

## Podcast transcript

UNMC Chancellor Jeffrey P. Gold, MD:

Hello, this is Dr. Jeff Gold and I'm the chancellor of the University of Nebraska Medical Center. And I want to welcome you to Healthcare Heart to Heart, providing insights into the medical and the scientific issues of the day. And as you may know, I'm a recovering cardiothoracic surgeon, a longtime medical educator, and a firm believer in the ability of science to change lives for the better.

UNMC Chancellor Jeffrey P. Gold, MD:

Our guest today is Dr. Steven Wengel, and as many in our audience may know, Dr Wengel is our assistant vice chancellor for campus wellness here at the University of Nebraska Medical Center and is also a professor in the UNMC Department of Psychiatry. And of course, he's joining us today near the end of Suicide Prevention Month and the head of the World Mental Health Awareness Month in October. So, Dr. Wengel is the immediate past chair of our department of Psychiatry, where he has specialized and continues to clinically specialize in geriatric psychiatry. That is to say psychiatry for those that are aging gracefully. But his work here at UNMC has given him a very broad view of the spectrum and the challenges facing individuals of all ages with mental wellness areas of concern, specifically with what we've been doing about clinician burnout and overall mental health of students, faculty and staff. So, Dr. Wengel, welcome and it's great to have you with us for this podcast. And I know we have a lot of very important things to talk about, but our audience always loves to hear about how you decided to take a trajectory into a career in the health professions. And then as part of that, how did you decide to be a mental health professional? How did you decide or when did you decide, was there a magic moment that you decided I'm going to become a psychiatrist?

Dr. Steven Wengel, MD:

Well, thank you, Dr. Gold for that kind introduction, and thank you for this opportunity to be here and have this conversation with you. I really remember always wanting to be a physician. I think going back to maybe when I was five or seven or something like that, and I think it really came down to my respect and admiration for my own physician back then. That a kind, compassionate individual that helped relieve my suffering if I came to him in pain with a sore throat or who knows what, just a really, really nice individual, but also somebody that knew science. And I always liked that combination of showing compassion and yet having a scientific background, being able to employ science to help relieve human suffering. In terms of becoming a psychiatrist, I originally thought when I entered medical school, I was going to become a surgeon like you. But as I went through my clinical rotations, I realized that was not where my skillset lies, and it was really about mentoring. I had a wonderful experience here. I did my training here at UNMC and I had this wonderful faculty mentors in every rotation I did, but particularly in psychiatry, I had several faculty members that were just outstanding human beings, really, really good with patients, really compassionate and empathic, but again, also very, very competent physicians that kept up with the latest scientific findings and just really, I admired them so much that I thought I could really see myself doing that and being like them. So I aspire to, I don't know that I've made it, but I aspire to be like my mentors.

Dr. Gold:

Well, everything I've heard from students, faculty and staff, and obviously I don't know any of your patients, but certainly the rumor on the block is A plus Steve. It's great to have you on the team. So, getting into our subject for discussion today is we're nearing the end of suicide awareness month, and I'm sure that as a mental health professional, as a psychiatrist, you've thought an awful lot about this. We talk about self-harm, we talk about wellness in the sense of preventing self-harm and harm to others, and of course completed suicide. Death by suicide is one of the tragic outcomes of this. So as you reflect on the awareness, what is it about that you think our audience would best take away from this awareness month?

Dr. Wengel:

It is an opportunity to reflect, I think, on this serious, serious topic. Suicide is all too common, as we all know. We see it in the news. I think we're all affected by it, by friends, family members, colleagues, as you mentioned here in health care. Of course, we're deeply concerned about fellow physicians, our students, our residents, people in all walks of life, in healthcare, being at higher risk. And I know you care deeply about this as I do and trying to figure out what are the right things to do for suicide prevention. And in a sense though, I think all that we do, all that you do as chancellor, all that I do as both a psychiatrist and as a wellness champion really is about suicide prevention. Whether we frame it that way or not, the things that we do to build community here among our providers and our students, for example, is a form of prevention. I think raising awareness like we're doing right now, and again, thank you again for this opportunity. I think getting these subjects out there, getting them out of the shadows and to the forefront is super important. And again, I admire everything you've done in that way. I think the more we talk about these things, the better for everybody.

