything else, it is my hope that these narratives will act as a foundation for future conversations, that the stories told today can help fuel action and awareness, and change.

Frankly, as an undergraduate who intends to pursue a career in medicine, these stories terrify me. It is terrifying to think that I will willingly enter a field that I cannot trust to adequately support my mental well-being if, and more likely when, I am in need of support.

But I also recognize the hope in many of these stories. And I know that the decision of these individuals to share their narratives at all is in and of itself a sign of optimism; a belief that by starting these conversations, by putting this information into the world, medicine can change for the better. I hope that this project can be a part of that positive change.

Thank you to Dr. Colleen Farrel, Dr. Jessi Gold, Dr. Justin Bullock, Dr. Darrell Kirch, Dr. Arghavan Salles, Dr. Erene Stergiopoulos, Dr. Christopher Veal, Dr. Imani McElroy, Twitter use @usycool1, Twitter user @MissBethanEJohn, Twitter user @totenfetch, and multiple

anonymous Twitter users for sharing their stories and for allowing me to share their words again in this project.

I also want to specifically highlight the Larner Stories project, a video series created by Dr. Christopher Veal and based at the University of Vermont Larner College of Medicine that features conversations about facing and overcoming challenges in medical school, and the Docs with Disabilities Podcast, which features many impactful stories about physician wellness and the topic of disability among healthcare workers more broadly. Many of the narratives shared here were first shared in these projects, and I encourage you to seek out the additional stories on these platforms to learn more. Links to these two resources, along with links to all published sources for the narratives shared today will be posted on the Arts + Justice Grant Webpage. This page will also include a full transcript of the project, a list of mental health resources at both Stanford and national levels, and links to related web pages that provide additional information on this topic.

Thank you so much to the Arts + Justice Grant Team at the Stanford Arts Institute for making this project possible. Thank you also to Jacqueline Genovese, Lisa Meeks, Steve Schlozman, and Ruta Nonacs for their support and advice throughout this project. The music included in this project includes Li Fonte, In Paler Skies, Warm Fingers, and Basketliner, by Blue Dot Sessions, and the Healing by Sergey Cheremisinov.

This project was created by Sofia Schlozman. I can be reached at sschloz@stanford.edu, and I would love to hear from you.

***Resources*:**

Stanford-Specific Resources:

- Counseling and Psychological Services (CAPS): (650) 723-3785
- Vaden Health Center Mental Health Resources
- Stanford WellMD, a center aimed at advancing the well-being of physicians
    - WellMD resource page and video resource page
- Email address for the Stanford Addiction Medicine Program (resource for students seeking help for substance use or addiction for themselves or peers)
- The Bridge Peer Counseling Center

General Resources:

- The National Alliance on Mental Illness
- The American Psychological Association Psychology Health Center: includes confidential telephone counseling and links to find local help

- American Foundation for Suicide Prevention - Call 800-273-8255 or text TALK to 741741
- SAMSA Behavioral Health Treatment Services Locator

Sources:

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6) Docs With Disabilities Episode 26 - Radical Reboot: The Need for Systems Change

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8) Docs with Disabilities Episode 12

9) Dr. Christopher Veal, "We Burn Out, We Break, We Die: Medical Schools Must Change Their Culture to Preserve Medical Student Mental Health": Veal, C. T. (2020). We burn out, we break, we die: Medical schools must change their culture to preserve medical student mental health. Academic medicine, 96(5), 629-631.

10) https://twitter.com/usycool1/status/1341029079567507457

11) The Larner Stories Project: Pilot Episode

12) https://twitter.com/MissBethanEJohn/status/1378448889741721604

13) Docs with Disabilities Episode 17

14) https://twitter.com/usycool1/status/1277184350124154881

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19) Dr. Esther Choo's tweet about mental health

20) https://twitter.com/IEMcElroy/status/1397566207662907394

Related Articles & Links:

- The Larner Stories Project: a project organized by medical students at the University of Vermont Larner College of Medicine that aims to "serve as a living testament to the coping skills that worked for the storytelling while reminding those viewing the videos… that they are not alone."
- Docs With Disabilities Podcast Homepage
- Profile of Twitter user @usycool1
- Profile of Twitter user @MissBethanEJohn
- Profile of Twitter user @totenfetch
- Profile of Twitter user @IEMcElroy
- Sergey Cheremisinov's Website (music)
- Blue Dot Sessions Website (music)