Dr. Gold:

Yeah. So we've talked a lot, Steve, about de-stigmatizing the conversations and bringing them forward, and not just about suicide of course, but about a much broader panel of mental health concerns. Because as our audience probably knows that when clinicians are under stress or have issues regarding anxiety or other clinical wellness related matters, that not only affects them, but it affects their families, it affects their patients, it affects the learners, it affects their productivity, their self-esteem, and it was all very much connected. So, if there was a message that you wanted to transmit to friends and family, to our students, aside from de-stigmatizing the conversation, then that can be as simple of course of just asking somebody how you're doing? Or recognizing somebody that appears to be under a significant amount of stress. What would you say that folks should be looking for in their colleagues, in their families and their friends that would raise the need to either ask a question, make a phone call, but to do something in this area?

Dr. Wengel:

I think it comes down to seeing or paying attention to changes, changes in the other person. It could be withdrawing or being kind of withdrawn where they just are not interacting as much or in the same way that they normally would. Certainly, people that seem preoccupied with talking about death or dying, that seems kind of self-evident, but it's good to get that on the table. Typically, that's not what happens. Oftentimes, especially in health care, people tend to keep a lot of these things more to themselves. So, we have to go more on behavioral observations, like I mentioned, withdrawal changes in substance use. For example, people that maybe are drinking more than usual or using street drugs when that's not something they typically do. Agitation, they

seem really restless and again, a change. So, really, we're talking about changes, changes in sleep, either sleeping way more than usual or having trouble sleeping. Sudden mood changes. That's another kind of red flag. And then another one, which we see certainly in my clinical population, is people that appear like they're tying up loose ends in their life, they're giving away possessions, they're kind of putting their affairs in order can be, obviously those are good things, making plans for the future and advanced directives and all that. We encourage everybody to do that. But if it seems like something out of the ordinary where they are suddenly giving away prized possessions for no apparent reason, that can be a warning sign too.

Dr. Gold:

I remember well, many, many years ago during my time on the ACGME Board, you may recall, we had an instance in two very prominent east coast institutions where we had some resident suicides, and I remember Dr. Carol Bernstein saying that suicide death by suicide is a combination of circumstance and opportunity. And she was trying to make the point that there's not always a history of mental health abnormalities and challenges that individuals have taken. And indeed, in many instances, that is not the case. And maybe you could dig into that just a little bit, Steve, so our audience can understand the difference between what I would call lifelong or chronic mental health issues versus those circumstance opportunity part of the equation.

Dr. Wengel:

Yes, I think that's a really important item to talk about that. I think there's an assumption among people, including mental health providers, that someone that takes their own life must have suffered from a mental health problem like depression. Certainly, that's quite common, but it's not universal, and suicide, as our friend, Dr. Bernstein, as you mentioned, the other thing that she's fond of saying is that suicide is a complicated behavior, if you will. It's rarely just one thing. But having said that, it often, the precursor is often a sudden loss could be loss of one's health, receiving a new diagnosis could be loss of a job or some other financial setback, loss of a relationship. Those are kind of, I think, the big three. And so, it is not always related to a chronic mental health condition like depression or anxiety or the like, can be, but not necessarily.

Dr. Gold:

I think it's also important to point out, and maybe you can provide a little more depth on this as well, in that for individuals that are considering self-harm, considering attempting suicide, that there's really good intervention available if we can get to them in a timely fashion, and that the statistics are well in their favor of preventing serious self-harm and preventing death by suicide.

Dr. Wengel:

Right? Suicide is often, I think, an impulsive act where circumstances you mentioned, and opportunity align. And then unfortunately, tragedy sometimes does ensue. And so, if we can break that circuit, I guess if you will, or intervene right at that time and get them through that immediate crisis frequently, more often than not, they get beyond that crisis and they can see hope. I think one of the real precursors again, is a sense of desperateness or desperation, sorry, or hopelessness. And when we're in that constricted state of mind, we don't see opportunities that are there right in front of us. And so, if we can get them past that immediate crisis and then help

them see that there really are opportunities, that there is hope, it makes all the difference in the world.

Dr. Gold:

So from a very practical matter, Steve, as we've talked, you've talked about the observations regarding patterns of sleep and being introverted versus extroverted, changes in alcohol or substance use and many other, what I would call early warning signs or smoke coming out of the gas tank, so to speak. And if we were to observe that in one of our colleagues, friends, family members, et cetera, what's the practical thing to do?

Dr. Wengel:

That is again, I think the heart of this conversation, practically speaking, what can one do? I think the first thing that I ask people to do is to talk about it, again, seems kind of self-evident, but often times we're reluctant to talk about these things. It's hard to bring up the subject, and sometimes we kind of dance around it because we don't want to insult somebody or whatever. And I'm here to tell you the single best thing a person can do is take the person aside to a private place out of earshot of other people, talk a little bit about their concern and what they're observing specifically like Joe or Sarah or whatever, I noticed in the last week or two, you've not really been quite yourself it seems. And then talk a little bit about the behavior in a nonjudgmental way. And then at some point in the conversation, I think it's really important to ask them very directly and very specifically, if they've thought about suicide or thought about taking their life, some version of that question as clearly and as directly as possible. People sometimes are afraid that if they ask that question, they will plant that seed that a person that wasn't thinking about suicide now is, and that is not true. That really does not happen.

Dr. Gold:

I want to just underscore that, Steve, because that's a really critical point that asking somebody if they're considering self-harm or taking their life does not prompt them to more seriously consider that. To the contrary, it's an important part of the conversation. I'm sorry to interrupt you, but this is such a critically important concept that I just want to underscore it.

Dr. Wengel:

I'm glad you did. I think it bears putting a real point on it. The American Foundation for Suicide Prevention, they say, talk saves lives, and this particular question in particular can really save a life. Absolutely right. So, I think that's the thing. Mention your observations, ask about suicide or self-harm, and then if you have any doubts at that point or any concern, stay with the person, physically stay with them. Do your best to help them stay away from means of suicide, like medications and weapons. And then again, if one is really concerned, then I think that next step is getting some professional help. And there are different avenues. There is a national suicide and crisis lifeline that I know you're quite aware of, and you promote as I do. 988 anywhere in the country. They have trained counselors standing by 24/7, and I think that's a really, really important resource. 988, I think is something we should all be aware of. Sometimes though, if the threat appears very, very imminent, the next best step is actually to call 911 and get

professional help that way. Taking a person to the nearest emergency room also is a very useful resource, as well as sometimes talking to the primary care provider all depends on how imminent the risk appears to be.

Dr. Gold:

But doing something, starting with a conversation, I think is the key messages.

Dr. Wengel:

That's exactly right. And so, talking about it, asking the question, then listening, I think that's the other thing I didn't really say earlier that I'd like to kind of highlight. Listening without judging and without trying to talk a person out of it. Because sometimes that appears almost like you're arguing with them. It's better to listen, not judge nonjudgmentally, because that's one of the antidotes to this. I think suicide and depression and mental health concerns in general often times are lonely places to be. People often feel like they're the only one that feels that way or that suffers in that particular way. And then having another human being that cares enough to listen without judging them, that's healing. That makes a big difference.

Dr. Gold:

Very, very important point. And then there seems to be an endless number of websites, smartphone apps, professional organizations, help sites, et cetera. I, for instance, have a number of those loaded into my smartphone, so they're in my key contacts so I know where they are. In event I were to come across one of those situations. And do you recommend that people do something similar as well?

Dr Wengel:

I do. 988 again, I put that in my phone as a contact under suicide prevention because in the heat of the moment, if you're dealing with a distressed colleague or family member, you might not remember, but so I think having that in our phones is a good thing. There are a few other resources that I think are pretty helpful. The Veterans Administration put out a really good phone app that I was just reminded of called Virtual Hope Box. Let me say that again. Virtual Hope Box. It's an app. It's free. Don't have to be a veteran. Anybody can use it. And it's really interesting. It has a number of stress management tools, and it has a place where you can store videos, like videos that you create from family members or pictures that you add or favorite songs, whatever, things that will help you in the midst of a crisis. So, I like that app a lot. Virtual Hope Box.

Dr. Gold:

Super. Well, I'd like to thank you very much, Steve, for your time, and more importantly for all you've done to serve the mental health needs of our community and for all you continue to do to focus on wellness and resiliency around the health care professionals of our community, and specifically here at UNMC. Just to personally reflect for a minute, over time of my career, I've not only attended any number of memorial services for faculties, staff, students who have died by suicide. And in many of those instances, I was the person that called their family to unfortunately relay some of this very difficult news. And one of the reasons that we're having this conversation on this podcast, and one of the reasons I care so much about this is I don't want

to ever do that again. I mean, those are some of the hardest conversations you'd ever want to have with the parents of a college student or a med student or some other faculty or staff member to tell them something that they are never ever prepared to hear, no matter how desperate the situation may have been. So, on the theory that it is far better to light a candle than to curse the darkness, we can continue to talk about this, continue to shed light on it as much as possible, and to be proactive in this area. And I know that you are a major contributor, and I just want to extend my thanks to you.

Dr. Wengel:

Well, I deeply appreciate that more than you can know, but I'd also like to turn it back to you and thank you for your leadership on this. I think bringing these conversations out of the shadows again and having these conversations frequently as you do at various meetings and venues, and this very podcast, thank you so much. It instills hope. I think it's all about hope.

Dr. Gold:

Absolutely all about hope.